Fall 1990

Jefferson Alumni Bulletin – Volume XL, Number 1, Fall 1990

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CALENDAR

January 24, 1991, Thursday
Reception for Freshmen, sponsored by the Alumni Association,
in the Eakins Lounge
Alumni Association Executive Committee meeting

February 28, Thursday
Alumni Association Annual Business Meeting

March 15, Friday
Parents' Day, sponsored by the Alumni Association

March 28, Thursday
Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

April 25, Thursday
Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

May 23, Thursday
Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

June 6, Thursday
Senior Class Party, sponsored by the Alumni Association

June 7, Friday
Alumni Banquet

June 8, Saturday
Women’s Breakfast
Reunion Clinic Presentations
Dean’s Luncheon
Tours
Reunion Class Parties

June 9, Sunday
Farewell Brunch
Opening Exercises
Introduce A New Team for A New Decade
The incoming President and Chairman of the Board share their goals for Jefferson's future.

Knowledge Management:
The Services of Scott Library
From historical artifacts to medical informatics, the University's library keeps track of what we know.
by Edward W. Tawyea, M.S.L.S.

What Can CME Cure?
Challenged on the issues of time invested in continuing medical education and results obtained, the profession must understand CME's important but limited functions.
by Joseph S. Connella, M.D.

Learning Health Care
Honduras-Style
Students organize an Overseas Health Outreach to foster awareness and establish a model for possible future efforts.
by Gerard V. Bland and Daniel Casto
This year the traditional Opening Exercises of Jefferson Medical College celebrated not only the beginning of the 167th academic year of the Medical College, but the beginning of a new era for the entire University. On Wednesday evening, September 5, Paul C. Brucker, M.D., Professor of Family Medicine, was installed as the third President of Thomas Jefferson University, and James W. Stratton marked the beginning of his tenure as the Chairman of the Board of Trustees.

For the occasion the ceremony was moved from its usual location in McClellan Hall to the Academy of Music, where the colorful robes of delegates from academic institutions across the nation were mingled with the opulent decor of the Academy to create a beautiful pageant.

Bruce E. Jarrell, M.D. '73, Professor of Surgery and Director of the Division of Transplantation Surgery, served as Grand Marshal for the ceremony. Dr. Brucker's pastor, the Reverend Robert Hyson of Trinity Lutheran Church in Lansdale, Pennsylvania, offered the invocation and benediction.

Mr. Stratton, who had chaired the twenty-person Search Committee which had selected Dr. Brucker as President, opened the convocation with an expression of thanks to the other members of that committee, and then reflected briefly on the twenty years he has served as a Trustee, saying that in his view one of the University's greatest strengths is its focus on the health care fields. He also cited what he described as "the enormous reservoir of good will and high morale that embodies the spirit" of Jefferson, noting that this characteristic is unusual for a very big institution. "At the core of this Jefferson esprit," he said, "are the nine thousand living alumni of the University." He called upon every member of the University community to "continue to raise the standards of excellence" by constantly striving to improve the quality and the output of Jefferson's educational process and research process, and to provide the finest health care available.

Mr. Stratton then introduced Joseph S. Connella, M.D., Senior Vice-President, and Dean of Jefferson Medical College, who with Jussi J. Saukkonen, M.D., Dean of the College of Graduate Studies, and Lawrence Abrams, Ed.D., Dean of the College of Allied Health Sciences, welcomed a total of 616 new students to the University: 223 in Jefferson Medical College, sixty-three in the College of Graduate Studies, and 330 in the College of Allied Health Sciences.

Many of these students were on hand at the Academy of Music to observe the investiture of President Brucker, and he welcomed them with a touch of whimsy: "You and I have much in common, for we've been scrutinized carefully and selected from a much larger number. I join with you in optimistic anticipation, some anxiety, and dedication to doing a good job!"

Dr. Brucker, like Mr. Stratton, alluded to the high morale at Jefferson, and described briefly the institution's 166-year history, for the benefit of newcomers and parents. But he then moved quickly to the challenges ahead, citing the four issues which he considers of paramount importance in this decade: cost containment for health care, research, care of the elderly, and education.
Cost containment for health services is at the top of almost all priority lists. Why? Currently, about twelve and one-half percent of our gross national product goes to health care. The United States will spend approximately $640 billion for health care this year, or approximately twenty-four hundred dollars annually for every man, woman, and child (as opposed to approximately nine hundred dollars per person annually in Japan).

Manufacturers of products, providers of other services, and consumers claim they cannot support a larger bill for health care without significant, harmful effects to our national economy. They claim further escalation of health care costs will make products too expensive to sell, further impair our position in the world market, forestall other services desperately needed such as child care and education, and, of necessity, result in higher costs for the patient.

Yet, patients want a complete spectrum of services available in conveniently located community hospitals—despite the fact that one-third of the nation's hospital beds remain empty. To date, as a result of previous hospital expansion, regionalization for the delivery of care is not an acceptable concept for patients or physicians.

Other factors significantly influence health care costs. We have not fully explored or implemented the merit of preventive services; but we have seen significant strides result from smoking cessation and better nutrition.

We have not dealt effectively with the cost of litigation and the associated expense of the defensive practice of medicine. New, awesome technology continues to come in exciting waves, but we have not always learned how to use it discriminatingly and efficiently. On the other hand, we cannot ignore the promise that new technology holds for further strides in medical care.

We have not developed a satisfactory, balanced mix of physicians for the efficient delivery of care. And as health care becomes more and more complex, the need for a larger number of nurses with new skills is inevitable. Similarly, in other allied health professions, new opportunities for well-trained professionals appear unlimited.

It is easy for all of us, patients and health professionals alike, to "want our cake and ice cream too." Many think that government-sponsored national health insurance is the answer to all our health care delivery problems. Others feel strongly that if you want adequate care, all you have to do is charge it and pay for it. This latter attitude ignores the fact that at this moment thirty-seven million people in the United States are uninsured and thirteen million are inadequately insured.

The answer to cost containment probably lies somewhere between these extreme views. Academic health centers, along with business, labor, the insurance industry, consumer groups and the government, must scientifically, economically, and creatively explore solutions to these problems. Cost containment issues require constant dialogue and vigilance about the importance of high-quality medical care. We cannot deny the significance of the challenge, put our heads in the sand, and hope that these issues will go away.

We must challenge some of the powerful political and medical "turf issues" involved. We must develop sound, rational clinical policies that will help curtail the escalating costs of health care. Simultaneously, we must educate all health professionals to focus on what is efficient and to give up indifferent, wasteful attitudes. We cannot afford to oversell what medicine can do or to ignore societal problems such as poverty, loneliness, lack of security, and a deteriorating social fabric which contribute to major health problems. Many of the answers to these problems will never be found in a prescription bottle alone.

It is my belief that if academic health centers and the health professionals don't get involved in the cost containment issue, some expedient solution dealing only with the bottom line will be forced upon us, regardless of the best interests of patient care.

Research is the second important issue. A decade ago, Jefferson made a renewed commitment to research. Since then, great strides have been made, including the current erection of a 150,000-square-foot building for the life sciences, that will allow many new investigators to come to Jefferson. Why is this commitment so important to Jefferson's mission?

Academic curiosity, the search for new knowledge, and problem solving are the backbone of good teachers, good clinicians, and good medical care. They provide an exciting stimulus to students and faculty for continuous academic growth. Without them the entire institution will suffer from complacency and malaise. The scientific basis for the practice of medicine and the delivery of health care cannot be ignored.

In the next decade, research will make some of the most significant contributions to patient care. Where this will lead us is hard to predict, especially in view of the new era of molecular biology. This discipline enables scientists to probe the cell and determine not only what components are responsible for health function, but also what abnormalities may contribute to congenital defects and disease and how to correct them. As we make these discoveries, new ethical questions and dilemmas will occur.

Despite all this excitement and challenge there are storm clouds on the horizon. The government has cut back on research support. It is now more difficult to obtain funding. There is a fear that well-established research teams will be broken up and that any basic research will be replaced by practical or directed research. The number of bright young investigators is dwindling because fewer and fewer are being trained. Some say the decreased number has reached crisis proportions.

What can Jefferson do about this? We must select and focus on important research areas. We should encourage interdepartmental cooperation, and collaborative work between clinical and basic science faculty. Strong research programs will ensure the vitality of the College of Graduate Studies and educate the needed investigators for the future. We should encourage research efforts in the allied health professions. We have, should, and will continue to explore relationships between the academic community and industry. As we become even more successful in research endeavors, it will become easier to recruit excellent faculty and students, the mainstay of the institution.

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In the Words of Mr. Stratton

James W. Stratton, Chairman of the Board of Trustees, is President of Stratton Management Company, an investment management firm, in Plymouth Meeting, Pennsylvania. He holds a B.S. degree in geophysics from Pennsylvania State University, and an M.B.A. from Harvard Business School.

Prior to forming his own company he was President and Chief Executive Officer of Drexel Firestone, Inc. He is currently Chairman of the Board and CEO of Findatox, a privately owned financial services company. A Director of ALCO Standard Corporation, Gilbert Associates, SEI Corporation, and UGI Corporation, he serves as Chairman of the Stratton Growth Fund and Stratton Monthly Dividend Shares.

Mr. Stratton first came to Jefferson as a Trustee in October 1970. Since then he has served as Chairman of the Clinical Affairs Committee of the Board, the Development Committee, and the Nominating Committee, and as a member of the Joint Conference Committee and the Jefferson Park Hospital Committee. He was a trustee member, and Chairman, of the Presidential Search Committee.

Mr. Stratton describes his family as one of his most important interests, including his wife, Arlene, and three daughters, Susan, Jeannie, and Carol. On a family farm in Blue Bell they have shared an interest in raising Christmas trees, as well as tennis and reading.

This August Mr. Stratton talked with the Alumni Bulletin about some of the criteria for the selection of the new President, and how he views the team approach he and Dr. Brucker will have as they lead Jefferson in the 1990s.

I am delighted that I have Dr. Brucker to work with. From an operational standpoint I cannot imagine a better CEO because he has a great sense of humanity as well as outstanding leadership capabilities. One of the characteristics that we were looking for in the new president was a leader as opposed to a manager. You want managerial skills, but you really need to have leadership and the respect of your compatriots. Paul has both of those.

I have been amazed at how fast the transition has gone and how well-entrenched Dr. Brucker is in a short period of time. I think a large part of this is due to the fact that he knew everybody and so he did not have to make assessments of people. If we had brought in a president from outside, it would have taken him or her more than a year to get to know the characteristics of the people around him or her, whereas Paul has bypassed that stage.

The other thing that made it so easy is that as soon as Dr. Brucker had been elected, Dr. Bluemle [President Emeritus of Thomas Jefferson University] brought him into the transition process, and in a fairly quick fashion, turned over much of the potential future decision-making to him.

One of the issues that we sense is going to be very important over the next ten years is the allocation of resources to health care. Initially that means trying to secure as many resources as possible: lobbying with governments, negotiating with Blue Cross, and all those traditional funding mechanisms.

What we are worried about is that as the population ages there is going to be something like rationing of health care, so we are going to get into serious discussions among the government and society and the providers as to who gets care and how rationing takes place. I do not think it is a question of whether we will have rationing; it is a question of what kind. The Canadian and the British systems of health care allocate—by waiting lines! Some of the states are involved in the early stages of rationing. Not being able to afford health insurance is a form of allocation of services.

Who pays for the hip replacement for a grandmother who is over eighty-five? This is a very moral, judgmental

issue of the sort we are going to see creeping in more and more.

We are not going to be the primary force in deciding this. We have to be aware of the phenomenon and we have to understand it, but the primary forces are going to be those bodies that pay the bills. You can start with the federal government (Medicare), the states (Medicaid), private industry (HMOs), and Blue Cross/Blue Shield insurance. There is pressure from all of them to reduce their costs and increase efficiency.

The rationing of health care raises some very important social/moral issues as we ask "How do we do it?" Probably the greatest labor/management issue right now is that management is trying to avoid funding retiree health care and labor is trying to impose and ensure it. Of course right behind that is health care for the active employees.

When you are dealing with questions like this you need the highest form of leadership you can possibly get and I think that Dr. Brucker is an excellent selection for the role. He has a great deal of interest in geriatrics as a specialty,

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The President’s View

Dr. Bricker met with the Alumni Bulletin after his election and before assuming office to share his thoughts about Jefferson.

Of his election as President, he said, “I’m very excited about my new responsibilities. The dedication and talent of the Board members and the strength of the current management team make this an attractive position. I continue to be impressed with the unique spirit of Jefferson—a pride in doing things very well, and a tradition of accomplishments by consensus. I think much of the upbeat spirit of the faculty and staff can be credited to our past leadership which allowed people to feel comfortable sharing new ideas, and to be appreciated for their efforts.

“Of course, the Jefferson alumni deserve mention as a very special group. I have continually been impressed with these enthusiastic people so unselfishly concerned about all facets of their institution. Their involvement and interest are invaluable.”

Dr. Bricker talked about his preparation to assume the Presidency.

“My first priority will be very easy. It is to find out more about what is going on by listening. I am fortunate to have three or four months prior to assuming the Presidency just to listen, and, of course, being at Jefferson for the last seventeen years certainly has helped to make me familiar with the University.

“I think many physicians and staff members have important ideas and concepts that I would like to hear more about. I feel comfortable asking for help. I believe standards are very important; not maintaining them leads to mediocrity.”

On Education

Dr. Bricker shared some of his thoughts about medical education.

“The basic question is how much we should teach. What is relevant? At times, it may be difficult for the basic scientist and the clinician to understand each other, but dialogue is important.

“In medical schools we have ‘super experts’ teach. Students rarely hear anyone say ‘I don’t know.’ The students are bright, have struggled to get where they are, yet somehow get the impression that to be a good physician you have to know everything. It is impossible to know everything. To do that one must focus on something a little bit smaller.

“I would like to have more interaction in the classroom and conference room. For example, in the sophomore seminars, small groups explore a problem. This enhances a spirit of curiosity and contributes to a sense that learning is a lifelong project.

“While teaching often has a narrow focus—germs this week, the effects of germs next week—it seems to me that there are many areas in medicine where, for example, as you study the germ you should also study what it does to the lung, like Streptococcus pneumoniae and lobar pneumonia, and how it presents: fevers, chills, and so forth. In other words, I think we should teach less in blocks, and more by integrated sessions, because this is the way patients present their problems. In fact, the older our population gets, the more multiple organ systems will be involved.

“Ideally we might teach more in the way of correlation courses in the freshman year. We could sit down with the basic science faculty, ask what they are teaching, and try to correlate that with a clinical situation. Interdisciplinary teaching and interdepartmental efforts are extremely important, but very difficult to coordinate. They require excellent communication.

“These ideas are confirmed by my professional experience at Jefferson. I have enjoyed the opportunity to interact with many different kinds of physicians in a complementary way. I never talk with Frank Rosato [The Samuel D. Gross Professor of Surgery and Chairman of the Department] without learning something. When I chat with Darwin Prockop [Professor and Chairman of the Department of Biochemistry and Molecular Biology, and Director of the Institute of Molecular Medicine] I always discover new things—for example about gene analysis, and the prediction of osteoarthritis or berry aneurysms.”

The Importance of Communication

“The larger question, however, is what we do with the new information we discover. If we know that a patient is going to have a difficult experience, how do we handle that information morally, ethically, and scientifically? I know we shall find numerous phenomena in medicine that are going to pose problems we cannot fully anticipate.

“As these exciting new areas develop, there is all the more reason for us to communicate, to understand what these things mean and our responsibility for them. We also need to start thinking about how we share and use this information. This is not to say that we should not gather information unless we have a grand plan for how to use it. Rather, most information, properly handled and discussed, eventually is very valuable. However, it is important to have a link between basic science and clinical medicine. It is important that students appreciate this kind of coupling, and are aware that the ultimate

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and geriatrics is probably the single fastest-growing segment of clinical medicine in terms of the demography of our population.

The other side of the coin is that we should be practicing efficiency. I think that is another of the roles that Dr. Brucker is going to have to play. He comes from the fraternity of practicing physicians and he knows where the inefficiencies are and where the waste is. As a member of the medical community his voice will carry more weight than that of a nonphysician.

Another major Search Committee issue was that of research. There was a debate within the Committee about what the impact on basic and clinical research at Jefferson would be if a family practitioner, and one without significant bench research experience, were to be named as President.

Probably what influenced us most in that discussion was the fact that Dean Gonnella [Joseph S. Gonnella, M.D., Senior Vice-President, and Dean of Jefferson Medical College], fulfills his responsibility to recruit the highest-quality clinical and basic science researchers. In fact he is not only an excellent recruiter but also a maintainer of high-profile scientific talent. This program is well-established with some of the people who have been brought to Jefferson in the recent past, such as Darwin J. Prockop, M.D., Ph.D. [Professor and Chairman of the Department of Biochemistry and Molecular Biology, and Director of the Institute of Molecular Medicine]; Emanuel Rubin, M.D. [The Gonzalo E. Aponte Professor of Pathology and Cell Biology and Chairman of the Department]; and Jouini Uitto, M.D., Ph.D. [Professor and Chairman of the Department of Dermatology, and Professor of Biochemistry and Molecular Biology]. There will be a continuation and an acceleration of this process when space becomes available in August 1991 in the new Bluemle Life Sciences Building.

Another important point in the selection process was that we think Jefferson is an extraordinarily well-run place, so we were not looking for a manager to come in and turn it around. Jefferson is a very big institution that requires both breadth and depth of management. It is not a one-person show, no matter how talented an individual may be. We think that we have very good talent—very

fine specialized people as well as broad-gauge managers. We needed somebody who could continue to build a very deep and broad organization and could continue to improve it.

The Board feels that the most important issue over the next ten years is the financial crunch on health care. Therefore, in long-range planning a significant question is what resources will be available to Jefferson. The institution has always been fortunate to have a good positive cash flow which has been used to feed capital expenditures and growth. I think we will continue to do that, even with the Bluemle Life Sciences Building well under way. The question is how strong our cash flow is going to continue to be. How good is our fund-raising ability, especially for new projects? What is our bonding capacity which allows us to go out and sell fifty to seventy-five million dollars in bonds for a new building?

If any one of these issues should turn negative we would have a problem in future physical growth. The good news is that none of them appears to be going that way. We certainly are among the strongest financially of the health care institutions around, so if we have a problem everybody has a problem. But we cannot take things for granted.

My own style in working with Dr. Brucker is probably going to be that I will always be available for him to call me; I would like to meet with him about the management issues that he brings to me once every three or four weeks. I think that it is my job to raise with him what I think are strategic issues, and occasionally those matters that he may not have had a chance to think about. Often the person who is managing or dealing with the day-to-day crises does not have a chance to step back and say, "Why shouldn't we do something new, like this?"

I will have less day-to-day involvement than the President, but I will try to direct the Board, the institution, and the President in a few strategic areas. I think that is the responsibility of the Chairman.

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THE PRESIDENT’S VIEW CONTINUED FROM PAGE 5

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goal of medicine is to keep patients well or to make them better.”

Dr. Brucker expanded on what is needed in a doctor. “A good doctor has to tell patients things they do not want to hear. A physician has to be a good manager, a good educator, and obviously a good clinician. You can practice all the medicine in the world, and go through all the steps, but if you don’t know how to present the findings, establish a protocol, and make it acceptable, the work is going to be hard.”

Looking Ahead
When asked about the future, Dr. Brucker expressed concern about the future funding of medical education in the United States due to financial constraints and concerns about the profession of medicine.

“We are going to rely heavily upon alumni for all kinds of support—not just financial, but also convincing very good students to come to Jefferson. Nationwide, the medical school applicant pool dropped from 36,141 for the class entering in September 1979 to 26,915 for the class entering in September 1989, or about 1.6 applicants per opening. We will continue to need alumni to provide counselling and housing for students seeking residencies.

“The attractiveness of the medical profession also needs a boost. There needs to be a reincarnation about what a wonderful profession and privilege it is. The gratification that comes from having patients’ trust is a tremendous reward.

“The value of a Jefferson degree grows with time if we continually strive to turn out a better product. This principle applies to our residents as well as our undergraduates. Their diplomas will mean more ten years from now if the people who graduate from our programs are solid, well-rounded physicians.”

Making the Patient the Focus
“We must think about an appropriate balance of teaching, research, and patient care. It is generally accepted that health care delivery is going to change, probably rapidly. How will this affect the patient, and what ultimately is going to be best for the patient? If we make this concern the center of our focus, whether in education, research, or patient care, Jefferson will soar.”

Dr. Brucker also expects that there will be much more health care delivery research carried out at Jefferson. “I believe that academic medicine has a responsibility to look at what makes a difference as far as efficiency and effectiveness are concerned. It is common to talk about how industry is worried about the cost of health care. Well, we are an industry—the health care industry, and we at Jefferson should think about how the cost affects us. Jefferson has tremendous clinical strength, and I think it will be a wonderful laboratory for exploring these issues.”

One of Dr. Brucker’s goals is to develop a new long-range strategic plan for the University. “However, I think it is very important that we not follow the plan too slavishly,” Dr. Brucker cautioned. “Among other considerations, it is crucial to have a mechanism for responding quickly to change. There is a need for a balance between reactive and anticipatory planning. Questions we do need to address include how large Jefferson should become, how we relate to our affiliates, and how we can help each other.”

Citing the opening of the new Emergency and Trauma Center last spring, the opening of the Clinical Office Building on October 10, and the planned opening of the new research building in the fall of 1991, Dr. Brucker commented, “Buildings are made for programs, and programs are not concrete. Growth has to be measured by positive outcomes and not just by bricks and mortar. I really think looking at programs and maintaining standards is just as important as having the right facilities. Jefferson has done a good job of keeping track of, and being concerned about standards. Recently, at a Scientific Affairs Committee meeting, the question was posed, ‘How do you know where Jefferson stands, and how does it compare to other institutions?’ These are questions we will constantly need to ask as we prepare for the coming years.”
One Million Articles Each Year
The billions of dollars invested each year by governments and industry in scientific research continue to produce a harvest of new drugs, chemicals, and medical procedures. All this research also generates information on a monumental scale. Every hour of every day 114 new journal articles appear in the scientific literature. That is 2,736 per day, approximately one million per year. More than thirty thousand separate journal titles are produced each year worldwide in medical fields alone; and more than nineteen thousand new medical book titles are published. Six hundred thousand new registered substances (drugs, chemicals, industrial products) appear, on top of the ten million already in existence. And approximately seven hundred new drugs are approved for general use every year in the United States.

For the working scientist this volume of information is overwhelming. Enter Scott Memorial Library. Its role is to make sense of the profusion of information and to provide for an organized method of access. Traditionally this access was via an array of printed indexes and a card catalog. Today it is via an array of computers, electronic networks, and compact disks. This technology, coupled with a staff of forty-five, and a collection of books, journals, and nonprinted materials, makes up an information system which serves the nine thousand students, faculty, and staff of Thomas Jefferson University.

JEFFLINE: A Smorgasbord of Information
The heart of the Library's information system is JEFFLINE, a computerized resource which offers the user a menu of options. Primary of these is the on-line public access catalog (OPAC) which provides access to all the books, audiovisuals, and archival materials in the collection.

Like the old card catalog, the on-line catalog allows access by subject, author, or title. But it has major advantages over its predecessor. Users can search OPAC by any keyword that might appear in the title. Since the catalog is electronic, users can print out any information they want, and can search the catalog from any floor in the Library, or for that matter from any place with a computer and a phone line.

Among JEFFLINE's other resources is miniMEDLINE, a subset of the National Library of Medicine's database. A clinically relevant file, miniMEDLINE provides access to articles appearing in the last four years of the 260 most-cited medical journals. The database currently contains citations and abstracts of 350,000 articles.

During the coming months the Library plans to expand greatly on miniMEDLINE by making the entire NLM database available. This version of MEDLINE will include the full file, from 1966 to the present: over six million citations to the medical literature.

The latest addition to JEFFLINE is the Micromedex Computerized Clinical Information System (CCIS). Responding to the need for improved access to drug information, the Library investigated databases that we could mount as part of JEFFLINE. Among the attributes which we felt were essential were that the information be peer-reviewed and that it be full-text, not just bibliographic citations. The source of these constraints was that the information would be accessed within the University's hospital and ambulatory care environment. In such an environment the need is for reliable facts, not citations to journal articles in a library several blocks away. CCIS was selected because it provides extremely reliable, peer-reviewed information.

CCIS is essentially an electronic textbook, the first of many the Library hopes to make available. Its contents focus on the fields of toxicology and drug and emergency care. If the information contained in CCIS were available in a printed textbook it would be

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Mr. Tawyea is University Librarian and Professor of Medical Bibliography and Library Science at Thomas Jefferson University.

Here he stands next to a bust of Thomas Jefferson amid the Library's renovation work.

Before coming to Jefferson in 1988, Mr. Tawyea had held the position of Associate Director of the Northwestern University Medical Library. He received his B.A. degree in classics from the University of Detroit, and his M.S.L.S., with a concentration in medical and scientific bibliography, from Wayne State University.

At Jefferson Mr. Tawyea serves on the Medical College Curriculum Committee, and on the Hospital Committee on Computers in Clinical Medicine.

Secretary/Treasurer and a member of the Board of Directors of the Health Sciences Libraries Consortium, Mr. Tawyea is also a member of the Board of the Association of Academic Health Sciences Libraries Directors. He publishes regularly on trends in library management.
The reader is then immediately routed into a description of these drugs and the treatment of an overdose. Similarly, the imprint “AB C-G” on a capsule is quickly translated by CCIS as 10 mg of Ritalin, and a detailed description of the drug is provided. The Library's goal is to expand the number and variety of such on-line expert information systems and to make access to them as close as a patient's bedside.

Global Information Village

The fax machine has probably done more to educate the general public about the potential to share information than any other technology. This inexpensive device, which allows for transmission of an exact copy of an image, has rapidly become ubiquitous. Fax machines have increased the expectation of library users that information should be easily available from anywhere in the world. Because of the fax the terms “connectivity” and “networking” will become as commonplace in the 1990s as “byte” and “bit” did in the 1980s.

From the Library's perspective, connectivity implies two things. First, the user can easily connect to the Library's services from wherever he or she may be. Second, the Library itself is connected to the larger world of information resources.

The former is made possible through the Library's minicomputer, a Digital Equipment Corporation PDP 11/84. In addition to operating the JEFFLINE system, the PDP controls access for all users who are connected to the Library. Dozens of users may be interacting with the system at the same time. Most of these are within the Library proper, working at its computer terminals. But the connections span out from the Scott Building. From Thomas Jefferson

Margaret K. Devlin, M.L.S., Associate Librarian for Public Services, uses an overhead projector that shows the on-screen display of a user terminal. The renovated Library includes a large room in which Library staff under her direction use this equipment to teach Jefferson students, faculty, and staff about on-line resources.

Ms. Devlin oversees Scott Library's interaction with its patrons, including circulation of materials, the book stacks, Interlibrary Loan, audiovisual materials in the Learning Resources Center, and the reference section.
University Hospital, faculty, students, and staff can access all the resources of JEFFLINE without walking down the block. And through the use of an inexpensive microcomputer and a modem, JEFFLINE can be reached from virtually anywhere. This means that students and residents doing rotation at hospitals in the region can now have access to JEFFLINE, and anyone affiliated with the University can use the system from their office, lab, or home.

Plugging the Library into the vast world of international information resources is a continuous process. As more libraries, archives, and government go on-line the Library looks for a way to connect with each. Today the Library's staff can access an incredible diversity of information systems, from the Australian National Library to the Biblioteca National Madrid to the Royal College of Surgeons of Ireland.

It is a member of the On-Line Computer Library Center (OCLC) which stores the twenty-two million records of its eleven thousand member libraries in thirty-six countries. Hundreds of commercial databases are also accessible by the Library's staff through its commercial vendors.

Need information on the development of microcomputers in Russia? Have a librarian conduct a search of Soviet Science and Technology. Want to know if any hazardous substances have recently been disposed of in Bucks County? Get a search done on the National Library of Medicine's Hazardline database. Produced in cooperation with the Environmental Protection Agency, this provides detailed descriptions of the disposition of significant quantities of toxic substances across the country.

In an effort to make the resources of other libraries more directly available to users, in 1991 Scott Library will provide access to the on-line catalogs of the other nine leading health sciences libraries in the state. This includes the University of Pennsylvania, the University of Pittsburgh, Temple University, and the Pennsylvania State University.

### To Get Access

Librarians at the Information Desk (telephone 215 955 6384) will answer reference questions and assist in using Library resources and locating information.

Scott Library, including the Archives, is open to the public. Jefferson alumni may obtain a borrower's card for a small fee, which permits them to borrow circulating materials; for details call 215 955 6994.

JEFFLINE is accessed via five phone lines. Only TJU photo ID cardholders may use their social security numbers to log on to miniMEDLINE, which is selected through the JEFFLINE menu, and Micromedex CCIS.

Also, a terminal is located in the New Hospital (fifth floor, northwest corner) that provides access to JEFFLINE, including miniMEDLINE.

Instructions for dial access follow. If you have questions dial 215 955 6874.

### What You Need

- A modem and a telephone line
- A terminal that can emulate a DEC terminal, or a microcomputer with telecommunications software that emulates a DEC terminal

### Microcomputer Access

The telecommunications software should provide:

- a RETURN or ENTER key
- an ESC key
- a VT100 keypad, if you wish to use Micromedex CCIS

### Log-On Instructions

Dial 215 955 4970. Hit the RETURN key slowly when connected until the JEFFLINE menu appears.

To access miniMEDLINE or Micromedex CCIS, you will need to enter your social security number (including hyphens).

### Log-Off Instructions

Press RETURN until EXIT M appears on the screen. Then hang up. If you have problems call 215 955 6874.

### Communications Parameters

- Baud Rate: 2400, 1200, 300
- Data Bits: 8
- Stop Bits: 1
- Parity: None
- Emulation: VT100 series/VT200

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_Diana P. Zinnato, M.L.S., Associate Librarian for Collection Management, checks out the room that is being renovated for her section. Ms. Zinnato handles the Library's acquisitions, serials, and bibliographic management._

Increased shelf space now permits an area in which journals received on the current day are displayed. This allows patrons to tell instantly what publications have arrived that they might wish to review.

Ms. Zinnato also oversees the Archives and Special Collections, which have been merged for the first time. A new room permits easier service to patrons. Compact shelving allows more materials to be kept on-site, rather than in off-site storage. Also, the off-site storage is now at a different facility which is better equipped for library staff to retrieve materials for patrons. A current emphasis for the Archives is to process and inventory many materials that it already contains._

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Robert Novot
Library users will be able to access these resources directly through JEFFLINE. This connectivity is part of the plan of the Health Sciences Libraries Consortium (HSLC), a cooperative effort of the major health sciences libraries in Pennsylvania and Delaware. HSLC is being supported by the Pew Charitable Trusts with an $8.5 million grant.

**Educating Intelligent Information Managers**

As the menu of information options offered to physicians, health care workers, and scientists expands, so does their need to learn new skills. Managing information is no longer a sideline for these individuals; it is a major part of their professional activity.

Scott Library now has an Educational Services Section as part of a recent reorganization. Staff members develop and coordinate the nearly two hundred group sessions which are offered each year for two thousand Jefferson faculty, students, and staff. In addition to focusing on teaching skills related to the use of individual databases and other electronic resources, Educational Services offers a graduate-level course in generic research skills through the College of Graduate Studies. This provides students with an approach to research, including an understanding of the language of science and the organization of scientific literature.

Currently the Library is working with Jefferson Medical College's Curriculum Committee to define the information management skills which will be required of physicians in the next century. A new term, “medical informatics,” has crept into the regular vocabulary of medical schools across the country. Medical informatics refers to the application of information technology to the practice of medicine. Although medical informatics also concerns itself with topics such as computer imaging for diagnosis, much of the focus is on the improvement of patient care and research through the management of medical knowledge.

Interest in this field has increased sharply in the past ten years as it has become more apparent that it is not humanly possible to memorize the amount of information needed to function as a physician. The expectation prevails that the deficit between what a physician knows about a subject from his medical education and what is available on that subject in the literature will only continue to widen. The Library needs to play a major role in developing an educational experience for health care providers which will equip them to utilize information technology for their entire careers.

**Still a Traditional Library**

The rapid introduction of so much technology has not replaced the more traditional aspects of the Library. Electronic hardware and software has in no way reduced the volume of printed information which the Library needs to acquire. The collection totals approximately 160,000 volumes and continues to grow at the rate of seven thousand each year. In addition, the Library's Learning Resources Center houses a collection of sixteen hundred videotapes, slide programs, anatomical models, and computer programs. The paperless society predicted during the 1970s has proven a humbug and no decrease in printed materials appears likely in the near future.

The University Archives/Special Collections is the newest division of the Library. It collects, preserves, and provides access to the myriad documents, photographs, and memorabilia which the University has generated during its 166-year history, as well as maintaining the Library's fine collection of rare books.

The variety of materials in the Archives' collection is both unusual and impressive. Its holdings include the cards used by Jefferson Medical College students for admittance to class lectures between the 1820s and 1890s, a Jefferson Hospital patient register from 1895, the annual reports of the Medical College from the 1880s to the present, and Medical College yearbooks from 1899 to the present. Unusual pieces include a birthing chair from 1815, the skull of famed eighteenth-century Shakespearean actor George Cook, and a set of medical instruments that were buried during the eruption of Mount Vesuvius in 79 A.D. One of the most treasured possessions is the set of surgical instruments used by Samuel D. Gross, M.D., 1828, the same ones that appear in Thomas Eakins's painting *The Gross Clinic*.

Archives/Special Collections also houses over 5,000 rare books and Jeffersoniana, or books authored by Jefferson faculty and alumni. Interested in seeing the novels by Jefferson's own S. Weir Mitchell, M.D. 1850? The Archives has fifty-six of them. The Pascal Brooke Bland (M.D. 1901) Collection of anatomical and obstetrical materials includes the works of two famous tenth-and eleventh-century physicians, Abucasis and Rhazes. The latter's work, *Liber Helechay* (1541), is exceptionally rare. It is one of the few early Arabic works on surgery in existence.

The current lay public interest in medical self-care is an echo of much earlier sentiments. Among early English-language works in the Bland Collection is Paul Dube's *The Poor Man's Physician and Surgeon: Showing the True Method of Curing All Sorts of Distempers, by the Help of Such Medicines as Are the Product of Our Climate*, published in 1704.

**Renovation: Accommodating the Future**

The flood of computers, audiovisual equipment, books, and journals meant that the Scott Building, designed in the mid-1960s, was inadequate to its new tasks. As a result, the Library has undergone a renovation that provides for improved access to electronic information, better space for Library staff, and improved furnishings in public areas. Construction began in August and proceeded through October.

As part of the renovation the Library will replace all of its existing voice and data lines. This will allow for the continuing expansion of JEFFLINE and other information systems, including the possibility of transmitting full-color images and video. The new data lines and computer equipment will also enable the Library to connect its computer to the fiber-optic Ethernet network that the University is currently installing. This will permit users to access JEFFLINE more readily from their offices and clinical environment.

The renovation will also improve people space, for both the Library's staff and its users. Since moving into the Scott Building in 1970 the staff has grown from twelve to forty-five. The demand for new offices is critical. Also, the growing interest in the use of video and other audiovisual equipment will be better accommodated with an improved Learning Resources Center which will house a twenty-seven-seat microcomputer lab.

Finally, the general look of the
Library should improve. Furnishings include new sofas and coffee tables on the second floor which should make for a more inviting place for faculty, students, and visitors to read. Dangling computer cables and terminals cluttering up hallways will be removed and the renovation should restore the attractive simplicity of the building. Since the Library is open to the general public during weekdays, the renovated facility will be a clear statement to visitors of the value which the University places on knowledge and learning.

Quo Vadis Libraria?
In talking with faculty I frequently am asked whether we will see the departure of the book from the library. Such an evolution is disquieting to most people, including me. In Western culture the transmission of knowledge has been inextricably linked with the book for over a thousand years. Most people take comfort in seeing rows of neatly stacked books and journals. At a more individual level, books have served as the epitome of contentment. The physical aspects of the book—paper, ink, illustrations, and binding—have sensuous qualities which are unique.

Looking to the Future

Steven L. Ifshin, M.L.S., Associate Librarian for Systems, stands in the control room for the new data lines.

Scott Library will be connected to the Ethernet backbone that the University is currently installing; this will allow expansion of services, including connection to the new life sciences building. Eventually, library services will be a menu option in the Hospital's information system. "The goal behind the fiber-optic backbone," Mr. Ifshin explains, "is to ensure that every building at Jefferson has access to this kind of network medium."

Over the next six months, approximately three more freestanding Library terminals will be installed across campus, in addition to the terminal already on the fifth floor of the New Hospital.

Mr. Ifshin is primarily involved in planning for the addition of services or new databases around JEFF-LINE, the Library's integrated information system, which includes all of the Library's on-line offerings.

On the horizon are "subject-oriented workstations, such that you'd have, under one common interface, access to different databases, whether on CD-ROM or centrally on the system."

Farther down the line, the Library will become more involved in the creation of on-line knowledge systems. This may include the compilation of information, images, text, and sound into a customized electronic resource to suit the University's needs. This will shift the Library's role to a more active function in the production of a knowledge system.

With the growing expansion of national communications networks which allow researchers and physicians to collaborate on the production of new information, the Library will play an ever-increasing role in on-line publishing.

At a less emotional level there is still much to be said for the book. It is portable, is always ready for use, requires no electricity. It can present information in great detail and in excellent color. There is a finite quality to a book; it is printed with a date and edition. It represents an author's thoughts in a particular place and time and cannot be tampered with.

But many of these attributes are also the limitations of the book. Because it is portable it can be stolen or lost. Because it is discrete it can become outdated before it reaches the shelf. The computer will not replace the book in any particular arena unless it offers properties which make it more acceptable to readers. The book fits a particular niche, as does the computer.

When microfilm was introduced to libraries there was similar concern that it would replace the book. Instead, it filled the role of allowing libraries to acquire information (copies of ancient texts, newspapers, out-of-print books) which they would never be able to otherwise. Its format was unacceptable to readers for other uses. Similarly, a balance will be found between the book and the computer.

The other constant for the library is the availability of a human support system. The experience of most libraries is that the addition of new technology has not decreased the need for human intervention. The expansion of the information menu has, in fact, increased the demand for assistance. The greatest information resource at Scott Library is neither its books nor its computers. It is the staff of forty-five librarians and assistants who guide the user, offer advice, resolve problems, and teach. Although there is good reason to expect that artificial intelligence and expert systems will benefit library users in the future, sophisticated systems of this sort still seem a decade away. There will always be a need for the human information specialist, who not only has expertise, but also understands the problems of another human and can offer a smile and a sign of recognition.

The challenge for the library of the future will be the same as it has been for decades: to blend the available resources into a mix which serves the mission of its institution. Scott Memorial Library has been practicing at this for about one hundred years, and we feel we are getting the hang of it. □
FRANK J. SWEENEY, JR., M.D. ’51
1925–1990

Professor of Medicine and former Vice-President for Health Services and Director of Thomas Jefferson University Hospital, Frank J. Sweeney, Jr., M.D. ’51 died August 14 at the age of sixty-four. He had been Vice-President for Professional Affairs and Medical Director of Mercy Catholic Medical Center, in Darby, since 1986.

Dr. Sweeney’s career presaged the current interest in the physician-manager. He was the guiding force behind the planning and completion of the new Thomas Jefferson University Hospital, as well as renovations to Foerderer Pavilion and expansion of the Clinical Laboratories.

“In the planning and financing of the New Hospital, there was no little detail he overlooked,” remembers Warren P. Goldburgh, M.D. ’52, Honorary Clinical Professor of Medicine. “He was as concerned about the window fittings as about the overall concept. Yet he never got mired in detail.”

The new facilities necessitated many administrative adjustments, as well as adoption of the policy of “one level of care” instead of the long-established differential between ward and private. Dr. Sweeney also successfully oversaw changes in cost reimbursement involving Medicare and third-party payment programs.

Dr. Sweeney advocated such innovations as a hospital helicopter pad and short-procedure units.

“He felt the Hospital should be more involved in outpatient services,” recalls Dr. Goldburgh. “That was one of the reasons for enlarging the clinical labs and X-ray facilities.”

During nearly all the years that Dr. Sweeney headed the Hospital, it was the only major teaching hospital in the region that was in the black. John J. Gartland, M.D. S’44, Professor Emeritus of Orthopaedic Surgery, credits Dr. Sweeney’s “ability to combine a lot of business and administrative skills with medical knowledge.

“He was a good businessman intuitively. Many doctors are not good businessmen. He was well-organized and had an asserted, aggressive style.”

“He knew everything that went on in the Hospital, everyone’s foibles,” adds Dr. Goldburgh. “He was respected by practicing physicians, researchers, and administrators. You knew that his decisions, whether you liked them or not, came from practice rather than theory.”

A Master of the American College of Physicians and past Chairman of its Board of Regents, Dr. Sweeney received its Stengel Award in 1989 for outstanding service. St. Joseph’s University presented him with the Shafrrey Award in 1988.

He was a past Chairman of the Delaware Valley Hospital Council, and board member of the American Hospital Association, the Hospital Association of Pennsylvania, the National Health Council, the Joint Commission on Accreditation of Hospitals, the National Intern and Resident Matching Program, the Philadelphia Health Management Corporation, and Magee Rehabilitation Hospital.

In 1978 an oil portrait of Dr. Sweeney by Robert Oliver Skemp was presented to the University. Dr. Sweeney received the Alumni Achievement Award in 1983, and the Winged Ox Award the following year. He was a member of the Alumni Association Executive Committee and the President’s Club.

An alumnus of St. Joseph’s Preparatory School in Philadelphia, and of the University of Virginia, Dr. Sweeney graduated from Jefferson in 1951. He completed his internship and residency here, becoming Chief Resident in 1957–58.

Dr. Sweeney became one of the leading specialists at Jefferson in infectious diseases. He performed epidemiological studies of staphylococcal infections with Robert I. Wise, M.D., Chairman of Medicine. Dr. Wise delegated to Dr. Sweeney much of the research work, which was supported by grants from the National Institutes of Allergy and Infectious Diseases. In 1959 Dr. Sweeney worked in Thailand with the Jefferson/United States Public Health Service Cholera Study Team.

In less than eight years Dr. Sweeney rose from Instructor to Associate Professor of Medicine, receiving a Lindback Award for distinguished teaching in 1963. He coordinated the residency program and the junior and senior programs of the Department of Medicine.

From March 1963 through September 1964, an epidemic of Salmonella derby in Jefferson Hospital infected 155 employees and more than 450 patients. Dr. Sweeney helped develop a program for collection of swabs from every staff physician and every patient being admitted, which enabled him to determine how the microorganisms had entered the Hospital. The results were published in The Journal of the American Medical Association.

Dr. Sweeney codirected the 1963 Victory Over Polio Campaign for the City of Philadelphia, and in 1966 became

CONTINUED ON PAGE 30
In the Spring 1990 Alumni Bulletin, Deborah L. Jones, Ph.D. discussed continuing medical education at Jefferson.

In this article, the Dean and Senior Vice-President asks,

**What Can CME Cure?**

*by Joseph S. Gonnella, M.D.*

As long as physicians care for patients, they need to make a commitment to lifelong learning. Continuing medical education (CME) is vital to the maintenance of competence. Physicians, like other professionals, learn through a variety of mechanisms. Until recently, however, society has challenged neither the amount of time spent on CME nor the quality of the learning. Now, challenges are being addressed to the medical profession on both counts: the time and the results. It is therefore necessary to make an effort to understand the important but limited functions of CME.

Educators are frequently trapped into providing solutions to problems over which they may have only limited influence. Just as physicians are advised not to treat mere symptoms, so should educators avoid educational intervention just because of an observed performance deficiency. In making an educational as well as a medical diagnosis, the underlying causes of the deficiency must be analyzed. In most cases, educators should expect to find multifaceted problems only partially subject to correction through education.

The literature is full of prescriptions about CME. I have both drawn on the suggestions of others and relied on my own observations in identifying the components of a successful CME program: clear definition of the objectives; careful structuring of the learning; and rigorous evaluation of the results.

It is tempting for educators to assume that substandard professional performance is caused by inadequate knowledge, skills, or attitudes. However, there are many other factors that can affect performance. For example, a physician may fail to explain a potential drug complication to a patient due to time constraints—a cause very resistant to an educational solution.

The multiple roles physicians are expected to play can also affect their performance. In order to make appropriate diagnostic and therapeutic judgments they must be skilled in taking histories, performing physical examinations, and ordering laboratory tests. This calls for physicians to be both good communicators and good managers. Any given physician may be competent or proficient in some areas but lacking in others. Accordingly, it is important that an educational diagnosis assess specific proficiencies and deficiencies and ascertain their relationship to an identified performance problem.

Situational factors can also affect professional performance. Physicians are likely to perform in a manner they perceive to be like that of their peers. Indeed, physicians' performance may vary depending on whether they work in an independent office or in a clinic setting. If many patients need attention or if the physician is tired, performance may suffer. Physician performance is obviously affected by medicine's reward system, including professional recognition by colleagues, financial reimbursement, and third-party payers' rules and regulations. The availability of specialty resources and a physician's personal characteristics, such as age, also affect performance in complex ways.

Patient factors are also of great importance in assessing physician performance. These include the patient's willingness and ability to comply with the prescribed regimen and to communicate promptly and accurately any changes resulting from treatment. The family as well as general environmental factors are crucial here. For example, a physician may advise a patient with chronic obstructive pulmonary disease to stop smoking—hard enough in any case but extremely difficult for the patient from an environment where smoking is accepted or expected.

When knowledge or skill deficiencies can be traced to specific performance factors, education can be effective. In other situations, however, concentrating on environmental factors—such as changing the reward system or introducing new role models—may have just as much impact on performance.

It is thus critical to use objective techniques for evaluating physician performance in structuring continuing medical education. These techniques, which may be costly and may be perceived as intrusive, include professional audits, examinations, and observations.

It is relatively easy to find out if a physician has the requisite knowledge to perform at a certain professional level, though there are indications that most performance deficiencies do not result from simple ignorance. Other aspects of professional competence can also be evaluated. Data-gathering skills can be evaluated through observation, examination, or computer simulation. Clinical judgment can be tested orally, with simulations, or by reviewing the physician's case records. Professional attitudes and habits can be assessed through observation, oral examination, self-report, peer evaluation, patient surveys, use of consultants, or review of records.

Having assessed the need for a continuing education program, the next task is deciding how to structure it. Should it take place in a work setting or a hotel conference room? What kinds and amounts of audiovisual technology would be appropriate? How much attention should be given to differences in individuals' learning styles? Is the format likely to produce the desired result? Certainly if a surgeon is having difficulty because of inadequate manual skills, lectures on dexterity are likely to be ineffective. Nevertheless, most continuing professional education con-
sists of information transfer, based on the assumption that most deficiencies are cognitive.

A careful needs assessment can determine the most effective form for an educational program. Improvement of psychomotor skills, for example, requires a chance to practice them. Many effective approaches to knowledge deficiencies are possible. Some individuals may profit from reading or attending lectures; others may respond to audiovisual technology. Ironically, continuing education is least effective in addressing inappropriate attitudes, which may well be the most likely cause of poor performance. Changing attitudes through education requires great skill. While peer pressure may affect some individuals’ attitudinal problems, neither lectures nor confrontational techniques are likely to be useful.

Continuing education should be largely (if not entirely) in the service of quality control. Quality control must be a continuous process involving constant reassessment by individuals themselves and by others. Some steps in this direction have been taken in medicine. For example, the charge of professional review organizations (PROs) is to ensure the quality of health care. There is little evidence, however, that PROs have made any contribution to developing effective CME programs. The malpractice crisis might be seen as a kind of quality-control mechanism, though again there is little evidence that this crisis has fostered the use of CME as a way of addressing proficiency or performance problems. It has been proposed that malpractice insurance carriers structure appropriate quality-assurance educational programs, with physicians either required to participate as a condition of continued coverage or encouraged to do so through premium reductions.

A problem with any such program, however, is that the benefits and payoffs are likely to be long-term, and insurance companies are not likely to find five- or ten-year returns attractive. Increasingly, therefore, CME is concerned with short-term considerations, most of which have little to offer either to society or to the search for improved quality in the profession.

In general, CME programs confuse intermediate with long-term objectives. Intermediate objectives relate to changes in knowledge, skills, or attitudes. Long-term objectives relate to effectiveness in the delivery of patient care. It often appears that meeting intermediate objectives becomes an end in itself—for example passing a test, putting in the required number of hours of study, or proving the ability to exercise a manual skill. CME, like all educational systems, needs a method to provide feedback from the practice environment to the educational planners, to inform them whether attainment of intermediate objectives is indeed producing the desired long-term goal.

CME planners must therefore be sure to address the objectives, learning structure, and evaluation of their programs. Are the objectives of the program justified on the basis of health problems? Are the educational needs described in terms of the practicing physician as clinician, communicator, and manager? Are the education “treatments” based on careful “diagnoses”? And are the methods used to evaluate the educational program (intermediate objective) and the delivery of patient care (long-term objective) appropriate, reliable, and valid?

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DR. BRUCKER, FROM PAGE 3

The care of the elderly is the third issue. The United States and the world are aging rapidly. Currently, twelve percent of the United States population is sixty-five years of age or older, but in 2020, eighteen percent will be. The median age will increase from thirty-three years in 1990 to forty years in 2020. Simultaneously, not only will the percentage of elderly increase, but the elderly will grow older. The age group eighty-five and older will triple in size between 1990 and 2020, and it will be common to have four- and five-generation families. The percentage of population under sixty-five, available to help support those over sixty-five, will decrease significantly.

This demographic change will provide new opportunities and challenges for society in general and academic medical centers in particular. In all of our academic divisions we must now develop a new body of knowledge to deal with the uniqueness of the aging process and the associated conditions that can cause significant suffering and mortality. We must develop a geriatric focus in educational, research, and care programs, much as we did for pediatrics fifty years ago.

We must address multiple problems, social and organic, that can exist in individuals or in a social unit, many chronic in nature and requiring a great deal of patience and understanding. There must be a change in professional attitudes that will accept support and relief rather than just absolute cure. The entire issue of what mix of health professionals working side-by-side will best address these problems of the elderly remains uncertain. Again, as with research, some form of interdisciplinary effort will be required.

Academic health centers and health professionals must be involved and must impact on legislation concerned with financing routine and catastrophic care, including long-term placement for the infirm and frail. We must learn more about the care of those in the frail-elderly category and issues concerning the quality of their lives. We must learn to discuss comfortably with patients and family whether heroic life-sustaining measures are inappropriate, or even cruel. We should consider the fact that fifty percent of Medicare dollars are spent for the last six months of life. Finally, I hope that we will develop an attitude of understanding and acceptance of aging and the aged.

Education is the fourth issue. I believe it is a privilege to enter the health professions and assist those in need of care, and earn the trust of patients and their families. To me it is probably one of the highest callings there is. In order to maintain the appeal of this calling and to continue to graduate sound professionals, we must pay heed to some of the recent criticism. It is essential that we attract students who not only are bright, energetic, and academically curious, but also care about people.

We health care professionals, regardless of the field we enter, must be more than technocrats. We must feel comfortable with close, interpersonal professional relationships. When appropriate, we should be able both to laugh and to cry with our patients. We should be aware of both biological and psychological implications of illness. We should

CONTINUED ON PAGE 30
Gary E. Chizever and Netra Thakur had both volunteered in a health clinic in Haiti while studying at the University of Pennsylvania. We compared insights gleaned from time overseas. Knowing the positive impact that cross-cultural experiences had made on us, we set out to provide an opportunity for our fellow students to expand their horizons by volunteering abroad.

The large turnout at the informational meeting showed that student interest was there.

But many problems still lay ahead. Were we not, after all, supposed to be medical students, diligently poring over our texts late into the night? We all had large debts and felt pressure to work in the summer. The possibility of an overseas volunteer project seemed slim.

Nevertheless those of us with past experience overseas went about contacting the organizations and people we had worked with before. Honduras was finally chosen for reasons of cost (it is relatively close) and safety (it is a United States ally). Friends of the Americas (FOA), the host agency, had hosted other volunteer student groups
in the past and was willing to work with us in achieving our aims. FOA is a nonprofit public charity that is nonsectarian and nonpolitical.

Raising the money for such a project proved to be no small venture and soon took most of our free time, energy, and little time we turned to campus bake sales, raffles, and personal donations to meet our budget. We were surprised to find an overwhelming enthusiasm and generous response from our classmates and professors. When all was said and done the funds were available and the

Daniel Casto is a National Health Service scholarship recipient in the Physician Shortage Area Program at Jefferson Medical College. He graduated with a B.S. degree in biology from Wheaton College in Wheaton, Illinois in 1987, then studied applied human nutrition at Rutgers University.

The son of missionary parents, he spent the first seventeen years of his life in Thailand and at school in Malaysia and the Philippines. There he saw firsthand the needs and opportunities for overseas service. “My mother, a nurse,” he explains, “was an example to me of compassion and dedication to the poor and sick, and motivated me to medicine.”

While at Wheaton he taught English to Asian refugees resettling in the Chicago area, and volunteered on short trips to Thailand and Mexico. Wanting to encourage others to experience the needs overseas, he organized a work trip to Honduras in 1985, on which fifteen students built a spring-fed water system that provided a much-needed source of potable water to a remote mountain village.

After coordinating the group’s work in Honduras, Dan spent the summer traveling in Honduras, El Salvador, Guatemala, Nicaragua, and Costa Rica visiting different health and development organizations. He had an opportunity to meet with government and private agency representatives, while visiting their project work sites and community health centers, in order better to learn and understand the many issues in international public health and development planning.

Following medical school Dan plans a residency in family practice and work in a physician shortage area in rural America. Eventually he hopes to return overseas to be involved in public health, development planning, and health education.

The authors, both of whom are members of the Class of ’93, talk with Jack Dyer, Country Director for Honduras of Friends of the Americas.

Gerard V. Bland received an A.B. in human biology, with a concentration in nutritional policies of developing nations, from Stanford University in 1984. For a greater understanding of the political, economic, health, and social conditions of developing countries, particularly in Latin America, he traveled to Costa Rica to live and work directly with the people. For two years, he worked with the Ministry of Agriculture’s Department of Aquaculture as a Peace Corps volunteer, developing fish farming. He has also spent time in Guatemala, Belize, Nicaragua, Ecuador, Peru, and Bolivia.

In late 1987, Gerard returned to the United States to pursue previous aspirations to a medical education. Before coming to Jefferson, he coordinated the Occupational Health Clinical Center at the University of California at Los Angeles, and assisted in research on Carpal Tunnel Syndrome among grocery cashiers at UCLA.

Gerard has actively worked to influence college students to take advantage of opportunities to work or study in developing countries.

In the future, he plans a residency in internal medicine with a specialization in infectious diseases, and to “learn and teach about public health and development in the international community.

“The challenge,” he feels, “is to go where there is no doctor: to provide a community with medical care, train some in the community as physicians’ aides, nurses, and nurses’ aides, tackle the major health and hygiene problems through educating the community, and think of creative ways to improve the economic situation in the area.

“Lack of fresh water, insufficient food, and poor hygiene result in substandard medical conditions and compound preexisting problems. Economics and education are the veins through which a higher standard of living can be reached.

“To me this is what the ultimate physician would do. Treating the disease does not cure the situation in the long run, only the short.”

Readers interested in participating in future efforts overseas are encouraged to contact the authors.

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Most days, the main street is lined with vendors of clothes, vegetables, and varied goods.

first hurdle had been accomplished.

Many students wanted to go, but previous commitments and other problems limited the number of participants to eight: Gary E. Chizever, Eileen R. Conti, Kurt R. Crowley, Maria Erlynne Hernando, B.S.N. '89, Eric R. Mariotti, Melissa Moody, and these writers.

A Different Reality

Originally the plans were to fly to a very remote section of eastern Honduras and help in the construction of a hospital located in the jungle. The foreman responsible for supervising the construction had to return to the States, so a last-minute change in plans put us in Las Trojes. Because of such uncertainty, flexibility is required by those who venture beyond United States borders, to where the standard of punctuality becomes mañana and people, not things, are the center of one's life.

Las Trojes is a town of about 8,000. It is like an old Western town, with a main street flanked by stores, and cowboys galloping through the streets. The people are farmers or merchants, or both. A day laborer can make eight lempiras (about two United States dollars) per day. There is a plaza in the center of town surrounded by the bank, government office, police station, and as in every town in Honduras, a Catholic church.

Friends of the Americas had a number of projects in this town that were coordinated with their child sponsorship program. We spent half our time involved in construction work, including the expansion of the existing medical clinic. We helped build a chicken coop that would provide meat and eggs for poor families, a house for a poor family of a sponsored child, and a "lacteria" that would provide milk for infants, some of them orphans. We performed manual labor in the furnace of a tropical country, where the engineers we worked for, Carlos Fuentes and Jose Luis, were Hondurans who spoke only Spanish and worked tirelessly with us.

Here was a chance for us to see what it felt like to be unskilled (we did not know carpentry or masonry), uneducated (most of us spoke little Spanish), and in the minority (there were only eight of us gringos).

A journal entry for Friday, June 26 read,

This is only our second day in Honduras. Up at 7:00 A.M. ready to work—all went out to the forest—we packed our lunch and drove about one hour over bumpy roads in the back of a pickup and then walked for about one hour into the jungle to reach the wood. It was unbelievably hard work. The wood was heavy!!! And the mud was slippery. We worked from 7:00 A.M. until 3:00 P.M.—we were sore!!! It was an area of unequaled beauty, a true rain forest. Coffee was growing in areas of deforestation. Eileen, Erlynne, and Melissa had a slow and boring day in the clinic. That night we switched rooms with them so we could have the mattresses.

The rest of the time Dr. Dolores Fuentes and Dr. Marcos Manzanares, employed by Friends of the Americas (FOA), were our supervisors in the clinics. They became our mentors as they showed us how medicine was practiced in Honduras.

We rotated through three different clinics: the base clinic situated in Las Trojes and two other small village clinics in Danli and Delicias, several miles away. FOA operated these daytime outpatient clinics that would see between twenty and fifty patients a day depending on the weather and the planting schedule. (During the rainy season, the people are busy planting, and cannot get through on the roads because of mud a foot deep, landslides, and streams that become rivers and wash away the roads.)

The time spent observing in the clinics of Las Trojes and surrounding villages awakened us to a different reality: extreme poverty. Many patients that walked into the clinic's waiting area had intestinal parasites from the local drinking water, which had a brownish color. Many children waddled around with barrel-shaped stomachs bloated from the parasites, resulting in malnutrition. Insect bites turned to ulcers the size of a baseball due to dirt and neglect. Urinary tract infections, diarrhea from complications with parasites, lice, skin rashes, and vampire bat bites were some of the daily medical conditions of the patients. The more graphic cases resembled the classic pictures in our pathology text. Lack of proper equipment and medications was astounding. Many that were available had passed the expiration date.

Our typical day started at seven, after a night in sleeping bags lined up on the concrete floor of the Fuentes family's storage room, which also housed the clinic's medical supplies. Although the toilet had its own septic tank, flushing was done by carrying a bucket from the water tank and pouring it into the bowl. Most of us skipped the cold shower until the evening. We all walked down the main street of the town to a place where the local people ate: the comedor ("diner"). Beans, rice, avocados, cheese, tortillas, plantains, and coffee were breakfast.
Eight o'clock began the work day. Two to four of us went to help in the clinic, while the others performed manual labor with Hondurans in construction of the various FOA projects, until lunch at twelve. Some days we would all have liked to work in the clinic, because the manual labor was back-breaking: shoveling sand from the center of a river, mixing cement, gathering heavy rocks, and carrying large beams of cedar up and down muddy hillsides.

Lunch looked too much like breakfast with a Pepsi to quench the thirst. After lunch, work continued until four. We showered by hauling a five-gallon bucket to the bathroom and rinsing ourselves using an empty coffee can. Dinner was around six; we arrived in the comedor and waited seated in the living room of the family preparing the food. We played hand games and sang songs with the many children of the community until we were called to dinner.

Dinner appeared to be leftovers from lunch. At the table we would discuss the day and what we had learned. After dinner we would return to the Fuentes' house and play cards during the three available hours of electricity from six to nine. Then we would slowly fall asleep.

For many of us this was the first time living in another country, in another culture. The lessons we learned were lessons for life. They do not come from a book, you cannot teach them in a classroom. They need to be lived. Too often we miss these lessons. For a few short weeks in Honduras we were in the school of life. We learned to see and relate to Hondurans as neighbors, friends, brothers, and equals.

Coming Back
We had called ourselves Overseas Health Outreach and had started with three goals:

(1) to perform health-related direct service in areas of desperate need;
(2) to foster cross-cultural sensitivity and awareness among participants, and other students with whom we will share our experiences; and
(3) to establish a model for future Jefferson overseas health projects.

Anthropologists and international experts agree that development projects should encourage independence, be self-sustaining, and reduce vulnerabili-ty. Handouts do not do this. We worked within an existing facility that was managed locally by and for Hondurans. We worked alongside Hondurans and they were our bosses.

We came away feeling that we received much more than we gave. We came to appreciate the many socioeconomic and cultural factors that are woven together when providing health care in developing countries. We saw how most health problems are inadequately dealt with using the typical Western model of medicine and centralized care.

The clinic we worked in was promoting prevention and education. It taught mothers, who are often the community leaders, the importance of the fundamentals of public health: fresh water, latrines, personal hygiene, vaccinations, proper nutrition, and prenatal care. Health conditions depend largely on these, while in America our lifestyle (in some cases being sedentary, smoking, using alcohol), our diet and exercise, and our environment (being exposed to chemicals, and to stress) can account

As soon as children are old enough to lift anything, they go to work. A young boy slings an axe over his shoulder; girls often haul water for cooking.
for much of our illness.

The political climate in Honduras and neighboring Nicaragua, which had threatened to be a problem in our plans, instead became a tool to teach us how existing tensions so deleteriously affect the man at the bottom, the campesino, or peasant. We saw how existing health problems are exacerbated by tensions of war, food shortages, and increased mental illness.

In addition to seeing problems unique to the Third World, we gained a better understanding of the cultural and health care concerns of Hispanics in the United States. We even improved our Spanish, an important language, especially in today's American cities where the Hispanic communities are growing.

And in Honduras we learned about ourselves. We learned to see things as different, not better or worse.

The cross-cultural exchange between the Hondurans and ourselves broke down some of the anxieties, preconceptions, and fears we had unconsciously brought with us. Physicians have to encounter people from many different backgrounds. We all are unconscious of our prejudices against those with a different vocabulary or style of dress. To better understand people's cultures, their likes and dislikes, and their medical conditions, the first steps are to realize that prejudices exist within ourselves, and to begin to reconstruct our thinking.

While the problems in Honduras often seem insurmountable, we feel it is worthwhile to go where the needs are great and the resources few. We return with a desire to share our experience with others and to promote similar future efforts. The trip showed that students are interested in volunteering and that a short period living in another country is feasible and can have a profound impact.

In this pioneer effort we hoped to establish continuing opportunities at Jefferson for international service and education in the needs of health care in developing countries. Since we have been invited to return to Honduras, we are planning for another group of students to go next summer. We would like to see physicians go also.

We hope that in future opportunities may be developed for elective clinical rotations during the third and fourth years of medical school.

The project would not have been possible without the generous support of the American Medical Association, the American Medical Student Association, the Commons Board and the Student Council of Jefferson Medical College, the Jefferson Medical College Class of '93, Lawndale Baptist Church in Philadelphia, Lima United Methodist Church in Lima, Pennsylvania, the Pennsylvania Medical Society, The Upjohn Company, and numerous Jefferson faculty members, including our faculty advisor, Mark R. Denison, M.D., Assistant Professor of Pediatrics, and friends.

We went as learners not as teachers. We were students, and went with big hearts and open minds. We returned with our backs sore and our minds full.

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**Students Would Welcome Contacts**

If you have insights on opportunities in overseas health care and development planning, please write, call, or fax the Alumni Office, attention of the *Alumni Bulletin* (see contents page for address), and specify the areas in which you have expertise.
THE MANY SIDES OF HERBERT E. COHN, M.D. '55

"His contributions are so varied that one has to pick among them," said Francis E. Rosato, M.D., The Samuel D. Gross Professor and Chairman of the Department of Surgery, in describing his colleague Herbert E. Cohn, M.D. '55, Professor of Surgery, at the presentation of a portrait of Dr. Cohn to the University on June 21.

But Dean L. Pauls, who had been engaged by Dr. Cohn's friends and colleagues to paint the oil portrait, had not been limited by the conventional realistic format, a single view of the sitter. As background to an image of his subject standing and reflecting, Mr. Pauls had added vignettes of Dr. Cohn studying and reading for and performing surgery. To prepare this composition, Mr. Pauls had spent a day at Jefferson with Dr. Cohn, in and out of the operating room, observing the surgeon's many activities.

Dr. Rosato, who has spent many years here with Dr. Cohn, sketched a picture at the presentation of Dr. Cohn's contributions to the Department of Surgery, of which he is Vice-Chairman and Director of Graduate Medical Education. "He is heading up a planning effort that is going to set our course for the year 2000," explained Dr. Rosato. In residency training, he is "charged with the myriad responsibilities of organizing and qualifying a vast program, the largest surgical program in the Delaware Valley."

Dr. Cohn plays a central role in recruiting and evaluating candidates for the program, and then choosing ten from more than six hundred applicants. He is known to be sensitive and supportive of residents, but at the same time intolerant of laziness or sloppiness or failure of attention to detail. Dr. Cohn is considered an accurate and omnipresent observer, which is probably why the residents affectionately refer to him as "the shark."

President in 1986-87 of the Medical Staff of Thomas Jefferson University Hospital, Dr. Cohn chaired the Operating Room Committee for a long period, and was President of the Volunteer Faculty Association. Now he serves on the Quality Assurance Committee, "one of the harder-working, more drudgery-oriented committees that we have" as Dr. Rosato says. "He never shirks a tough job."

A member of the President's Club and of the Annual Giving Fund Committee, Dr. Cohn donates his time and energies as an alumnus, for example sharing insights into the life of a surgeon at the annual Parents' Day.

Outside of Jefferson, Dr. Cohn has served on the Continuing Education Committee of the American College of Surgeons. Active in the Philadelphia Academy of Surgery and the Pennsylvania Thoracic Society, Dr. Cohn is immediate past President of the American Division of the World Fellowship of the Israel Medical Association.

"Most important, and I think surely the most important to Dr. Cohn," said Dr. Rosato, "is the contribution he has made to his patients. To them he brings great skill, warmth, dedication, and always a positive, hopeful approach. He is a talented clinical surgeon, and equally at home in the operating room or the conference room, in general surgery or in thoracic surgery."

After graduating first in his class at Jefferson, Dr. Cohn served his internship and residency here, becoming Chief Surgical Resident under John H. Gibbon, Jr., M.D. '27.

A colleague since the beginning of their careers has been James E. Clark, M.D. '52. When Dr. Clark was working with an artificial kidney at Jefferson, Dr. Cohn performed much of the associated surgery. In 1963 Dr. Cohn did the first kidney transplant in Philadelphia.

At the presentation Dr. Rosato thanked Natalie Cohn for the support she gave her husband "which allows him to give of himself so completely to this institution."

"All men dream, but not equally. . . . The dreamers of the day are dangerous men, for they may act their dreams with open eyes, to make them possible," Dr. Rosato quoted the English writer D. H. Lawrence. "This small sampling, Herb, of your present contributions, is a matter for future record; your future contributions, I know you are dreaming now. We need you, and we need your dreams for Jefferson."

A family perspective was provided by Dr. Cohn's son, David B. Cohn, M.D. '86, who finished his residency here in 1989. "He always worked a surgeon's hours," David Cohn recalled, "but never scrimped on his family after coming home.

"I can't imagine a portrait that fully captures the essence of Dr. Herbert E. Cohn. If I could paint one," David Cohn remarked, "the expression on my father's face would be not one of authority and confidence, but a warm, crinkly-eyed smile." Dr. Cohn would be not in a suit, but in something more comfortable—his white slacks.

David Cohn would spend most of the time painting his father's hands. "They have awesome dexterity. They once built an incredibly detailed model sailboat, complete with hand-carved masts, intricate rigging, and tiny metal fittings—another time an incredibly lifelike clay model of my brother's head."

The younger Dr. Cohn also revealed that "Dad has always approached cooking a lot like surgery. It's a simple task as long as you follow some basic tenets: prepare all necessary items in advance, and use a precise and rational technique."

Just as he would rather perform an intricate surgical procedure than remove an appendix, Dr. Cohn's culinary endeavors tend toward the exotic. "While Mom would broil a chicken, Dad would prepare braised duckling in mango chili sauce garnished with gooseberry fritters."

Dr. Cohn stands for respect, trust, and affection, summarized Joseph S. Gonnella, M.D., Senior Vice-President,CONTINUED ON PAGE 30
New Gross Clinic Poster Available

The University Art Committee is pleased to announce the release of the first large-scale, high-quality poster of Thomas Eakins's *The Gross Clinic* to be produced under Jefferson auspices. The handsome 24-inch by 36-inch poster (pictured in color on the back cover of the Summer 1990 *Alumni Bulletin*) was developed in consultation with the Philadelphia Museum of Art. For your convenience the poster may be ordered from the Museum's shop by sending payment with the form below.

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Jefferson's Art Collection by Julie S. Berkowitz, M.A.

Eakins's Portrait of Professor Benjamin Howard Rand

Benjamin Howard Rand, M.D., Jefferson Medical College Professor of Chemistry, sits at an exuberantly cluttered desk in this large-scale, full-length portrait by Thomas Eakins (1844-1916). Significantly, Professor Rand is Eakins's first sitter outside his circle of family and close friends, and first in a long series of portraits of scientists—men he admired for their keen and exacting intellect.

In a procedure that would become customary with subjects he wished to paint, Eakins asked Rand to pose and then gave him the portrait. The two had been acquainted since the artist's student days at Central High School in Philadelphia, where Rand had held the Chair of Chemistry, a post he also filled at the Franklin Institute and at the Philadelphia Medical College until it closed in 1861. Rand became Professor of Chemistry at Jefferson in 1864, the same year that the then twenty-year-old Eakins first studied anatomy with the medical classes there. An alumnus of Jefferson (M.D. 1848), Rand was Dean from 1869 to 1873 and held the chemistry chair until 1877, when ill health forced him to retire, aged fifty. He died in 1883. Rand was a Fellow of the College of Physicians of Philadelphia and also a member of the American Medical Association.

Rand sat for Eakins in 1874, the same year the artist completed another anatomy course at Jefferson to supplement extensive artistic training at the Pennsylvania Academy of the Fine Arts in Philadelphia and the Ecole des Beaux Arts in Paris. Now age thirty and optimistic about his future, Eakins was confident enough to portray the distinguished physician boldly and unconventionally, even with kindly humor. The compositional devices of locating the subject on the far side of the desk and of crowding the desk top and its vicinity with a glittering array of objects, some unexpected, are puzzling to viewers expecting a more traditional formal portrait.

At first glance, the viewer wonders about the room shrouded in darkness. Is the bespectacled, studious Dr. Rand in an office or laboratory at Jefferson Medical College, or is he in his study at home? Because the murky interior space is so shallow and its architectural features are not visible, and because the partner-style desk itself could be appropriate in either setting, one must look elsewhere for information about location.

One clue is in Rand's costume. His suit included the customary black coat, white shirt, and vest. However, his shirtfront is rumpled and he wears no tie. Furthermore, there is a brilliant pink afghan or shawl draped over the back of the chair to the right of the desk. Since the late nineteenth century was an age of formality in clothing and manners, one must assume that the setting is domestic and private, and that thus he has removed his tie. The brilliant pink shawl emerging from the gloom suggests cozy warmth. Other clues abound in the disparate and seemingly unrelated objects on the desk top. They range from the characteristically scientific and academic to the most personal and homey.

The brightly highlighted brass instruments on the left include a compound microscope and a beam balance. Behind is a wooden rack with test tubes, and to the right a red, conical graduated cylinder with a spatula. Books, pamphlets, quills, and papers are strewn about left and center. With one hand Dr. Rand points to a passage in the open book. Surprisingly, his other hand strokes the back of a dark gray cat who insouciantly rests a front paw on the book.

Other objects include a bright red rose and a sheet of crinkled, cool-white tissue paper hanging over the edge of the desk. In addition one can just barely identify a perpetual calendar and some fruit in the blurred forms on the right. The viewer is left guessing about the arrival of the pet cat and the occasion for the flower, which might have just been unwrapped.

Because of their glittering highlights and precise rendering, the microscope and balance attract the viewer's attention first. Then the bright white shirtfront and highlight on his forehead call attention to the figure of Rand. His expression is sober and thoughtful as he pauses in his work. It is a private moment, and one cannot conjecture about his thoughts. He looks down toward the cat, who may have interrupted his reading. The cat almost blends into the dark background, but its red collar, proprietary stance, and direct outward stare engage the viewer's response.

In addition to Dr. Rand's self-effacing posture, other compositional features also distance him from the observer. He sits behind the desk, which itself acts as a horizontal barrier between subject and viewer. In the foreground space another group of objects vie for attention away from the figure of Rand, the painting's nominal subject. These include a fur rug in a pyramidal heap and an open desk drawer.

Ms. Berkowitz is University Art Historian at Thomas Jefferson University.

CONTINUED ON PAGE 30
On Campus

THE DISTINGUISHED LECTURE ON MOLECULAR BIOLOGY was presented September 24 by Robert C. Gallo, M.D., Chief of the Laboratory of Tumor Cell Biology at the National Cancer Institute. Dr. Gallo's "Current Thoughts on the Mechanism of Human Retroviral Disease" made an intensive, fact-filled talk for almost two hours. His love for his work was evident.

Dr. Gallo was the world's most referenced scientist in the 1980s, the journal The Scientist reported recently. He was cited 23,232 times, according to the Institute for Scientific Information.

JEFFERSON SCIENTISTS HAVE HELPED IDENTIFY A GENETIC DEFECT THAT MAY CAUSE OSTEOARTHRITIS, it was announced in The Proceedings of the National Academy of Sciences on September 4. The research team here was headed by Darwin J. Prockop, M.D., Ph.D., Chairman of Biochemistry and Molecular Biology. Collaborating scientists at Case Western Reserve University in Cleveland were led by Roland W. Moskowitz, M.D., Professor of Medicine there.

Studying an Ohio family whose members tend to develop severe arthritis early in life, the researchers discovered that the affected individuals had a genetic defect resulting in abnormal collagen.

It appears that some cases of osteoarthritis are caused by the defect. The finding means it may be possible to create a new treatment, by manipulating either collagen or the defective genes themselves.

The work also provides the strongest evidence yet that collagen has an important role in disintegration of joints.

EDUCATIONAL FACILITIES WITHIN THE LIFE SCIENCES BUILDING will be constructed with the aid of a $500,000, two-year grant from the Pew Charitable Trusts.

The grant will underwrite seminar rooms and libraries on four floors of the new building. The goal is to encourage the exchange of ideas in the Jefferson Institute of Molecular Medicine and the Departments of Biochemistry and Molecular Biology.

Dr. Gallo talks with Jefferson students.

Kamel K. Khalili, Ph.D., Assistant Professor of Biochemistry and Molecular Biology, and of Microbiology and Immunology; Dr. Gallo; and Dr. Prockop

THE MEAN SCIENCE GRADE POINT AVERAGE is 3.23, and mean Medical College Admissions Test scores are 9.8 biology, 9.6 chemistry, 9.6 physics, 9.5 problem, 9.0 reading, and 8.8 quantitative.

There are eight offspring of faculty members; children of alumni total nineteen.

The Class of '94 was gleaned from 4,675 applicants, of whom 1,003 were interviewed and 614 were accepted.

FRIENDS HOSPITAL has become an affiliate of the Department of Psychiatry and Human Behavior. Medical students, residents, and fellows in the department will train at Friends. Its Director is James M. Delaplane, M.D., '64.

THE GIBBON BUILDING will be the new name for the New Hospital as of January 9, 1991. It will honor John H. Gibbon, Jr., M.D., '27, developer of the heart-lung machine, and from 1946 to 1967 the Samuel D. Gross Professor and Chairman of Surgery. A longer article will appear in the Winter Alumni Bulletin.
Faculty News

W. Steve Ammons, Ph.D., Associate Professor of Physiology, has received the 1990 Bowditch Lectureship Award, which is bestowed on an outstanding scientist under 40 years of age by the President of the American Physiological Society. Dr. Ammons will deliver the Bowditch Lecture at the meeting in April of the Federation of American Societies for Experimental Biology.

James J. Augsburger, M.D., Associate Professor of Ophthalmology, was recently a Visiting Professor in Ophthalmology at the Bethesda Institute of St. Louis University, where he presented "Malignant Melanoma of the Choroid and Ciliary Body and its Differential Diagnosis" and "Retinoblastoma and its Differential Diagnosis."

At the 126th meeting of the American Ophthalmological Society, Dr. Augsburger presented a paper, "Invasive Diagnostic Techniques in Uveitis and Simulating Conditions."

In the journal Retina, volume 10, Dr. Augsburger coauthored "Vitreous Seeding Associated with Melanocytoma of the Optic Disc." And he was senior author of "Cobalt-60 Plaque Radiotherapy Versus Enucleation for Posterior Uveal Melanoma," in the American Journal of Ophthalmology, volume 109.

Demetrius H. Bagley, M.D., Professor of Urology, recently delivered the Tomsky Lecture in Urology at the Louisiana State University Medical Center.

Lewis W. Blumle, Jr., M.D., President Emeritus, received the Pennsylvania Medical Society's Distinguished Service Award during its House of Delegates meeting in October. The Award has been conferred only thirteen times; past recipients include Jonas E. Salk, M.D. and the late John H. Gibbon, Jr., M.D. '27.

Robert L. Brent, M.D., Ph.D., The Stein Professor and Chairman of Pediatrics, Director of the Division of Developmental Biology and Teratology, and Director of the Division of Radiation Biology, made presentations at the annual meeting of The Teratology Society in Victoria, British Columbia in June. His topics were "Amino Acid Exchange and Utilization in Protein Synthesis in Early Rat Conceptus," "Epitope Analysis of Monoclonal Antibodies (MAbs) Against Visceral Yolk Sac (VYS) Antigens," and "Counseling Patients and Physicians about the Reproductive Risks of Prior (Preconception) Cancer Therapy."

Ronald P. Jensh, Ph.D., Professor of Anatomy, was copresenter with Dr. Brent of "Behavioral Outcomes in Aged Wistar Rats Exposed Perinatally to X-irradiation" and "Adult Behavioral Studies Following Prenatal 5.0 MHz Ultrasound Exposure in the Wistar Rat."

At the American Board of Medical Toxicology Symposium in Tucson, Arizona, in September, Dr. Brent spoke on "Environmental Causes of Human Birth Defects," and Loretta P. Finnegam, M.D., Professor of Pediatrics and of Psychiatry and Human Behavior, presented "Fetal Effects of Illicit Drug Abuse."

Stephen A. Feig, M.D., Professor of Radiology and Director of the Division of Mammography/Ambulatory Radiology, has been appointed Program Chairman of the twenty-fifth National Conference on Breast Cancer, sponsored by the American College of Radiology.

Dr. Feig also has been appointed to the editorial board of a new multidisciplinary journal entitled Breast Diseases: A Yearbook Quarterly.

Dr. Feig was a member of the Scientific Program Committee at the Sixth International Congress on Breast Diseases of the International Society of Senology, while Gordon F. Schwartz, M.D., Professor of Surgery, served on the Executive Committee for Scientific Programming, and represented the United States on the GROS Award Committee. At the Congress, Dr. Schwartz was elected Vice-President for North America of the International Society of Senology.

Lawrence S. Friedman, M.D., Associate Professor of Medicine, presented "Recent Advances in the Treatment of Inflammatory Bowel Disease" as a Visiting Professor at Oregon Health Sciences University.


In March, Dr. Garland had spoken on "Outcomes Research in Hip Fractures" as the guest speaker on All Surgeons Day, presented by the Metropolitan Chapter of the American College of Surgeons in Washington, D.C.

Sheldon Goldberg, M.D., Professor of Medicine and Director of the Division of Cardiology, cochaired a session on intravascular stents at a meeting of the American College of Cardiology. Dr. Goldberg also made presentations on "Short-Term Clinical Results and Complications with the Palmaz-Schatz Coronary Stent," "Effects of Balloon Size on Immediate Hemodynamic Results of Percutaneous Mitral Valvuloplasty (V) in the M-Heart Registry," and "Comparative Clinical and Angiographic Findings in Patients with Symptomatic and Asymptomatic Restenosis Following Angioplasty."

At the same meeting, Paul Walinsky, M.D., Clinical Professor of Medicine, presented "Microwave Thermal Balloon Angioplasty in the Normal Rabbit Iliac Artery."

Sergio A. Jimenez, M.D., Professor of Medicine and of Biochemistry and Molecular Biology, and Codirector of the Division of Rheumatology Research, has been invited to serve for four years on the National Institute of Health's Subcommittee 1 of the General Medicine A Study Section, Division of Research Grants.

Stephen Karasick, M.D. '74, Associate Professor of Radiology, spoke on "Current Concepts in Hysterosalpingography" as guest speaker at a meeting of the Pennsylvania Radiologic Society.


Leopold S. Loewenberg, M.D. '56, Clinical Associate Professor of Obstetrics and Gynecology, has begun a three-year term as Chairman of the Pennsyl-
The Division of Neuroimmunology, directed by Fred D. Lublin, M.D. '72, Professor of Neurology, has received a $300,000, three-year grant from the National Multiple Sclerosis Society. The Neurology Department’s multiple sclerosis center is codirected by Dr. Lublin and Robert D. Knobler, M.D., Ph.D.

Dr. Lublin told JeffNEWS, the newsletter of Thomas Jefferson University, “The grant establishes us as the nationwide coordinating and support site for multiple sclerosis research and clinical centers across the country in their use of a new, multisizer, patient-record-keeping computer program, MS COSTAR. “It’s not just another database. It’s a computerized patient record that stores and collates just about every aspect of a patient’s medical history, physical examination, and laboratory work, creating an invaluable resource for day-to-day care.”

Via computer networks, the program will also permit access to records of more patients than was previously possible.

via, New Jersey, and Delaware District of the American College of Obstetricians and Gynecologists.

Gerald J. Marks, M.D. ’49, Professor of Surgery and Director of the Division of Colorectal Surgery, spoke on “Preoperative Radiation Therapy and Sphineter Preservation for the Treatment of Rectal Cancer” at the Surgery Society of Lyon, France, the Lyon College of Colo-Proctology, and a symposium in Lyon on Treatment of Cancer of the Rectum and Anus with Radiation and Surgery.

Paul H. Maurer, Ph.D., Professor of Biochemistry and Molecular Biology and of Pathology and Cell Biology, has been reappointed a member of the National Institutes of Health Reviewer Reserve of the Division of Research Grants, through June 1994.

Melvin L. Moses, M.D. ’62, Clinical Professor of Surgery, has assumed the chairmanship of the Department of Surgery at Methodist Hospital.

Howard K. Rabinowitz, M.D., Professor of Family Medicine, presented findings on standardized testing this summer at the President’s Seminar Series of the National Board of Medical Examiners in Philadelphia. Dr. Rabinowitz is a member of a team from Jefferson’s Center for Research in Medical Education and Health Care that created a format for exams for medical students and residents in which questions are open-ended rather than multiple-choice.

Such an exam is believed to measure acquired knowledge more accurately, as well as being easier to construct. It can be scored by computer, because answers are selected from a coded alphabetical list of possible responses inserted into the exam booklet.

Satish C. Rattan, D.V.M., Professor of Medicine and Director of Gastroenterology Research, recently presented “Neurohumoral Control of Internal Sphineter” before the Department of Medicine at the University of Pennsylvania.

Robert T. Sataloff, M.D. ’75, D.M.A., Professor of Otolaryngology, cochaired the nineteenth annual Symposium for the Care of the Professional Voice, held in Philadelphia in June. The symposium was sponsored in association with Jefferson, the Curtis Institute of Music, and the Academy of Vocal Arts.


Harvey J. Schwartz, M.D., Clinical Associate Professor of Psychiatry and Human Behavior, has been appointed to the editorial board of the International Journal of Eating Disorders.

Marcelle J. Shapiro, M.D., Assistant Professor of Radiology, presented “Chemical Shift Imaging and Magnetic Resonance Spectroscopy of Atherosclerotic Plaque” at the annual meeting of the Cardiovascular and Interventional Radiological Society of Europe in Brussels.

G. Pirooz Shoolevar, M.D., Professor of Psychiatry and Human Behavior, and Director of the Division of Child, Adolescent, and Family Psychiatry, is President-elect of the Society of Professors of Child and Adolescent Psychiatry.

Dr. Shoolevar recently presented “Family Intervention with Major Mental Illnesses” before the Department of Psychiatry of Albert Einstein Medical Center.

Stanton N. Smullens, M.D. ’61, Associate Professor of Surgery and of Radiology, delivered the Eleventh Annual DeTuerk Lecture at Methodist Hospital. Dr. Smullens gave an “Update in Vascular Surgery.” The DeTuerk Lecture honors John J. DeTuerk, M.D. ’38, Honorary Clinical Professor of Surgery at Jefferson, and former chief of surgery at Methodist Hospital.

F. William Sunderman, M.D., Ph.D., Honorary Clinical Professor of Medicine, received the Lifetime Achievement Award in Clinical Chemistry at the International Congress of Therapeutic Drug Monitoring and Toxicology, in Barcelona, Spain in October.

Troy L. Thompson II, M.D., Chairman of Psychiatry and Human Behavior, was the principal investigator in a study published in the August 16 issue of the New England Journal of Medicine, showing that a new form of Hydergine, a drug widely prescribed for Alzheimer’s disease, is ineffective.

The double-blind study also found that the medication caused worsening of such mental skills as perception, recognition, judgment, and reasoning. This side effect had not been noted before.

Hydergine may have a direct toxic effect, Dr. Thompson theorizes, or may accelerate the progression of Alzheimer’s disease. He feels the study recommends against use of the drug in either its new form, a liquid within a capsule, or its original form.
Appointments and Promotions

Kurt H. Albertine, Ph.D. has been promoted to the rank of Associate Professor of Medicine.

Mohamed A. Amer, M.D. has been reappointed a Visiting Professor of Dermatology.

Komanduri M. Ayyangar, Ph.D. has been promoted to the rank of Professor of Radiation Oncology and Nuclear Medicine.

Reza I. Bashy, Ph.D. has been promoted to the rank of Research Professor of Medicine.

Robert L. Benz, M.D. '78 has been promoted to the rank of Clinical Associate Professor of Medicine.

Joel J. Berberich, M.D., Ph.D. has been appointed a Clinical Associate Professor of Anesthesiology.

Wade H. Berrettini, M.D. '77, Ph.D. '79 has been promoted to the rank of Professor of Psychiatry and Human Behavior.

Clara A. Callahan, M.D. has been promoted to the rank of Clinical Associate Professor of Pediatrics.

Hugh J. Callahan, Ph.D. '70 has been promoted to the rank of Professor of Urology.

Christopher W. Canino, M.D. has been reappointed a Visiting Clinical Associate Professor of Radiology.

John A. Carlson, Jr., M.D. has been appointed an Associate Professor of Obstetrics and Gynecology and Director of the Division of Gynecologic Oncology.

Jurgen Engel, Ph.D. has been reappointed a Visiting Professor of Biochemistry and Molecular Biology.

Arthur J. Weiss, M.D., Assistant Professor of Medicine, and Richard D. Lackman, M.D., Clinical Associate Professor of Orthopaedic Surgery, have had their treatment for desmoid tumors accepted by the Eastern Cooperative Oncology Group as formal protocol.

Neil J. Farber, M.D. has been promoted to the rank of Clinical Associate Professor of Medicine.

Anthony Farole, D.M.D. has been promoted to the rank of Associate Professor of Otolaryngology (Dentistry).

Jonathan E. Gottlieb, M.D. has been promoted to the rank of Associate Professor of Medicine.

George W. Gross, M.D. has been promoted to the rank of Associate Professor of Radiology.

Charles B. Hartzell III, Ph.D. has been appointed a Professor of Pediatrics.

Lemuel Herrera, M.D. has been appointed an Associate Professor of Surgery.

David A. Iddenden, M.B., Ch.B. has been appointed a Clinical Associate Professor of Obstetrics and Gynecology.

Jaakko Karvonen, M.D., Ph.D. has been reappointed a Visiting Associate Professor of Dermatology.

Thomas L. Kennedy, M.D. has been appointed a Clinical Associate Professor of Otolaryngology.

Francisco Kerdel-Vegas, M.D. has been reappointed a Visiting Professor of Dermatology.

David B. Nash, M.D. has been appointed a Clinical Associate Professor of Medicine.

Laurence Needleman, M.D. has been promoted to the rank of Associate Professor of Dermatology.

Robert L. Perkel, M.D. has been promoted to the rank of Clinical Associate Professor of Family Medicine.

Anthony J. Plieaggi, M.D. has been appointed a Clinical Professor of Pediatrics.

Carl L. Reams, M.D. '66 has been appointed a Clinical Associate Professor of Otolaryngology.

Terence J. Ryan, M.D. has been reappointed an Adjunct Professor of Dermatology.

Scott H. Saul, M.D. has been appointed an Adjunct Clinical Associate Professor of Pathology and Cell Biology.

Christopher D. Stubbs, Ph.D. has been promoted to the rank of Associate Professor of Pathology and Cell Biology.

Rupert Timpl, Ph.D. has been reappointed a Visiting Professor of Biochemistry and Molecular Biology.

Barbara J. Turner, M.D. has been promoted to the rank of Clinical Associate Professor of Medicine.

Donald P. Vrabec, M.D. has been appointed a Clinical Professor of Otolaryngology.

Dene T. Walters, M.D. has been promoted to the rank of Clinical Professor of Family Medicine.

Ronald J. Wapner, M.D. '73 has been promoted to the rank of Professor of Obstetrics and Gynecology.

Drs. Weiss and Lackman released their study of the drug combination of vinblastine and methotrexate last year in the journal Cancer. The combination has been found to shrink desmoid tumors following injection directly into the affected site.

Jefferson Alumni Bulletin Fall 1990 27
JEFFERSON MEDICAL COLLEGE ALUMNI AND THE UNIVERSITY OF ROME present
30TH Postgraduate Seminar Continuing Medical Education Program

ITALY & SICILY
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plus optional extension to Rome, June 18 - 21, 1991

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- Herculaneum ... private guided tour hosted by Dr. Giuseppe Maggi, Director of Excavations
- Pompeii ... the Villa of Mysteries, frozen in time by thunderous Mount Vesuvius.
- Sorrento ... the Museo Correale with its fine collections of paintings, porcelain and local antiquities, plus Corso Italia with its sidewalk cafes, street musicians, lemon groves and more!
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ITINERARY:
DEPARTURE. Depart from New York on Alitalia's regularly scheduled flight to Sicily.

Day 2: Monday, June 10. SICILY.
Upon arrival we clear customs and immigration and transfer to our hotel with the remainder of the day free. Tonight, we gather for our gala Welcome Dinner.

Days 3 through 5: Tuesday - Thursday, June 11 through 13. SICILY. Morning medical seminars on June 11 and 12, and full-day medical seminar on June 13. Optional morning and afternoon tours on all three days to include historical and cultural sightseeing tour of Taormina with its Greek-Roman theater, Odeon, Carraja Palace and Duomo, excursion to Mount Etna Nord with ascent to the crater to view the magnificent sunset, scenic excursion to Gole dell’ Alcantara, sightseeing tour to Baroço di Catania including the Piazza del Duomo, Piazza Universita, the Greek theater, splendid Ursino Castle plus time for shopping on the fabulous Via Elena, excursion to Randazzo and Linguaglossa and more!

Day 6: Friday, June 14. SICILY.
A full free day to enjoy all that this lovely island has to offer -- the beaches, antiquities, shopping and more.

Day 7: Saturday, June 15. SICILY/ NAPLES / HERCULANEUM / POMPEII / SORRENTO.
Morning transfer to the airport for our short flight to Naples. Upon arrival we transfer to Pompeii and Herculaneum for a private guided tour with an emphasis on medical history. Our special host will be Dr. Guiseppe Maggi, Director of Excavations, Soprantendenza Archeologica at the Naples Museum. He will show us skeletons unearthed at Herculaneum and speak about the research done on the excavated bones and ancient pathologies. Later, on to Sorrento.
Day 8: Sunday, June 16.
SORRENTO. A full free day at leisure to enjoy this charming town situated amid luxuriant lemon and orange groves high above the Bay of Naples.

Day 9: Monday, June 17.
SORRENTO / AMALFI COAST / SORRENTO. Breath-taking excursion to the Amalfi Coast including stops at Paestum and Positano. Tonight, our festive Farewell Dinner.

Day 10: Tuesday, June 18.
RETURN TO USA. Transfer to the airport for our flight to Rome, which connects with our return flight to the USA.

Bon Voyage and thank you for joining us!

OPTIONAL EXTENSION

Days 10 through 12: Tuesday through Thursday, June 18-20. ROME. Three full days to enjoy the Eternal City and all it has to offer.

Day 13: Friday, June 21. ROME / USA. Transfer to the airport for our return flight to the USA.

ACCREDITED COURSE

Jefferson Medical College, as an organization accredited for continuing education, certifies that this continuing medical education offering will meet the criteria for credit hours in the category #1 of the Physicians Recognition Award of the American Medical Association. The distinguished faculty will be Francis E. Rosato, M.D., The Samuel D. Gross Professor of Surgery and Chairman of the Department and Gerald J. Marks, M.D., Professor of Surgery and Director of the Division of Colorectal Surgery. They will be joined by Alberto Montori, M.D., who holds an appointment as Visiting Professor of Surgery at Jefferson Medical College as well as Professor of Surgery and Chairman of the Department at the University of Rome.

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Deposit due: December 14, 1990 (After that date reservations accepted on space available basis)

Final Payment due: February 9, 1991

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Coordinator and Chief of Service of the Jefferson Division of Philadelphia General Hospital. Appointed Hospital Director here the following year, he was named a Vice-President of the University in 1972.

In 1984 Dr. Sweeney became Vice-President for the Health Sciences Center at Temple University, and was involved in the construction of the new Temple University Hospital. Two years later he joined Mercy Catholic, a Jefferson affiliate, where his work once again concerned the education of many Jeffersonians.

"Although he was very forward-looking, Dr. Sweeney was reflective, and conservative enough that he didn’t jump into things," Dr. Goldburgh says. "He didn’t follow some of the leads of other institutions that later turned out to be false steps.

"Integrity was his number one quality. He never told one person one thing and another something else.

“A superb negotiator,” Dr. Goldburgh calls him, citing Dr. Sweeney’s work as Chairman of the Joint Provider Plan Committee of Blue Cross of Greater Philadelphia.

Dr. Sweeney was physician to relatives of both Dr. Goldburgh and Harvey S. Brodovsky, M.D., Clinical Professor of Medicine. That is “the ultimate compliment from doctors,” remarks Dr. Brodovsky, who in turn was Dr. Sweeney’s oncologist during his struggle with cancer.

Dr. Brodovsky describes a time twenty years ago when he had a severe pain in his chest in the small hours of the morning. He called Dr. Sweeney at home. Dr. Sweeney came right over and drove Dr. Brodovsky to Jefferson, where a cardiogram was performed, and then drove home. It all took several hours, but shortly afterward Dr. Sweeney was at the Hospital as usual.

“He was straightforward, direct, and compassionate,” Dr. Brodovsky says.

“As an administrator, he was able to engender loyalty and enthusiasm. He was demanding, but he wanted what was best for Jefferson.”

Dr. Sweeney’s first wife, Helen, died in 1979. He is survived by his wife, Mary Terese; daughters, Margaret S. Boova, Eileen S. Brazitis, Maureen S. Byrne, and Suzanne M. Nahas; and sons, Francis J. III, Michael W., John P. McShea III, and Brian J. McShea.

appreciate the priceless rewards that one can experience by giving and caring.

As knowledge continues to explode, we must adapt new techniques to replace rote memorization and foster problem-solving. All of us should be comfortably uncomfortable with the fact that we need to learn continuously, and that our formal training experience should prepare us to be students for life.

As Jefferson enters the next decade the challenge will be to maintain balance between patient care, education, and research. For this reason it is absolutely essential that the University constantly concentrate on strategic planning consistent with our mission. We must also make daily decisions as we plan for the future. We must be flexible enough to respond quickly to unexpected opportunities. We must use objective data in our planning, but at times realize that partial or even subjective information will have to suffice. We must be prepared to take prudent risks, learn from our mistakes, and measure our success over time, not by a single time at bat, but by our batting average.

Jefferson must not be lured into complacency, but should continue to monitor its performance and maintain high standards for the the quality of care, research, and education.

We should explore what our role should be in a shrinking world where international opportunities for cooperative programs are emerging rapidly. As we explore international and national relationships, we must also remain aware of the problems that exist in our city and state. Rather than just remain critical and aloof, we must continue efforts to help resolve them. We cannot exist as an isolated island. As concerned, responsible citizens and professionals we must do our share to address such issues as violence, poverty, trash disposal, malnutrition, substance abuse, and the homeless.

We must continue to attract excellent leadership, develop new resources, increase productivity, tighten our belts a little now in order that we not have to tighten them abruptly and severely later on, recognize and reward jobs well done, and maintain and even improve the existing milieu with the emphasis on team-building, sense of pride, competence, and commitment.

and Dean of Jefferson Medical College, in accepting the portrait for the faculty. “Very few can achieve all three of those goals. He has won the Lindback Award for distinguished teaching of undergraduates; the residents consider him an outstanding teacher; so do the faculty, whether in the basic or the clinical sciences, full-time or volunteer, on or off campus. When the administration has a difficult task to give someone, Herb is always at the top of the list. We know that the job will be done well.”

Dr. Cohn responded, “I really should be thanking Jefferson, for providing me with the education and the opportunity to spend the most memorable years of my life doing the two things I love most: teaching, and taking care of people.”

on the left, a red, figured oriental rug and a woven-wood wastebasket filled with paper in the center, and the pink shawl and tissue paper on the right.

For modern taste Eakins’s early, ambitious portrait of Rand may be overabundant in still-life material at the expense of characterization of the sitter, and, indeed, most of the artist’s later, penetrating portraits emphasized the figure more and greatly reduced the number of accompanying objects. Nevertheless, Rand appears comfortable in his home study, surrounded by a controlled clutter of personal and professional objects so beautifully rendered by Eakins.

Evidently Rand was pleased with the depiction and felt it suitable for public display. In 1877, when he resigned his positions as Chair of Chemistry and Treasurer of the Alumni Association, Rand put the painting “at the disposal of the Board of Trustees,” reminding them it had been included at the Philadelphia Centennial exhibition the year before. Board minutes show that he agreed to forward the portrait as soon as the Trustees decided on a suitable location. It has always hung prominentely at the College, and today it is joined by The Gross Clinic and The Portrait of William S. Forbes in The Eakins Gallery in Jefferson Alumni Hall at Thomas Jefferson University.
Class Notes

'24
O. Spurgeon English, 449 Rightsiders Mill Rd., Narberth, PA 19072, writes, "I am still in the active practice of psychiatry at my home office. "I have always read the Alumni Bulletin with great interest and am proud of Jefferson's continued expansion as a medical center. "I would be glad to hear from any members of my class who remember life at Jefferson Medical College in the years 1920-24."

'30
Charles Duffy, Sr., 1506 Lucerne Way, New Bern, NC 28560, celebrated his eightieth birthday in July.

'35
James N. Barroway, 1006 Mark 70 Apts., Cherry Hill, NJ 08034, is still serving as Health Coordinator for the Camden County Division for Children in New Jersey.

'36 Reunion Class
J. Edward Berk, 894C Ronda Sevilla, Laguna Hills, CA 92653, was designated a Master of the American College of Gastroenterology at its meeting in San Francisco in October. This title has just been created by the ACG.

'37
Milton H. Gordon, 14 Shai Agnon St., Apt. 1, P.O. Box 4079, 91040 Jerusalem, Israel, is working in the Department of Occupational Medicine at Hadassah Hospital, and is a consultant to Aerial Spraying Companies and a member of the Israel Aviation Appeal Board.

'38
Victor P. Satinsky, 245 N. Broad St., Philadelphia, PA 19107, has earned his brown belt in the martial art of aikido, at the age of 77.

'39
William C. Burry, P.O. Box 605, Spruce Cabin Rd., Mountainhome, PA 18342-0605, spoke on nonsurgical treatment of perforated peptic ulcer before the Westmoreland Hospital Clinic at the invitation of Donald W. Bortz, Virdon Hill, R.D. 8, Box 300B, Greensburg, PA 15601.

C. Roger Kurtz, 15400 Bassett Ln., 3D, Silver Spring, MD 20906, was honored at the annual meeting of the American Cancer Society, District of Columbia Division for 35 years of volunteer service.

'40
Russell H. Derr, 154 W. Main St., P.O. Box 704, Adamstown, PA 19501, recently received a pin from the Lancaster City and County Medical Society commemorating his fifty years in medicine.

Thomas B. Mervine, 1120 Wyndwood Rd., Haddonfield, NJ 08033, received the Golden Merit Award of the Medical Society of New Jersey in June. Dr. Mervine is an Honorary Clinical Professor of Surgery at Jefferson.

'45
Robert W. Smith, 6 Oak Ridge Rd., Bernardsville, NJ 07924, has retired as Chairman of the Department of Radiology at Hackettstown Community Hospital. He asks, "Any chance of getting a yearbook for my class? Lost mine in a flood!"

'47
Donald R. Watkins, II Sanford St., Bradford, PA 18010, received an award at a physician appreciation reception at Bradford Hospital in May.

'48
Thomas R. Brooks, 917 Stuart Rd., Wilmington, DE 19807, has been named an Honorary Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

Andrew J. Cerne, 1 Upperwood, Herminie, PA 15637, was honored recently at a "Dr. Cerne Appreciation Day" organized by his community.

Donald M. Feigley, Box 66, Cottage 833, Buck Hill Falls, PA 18323, retired in May from his practice in Quakertown.

'52
Burwell M. Kennedy, 5470 Garden Park Dr., Garden Valley, CA 95633, has retired, but visits the OASIS hospital in the United Arab Emirates about six months of the year. He is there now, and will return in March. His son, Scott M., '81, is working in Riyadh, Saudi Arabia for the Boeing Company.

Gabriel Tatarian, 676 Mill St., Moorestown, NJ 08057, has been named an Honorary Instructor in Obstetrics and Gynecology at Jefferson.

'53
John M. Levinson, 1828 Wawaset St., Wilmington, DE 19806, has been named an Honorary Clinical Professor of Obstetrics and Gynecology at Jefferson.

'54
Rudolph C. Camishon, 1101 Cherry Ln., Riverton, NJ 08077, has been elected President of the Philadelphia Academy of Surgery.

'56 Reunion Class
Thomas G. Davis, Jr., 308 Valley Pl., Radnor, PA 19087, has been elected Second Vice-President of the Board of Directors of Ursinus College, his other alma mater.

Richard L. Lipson, 233 Pearl St., Burlington, VT 05401, received an honorary degree of Doctor of Science at Lafayette College's 155th Commencement. Dr. Lipson was a pioneer in developing a fiber-optic arthroscope, now used in ninety percent of knee surgery operations in the United States. As a fellow and then a research assistant at the Mayo Clinic in Rochester, Minnesota, Dr. Lipson began applying the then-new science of fiber optics to his interest in rheumatology. The Clinic awarded him its Arnold J. Bargen Award in 1960 for exceptional research.

The existing arthroscope employed a tiny electric bulb at the end of a rigid telescope. Its insertion into a joint was risky and difficult. The bulb frequently overheated, singeing tissue. It was easily damaged within the joint, and was too weak for complete inspection of the joint or for photography.

Dr. Lipson's fiber-optic arthroscope solved all of those problems. When it was hooked up to a monitor, a surgeon was able to work internally and avoid major incisions. However, for many years the invention was not widely accepted.

Currently, Dr. Lipson practices rheumatology and is a Clinical Associate Professor of Medicine at the University of Vermont College of Medicine.

'59

Terrence J. Thomas, 312 Sherman St., Meyersdale, PA 15552, has joined the staff of Meyersdale Community Hospital in general surgery.

JEFFERSON ALUMNI BULLETIN  FALL 1990  31
Some readers received duplicate copies of the Alumni Bulletin due to an electronic conversion. This is being taken care of. If you receive an extra copy, please notify the Alumni Office, and pass the magazine along to a friend.

'60
John P. Brennan, 606 E. Washington St., Nanticoke, PA 18634, has been certified in cardiology by the American Board of Internal Medicine.

'65
Nancy S. Czarnecki, 9410 Academy Rd., Philadelphia, PA 19114, has been inducted as a Fellow of the College of Physicians of Philadelphia.

Frank N. Federico, 48 Green Ridge Rd., Trumbull, CT 06611, has been appointed Medical Director of St. Joseph’s Manor.

Ronald L. Poland, 73 Willymede Dr., Hummelstown, PA 17036, has been elected to the Board of Directors of Healthpass Inc., a subsidiary of the Corporation of The Pennsylvania State University.

Paul F. Stewart, Jr., 308 Bent Rd., Wynnewood, PA 19095, has been appointed an Instructor in Surgery at Jefferson.

'67
Gary L. Wolfgang, Geisinger Medical Center, Danville, PA 17821, has been appointed Chairperson of the Division of Surgical Departments at Geisinger. He supervises and acts as representative for the Center’s ten surgical departments, and oversees the functioning of the seventeen-room operating suite.

'69
James V. Mackell, Jr., 1505 N. Fiedler Rd., Maple Glen, PA 19002, has been elected President of the Medical Staff of Nazareth Hospital in Philadelphia, and Chairman of its Department of Surgery.

Christopher C. Rose, 100 Denniston Ave., #72, Pittsburgh, PA 15206, continues to teach and write in emergency medicine at the University of Pittsburgh.


William A. Spohn, 381 N. Fairfield Rd., Beavercreek, OH 45430, has been promoted to the rank of Associate Professor of Pediatrics at Wright State University School of Medicine, and his wife, Margaret M. Dunn, has joined the rank of Associate Professor of Surgery. Dr. Dunn and Dr. Spohn recently received the Excellence in Medical Education and Research Award of the Academy of Medicine at Wright State.

'71 Reunion Class
Byron S. Braid, R.D. 1, Box 292, Coatesville, PA 19320, has been appointed Director of the Dissociative Disorders Program at Northwestern Institute in Fort Washington. He oversees clinical operation of the new 10-bed unit designed to diagnose and treat situations including multiple personalities, post traumatic stress, trauma, and sexual abuse.

Brian Donnelly, 167 Mountainview Rd., Warren, NJ 07060, has been elected President of the Medical Staff of Overlook Hospital in Summit.

Gene Ginsberg, 1551 Duxbury Ct., Allen-town, PA 18104, has passed the examination for board certification in geriatrics.

Alan N. Binnick, 140 Hospital Dr., Bennington, VT 05201, has joined the staff of the Deerfield Valley Health Center.

'72
Eric W. Blomain, 1222 Marion St., Dunmore, PA 18509, has been appointed Treasurer of the Ivy Society of Pennsylvania (Pennsylvania Plastic Surgical Society).

'Bartley P. Griffith, 903 Notre Dame Pl., Pittsburgh, PA 15215, has been named Chief of Cardiothoracic Surgery at the University of Pittsburgh. Richard L. Simmons, M.D., Chairman of the Department of Surgery there, called him “the most outstanding and innovative heart surgeon in the country” at the announcement.

Arnold J. Willis, 2011 Whiteoaks Dr., Alexandria, VA 22306, has been elevated to Regent of the International College of Surgeons for Washington, D.C.

'75
David J. Azar, 219 Rights Mill Rd., Narberth, PA 19072, has joined the medical staff of Shore Memorial Hospital in Somers Point, New Jersey.

Bradley D. Evans, 4 Danielle Ct., Lawrenceville, NJ 08648, has been appointed to the clinical staff of Comprehensive Mental Health Services in Pennington.

Richard J. Bearoff, 249 King of Prussia Rd., Wayne, PA 19087, has been appointed Director of Medical Services for Scott Paper Company.

Jonathan B. Belmont, 360 Harrow Ln., Blue Bell, PA 19422, has been promoted to the rank of Associate Surgeon on the retina service at Wills Eye Hospital.

Raymond L. Coleman, 616 Webb Rd., Elkins Park, PA 19117, and Donald B. Parks, 78, 4645 Morris St., Philadelphia, PA 19144, are “overwhelmed with patients” at the Chestnut Medical Group, a facility in West Philadelphia that they opened last December.

Richard J. Pierotti, 201 Faun Dr., Harleysville, PA 19438, has been appointed an Instructor in Family Medicine at Jefferson.

Steven E. Ross, 111 Mt. Pleasant Way, Cherry Hill, NJ 08034, has been promoted to the rank of Associate Professor of Surgery at the University of Medicine & Dentistry of New Jersey/Robert Wood Johnson Medical School at Camden.

Paul B. Sobelman, 1004 Fowler Way, Suite 4, Placerville, CA 95667, and his family have moved to the Lake Tahoe area, where he has taken over a family practice.
David M. Rodgers, 1860 Caslon Cir., Blue Bell, PA 19422, has been appointed an Adjunct Clinical Assistant Professor of Medicine, in the Division of Cardiology, at Jefferson.

Thomas G. Sharkey, Mountain View Dr., Box 430A, Dallas, PA 18612, and his wife, Anne, are the proud parents of Kathleen Curran Sharkey, born in April.

Charles B. Austin, Jr., 1102 Saffron Dr., Mechanicsburg, PA 17055, has been appointed to the medical staff of Holy Spirit Hospital in Camp Hill in radiology, while Paul K. Davis, '83, 1105 Limerick Ct., Hummels-town, PA 17036, has joined the section of thoracic surgery.

Steven B. Edson, 3012 Pier Harbor Dr., Las Vegas, NV 89117-0909, is a partner in a busy outpatient diagnostic imaging center; his professional interests include computed tomography and magnetic resonance imaging.

Raymond B. Leidich, 5158 Blackhawk Dr., Danville, PA 17512-4573, was presented with the Faculty Teaching Award by the graduating intern class at Naval Regional Medical Center in Oakland.

Howard B. Cotler, 10727 Paulwood Dr., Houston, TX 77071, has been appointed Medical Director of the Texas Back Institute at St. Joseph Hospital in Houston. With offices in four Texas cities, the Institute is the nation's largest spine clinic.

Richard T. Fields, 277 Berrywood Dr., Severna, MD 21146, and William J. Steinour, 390 Plank Rd., Gettysburg, PA 17325-7220, have been certified by the American College of Emergency Physicians.

Michael J. Kibbek, 66 Overlook Dr., Danville, PA 17821, has been appointed an Instructor in Anesthesiology at Jefferson.

James W. Vick, 300 Centre St., Haddonfield, NJ 08033, has been appointed to the associate staff in family practice at West Jersey Hospital.

Joseph M. Devlin, 1776 S. Queen St., York, PA 17403, and his wife, Anita, are the proud parents of Matthew Christopher, born in July.

Bernard C. Poy, Jr., 19055 Hillcrest Dr., Corry, PA 16407, has been recertified as a Diplomat in family practice.

Carol A. Wheeler, 420 Old Hammond Hwy., #327, Metairie, LA 70005, married Robert W. Parker in May.

Charles L. Bryner, Jr., Box 65-1847, FPO Seattle, WA 98765-0006, received a United States Navy Achievement Medal commending his "superior performance of duties while serving as Triage Officer and Coordinator for the Command's Disaster Preparedness Plan, Naval Hospital, Yokosuka from August 1988 to December 1989." This included a cooperative drill of units of the Navy, Army, and Air Force, which simulated a major accident in which over 100 serious casualties were moulaged, triaged, and evacuated by ground and by air to receiving military facilities in the Kanto plain region of Japan.

Ina M. Gilmore, 214 Sharon Ave., Sagre, PA 18840, has joined the Guthrie Clinic and Robert Packer Hospital as an associate in internal medicine.

Wayne C. Herrick, 3255 Appleford Way, York, PA 17402, has joined the medical staff of York Hospital.

Matthew H. Lehman, 162 Evergreen Dr., Franklin, PA 16323, has joined the staff of Franklin Regional Medical Center in general surgery.

Francis P. Mohan, 241 S. Tulpehocken St., Pine Grove, PA 17963, has been granted consulting privileges in the department of medicine at The Good Samaritan Hospital.

Richard M. Rybarczyk, 954 W. Fourth St., Hazleton, PA 18201, has joined the medical staff of Lancaster General Hospital, along with Richard G. Manning, '83, 2791 Ironville Pike, Columbia, PA 17512.

William Bryan Gamble, 044-40-6093, Eighty-fifth Evacuation Hospital, Forty-fourth Medical Brigade, APO New York, NY 09657, has been deployed to the Middle East with Operation Desert Shield. A Major in the United States Army, Dr. Gamble was in his second year of a fellowship in plastic surgery at Walter Reed Army Medical Center. He would like very much to hear from classmates.

David P. Maguire, 1006 Ashbrook Ct., Voorhees, NJ 08043, has been promoted to the rank of Assistant Professor of Anesthesiology.

Ralph J. Marino, 8111 Henry Ave., Philadelphia, PA 19128, has been promoted to the rank of Assistant Professor of Rehabilitation Medicine at Jefferson.

David B. Massey, 17 Milpond Ln., Greensboro, NC 27405, married Wendy B. Kaye in June in Raleigh, North Carolina.


Ronald K. Setzkorn, J221 Willow St., Clarksville, TN 37043, has assumed the directorship of the Comprehensive Cancer Center in Clarksville.

Brian D. Allen, Bldg. A, 3130 Grandview Rd., Hanover, PA 17331, has joined the medical staff of Hanover General Hospital.

Kenneth R. Arthur, 338 Delp Rd., Lancaster, PA 17601, has joined the medical staff of Lancaster General Hospital.

Joel R. Cohen, 2938 Morgan Dr., San Ramon, CA 94583-2419, has been named assistant chief of obstetrics and gynecology at the Pleasanton office of Kaiser Permanente, and has passed the board examination. He and his wife, Hope, are the proud parents of Rebecca Ilana, born in January.

Vanessa J. Lucarella, P.O. Box 3477, Malcolm Grow Medical Center, Washington, DC 20331, has successfully completed the subspecialty board examination in cardiovascular medicine.

Frederick W. Ruthardt, Jr., 2036 Beech St., Pittsburgh, PA 15221, has joined the medical staff of Uniontown Hospital.

Angela M. DeAntonio, 209 Oak St., Danville, PA 17821, has joined Geisinger Medical Center as an associate in the departments of critical care and hyperbaric medicine.

James J. Martin, 319 N. Abington Rd., Clarks Green, PA 18411, has joined the Abington Medical Clinic in Clarks Green.
More Jeffersonians in Politics

Readers have been adding names to the partial list in the Summer 1990 Alumni Bulletin. At press time, the following had been received. Please contact the Alumni Office with others.

Michael R. Dobridge, Jr., '51
Maryland delegate to American Medical Association

Victor F. Greco, '51
Pennsylvania delegate to AMA

Joseph Snyder, '62
Maryland delegate to AMA

Suresh G. Nair, 2 Rich Ln., Elysburg, PA 17824, has finished an oncology fellowship at the University of Pittsburgh, and has accepted a staff position at Geisinger Medical Center. He and his wife, Terri, are the proud parents of a daughter, Raell Bryce, born in February.

Pamela H. Rutkosi, R.D. 1, Box 101, Montgomery, PA 17752, and her husband, Timothy, have purchased a house, and their family practice, "and are being introduced to all the joys of running our own practice."

Ronald J. Sell, 2494 N. El Dorado Cir., Chandler, AZ 85224, is "starting his fourth year of private family practice. Susan is in private practice of dentistry in nearby Mesa."

James C. Xenophon, 51 Britannia Dr., Danbury, CT 06811, married Mary Lynn Coleman of Portage, Pennsylvania in May.

Robert A. Ball, Brigham and Women's Hospital, Boston, MA 02115, was the principal author of research presented at the Forum in Reproductive Biology at the Clinical Congress of the American College of Surgeons, in October in San Francisco. Dr. Ball's topic was "Correction of Surgically Induced Erectile Dysfunction in the Rat by Microsurgical Interposition Nerve Graft Repair of the Cavernosal Nerves." His work has garnered an award in the Harvard/Countway Urology Residency Research Competition.

Melanie M. Chaputa-Cherry, 911 University Dr., State College, PA 16801, has joined the staff of The Oh-Gyn Group of State College, while her husband, Kenneth L. Cherry, Jr., has joined an orthopaedic surgery practice.

David S. Grubbs, 225S Braswood Park Dr., #122, Houston, TX 77030, is in the third year of his cardiology fellowship at the Texas Heart Institute, Baylor College of Medicine, and has been named Chief Interventional Fellow.

Mark F. Kelly, 194 Lawnside Ave., Collingswood, NJ 08108, has been appointed an Instructor in Otolaryngology at Jefferson.

Bruce J. Lehman, 2158 Benson St., Second Flr., Philadelphia, PA 19152, has become board certified in diagnostic radiology, and has joined the medical staff of Frankford Hospital.

Schuyler Newman, 139B Dunover Ct., West Point, NY 10996-1308, has completed his pathology residency at Walter Reed Army Medical Center, and has been assigned to Keller Army Community Hospital as chief of the pathology department.

Susan B. Ward, 93 Yellow Springs Rd., R.D. 5, Malvern, PA 19355, has been appointed an Instructor in Medicine.

Jeffrey R. Winkler, 45 O'Neill Ct., Lawrenceville, NJ 08648, has been certified as a Diplomate of the American Board of Anesthesiology.

Robert A. Ball, Brigham and Women's Hospital, Boston, MA 02115, was the principal author of research presented at the Forum in Reproductive Biology at the Clinical Congress of the American College of Surgeons, in October in San Francisco. Dr. Ball's topic was "Correction of Surgically Induced Erectile Dysfunction in the Rat by Microsurgical Interposition Nerve Graft Repair of the Cavernosal Nerves." His work has garnered an award in the Harvard/Countway Urology Residency Research Competition.

Errol M. Aksu, 13 Saratoga, Briarcrest Gardens, Hershey PA 17033, has received a study fellowship from the John Frederick Steinman Foundation. The Foundation awards grants for advanced study in psychiatry, psychology, or social work.

Andrew M. Edinger, Brookpark Family Practice, 98 Beitz Blvd., Lewistown, PA 17025, has joined Brookpark Family Practice.

Carol W. Fox, Latrobe Area Hospital, W. Second Ave., Latrobe, PA 15650, has joined the Norvelt Family Health Center.

David M. Johnson, Lancaster General Hospital, 555 N. Duke St., P.O. Box 3555, Lancaster, PA 17603, received the Resident Teacher Award from the Society of Teachers of Family Medicine in June, upon completing his residency at Lancaster General Hospital. Dr. Johnson is now associated with Kaiser Permanente in California.

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Karen D. Novielli, 247 Rambling Way, Springfield, PA 19064, has been appointed an Instructor in Family Medicine at Jefferson.

Richard M. Rayner, Henrietta Johnston Medical Center, 601 New Castle Ave., Wilmington, DE 19801, has joined the staff of the Medical Center.

Carole A. Sable, 113 Turtle Creek Rd., #9, Charlottesville, VA 22901, is conducting research at the University of Virginia in the pathobiology of bacterial meningitis.

Paul B. Schwartzkopf, Dallastown Family Practice Center, South Pleasant Avenue Extended, Dallastown, PA 17313, has joined the staff of the Center.

Jefferson.

Obituary

Arthur L. Turner, '20 died July 15 at the age of 97. A general practitioner in Ohio for 40 years, Dr. Turner was a past President of the Columbiana County Medical Association and of the Medical Staff of The East Liverpool City Hospital. He is survived by his wife, Helen, of 4010 Galt Ocean Dr., Fort Lauderdale, FL 33308, and two sons, including Kenneth W., '52.

Gerrit J. Bloemendaal, '26 died March 27, 1989 (the Alumni Office was recently informed). Dr. Bloemendaal, a family practitioner, received the Distinguished Service Award of the South Dakota Medical Society in 1965-69. He is survived by sons John W., '55 and Robert D., '58.

Robert F. Chenowith, '28 died April 25. Dr. Chenowith had served as Chief of Surgery at Maryland General Hospital and as Medical Director of the Maryland Casualty Company. He was a Fellow of the American College of Surgeons and a member of the Medical and Chirurgical Faculty of Maryland. Dr. Chenowith is survived by his wife, Rosamond, of 13801 York Rd., F8, Cockeysville, MD 21030, and two daughters.

Joseph G. Cocke, '30 died May 26 at the age of 84. As a psychiatrist in the United States Army, Dr. Cocke received decorations including the Legion of Merit with two oak leaf clusters and the European-African-Middle Eastern Campaign Medal. After retiring as a

19801.

Michael E. Lees, Mercy Catholic Medical Center, Lansdowne Ave. and Baily Rd., Darby, PA 19023, married Sarah Leitinger in March in Kennett Square.

Carolynn A. Matlherd, 6261 Cedar Ct., Monmouth Junction, NJ 08852, married Christopher J. Leuper in April in Rocky Hill, New Jersey.

Martin D. Weaver, 300 W. Byberry Rd., Suite 308, Philadelphia, PA 19116, and his wife, Fanne, are the proud parents of Martin D., Jr., who was born in July. Dr. Weaver is a second-year resident at Moss Rehabilitation Hospital.

Colonel, he served as Superintendent of the San Antonio State Hospital. He is survived by his wife, Violet, of One Towers Park Ln., #705, San Antonio, TX 78209, and two sons.

John V. Ledden, '30 died April 20 at the age of 83. Dr. Ledden had practiced in Lander, Wyoming. Fond of dogs, he raised and showed retrievers.

Oliver E. Mattas, '30 died April 14. Dr. Mattas had practiced urology in Altoona for many years. He is survived by his wife, Betty, of R.D. 4, Box 190, Juniata Gap, Altoona, PA 16601.

Sydney Weinstein, '30 died June 1. Dr. Weinstein had practiced internal medicine in Seattle. He is survived by his wife, Edythe, of 837 Oregon Ave., San Mateo, CA 94402.

G. Paul Moser, '31 died July 29 at the age of 84. An eye, ear, nose, and throat specialist in Bloomsburg, Pennsylvania, Dr. Moser was a past President of the Columbia County Medical Society. After retiring, he wrote Chronic Sinusitis: The Neglected Disease, an autobiography entitled The Sinuses and Me, and a historical work, Johannes Schawum, the Hessian. Dr. Moser is survived by his wife, Edna, of R.D. 5, Box 355, Danville, PA 17821, three daughters, and a son.

Paul Klemperer, '32 died June 28 at the age of 84. His wife, Estelle, died at the same time. A specialist in pulmonary diseases, Dr. Klemperer had lived and practiced in Trenton, New Jersey for many years. He continued to see a few patients until his death. He had headed the tuberculosis treatment center at Donnelly Memorial Hospital in Hamilton—now the Mercer County Geriatric Center—and one of the hospital's wings had been named after him. Dr. Klemperner was a member of the President's Club at Jefferson. Memorial gifts to the Estelle and Paul Klemperner Memorial Fund may be sent to the Alumni Office.

R. Marvel Keagy, '35 died July 22 at the age of 82. Chairman of the Department of Pediatrics at Altoona Hospital, he had practiced with Rodney L. Sponsler, '62 and John L. Berardinelli, '68. Dr. Keagy had been a medical director for the March of Dimes, a District 3 chairman for the American Academy of Pediatrics, and a member of the Governor's Committee on Children and Youth. He is survived by his wife, Betty, of 15 Blairmont Terr., Hollidaysburg, PA 16648.

James C. Hazlett, '38 died May 20 at the age of 78. Dr. Hazlett had been a general practitioner before becoming Chief of the Emergency Room at Ohio Valley Medical Center in Wheeling, West Virginia. A history buff, he published a work on Civil War field artillery. Dr. Hazlett is survived by his wife, Jane, of 1 Alpine Ct., Oglebay Estates, Wheeling, WV 26003, two daughters, and a son.

Leo M. Goodman, '40 died May 30 at the age of 79. Dr. Goodman was a specialist in diabetic care. While practicing in Fresno, California, he had founded the Central Valley Chapter of the American Diabetes Association. He was a past President of the state diabetes

Jefferson.


Carolyn F. Classen, One Montadale Dr., Dillsburg, PA 17019, married Mark A. Resciniti, M.D. in May in York, Pennsylvania.
association and had served for three years on the national association's Board of Directors. He is survived by his wife, Betty, of 4230 Bridge St., Cambria, CA 93428, three daughters, and a son.

Harry C. Bantly, '42 died June 30 at the age of 72. Dr. Bantly had served as Chief of Staff and Chief of Surgery at Du Bois Hospital and as Chief of Staff at Maple Avenue Hospital. He had practiced with classmate M. Boyd Brandon, '42. Dr. Bantly was a Fellow of the International College of Surgeons and a Charter Fellow of the American Academy of Family Practice. In 1977 Goodwill Industries of North Central Pennsylvania named him Physician of the Year. He is survived by his wife, Dorothea, of 233 Treasure Lake, Du Bois, PA 15801, a daughter, and two sons.

William P. Martin, '45 died April 27, 1987 (the Alumni Office was recently informed). Dr. Martin had practiced radiology with William E. Conradi, '43, and had served as an Assistant Professor of Radiology at the University of Buffalo Medical School. He is survived by his wife, Jean, of 135 S. Lincoln St., Beaver, PA 15009.

James B. Loftus, '48 died February 3 at the age of 65. A Fellow of the American College of Obstetricians and Gynecologists, Dr. Loftus had served as Director of Obstetrics and Gynecology at Good Samaritan Hospital in Suffern. He is survived by his wife, Nancy, of 2 Brentwood Dr., Suffern, NY 10901.

Richard D. Owen, '51 died June 15 at the age of 70. Dr. Owen had practiced family medicine in Fort Lauderdale. He loved boating and fishing. He is survived by his wife, Dona, of 159 Mineral Springs Rd., Bryson City, NC 28713, and two sons.

William C. Dudek, '53 died August 10 at the age of 64. Dr. Dudek practiced family medicine for many years on the border between the Roxborough and Manayunk sections of Philadelphia. He was a regional director of the National Medical and Dental Society, a past President of the Philadelphia Professional Society, and a member of the Board of Trustees of Roxborough Manayunk Federal Savings and Loan Association. A medical officer of the Polish Falcon's Nest in Manayunk, he had helped organize Pulaski Day festivities for thirty years. Dr. Dudek is survived by his wife, Dorothy, of 927 Clyde Ln., Philadelphia, PA 19128, three daughters, and two sons.

Carl B. Myers, '53 died May 13. At the time of his death Dr. Myers was Corporate Medical Director for PPG Industries of Pittsburgh. Previously he had served as Manager of Corporate Employee Health Services for Abbott Laboratories of Chicago, and as Corporate Medical Director for Johnson & Johnson of New Brunswick, New Jersey. He is survived by his wife, Jean, of 1036 Elizabeth Dr., Bridgeville, PA 15017, a daughter, and a son.

Kenneth H. Soll, '56 died July 17 at the age of 59. Dr. Soll had served as head of the radiology department at Frankford Hospital. He is survived by his wife, Marilyn, of 508 Garwood Dr., Cherry Hill, NJ 08003, two daughters, and a son.

William D. Lerner, '66 died April 29 at the age of 49. Dr. Lerner had joined the University of Alabama at Birmingham in 1986 to establish a Substance Abuse Unit in the Division of General and Preventive Medicine. Previously he had served as an Associate Professor of Medicine and Director of the Substance Abuse Division at the Medical College of Virginia, and had been a member of the Virginia Board of Professional Counselors. He is survived by his wife, Marjorie, of Rt. 2, Box 173, Leeds, AL 35094, two daughters, and two sons.

Jerry J. Grossman, '73 died July 19 at the age of 41. An emergency room physician at Los Alamitos Medical Center, Dr. Grossman was also extremely active in coaching. He had helped form the first two girls' teams in the San Juan Soccer Club. In his honor, the Dana Hills High School Award scholarship was recently renamed the Jerry Grossman Student Athlete Award for the Outstanding Female Soccer Player. Dr. Grossman is survived by his wife, Kathy, of 12 Copps Hill St., Laguna Niguel, CA 92677, and two daughters.

Steven A. Kolker, '75 died July 13 at the age of 40. Dr. Kolker was a member of the American Society for Therapeutic Radiology and Oncology, and practiced in Phoenix. He is survived by his life companion, Fred J. Hollister.
break between patients, Dr. Kreider discusses the reasons he gave up his successful practice in Lancaster County to work for nothing among the poor in North Philadelphia. He first came to work at the DSCC when it opened three and one-half years ago.

Now Dr. Kreider has decided to assume full financial and legal responsibility as Medical Director of the newly incorporated clinic. It is a move he says is necessary if the Wholistic Health Center is to grow and provide more services, including basic dental care.

A Mennonite nurse recruited him, recalls Dr. Kreider, who says he was a registered Republican until he “saw what was happening to the poor during the Reagan years.

“Their health care has become so fragmented. They’ve become accustomed to going to the emergency room for basic care. Many of my patients don’t just need medicine, they need housing, education, and food,” Dr. Kreider says.

The sixty-year-old physician recounts the story of a young pregnant woman who came in for an examination. “She already had one or two children, and I examined her. I thought she was seven months pregnant. It turned out that she was full-term, but had been eating a nutritionally inadequate diet. She didn’t have a refrigerator. So somebody found her a used refrigerator and put it in.”

That is why the Center also employs a social worker, Frances Jackson, who assesses and tries to meet a multiplicity of needs. For many of the clinic’s patients, who have grown up in a dehumanizing welfare and public health system, Dr. Kreider and Ms. Jackson may be the first people who have ever taken the time to listen.

“So many of the patients that I see here have much more serious problems than the colds they come in here for,” says Dr. Kreider. “Many are homeless. Many have drug and alcohol addictions. Really, what’s happening to these people, especially to women and children—we even see pre-teen mothers in here—is an American holocaust.

“It’s an admission of failure on the part of American society,” Dr. Kreider says, his clear gaze suddenly tight and sad. But Dr. Kreider remains optimistic. He says he is encouraged by the fact that many medical schools are beginning to require future doctors to spend some time working among the urban poor, and many new family practitioners are beginning to recognize the importance of making house calls.

Says Dr. Kreider, “I learn so much when I visit someone in their home. I learn who has inadequate heating or plumbing, and then Frances [Jackson] tries to follow up with these people, to let them know we care.”

**Tools for Living**

One such person is a twenty-one-year-old woman, “Linda,” who lives with her three children in one ten-foot by ten-foot room in “a building that had one of those orange ‘unfit for human habitation’ stickers on it,” according to Ms. Jackson.

“She came in here yesterday for a bag of food, and her kids were kinda rowdy, so I gave them some coloring books and crayons. It turned out that these kids had never had coloring books before, so they didn’t know what to do with them.”

Like Linda, most of the clients Ms. Jackson sees come to the Center for a bag of emergency food. Many have no job, no income, and no home. Ms. Jackson and her five student interns from Temple University assess each client’s needs and develop a strategy for meeting them—which often means getting clients into job-training or drug-rehabilitation programs, reenrolling them in public assistance, or visiting them in their homes.

Illiteracy compounds the problems of many clients, according to Ms. Jackson.

“A lot of them can’t read,” she says somberly. “Now, that’s just as bad as not having money. They can’t understand changes in policies at the welfare office.”

**Attacking the Root of the Problem**

“Because we provide basic health care and supply emergency food and clothing in addition to our other programs,” comments Sherry Jones, Executive Director of the Center, “it’s difficult to get foundations to see that we’re not just a ‘band-aid’ center.

“I wish they could see that we try to meet as many of our clients’ needs as possible. Sure, some of that’s band-aid, but a lot of it’s trying to help people find and keep jobs, providing support groups for teen mothers, finding rehab programs for folks with addictions, and just listening to them.”

Ms. Jones, Dr. Kreider, and their coworkers on Diamond Street are trying to give their clientele a reason to hope. □

A version of this article appeared in *City Paper*, No. 285, January 26–February 2, 1990.