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Calendar

February 28, Thursday
Alumni Association Annual Business Meeting
cocktails at 6:00, Music Lounge, Alumni Hall
dinner at 7:00, Eakins Lounge

March 8, Friday, in Anaheim, California
alumni reception at the meeting of the American Academy of
Orthopaedic Surgeons
6:00 P.M., Inn at the Park

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

April (date to be announced)
Medical Humanities and Social Sciences Lecture
Robert Coles, M.D., Professor of Psychiatry and Medical
Humanities, Harvard University
“Medicine and Moral Conduct”
4:30 P.M., Alumni Hall

April 12, Friday, in New Orleans
alumni reception at the meeting of the American College of
Physicians
6:00 P.M., Holiday Inn Crown Plaza

April 18, Thursday
Lang Lecture (in memory of Warren R. Lang, M.D. ’43)
J. Donald Woodruff, M.D., R. W. Te Linde Professor Emeritus
of Gynecology and Pathology, Johns Hopkins University
“The Ovarian Tumor of Low Malignant Potential:
a Guide to the Genesis of Ovarian Neoplasia”
4:00 P.M., Solis-Cohen Auditorium, 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 6, Monday, in New Orleans
alumni reception at the meeting of the American College of
Obstetricians and Gynecologists
6:00 P.M.

May 14, Tuesday, in New Orleans
alumni reception at the meeting of the American Psychiatric
Association
6:00 P.M.

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

September 28, Saturday
Templeton Lecture, during 8:00 A.M. grand rounds for the
Division of Cardiothoracic Surgery
Anthony R. C. Dobell, M.D., Chairman of the Division of
Cardiovascular and Thoracic Surgery, McGill University
“Recollections of a Gibbon Resident”

Due to the unsettled situation in the Persian Gulf, we must postpone indefinitely the continuing medical education trip to Italy and Sicily in June 1991. Any monies deposited will be returned. We hope that the world will be a safer place in the future, so that we may all enjoy the fellowship of similar trips. We will announce plans for future trips soon.
The Department of Obstetrics and Gynecology
The last three years have brought strengthening, expansion, and plans for the future.
by Richard Depp, M.D.

From the Era of Physiology to the Era of Technology
Recollections of a Gibbon resident
by Anthony R. C. Dobell, M.D.

Research Associate in the Heart-Lung Machine:
Bernard J. Miller, M.D. '43
by Frederick B. Wagner, Jr., M.D. '41

The Jefferson “Pits”
A method of medical pedagogy
by Anthony F. DePalma, M.D. '29

On the front cover:
Incoming President of the Alumni Association Jerome J. Vernick, M.D. '62. See page 17
Photograph by Don Walker

On the back cover:
Jerome J. Vernick, M.D. '62, Director of the Division of Trauma Surgery, repairs a stab wound to the heart. See page 17
Photograph by David Kearney

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From the Dean

State of the College

In my first State of the College report as Dean in the fall of 1985, I concluded with a prediction that "the coming years will be exciting and rewarding." I suggested that our challenge was to refine the College’s mission with a focus on the professional development of both students and faculty, and I believe that the years which have followed have been exciting and rewarding for students, faculty, and administration.

Student Development

The following activities highlight the breadth and depth of the College’s efforts in student development:

- Educational programs were enhanced through major additions to the faculty in both basic and clinical sciences.
- Geisinger Medical Center and the Alfred I. duPont Institute became affiliates and significantly enhanced students’ learning opportunities.
- A combined program with the University of Delaware, to be implemented in the fall of 1991, was organized to prepare physician leaders of tomorrow.
- A Health Policy Program was initiated to support both faculty and students in the areas of health services delivery and research.
- Library and study facilities space were expanded.
- The Office of Academic Computing was established.
- Course requirements and objectives were clarified for students and faculty.
- Courses in contemporary aspects of medicine and society were introduced.
- The curriculum was updated to include instruction on nutrition and geriatrics.
- A Gibbon Scholars Program was established to provide an additional M.D.-Ph.D. track.
- Small-group teaching was significantly increased and special facilities created to reinforce its importance.
- Additional personal and career counseling resources were made available.
- Increased emphasis was placed on developing caring, ethical, and well-rounded graduates, particularly through the admissions process and through academic programs.
- New procedures which evaluate students’ professional development beyond knowledge of facts and statistics were introduced.
- Student evaluations were incorporated into the assessment of programs and allocation of resources.
- Tuition remained in the middle of the range for private medical schools despite significant development of staff and facilities and equipment.
- The College introduced a program to ease the transition for beginning students who may have difficulty adjusting to the pace of the regular medical curriculum.

The College has taken significant steps to improve the education of residents. Specific programs have been developed in managing stress, improving instructional skills, managing one’s practice, handling ethical situations, and confronting medicolegal issues.

Our medical students and residents continue to perform at levels considerably above the national average on external examinations and, more importantly, at the bedside and in ambulatory clinics. Assessments of Jefferson’s program also involve evaluations of our graduates’ performance after they enter residency. This is accomplished through our Longitudinal Study, which has the largest and most widely used data base of its kind in the country. Data was first collected for the Class of ’68 and now includes information on twenty-six classes, totaling 5,400 students and graduates. This information about performance in medical school, clinical experiences, results on national examinations, and residency choices and performance is used to refine the educational process, and to help all units of the University evaluate their mission in light of new trends.

Faculty Development

The following activities highlight faculty development:

- The College recruited department chairmen who continue to advance research and educational programs.
- A faculty performance review process was introduced to clarify expectations of chairmen and faculty and afford a systematic opportunity for professional development.
- A new Office of Research Administration was established to assist faculty in the development, submission, and management of grants and contracts.
- A newsletter was established to facilitate the grant process for investigators.
and encourage the formation of interdisciplinary projects.

- Library reference potential was expanded through electronic networking and the acquisition of new data bases.
- Faculty access to library holdings was upgraded.
- There was significant upgrading of laboratory facilities and faculty office space in the College, Curtis, and Jefferson Alumni Hall buildings.
- Construction commenced on the Bluemle Life Sciences Building, which will provide 150,000 net square feet of laboratory space. The building is presently on schedule for occupancy in the summer of 1991, and expenses are under budget.
- Laboratory animal support services were expanded and facilities were renovated.
- A full-time director of laboratory animal services was appointed.
- The total faculty increased from 2,046 in 1985 to 2,664 in 1990. Among the full-time members, the basic sciences faculty expanded from seventy-one to 109, an increase of more than fifty percent.
- The number of federally funded researchers increased from eighty in 1985 to 116 last year.
- The number of faculty involved in research increased from 129 to 260 during the same period, reflecting not only the recruitment of new investigators but also significantly increased research efforts by the entire faculty.
- Clinical resources and programs were expanded (see below).

Research awards to the College leveled off due to changes in funding policies at the national level and also due, as the College had anticipated, to lack of laboratory space for expansion. The addition of the new research facility combined with intensive recruiting efforts will allow the College to recover momentum. The proliferation of new concepts and techniques accompanying laboratory research are stimulating to students and faculty alike. Students are exposed to the latest protocols, and when the research is applied to clinical practice, they learn to evaluate the usefulness of those protocols in patient care.

Clinical Practice Plan Activities

The past year topped off a period of outstanding growth in the Practice Plan—growth in number of faculty participants, number of participating departments, and variety of clinical programs. As a result, there was a threefold growth in funds generated via the physicians' private practice operations. The revenues generated by the Practice Plan increased from $9.9 million for 1979–80 to $71 million for 1989–90. The success of the program can be traced to many sources:

- During the last five years, the number of faculty participants has increased forty-three percent due to recruitment efforts of chairmen who

have broadened the range of clinical specialties and programs.
- The increase in faculty participants resulted in a greater number of admissions to Thomas Jefferson University Hospital by Practice Plan participants.
- Practice Plan activities have also expanded geographically; participants provide services for specialized tertiary care at Jefferson affiliates and other hospitals.

As for the future, cutbacks in reimbursement for traditional sources of patients will continue. Medicare's implementation of the Resources-Based Relative Value Scale and Volume Performance Standards will eventually change the physician payment system for all payors. This change is revolutionary—no major modifications have been made in the physician payment system since the founding of the Medicare program in 1966, and previous efforts to contain federal health expenditures have consistently targeted hospitals. Fortunately, Jefferson's Practice Plan is well situated: the 360 physicians represent diverse medical and surgical specialties, so the financial risk to the group should be minimal.

In coming years, the Practice Plan's challenge will be to meet the teaching mission of the institution, while delivering high-quality patient care, and ensuring a consistent level of financial reimbursement.

The achievements of the full-time faculty and the success of the Practice Plan do not diminish the importance of the volunteer faculty. Their contributions remain a critical component of the College's enterprise. The collaboration of full-time and volunteer members is essential if the College is to maintain an appropriate balance among its missions of teaching, research, and patient care. □
Report on

The Department of Obstetrics and Gynecology

by Richard Depp, M.D.

Mindful of Jefferson's fine tradition in obstetrics and gynecology, I can report, after three years as Chairman of the Department, that our efforts have succeeded in strengthening the department and expanding its activities. I sense an optimistic note among faculty members, residents, and students. Although some discord between volunteer and full-time faculty was apparent three years ago, the relationship has improved because our volunteer faculty have new division directors, and both groups have made an effort to reach out to each other. While complete harmony may be unrealistic, a sense of common purpose and interdependence now exists, with an accompanying improvement in the department's regional image.

Faculty and Divisions

Our current faculty consists of twenty full-time members and thirty-one members of the volunteer faculty.

The Division of Urogynecology was created in 1989 with Joseph M. Montella, M.D. '84 as Director. Improved access to a new dimension in the health care of women has been provided. We can offer more specific diagnosis and treatment of stress urinary incontinence, detrusor instability, lower urinary tract pathology, and genitourinary prolapse. The division is well-equipped and offers the latest technology and information about diagnosis and treatment of urinary incontinence. Facilities are available for outpatient cystourethroscopy, uroflowmetrics, cystometrograms, and multichannel urodynamic studies with urethral closure pressure profiles. In addition to his own patient care activities, Dr. Montella is beginning research in the diagnosis and treatment of stress urinary incontinence.

John A. Carlson, M.D. became Director of the Division of Gynecologic Oncology in January 1990. Dr. Carlson had served as Associate Director of the gynecologic oncology program at the University of Pennsylvania under John J. Mikuta, M.D. and was able to bring with him a major gynecologic oncology practice. George C. Lewis, Jr., M.D., Professor of Obstetrics and Gynecology and former Director of the Gynecologic Oncology Group, a national research and data collection effort, continues to assist the department but limits his clinical activities to office consultations. James H. Lee, Jr., M.D. '45, Professor and former Chairman, has contributed generously to the resident education program and, with Dr. Lewis, conducts a very successful Gynecologic Quality Assurance Conference for the department.

Jefferson has a reputation for providing excellent care to women with gynecologic cancer and the challenge is to improve on this heritage. To that end, I am proposing the establishment of a comprehensive center for women with gynecologic cancer.

The first goal is development of a gynecology-radiotherapy joint clinical session with the following objectives:

• evaluating and jointly determining therapy for newly diagnosed patients;
• jointly monitoring patients on therapy;

Dr. Depp has begun serving as a medical host for obstetrics and gynecology on the television program Lifeline. He is currently taping segments that will start airing in June.
• following up patients with gynecologic cancer previously treated with radiation; and
• facilitating and improving resident education.

The proposal also includes development of a clinical research advisory committee composed of Jefferson faculty members representing the disciplines of pathology, medical oncology, diagnostic radiology, radiotherapy, and other related specialties. The purposes are to develop institutional protocols, enhance resident education, and share resources.

Finally, the proposal involves development of a basic research advisory committee for:
• sharing knowledge of current major national activities in oncologic research;
• projecting and prioritizing future oncologic research needs;
• sharing knowledge of current and related oncologic research at the institutional level; and
• integrating institutional strengths with priorities as a foundation for building basic science research into our gynecology-oncology program.

The Division of General Obstetrics and Gynecology is directed by Hee-Ok Park, M.D., Clinical Associate Professor, who also serves as Director of the Resident Outpatient Clinics. Two new faculty members, Mary C. Yankaskas, M.D., a recent graduate of our residency program, and Anthony Del Conte, M.D., a recent graduate of the program at the University of Pittsburgh, have joined the division as Instructors.

Members of this division have primary responsibility for medical support of the general obstetrics and gynecology patients, including daily coverage of the outpatient clinics and the operating and delivery rooms. Members of the volunteer faculty participate in these clinics and assist in the education of residents and medical students. One member of the division, Clinical Associate Professor Howard L. Kent, M.D., directs the department's student education programs. In addition, each member of the division maintains a private practice.

The Division of Maternal-Fetal Medicine continues to grow and develop. It is now one of the largest divisions of its kind in the country. Organizing our affiliate antenatal testing and consultative units into a structured system has allowed Jefferson to play a major role in the development and direction of perinatal services within the Delaware Valley. New programs, under contractual arrangements with our department, have been established at Bryn Mawr and Methodist Hospitals. In addition, the full-time members of this division provide consultative services in maternal-fetal medicine to nine other area and regional hospitals. Professor and Division Director Ronald J. Wapner, M.D. '72, Assistant Professor Anthony Johnson, D.O., and Instructor George H. Davis, D.O., in addition to their responsibilities within the Division of Maternal-Fetal Medicine, work with the Division of Medical Genetics in their clinical prenatal diagnosis programs.

Members of the Division of Maternal-Fetal Medicine continue to function as a major resource for high-risk pregnancy patients in the Delaware Valley. Over the past year, 204 high-risk pregnancy patients were seen for complete longitudinal care and numerous others were referred for consultation and admission with the primary obstetrician. Among the obstetrical hospital admissions were sixty-eight intrapartum
patients transferred to Jefferson for tertiary level care. Mothers with a fetus with congenital abnormalities are transferred to Jefferson for complete care. The Antenatal Evaluation Center, a joint venture of the Divisions of Maternal-Fetal Medicine (Dr. Wapner) and Reproductive Ultrasound (Assistant Professor Kathleen A. Kuhlman, M.D.) and the Department of Radiology’s Division of Ultrasound, offers services including non-stress tests, biophysical profiles, routine and high-risk ultrasounds, Doppler flow studies, amniotic fluid volume studies, amniocentesis, cordocentesis, and fetal interventional procedures such as intrauterine transfusions and perinatal consultations.

The Division of Reproductive Endocrinology, under the leadership of Associate Professor Craig A. Winkel, M.D., now has four full-time faculty physicians including Professor Alvin F. Goldfarb, M.D. (previously a member of the volunteer faculty), six volunteer faculty physicians, and an associate faculty member working in genetics on immunologic aspects of reproduction.

The division now offers all reproductive technologies. It includes endocrine, andrology, and gamete biology laboratories, an in-vitro fertilization program, and a regional educational program for training physicians in the use of various laser modalities in gynecologic surgery. The volunteer faculty members, available to treat large numbers of patients, contribute significantly to the overall clinical strength of the division. The large faculty base and relatively large patient base contribute to a broad clinical experience for residents and medical students. Through the hard work of its faculty members, the Division of Reproductive Endocrinology has earned well-deserved respect in the medical community.

Clinical Practice

We have invested considerable effort in reorganizing the clinical practice component of the department’s activities. The Clinical Practice Committee was established as a steering unit, with input from the division directors and appropriate administrative staff, to guide and assist operations in the faculty clinical practice office. Members of the Clinical Practice Committee include each departmental division director, the department administrator, the operations manager, the director of the billing office, and the department chairman. Whenever appropriate, guests are invited to provide additional information. The Clinical Practice Committee deals with operations of the practice office, financial issues evolving from the practice office, and program development.

Clinical practice activities have expanded significantly over the past three years with a resulting need for additional office space and personnel. The number of obstetrical admissions and deliveries has increased sixteen percent since 1988, and similar increases in patient volume have been recorded in each division of the department. Reorganizing and restructuring available space has given us a more efficient clinical practice office.
Dr. Wapner demonstrates the technique for performing ultrasonically guided fetal invasive procedures, such as chorionic villus sampling. In his left hand is the transducer attached to the ultrasound machine in the background.

Dr. Wapner, who directs the Division of Maternal-Fetal Medicine, did his internship and residency at Jefferson, serving as Chief Resident in 1975-76. After a two-year fellowship in maternal-fetal medicine, he joined the faculty as an Instructor, and rose through the ranks. He is an Editorial Consultant to Obstetrics and Gynecology and the American Journal of Human Genetics. This past year he received the award for the best genetic research from the Society of Perinatal Obstetricians.

The Clinical Practice Committee has been most effective in suggesting and implementing various programs to improve the financial stability of the clinical practice operation which is necessary for the financial independence and growth of the academic efforts of the department. The establishment of a computerized in-house billing office has been accompanied by a significant increase in revenues. The billing office will be able to provide support to the Clinical Practice Committee in the form of monthly reports, by physician and division, which track reimbursement statistics by payer and relate charges to receipts.

Resident Program

The Department of Obstetrics and Gynecology maintains a resident education program that is fully accredited by the Residency Review Committee for Obstetrics and Gynecology to provide four years of education to twenty-four residents, six at each year level. The Director of the Residency Program is Marilyn J. Darby, M.D., Assistant Professor (a member of the Maternal-Fetal Medicine Division). The goal is to develop well-rounded physicians capable of functioning in the primary practice of obstetrics and gynecology, serving as consultants in that specialty to other members of the medical profession, and progressing into subspecialty fellowships if they choose. Thomas Jefferson University Hospital is the parent institution for the program, and Methodist, Our Lady of Lourdes, and Bryn Mawr Hospitals are affiliated institutions used for resident rotations. West Jersey Hospital in Voorhees, New Jersey will become an affiliate in July 1991, replacing Our Lady of Lourdes Hospital. This is a very important addition to the program because it will double the current vaginal surgery experience for our residents.

Over the past four years, approximately one-third of the residents accepted subspecialty fellowships while approximately two-thirds went directly into private practice. Two graduates elected careers in academic medicine as full-time faculty members. Of those residents electing fellowship training,
A human embryo at thirty-five days, removed because of an ectopic pregnancy

four chose maternal-fetal medicine; two chose reproductive endocrinology; and one each chose gynecologic oncology, infectious diseases, genetics, pelvic surgery, and gynecologic urology. All residents of this program who have taken the certifying examination given by the American Board of Obstetrics and Gynecology have passed.

Residents are selected for the program by the Graduate Medical Education Committee of the department, consisting of members of the full-time faculty and of the active volunteer staff, program coordinators from the affiliated hospitals, and representatives from the third- and fourth-year resident groups.

The program is popular because it offers education in new specialized operative technologies and areas of advanced clinical expertise. Last year 510 applications were received for six positions. Ninety-one of the applicants, representing thirty-eight American medical schools and eighteen states, were invited to Jefferson for an interview. Forty of those interviewed were from Pennsylvania or contiguous states with the remainder representing all sections of the country. Applicants for July 1991 continue a trend of increasing national recognition of our program; approximately one-fourth of applicants granted an interview are members of Alpha Omega Alpha, the National Medical Honor Society.

Our informal didactic educational efforts for the residency program are managed by Dr. Goldfarb as Director of Education. During the past academic year, thirty-nine grand rounds were presented, nine by visiting professors. When on campus, visiting professors also went on rounds with the resident staff. The first annual Ortho Lecture was delivered by John Hobbins, M.D., Professor of Obstetrics, Gynecology, and Radiology at Yale University School of Medicine, whose presentation was “Perinatal Medicine in the 1990s.” The educational program for residents is further supplemented by weekly conferences presented by the Divisions of Reproductive Endocrinology, Gynecologic Oncology, and Maternal-Fetal Medicine.

A two-year cycle of didactic educational material for residents has been developed in accordance with the Council on Resident Education in Obstetrics and Gynecology (CREOG) objectives for knowledge and attitudes that a resident should obtain during the four-year educational experience. The residents have also initiated a semi-monthly conference in which they organize and present material to each other with a faculty member acting as auditor and commentator. Residents take the annual CREOG self-study examination which not only evaluates their knowledge base but also identifies programmatic deficiencies that require the development of additional teaching material for the program. Implementation of the educational program has been associated with an improvement in overall scores of our residents in the

Associate Professor Craig A. Winkel, M.D. is the Director of the Division of Reproductive Endocrinology, and Vice-Chairman of the Department. A graduate of Tulane University School of Medicine, he was a Research Fellow at the University of Texas Health Science Center at Dallas from 1978 to 1980. Dr. Winkel came to Jefferson in 1988 from the University of Texas Medical School at Houston, where he was an Associate Professor of Obstetrics, Gynecology, and Reproductive Sciences. He chairs the Research and Education Committee of the Obstetrical Society of Philadelphia, and is a reviewer for Fertility and Sterility.
annual national CREOG in-training examination.

Each resident develops a research report in conjunction with a faculty sponsor which is presented at the newly initiated annual Residents' Day seminar in June. A prize is given for the best presentation as judged by a visiting professor and several Jefferson faculty members.

Medical Student Teaching

The teaching program for medical students is coordinated at Jefferson by Dr. Kent. There are teaching coordinators for the third- and fourth-year student clerkships at Methodist, Our Lady of Lourdes, Lankenau, and Christiana Hospitals, the Medical Center of Delaware, and Geisinger Medical Center.

The Department of Obstetrics and Gynecology has medical student teaching responsibilities throughout the entire four years of the curriculum. The department cooperates with the Department of Anatomy to correlate morbid anatomy of the female pelvis with pathologic processes encountered in clinical medicine. The department is involved in teaching an “Introduction to Clinical Medicine” during the second year. One session reviews pelvic anatomy and the performance of a pelvic examination, as well as breast anatomy and the performance of a routine breast examination. Another session presents the menstrual cycle. A sophomore elective entitled “Ethical and Social Issues in Obstetrics and Gynecology” is offered each spring.

The core curriculum and clinical clerkships during the third year of medical school represent the major portion of the department’s teaching effort. We have designed our third-year clinical clerkship from a model program developed by the Association of Professors of Gynecology and Obstetrics. In an average teaching block of twenty-eight to thirty students, eight are assigned to Thomas Jefferson University Hospital, six to Methodist, six to Christiana, five to Lankenau, four to Our Lady of Lourdes, and two to Geisinger Medical Center.

During the fourth year of medical school, elective courses are offered in maternal-fetal medicine, gynecologic oncology, general obstetrics and gynecology, and reproductive endocrinology.

Research and Scholarly Activity

We have made an effort to increase productivity in research and scholarly activity within the department during the past three years. After an arduous gestation, a perinatal sheep laboratory under the direction of Linda Chan, M.D., Clinical Assistant Professor (a member of the Maternal-Fetal Medicine Division) now has three investigative projects underway. One is the product of a collaboration with our colleagues in the Division of Ultrasound of the Department of Radiology. Our immediate goal is to obtain a solid base of external funding support. Members of several of the department’s divisions are actively engaged in research, some as principal investigator or coinvestigator on important NIH-funded projects. The department is one of six institutions nationally to be designated and funded as a maternal-fetal medicine clinical research center by the National Institutes of Child Health and Human Development. (Principal investigator at Jefferson is Richard Depp, M.D.) Other centers are at Johns Hopkins, Yale, Columbia, the University of Tennessee, and the University of Southern California. During the last academic year, members or associates of the department had twenty-five articles published in the scientific literature.

I am encouraged by the progress made by the department over the past three years and heartened by my welcome and support at Jefferson. My relationships with the President of the University, the Dean of the Medical College, and the Chief Executive Officer of the Hospital have been fruitful. No future is without its problems, however. We will need additional faculty members and more space for our clinical and research programs if we wish to continue to develop. Like the rest of the Jefferson community, we face the future with optimism that problems will be solved in a timely fashion.
Dedication of the Gibbon Building

Dr. Cohn; behind him is Jefferson's portrait of Dr. Gibbon

On January 9 the structure long referred to as the New Hospital was formally named the Gibbon Building, in honor of John H. Gibbon, Jr., M.D. '27, inventor of the heart-lung machine, and from 1956 to 1967 the Samuel D. Gross Professor and Chairman of Surgery. Dr. Gibbon performed the world's first successful open-heart operation at Jefferson on May 6, 1953.

Two former residents who had received training under Dr. Gibbon, Herbert E. Cohn, M.D. '55, Professor of Surgery, and Charles Fineberg, M.D., Professor of Surgery, were among those who spoke at the ceremony in the East Atrium of the building. Several members of the Gibbon family were able to attend.

From the Era of Physiology to the Era of Technology
Recollections of a Gibbon Resident
by Anthony R. C. Dobell, M.D.

I would like to recall Dr. Gibbon as I knew him in the early 1950s, when I was a resident at Jefferson Medical College. Serendipity had led me to him as a student from another medical school, and my first recollection is of a brief interview I had with him at that time. I remember how energetic he was, and how he asked my opinion of the things we talked about. He exuded a vitality that stimulated the people around him. And from this interview, I began to learn one important lesson: whatever subject we were going to discuss, I had better have an opinion ready because he was going to ask for it. Later on, I realized that Dr. Gibbon treated all opinions with great respect, sometimes greater than they deserved, and that it was therefore important to present well-considered judgments and information.

But let us set the scene. In the early 1950s, the Korean War was still in progress, commercial flights were propeller-driven, the few television sets were black and white, the West had all the atomic bombs, and mathematical calculations were done with slide rules.

During this period, Dr. Gibbon was at the peak of his career. He was a Professor of Surgery at Jefferson, where his father had also been a Professor of Surgery.

Born three years after the turn of the century, Dr. Gibbon was in his early fifties when I was a resident. His surgical preparation had begun with a research fellowship under Edward D. Churchill, M.D. at Harvard Medical School, and he had continued in surgery and research at the University of Pennsylvania School of Medicine. Dr. Churchill, held in great respect by many later leaders of American surgery whom he trained, is regarded as Dr. Gibbon's mentor. Certainly, Dr. Gibbon always spoke of Dr. Churchill with affection and a certain reverence, and echoed Dr. Churchill's conviction that surgery was a single broad discipline, a conviction shared by many leaders of that period who opposed the establishment of subspecialties. Dr. Churchill has been described as a great humanist, and if this term is taken to indicate a lover of people, then it certainly would apply to Dr. Gibbon also. Dr. Gibbon married Mary Hopkinson, Dr. Churchill's chief technician, and the marriage was so close and so central to the lives of Dr. and Mrs. Gibbon that it is no wonder they always spoke of Dr. Churchill with affection.

At the University of Pennsylvania, Dr. Gibbon worked closely with Dr. Eugene Landis, who subsequently became professor of physiology at Harvard Medical School. Dr. Gibbon's preparatory years seem to have been divided equally between physiology

and surgery.
In recalling the early 1950s, I think that Dr. Gibbon's major interest was the editorship of the Annals of Surgery, the prestigious journal of great tradition that had long served as the vehicle for major advances in American surgery. The editorship was a responsibility that particularly suited Dr. Gibbon because he had a facility for the English language, a love of words, and a passion for learning of any advance in surgical knowledge. He told me once that he read and dictated an opinion on every paper submitted to the Annals while he was Editor, and that sometimes he would override the opinion of those formally assigned to review a paper. I remember waiting in his office while he dictated some of these evaluations onto a floppy belt. He would turn on the machine and dictate straight through with no hesitation, no loss of his train of thought, no corrections. And his comments would include recommendations for changes in this table or that figure and always an analysis of whether the conclusions were justified by the data presented.

IN THOSE DAYS, PROFESSORS STILL taught entire medical school classes. One of the weekly features was Dr. Gibbon's "Pit," so called because the floor of the auditorium was depressed and you reached it via a subterranean passageway, as in a Roman amphitheater. Residents and interns sat in the front row and behind them ranged the entire senior class. The format was consistent: patients were presented by clinical clerks, and Dr. Gibbon would interrogate as he sought to bring out important diagnostic or therapeutic points. He was not informed in advance which patients had been chosen by the residents, and sometimes they would conspire to lead him astray with an atypical presentation.

On the other hand, the residents were always slightly nervous, lest some diagnostic study had been omitted or a result forgotten. The sessions were good teaching and good entertainment. In addition to specific surgical instruction, Dr. Gibbon taught the students to treat patients with dignity and human interest, and medical and surgical colleagues with respect and consideration.

Dr. Gibbon had a sizable practice, though limited by his many other interests, and it consisted primarily of patients referred for lung, or, less often, esophageal cancer. The bronchoscopies or esophagoscopies were done by Louis H. Clerf, M.D. (Jefferson '12) and his associates, who then directed the bronchospirology clinic set up by Chevalier Jackson, M.D. (Jefferson 1886). A consequence was that the thoracic residents were excluded from this activity. At any rate, the result was a steady flow of patients with lung and esophageal cancer. Dr. Gibbon's tour de force was the radical pneumonectomy.

I can recall his tall, energetic figure as he scrubbed for such an operation. Clad in the white scrub suit of the time, wearing old sneakers and likely a white sweatband, he might talk of what a splendid fellow the patient was and of how we must get the cancer out and save his life.

The operation tended to be slightly hyperactive. All vessels were clamped and tied with cotton thread, and the electrocautery was never used. Often, ties were passed on instruments that multiplied the movements in the operative field. The pulmonary artery and veins were secured with transfusion sutures, and the divided bronchus was closed with interrupted sutures—of silk, as I remember. The paratracheal and subcarinal nodes were removed with the specimen and the operation was aggressively done, yet in relative safety.

The patient would be returned to his or her room wherever it might be located in the hospital, and the residents would make rounds every few hours, day and night, often performing nasotracheal aspiration to remove accumulating secretions from the remaining bronchus. The results were outstanding, and Dr. Gibbon took great pride in the postresection survival achieved by his associates and himself.

DR. GIBBON'S LABORATORY was located in the suite containing the surgical offices. I was the resident assigned to the extracorporeal circuit in 1953-54, together with Dr. Hans Engell, a research fellow from Copenhagen, who subsequently had a distinguished and productive career in his native Denmark. The daily activities of the laboratory were overseen by Bernard J. Miller, M.D. (Jefferson '43), a brilliant individual with broad surgical knowledge and interests. Dr. Gibbon rarely came to the laboratory at that time. He came when there were visitors like Crafoord or Senning or Bjork or Henry Bahnson, all of whom were determined to expand surgery to include intracardiac operations. But, in truth, there was little such drive at Jefferson in that year despite the successful closure of an atrial septal defect in May 1953, and possession of the only proven heart-lung machine in the world. The superb apparatus was primarily a laboratory tool, and a series of experiments were conducted throughout that year, first on closing ventricular septal defects and later on cardiopulmonary bypasses of two hours' duration.

It is hard to explain why successes were not forthcoming after the successful open-heart operation of May 6, 1953, which was only reported a year later in a regional surgical journal. Certainly, Dr. Gibbon knew the significance of his accomplishment and telephoned his friend Dr. Clarence Crafoord in Stockholm the evening of the procedure.

Why was the advantage not exploited? I think that with the successful procedure, Dr. Gibbon had achieved his goal, which was to take over the function of the heart and lungs of a human for a significant period of time. Initially, back in the 1930s, he had

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Jefferson History by Frederick B. Wagner, Jr., M.D. '41

Research Associate in the Heart-Lung Machine
Bernard J. Miller, M.D. '43

The world credits John H. Gibbon, Jr., M.D. '27 with the invention of the heart-lung machine that he used at Jefferson to perform the first successful open-heart operation. It initiated an era in heart surgery allowing cure or palliation of both congenital and acquired defects in this vital organ. Although Dr. Gibbon's genius was the origin and guiding spirit of this achievement, encompassing more than twenty years of work at Harvard Medical School, the University of Pennsylvania, and Jefferson, it could not have been accomplished without superb interdisciplinary teamwork. In this respect he was fortunate to have obtained the engineering services of Thomas Watson of IBM Corporation, and the research support of his Jefferson residents, who were inspired also by the supervision of his Research Associate, Bernard J. Miller, M.D. '43. The account of Dr. Miller's career that follows will perhaps indicate not only why Dr. Gibbon appointed him in this pioneer project, but also what Dr. Miller accomplished before, during, and after his heart-lung research.

Dr. Miller, known to many as “B.J.,” was born in Philadelphia in 1918. Following graduation from Central High School he was accepted at Villanova College. He interviewed for a summer position with Stanley P. Reimann, M.D., pathologist and Director of the Research Institute at the old Lankenau Hospital. After testing B.J.'s resolve by first assigning him to the routine urine laboratory, Dr. Reimann transferred him after a few weeks to the histology laboratory. There he became proficient enough to carry on the daily work during the vacation of the regular head technician. There was no pay and B.J. had to decline working in his father's factory as he had done in previous summers. His father's response was: “There is one thing you need to do and one thing you don't need to do. You must work and you don't need to earn money this time.”

The summer after his freshman year at Villanova, Miller was invited by Dr. Reimann to participate in a research project involving certain tumors of the human ovary. The project entailed procuring human ova and then determining their potential for division without the stimulus of a sperm (parthenogenesis). This was an idea in advance of its time and a splendid opportunity in which he became deeply engrossed.

Arrangements were made with Gilson Colby Engel, M.D., who did the gynecological work at Lankenau, to defer elective hysterectomies so as to remove specimens during or immediately following ovulation. Dr. Reimann sent B.J. to the Carnegie Foundation of Embryology at Johns Hopkins University to learn of the existing work on human ova and also arranged for his instruction in manipulation of the microdissector.

The Lankenau team recovered five or six ova, one of which exhibited some division activity after mechanical stimulation. Under the authorship of Miller, Engel, and Reimann, the work was reported in Growth 2:381–388 (1938) as “Studies of Unfertilized Human Tubal Ova No. 2—Anatomic Observations of Three with Remarks on Ovulatory Time.”

Dr. Reimann was proud of his young protégé and in 1939 arranged for him to present the human ova research before the Pathological Society, the College of Physicians of Philadelphia, and the Meigs Medical Association. At the latter, he greatly impressed Thomas A. Shallow, M.D. '11 and Louis H. Clerf, M.D. '12, who offered their assistance if he elected to attend Jefferson.

Dr. Reimann provided young Miller with a laboratory where he was able to study fertilized rabbit ova maintained in tissue culture, utilizing the tissue culture device that had recently been described by Alexis Carrel, M.D. and Charles H. Lindbergh, M.D. Six papers were published—of all but one of which he was the senior author—describing the effect of certain amino acids on the growth of fertilized rabbit ova, as well as studies of unfertilized human tubal ova. He did this work full-time during the summer and part-time through the academic year for five years.

Dr. Miller graduated from Jefferson in 1943 as a member of Alpha Omega Alpha. After internship here he obtained a surgical residency on the "B" service of George P. Muller, M.D., The Grace Revere Osler Professor. This was interrupted by Armed Forces service until 1947, when he returned to Jefferson to complete the remainder of his residency under Dr. Gibbon, the successor to Dr. Muller.

His first assignment during residency was to study blood volume changes and extracellular fluid losses during major thoracic operations. The results were presented to the American Thoracic Association in 1948. He did additional work on circulation time and oximetry.

In 1950, as Dr. Miller was finishing his residency, Dr. Gibbon included a period of basic research training in the laboratory as an important addition to the residency program. At this time the first heart-lung machine model was being used to study partial and total perfusion in dogs. The mortality rate was exorbitant and a number of serious defects were apparent in the device, which IBM had provided. Oxygenation was inadequate, controls malfunctioned, and hemolysis was excessively high. It was clear that the machine was not suitable for maintaining the cardiorespiration of even small dogs and that another period of redesign and experiment was required.

Dr. Gibbon carried heavy administrative as well as other responsibilities, and needed a Research Associate. Dr. Miller was appointed.

From 1950 through 1954, Dr. Miller was concerned with the daily work in the heart-lung laboratory. During this time, many modifications were made to the extracorporeal circuit, including improvements in the electronic controls of the venous pumps, an improved level control for the arterial pump, the continuous control of carbon dioxide supplied to the oxygenator, the management of pooled blood from the opened cardiac chamber and the cardiac venous return from the right atrium, the purging of the left ventricle of air.
by the use of a vent, and the introduction of expiratory assistance in the respirator as a means of controlling respiratory acidosis. The animal experiments progressed from partial bypass with the extracorporeal circuit, to total bypass, to cardiomyotomy, and eventually to cardiomyotomy with the repair of manufactured interatrial septal defects and interventricular septal defects.

When satisfactory survival rates in dogs had been achieved, Dr. Gibbon at last felt he was prepared for an open cardiotomy on a human patient. Dr. Miller was an assistant at the world’s first successful open-heart operation on a human on May 6, 1953.

In 1954 Dr. Gibbon ordered a moratorium for one year on the use of the heart-lung machine at Jefferson in order to improve methods of preoperative evaluation of heart defects and to evaluate the latest operative techniques in this immediately expanding field.

At this time Dr. Miller became associated with the Daniel Baugh Institute of Anatomy at Jefferson, where he continued his interest in extracorporeal circuits. He developed a smaller, completely automatic device containing one pump and a hyperbaric oxygenator for perfusing tumors of the extremities with supersaturated blood and a chemotherapeutic agent. The first agent, sarcoylsine, a Russian drug, was evaluated (the related drug melphalan is used currently in perfusion).

Dr. Miller also investigated the host response to the presence of tumors, studying serum proteins and lipoproteins in patients with disseminated carcinoma and comparing the changes in these modalities with those in normally pregnant women. The similarity in these blood changes had been suggested by Thaddeus L. Montgomery, M.D.'20, Professor of Obstetrics and Gynecology at Jefferson.

In addition, Dr. Miller studied the effects of high frequencies on certain tumors and the usefulness of high-energy electromagnetic force in the possible destruction of biliary stones—an idea predating modern lithotripsy. His other clinical studies involved the use of infusion chemotherapy in the management of tumors of the oral pharynx and tongue with and without X-radiation. Between 1958 and 1975 he obtained five United States patents for electronic devices.

A highly skilled general, thoracic, and vascular surgeon, Dr. Miller maintains an active clinical practice, and is a Professor of Anatomy and Clinical Associate Professor of Surgery at Jefferson.

In addition to many scientific articles in prestigious journals, Dr. Miller has written about Jefferson’s history in “Development of Heart Machines” (Surg Gynecol Obstet 154:403-414, 1982), and in the chapter on the Division of Cardiothoracic Surgery in Thomas Jefferson University: Tradition and Heritage (1989). His membership in a host of professional organizations requires no rehearsal. Among his many honors was the award of the honorary degree of Doctor of Science by Villanova University in 1982.

Dr. Miller is happily married, and is revered by his five talented children, three of whom graduated from Jefferson Medical College: Lawrence S. Miller, M.D. ’79, a Clinical Assistant Professor of Orthopaedic Surgery and Instructor in Anatomy here; Stanton B. Miller, M.D. ’80, who is in the practice of surgery with his father; and Anna Miller Buinewicz, M.D. ’86, a family practitioner in Indianapolis.
Anthony F. DePalma, M.D. '29, The James Edwards Professor Emeritus of Orthopaedic Surgery, addresses the audience at the dedication of the DePalma Auditorium on November 15. Listening are Richard H. Rothman, M.D., Ph.D., The James Edwards Professor and Chairman of the Department of Orthopaedic Surgery, and University President Paul C. Brucker, M.D. The auditorium in the existing Thompson Annex building was restructured in honor of Dr. DePalma through the support of the Jefferson Orthopaedic Society, comprising former fellows and residents. Dr. DePalma chaired the Department of Orthopaedic Surgery from 1950 to 1970. His speech at the ceremony is reprinted below.

The Jefferson “Pits”
A Method of Medical Pedagogy
by Anthony F. DePalma, M.D. '29

I want to thank all of you who think my professional and academic life worthy of such an honor. I must admit, however, that I doubt I deserve it over the many men who preceded me long before my appearance on the Jefferson scene, and over the many who were my colleagues. Yet I admit that there is no doubt of the joy and pride this tribute brings me.

I suppose that the recipient of such an honor should make some erudite comments on the present state of our specialty and the direction it should take in the future. But, I choose not to do this; instead, I choose to relate some information of historical significance concerning the now named DePalma Auditorium.

That auditorium is the vestige of those physical structures at Jefferson called the “Pits” which made possible the development of a method of teaching medicine that made Jefferson one of the most eminent medical colleges of its day. George McClellan, M.D., Jefferson’s founder, introduced this method of giving public clinics in the first home of the Medical College, on Locust Street between Fifth and Sixth Streets. He gave his first clinic on May 9, 1825. There and then he planted the seeds of a new method of teaching medicine—one which at first met with much controversy, but which was soon adopted by all medical schools. It became the focal point around which all the other components of the medical curriculum revolved. The elder Gross—Samuel D. Gross, M.D.—was a product of this system. He graduated from Jefferson in the Class of 1828.

In the history of Jefferson there have been three “Pits.” The first was in the Ely Building, also called the “New Medical Hall,” which was the second home of Jefferson Medical College; it was located at Tenth and Moravian Streets. This structure together with several renovations served Jefferson from 1828 to 1898. It housed two clinical amphitheaters each with a seating capacity of close to six hundred. The upper amphitheater was the “Pit”—the core of the medical curriculum. Here surgery was performed; here Eakins in 1875 painted the Gross Clinic.

The second and most famous “Pit” was housed in the first detached hospital of Jefferson Medical College which opened its doors in 1877. This “Pit” was considered the largest and most functional clinical amphitheater in the world. So functional was this second “Pit” that when the new hospital (“Old Main”) was built to replace the 1877 hospital, this new hospital did not have a built-in “Pit”; instead it continued to use the second “Pit” and did so from 1907 to 1922.

A clinic in the second “Pit” in 1907
I would be remiss if I did not pause to amplify briefly the important role this second “Pit” played in the prominence and prestige that Jefferson enjoys today. During the epoch of the second “Pit” Jefferson was blessed by having a faculty comprising unusually gifted men, as well as a board including members endowed not only with astute administrative and business talents, but also with a true humanitarian spirit. These men guided Jefferson through some turbulent and muddied waters.

Fortunately for the human race such individuals appear in every generation; they belong to a special breed. They are the ones who give unsparingly of their time, their knowledge, their skills, their wealth; and who do so not for gain, not for aggrandizement, but for the advancement of their professions and the relief of the suffering of their fellow humans regardless of those humans’ social status.

To the physicians and surgeons of this breed the Hippocratic Oath is not just a tangle of words to mumble and forget; rather, the words of that oath sear deeply into their hearts and minds and become the unrelenting conscience of their lives. Of these individuals at Jefferson I must first name the elder Gross, who held the first clinic in the second “Pit.” Gross was not only the “Emperor of American Surgery and the most distinguished surgeon of his day,” but also an anatomist and an astute pathologist; among his works on surgical pathology is one on the pathology of bones and joints.

William W. Keen, Jr., M.D. 1862, Ph.D. and J. Ewing Mears, M.D. 1865 were master surgeons and distinguished teachers on the Jefferson faculty. They were the first to use antisepsis in Philadelphia, at St. Mary’s Hospital; the younger Gross—Samuel W. Gross, M.D. 1857—was the first to use it in the second “Pit.”

Thomas D. Mütter, M.D., a Chairman of Surgery, was the first in Philadelphia to use ether as a general anesthetic.

Then there was Joseph Pancoast, M.D., the most skillful plastic surgeon of his day, and also a Professor of Anatomy for many years. I wonder how many plastic surgeons today know what lies beneath the skin.

Mention must also be made of William J. Hearn, M.D. 1867. He was the elder Gross’s anesthetist, and also a skillful diagnostician and surgeon. He was known at Jefferson as the surgeon’s surgeon.

Oscar H. Allis, M.D. 1866, who taught in the second “Pit,” was a man bubbling over with original ideas. He had a penchant for studying mechanical disorders of the body. He wrote extensively on dislocations of the hip and lateral curvatures of the spine.

And I must not fail to mention Chevalier Jackson, M.D. 1886, who in the second and third “Pits” extracted foreign bodies from the air pathways like popping grapes from their shells.

The last surgical clinic in the second “Pit” was given by John Chalmers DaCosta, M.D. 1885 on May 10, 1922. The third “Pit” was in the Thompson Annex which opened in 1924. This “Pit” occupied the entire southeast corner of the sixteen-story structure and extended upward through the first and second floors. It was a huge circular amphitheater, cone-shaped, funnelling down to the arena on the basement floor. The arena was a large circular area paved with white tile and enclosed by a solid, white-tiled baluster approximately five feet high. From the arena rose tier after tier of wooden benches to the level of the first floor. The lighting and acoustics were excellent; the lecturer’s voice reached without strain to every person in the pit regardless of where he was sitting, provided he was awake.

I matriculated at Jefferson in 1925 and the highlight of my medical education was the “Pit.” I do not believe I missed more than five or six “Pits” given by Dr. DaCosta in the last two years I attended the Medical College—though to attend some of them required cutting a few classes. To me Dr. DaCosta was a being of infinity. I can see him now clearly in my mind’s eye: his deformed, crumpled body in a wheelchair in the center of the arena. The only parts of him that seemed alive—and they were ferociously so—were his brilliant mind, his intelligent eyes, and a voice of clarity and authority. He was a master of the English language; his speech was so simple in structure yet so eloquent.

His diagnostic skills were awesome as was his knowledge of anatomy, pathology, and the basic sciences. And with it all, he embellished his lectures with related historical incidents, literary pearls, bits of poetry, and not a little humor.

Besides Dr. DaCosta, in the third
"Pit" I was taught by, exposed to, and inspired by some of Jefferson's most prominent teachers of that period: the elder John H. Gibbon, M.D. 1891; Thomas McCrae, M.D.; Hobart A. Hare, M.D.; and the lovable E. Quinn Thornton, M.D. And I must add Pascal B. Bland, M.D. '01, that dynamic surgeon of obstetrics, and Edward A. Strecker, M.D. '11, who was not only an outstanding teacher of nervous and mental disorders but also a warm, understanding man.

There are many others who deserve mention, but time does not permit it.

I returned to Jefferson in 1946; but long before this date it had become apparent to the teachers of medicine that the old methods of teaching were no longer adequate. The explosion of new knowledge in every field of medicine and in the related sciences demanded that students be taught by observation and participation. The bottom line was that the students be taught in small groups. The era of the "Pit" was over. The last operative surgical clinic was given in the third "Pit" in 1945 by Thomas A. Shallow, M.D. '11.

Nevertheless, although no further surgery was performed in the "Pit," it still was used extensively for lectures and clinical demonstrations by all the clinical departments. The third "Pit" was so used until 1966 when it was demolished. The upper floors were converted into an emergency room and what remained was the space below the first floor, surrounding the arena of the third "Pit." This space was converted into an auditorium which has been restructured into the DePalma Auditorium.

The word "Pit" did not designate a physical area so much as a method of teaching medicine by which the most illustrious teachers of the time brought enlightenment to their students or anyone else who wished to attend.

But for me, who lived through the era of the third "Pit" as a student, who taught in that "Pit," the arena is hallowed territory just as the second "Pit" was "holy ground" for Dr. DaCosta. When I stand in the arena, I seem to be enveloped in an aura of the infinite past, for I hear the voices and see the faces and forms of the illustrious faculty who taught me in that arena, and I feel the closeness of the faculty and board members with whom I served at Jefferson. For all this, I am thankful.

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thought the indication might be for pulmonary embolectomy. After the war, Dr. Gibbon had thought the initial use might be in patients with intractable heart failure—that is, as a circuit to reverse secondary organ deterioration. The point is that Dr. Gibbon's focus was not the repair of congenital cardiac lesions, but rather the establishment of the heart-lung machine.

Fortunately, in the late 1940s Dr. and Mrs. Gibbon (they had worked together) had been befriended by Thomas Watson, the patriarch of IBM Corporation. He became interested in turning their accumulated knowledge into a single technological unit, and he assigned some of his brightest young engineers to the project over a period of several years. Mr. Watson stipulated that IBM would build a prototype and that it would never engage in commercial development. In fact, IBM constructed a prototype, improved it with a second design, and improved that with the final model.

The goal was to reproduce normal physiology—normal flow, normal pressures, normal acid-base balance, normal temperature, and so forth. Venous drainage, for example, was by gentle suction rather than siphon drainage, so that normal venous pressure would prevail in the venae cavae. No azygous flow here! No physiologic liberties were to be taken. Large paper recorders were to chart physiologic parameters during cardiopulmonary bypass. Unfortunately, most of the sensors were not up to this task and these records were not readily available, but the objectives of the apparatus were evident.

It is clear that Dr. Gibbon was a physiologic surgeon. His career spanned the era of physiologic surgery. Earlier, during the professional life of Dr. Gibbon's father (John H. Gibbon, M.D. Jefferson 1891) and before, the age of anatomic surgery was in evidence. Surgeons amputated, relieved obstructions, drained pus, and cut out tumors. Today we are in the age of technology, in medicine as in almost all things.
New Alumni Association President

This first year of the new decade will be one of particular significance for the Alumni Association, believes Jerome J. Vernick, M.D. '62, who will become the ninety-ninth President of the Association at the Annual Business Meeting on February 28. Dr. Vernick's optimism is based, partly, on the 1990 decision of the Alumni Association to admit to membership graduates of Jefferson's house staff programs (Alumni Bulletin, Spring 1990), a decision he feels will pay dividends to the Association if appropriate planning for the incorporation of these new members into alumni affairs is begun now. His optimism also results from the appointment of University President Paul C. Brucker, M.D., who, Dr. Vernick emphasizes, was The Alumni Professor of Family Medicine before accepting the University presidency. This connection, Dr. Vernick believes, indicates that relationships between the new President and the Alumni Association will be productive.

Currently Director of Jefferson's Trauma Center (Alumni Bulletin, Spring 1990), Dr. Vernick graduated from Jefferson in 1962, winning the prize in clinical surgery and membership in Alpha Omega Alpha. Following a one-year internship here, he did residency training in general surgery at the University of Illinois, where he received an M.Sc. degree in surgery in 1963, and then at Walter Reed General Hospital. He was certified by the American Board of Surgery in 1970.

Dr. Vernick was a member of the United States Army Medical Corps from 1964 to 1972, when he resigned with the rank of Lieutenant Colonel. He is quick to acknowledge that he received a wide and varied surgical experience in the Medical Corps, including time as a research fellow, and tours of duty as a combat surgeon in Korea and Vietnam. He received the Bronze Star in 1969 as a result of his Vietnam experience. His last assignment before resignation was as Chief of General Surgery at Valley Forge General Hospital.

After returning to Jefferson in 1973 as a Clinical Assistant Professor of Surgery, he progressed to Clinical Associate Professor in 1978 and is now a Clinical Professor of Surgery, and Director of the Trauma Division at Thomas Jefferson University Hospital.

In addition to memberships in the American College of Surgeons, the American Association for the Surgery of Trauma, and the Philadelphia Academy of Surgery, Dr. Vernick publishes and teaches in trauma and emergency medical services. Dr. Vernick and his wife, Sandy, have two sons, Michael and Adam, twenty-one and eighteen years of age. No stranger to the affairs of the Alumni Association, the new President has seen prior service as a Vice-President and as Secretary of the Association.

In an interview with the Alumni Bulletin, Dr. Vernick lists the priorities he considers important for his presidential year. "The decision to admit Jefferson house staff graduates to membership in the Alumni Association was an eventful one for the Association, and we, in turn, must encourage them to join and make certain they are included in alumni activities," he says. He sees this group as a source of talent for the Association. In order to incorporate them into alumni activities, he intends to see that they are given the opportunity to serve on Alumni Association committees and that they are made eligible for election to the Executive Committee.

He also points out that the opportunity for this group to contribute to Alumni Annual Giving will be of great benefit to the Medical College. Because graduates of Jefferson's house staff programs come from many different medical schools, their successful incorporation into the Annual Giving program will take special planning. He suggests that a recent graduate of each of Jefferson's residency programs be elected or appointed representative to serve in a capacity similar to that of class agent. This individual, with the help of the Alumni Office, would take on the responsibility of leading the Annual Giving effort for the graduates of that particular residency program.

More involvement of alumni spouses in the activities of the Alumni Association is another of Dr. Vernick's priorities, and he recommends the creation of spouse committees for social activities and fund-raising. He notes the change in the composition of this group over the years, with both female and male spouses now in large numbers. Dr. Vernick points out that the group contains persons with special talents and skills—such as business, legal, or artistic—who could be of assistance to young doctors just starting their careers. He will recommend to the Executive Committee that alumni spouses have an opportunity to develop a talent bank to assist recent graduates of both the Medical College and residency programs.

Finally, Dr. Vernick wishes to reassure those alumni who might fear that the University's recent emphasis on research could diminish the importance of Jefferson's well-deserved reputation for producing good clinical doctors. He stresses that to be a credible department chairman or division head in the Medical College one needs to be a clinician. He feels a more appropriate balance between research and clinical care is already apparent, in that much of the current research at Jefferson has clinical implications.

Dr. Vernick believes the future, for both the Medical College and the Alumni Association, is bright, and he looks forward to serving the alumni as President of the Association. □
The annual President’s Club dinner took place October 26 in the Grand Ballroom of the Hotel Atop the Bellevue. Always a popular occasion for the University to recognize its special benefactors, the black tie party honored the donor of the Daniel Lieberman Professorship and welcomed eight new Fellows. Guests gathered for cocktails at seven in the hotel’s Fountain Court and then moved to the Grand Ballroom for the presentations, followed by dinner and dancing.

The recipient of the Cornerstone Award was Jane MacElree, who endowed the new chair in honor of her good friend, Daniel Lieberman, M.D., Professor Emeritus of Psychiatry and Human Behavior. James W. Stratton, Chairman of the Board of Trustees, presented Mrs. MacElree with a miniature replica of the statue of Thomas Jefferson by American sculptor Lloyd Lillie. A life-size duplicate of the 1975 original is a familiar sight in the west atrium of Jefferson Alumni Hall. Mr. Stratton also read a resolution by the Board stating in part that Mrs. MacElree “has thoughtfully and generously helped to assure the advancement of knowledge at Thomas Jefferson University and, by her example, inspired others to do the same.”

Four alumni were among those receiving gold-headed canes this year as the University welcomed them to the group of Fellows: Robert W. Kalish, M.D. ’64, Robert E. Lau, M.D. ’42, Richard R. Soricelli, M.D. ’60, and Donald N. Tomasello, M.D. ’69. Also honored were Mary and George Downs, Mrs. Salvatore Guzzardi, and Mrs. Philip R. Wiest.

Mrs. Samuel M. V. Hamilton, Chairman of the Development Committee of the Board, congratulated all of the guests, noting that their vision and generosity are a continuing inspiration, and the “secret ingredient in Jefferson’s success.” She announced that, largely as a result of this support, Jefferson secured $15.3 million in gifts and pledges during 1989-90.

University President Paul C. Brucker,
Photographs by Don Walker

at President's Club Gala

M.D. expanded upon Mrs. Hamilton’s remarks, noting that the members of the President’s Club help set the pace of progress in private giving. He promised the large and colorful assembly that “Jefferson will continue to be a dedicated, involved, and well-balanced institution.”

Troy L. Thompson II, M.D., Professor and Chairman of the Department of Psychiatry and Human Behavior, has been named the first Lieberman Professor. Dr. Thompson came to Jefferson in 1988 from the University of Colorado School of Medicine, where he had been Director of the Division of Consultation-Liaison Psychiatry. A graduate of Emory University School of Medicine, he received residency training, and later served on the faculty, at Yale University. His publications include a recent study in the New England Journal of Medicine demonstrating that a form of the widely prescribed drug Hydergine is ineffective and may even be deleterious in the treatment of Alzheimer’s disease (Alumni Bulletin, Fall 1990).

Dr. Thompson joined Dr. Brucker and the members of the Board of Trustees for the tribute to Mrs. MacElree and to Dr. Lieberman. A member of the Jefferson faculty since 1967, Dr. Lieberman served as Acting Chairman of the Department from 1974 to 1976, and from 1983 to 1988. Before moving east in 1964 to establish a Department of Mental Health for the state of Delaware, Dr. Lieberman, a graduate of the University of California, San Francisco, School of Medicine, had served as California’s Commissioner of Public Health as well as maintaining a private practice. Philadelphia Inquirer columnist Darrell Siford wrote in 1987 of Dr. Lieberman’s unflagging enthusiasm for the study and practice of medicine, and of his concern for patients as people (Alumni Bulletin, Spring 1988).

After the dinner, guests lingered well past eleven for dancing to the music of Jimmy Ray’s orchestra and much good conversation. □
A GENETIC CAUSE OF ANEURYSMS

Jefferson researchers believe they have discovered a defective gene causing aortic aneurysms in one family, and have developed a saliva test to identify other relatives at risk of the disease.

“Our study proves for the first time that there is a genetic cause of aortic aneurysms in people who do not have any other signs of a genetic disease,” says Darwin J. Prockop, M.D., Ph.D., Professor and Chairman of Biochemistry and Molecular Biology and senior scientist of the research team. Aspects of the work were reported in the Journal of Clinical Investigation, November 1990.

Using molecular biology techniques on cultured skin cells from an individual whose family had a strong history of the disease, the research team found a mutation in the gene responsible for collagen III. The long chain of amino acids making up the defective protein differed from the normal protein by only one amino acid, but the substitution is sufficient to weaken the strength of the protein. Experiments comparing normal collagen III with the defective protein showed that the defective protein lost some of its normal shape, and hence its ability to function properly, at lower temperatures than the normal protein. It could not form collagen III fibers of normal strength.

The researchers linked this mutation to aortic aneurysms by studying DNA found in microscope slides and preserved tissue slices from the individual’s mother and aunt, who had both suffered aneurysms. This revealed that the relatives had had the same mutated gene that is responsible for the formation of weakened collagen.

The Jefferson study shows that individuals with the genetic defect have arteries that are structurally weak and therefore may bulge under the surge of blood pressure that accompanies each heartbeat.

“Until now,” says Dr. Prockop, “the basic molecular cause of most aneurysms was unknown.” Researchers have recognized for some time that a few rare diseases are caused by mutations in collagen III and that people with these diseases often develop aortic aneurysms in addition to other symptoms. But they thought most aneurysms were a secondary effect of atherosclerosis that had weakened otherwise healthy blood vessels.

Within the past five years, however, several studies have shown that aneurysms can run in families, suggesting that a genetic element is involved. An important recent study from Sweden demonstrated that twenty-nine percent of brothers of patients who had developed ruptured aortic aneurysms already had aneurysms that could be detected by ultrasound.

The discovery of the defective collagen gene enabled the Jefferson research team to develop a simpler genetic test using cells from human saliva to identify other members of the same family who are at risk of the disease. The test requires only 5 ml of saliva.

Individuals who are found via the saliva test to carry the defective gene should be followed by ultrasound and other noninvasive techniques such as echocardiogram and CAT scan at regular intervals in order to detect aneurysms early. Such techniques are relatively inexpensive. The aneurysms can then be surgically repaired before they burst.

Ninety percent of patients who go to an emergency room with a ruptured aortic aneurysm die, compared to less than ten percent of those in whom the aneurysm is surgically repaired before rupturing.

R. Clement Darling, M.D., Associate Clinical Professor of Surgery at Harvard Medical School, has remarked, “There is a definite cost-benefit factor in the early diagnosis of an aortic aneurysm of significant size, that is, more than two inches in diameter. The death rate from rupture even after a surgical clamp has been placed on the ruptured or burst aorta is about fifty percent. In the elective patient with an unruptured aortic aneurysm below the kidneys, the death rate is about two percent. Similarly, the hospital cost for each survivor of a ruptured aneurysm approaches $150,000 to $200,000, with hospital stays ranging from three weeks to three months. Complications including pulmonary disease, cardiac insufficiency, and renal shutdown further emphasize the importance of early diagnosis. In contrast, the patient undergoing uncomplicated elective surgery with prosthetic replacement of the damaged aorta has a hospital stay of approximately eight days and should have very little illness and a normal life expectancy.

“In addition, there may be medical treatments for small aortic aneurysms. Drugs can reduce the thrust of the left ventricle in treatment of the hypertension that exists in about sixty percent of patients with aneurysms. Also, ninety percent of patients with aortic aneurysms are or have been cigarette smokers; avoidance of this habit may be a preventive therapy. The potential for drug treatment to reduce the sheer stress on the wall, which is believed to increase the aneurysmal size to the point of rupture, is currently under investigation.”

The Jefferson researchers’ success with one family will enable them to...
devise techniques for finding related mutations in other families. They are trying to determine what percentage of the two million Americans who are in danger of having an aortic aneurysm have a defect in collagen III, which is one of several proteins that give strength to arterial walls. They are screening approximately one hundred families with a history of aneurysms to see how many have the collagen III defect. For families in which a mutation in the collagen III gene is not found, they will search other genes for similar kinds of mutations that produce the same effect.

Testing of other families for a genetic defect will not be available on a large scale for at least two more years, according to Dr. Prockop.

**Drs. Croce, Litwack, and Baserga Join Faculty**

Three major appointments to the faculty have been announced by Joseph S. Gonnella, M.D., Senior Vice-President for Academic Affairs, and Dean.

Carlo M. Croce, M.D. has been named Professor and Chairman of the Department of Microbiology and Immunology, and Director of the newly formed Jefferson Cancer Institute and Jefferson Cancer Center, effective July 1, 1991. An internationally renowned geneticist, Dr. Croce will spearhead Jefferson's cancer research activity and will bring with him research scientists, postdoctoral fellows, and graduate students associated with the Fels Institute for Cancer Research and Molecular Biology at Temple University, of which he is currently the Director. The current research interests of Dr. Croce and his colleagues lie in genetics, biochemistry, carcinogenesis, cell biology and immunology, the human genome, molecular biology, structural biology, and developmental genetics.

At Jefferson Dr. Croce and his colleagues will occupy space in the new Bluemle Life Sciences Building and Jefferson Alumni Hall. They will move here in July 1991.

Dr. Croce received his M.D. degree summa cum laude from the University of Rome in 1969. In 1970 he joined the Wistar Institute of Anatomy and Biology in Philadelphia as an Associate Scientist, and advanced there to become a Professor in 1976, and Associate Director from 1980 to 1985.

Currently, Dr. Croce is also Chairman of the Graduate Program in Molecular Biology and Genetics, and Professor of Pathology and Professor of Medicine at Temple University School of Medicine.

Dr. Croce has published extensively on chromosomes and oncogenes and on the molecular genetics of human cancer. His accomplishments include the discovery of the involvement of immunoglobulin loci and the C-myc oncogene in Burkitt's lymphoma; and the identification of the gene, bcl-2, that is involved in follicular lymphoma, which has already found clinical application in the monitoring of residual disease in treated patients.

Dr. Croce has served on the Mammalian Genetics Study Section of the NIH, and on the National Cancer Institute Advisory Committee. He is a member of the Human Genome Organization and the American Association for Cancer Research. In 1980 he received the Richard and Hinda Rosenthal Foundation Award of the American Association for Cancer Research. He is Editor-in-Chief of *Cancer Research* and serves on the editorial boards of five other professional journals.

Joining Dr. Croce on Jefferson's faculty will be two other internationally recognized researchers from the Fels Institute. Gerald Litwack, Ph.D. has been named Professor and Chairman of the Department of Pharmacology, and Deputy Director of the Jefferson Cancer Institute, which will focus on basic research. Renato Baserga, M.D. has been named a Professor of Microbiology and Immunology, and Deputy Director of the Jefferson Cancer Center, where he will coordinate efforts among Jefferson clinicians in new approaches to cancer diagnosis and therapy. Collaborating in this effort with Dr. Croce, Dr. Litwack, and Dr. Baserga are Jefferson cancer researchers and clinicians who have also earned wide renown in varied areas of expertise.

Dr. Litwack is The Laura H. Carnell Professor of Biochemistry at Temple University School of Medicine. He is Deputy Director of the Fels Institute, as well as Codirector for Training in Biochemical Endocrinology, and Principal Investigator for Training in Cancer and Cancer-Related Research. He received his Ph.D. degree from the University of Wisconsin in 1953, and was a postdoctoral fellow of the National Foundation for Infantile Paralysis at the Biochemical Institute of the Sorbonne, under Professor Claude Fromageot. Before joining the faculty of Temple University in 1964 he was a Research Associate Professor of Biochemistry at the University of Pennsylvania School of Medicine.

Dr. Litwack is the Editor of *Biochemical Actions of Hormones*, a fourteen-volume continuing series; editor of a new, two-volume work on receptor purification; and Associate Editor of *Cancer Research*. He is also the organizer and Editor-in-Chief of the new journal, *Receptor*. His research, supported mainly by the NIH, is on the mechanism of action of the glucocorticoid receptor, a key molecular element in the cellular adaptation to stress.

Dr. Baserga is currently The Laura H. Carnell Professor of Pathology and Chairman of the Department at Temple University School of Medicine, and a Senior Investigator at the Fels Institute. He received his M.D. degree summa cum laude from the Faculty of Medicine at the University of Milan in 1949 and took postdoctoral training both in Milan, at the Institute of Pathologic Anatomy, and in Chicago, including studies at the Graduate School of Biochemistry at Northwestern University.

Dr. Baserga joined the faculty of Northwestern University Medical School in 1955 as an Instructor in Pathology, and rose to the rank of Associate Professor there before leaving to join the faculty of Temple University in 1965. He is a member of numerous professional societies, including the American Association for the Advancement of Science, the American Association for Cancer Research, and the International Cell Cycle Society. He is Editor of the *Journal of Cellular Physiology* and Associate Editor of *Experimental Cell Research*, and is the author of *The Biology of Cell Reproduction*, published by Harvard University Press.

In 1990 Dr. Baserga received the Rous-Whipple Award of the American Association of Pathologists.
On Campus

JEFFERSON PARK HOSPITAL WILL BECOME PART OF THOMAS JEFFERSON UNIVERSITY HOSPITAL. Jefferson Park has been a special affiliate since 1987.

A letter to the Jefferson Park medical staff from University President Paul C. Brucker, M.D. and James W. Fox IV, M.D. '70, President of the Medical Staff at Jefferson Park, stated, "As Jefferson has assumed full responsibility for the long-term debt of the hospital, both boards felt it more appropriate that the future governance of the hospital should be by the University's trustees directly."

This will "be paralleled by a process of integrating the Jefferson Park staff and the medical staff of Thomas Jefferson University Hospital to function as a staff encompassing two clinical sites."

A FIVE-YEAR GRANT has been awarded to Jefferson's Regional Spinal Cord Injury Center of the Delaware Valley by the National Institute for Disability and Rehabilitation Research of the United States Department of Education. The NIDRR will provide $362,875 per year to help support patient services, as well as on-site research at Jefferson, research with collaborating spinal cord injury centers, and submission of data to the National SCI Center in Birmingham, Alabama.

Jefferson's Center is among thirteen nationwide to be designated one of the NIDRR's Model Spinal Cord Injury Systems for the five-year grant cycle beginning in 1990.

THE MEDICAL COLLEGE ADMISSION TEST administered this spring will be quite different from that of recent years. The new exam is designed to test critical thinking, problem solving, and communication, rather than rote learning of scientific facts.

A new verbal reasoning portion will use texts from the humanities, social sciences, and natural sciences to evaluate critical thinking skills. Information about those subjects will be provided, and students will be tested for comprehension and reasoning abilities.

The greatest change in the exam is the addition of an essay section. Students will be presented with two quotations from prominent figures and allowed thirty minutes to explain the meaning of each. The topics will not deal with science, technology, or health care.

MEDICAL EDITOR at Thomas Jefferson University is the new post of John J. Gartland, M.D. '44. The purpose of this appointment is to provide writing and editing help for those persons in the Medical College, College of Graduate Studies, or College of Allied Health Sciences who are writing professional papers, case reports, review articles, research protocols, or grant applications.

Dr. Gartland, Chairman Emeritus of Orthopaedic Surgery and former Director of the Office of Departmental Review, brings a background in writing and editing to this new task. Author of eighty published papers in the medical literature and an orthopaedics textbook now in its fourth edition, Dr. Gartland served for thirteen years on the editorial boards of the Journal of Bone and Joint Surgery and of Medical Communication, the former journal of the American Medical Writers Association. The new Medical Editor earned credits in science writing from the University of Minnesota in 1986, and received the core curriculum certificate in editing from the American Medical Writers Association in 1990.

The Medical Editor's office is at 624 Scott Building (955-4042) and is open to provide writing and editing help to all in the University who request it.

FORMER JEFFERSON FACULTY MEMBER STANLEY DISCHE, M.D., FRCR returned here on October 12 to deliver the fifth annual SIMON KRAMER LECTURE. Dr. Dische spoke on Continuous Hyperfractionated, Accelerated Radiotherapy (CHART) in Cancer of the Head and Neck and Lung. His talk was preceded by a Symposium on Dose/Time Fractionation in Clinical Radiation Oncology moderated by Carl M. Mansfield, M.D., Professor and Chairman of the Department of Radiation Oncology and Nuclear Medicine. Dr. Dische, who was an Assistant Professor of Radiation Therapy and Isotopes here from 1959 to 1962, is a Cancer Research Campaign Life Fellow, and Head of Service at the Mount Vernon Centre for Cancer Treatment in Middlesex, England.

The Kramer Lecture honors Distinguished Professor Emeritus Simon Kramer, M.D., FFR who, during his fourteen-year tenure as the first chairman here, from 1969 to 1983, brought the department to international prominence and developed a multidisciplinary orientation toward cancer management at Thomas Jefferson University Hospital.

UNSTABLE ANGINA: THE RELATIONSHIP OF PATHOGENESIS AND MANAGEMENT was the topic of this year's HOUSSEL LECTURE, presented on October 31 by C. Richard Conti, M.D., Eminent Scholar and Director of the Division of Cardiovascular Medicine at the University of Florida. Dr. Conti is the immediate Past President of the American College of Cardiology, and Chairman of its Board of Trustees and its Executive Committee. The lecture honors the late Edmund L. Houssel, M.D. '35, Honorary Clinical Assistant Professor of Medicine, who pioneered the teaching and clinical programs in hypertension at Jefferson in the 1940s. Dr. Houssel had served as President of the Philadelphia County Medical Society and as President of the Jefferson Medical College Alumni Association.

WHY WOMEN LIVE LONGER THAN MEN was answered in part by William R. Hazzard, M.D. in the MARTIN E. RHEFFUS LECTURE on November 8. Dr. Hazzard is Professor and Chairman of the Department of Internal Medicine, and Director of the

newly established J. Paul Sticht Center on Aging at the Bowman Gray School of Medicine of Wake Forest University. Some of Dr. Hazzard's early research focussed on the regulation of human lipoprotein metabolism, the rationale for prevention of atherosclerotic cardiovascular disease through control of lipoprotein lipid levels, and the modulation of lipoprotein metabolism in humans and relevant nonhuman animal models by sex steroids, notably the amelioration of type III hyperlipidemia by estrogen in postmenopausal women. His professional interests in recent years have been directed especially to gerontology and geriatric medicine. He was instrumental in establishing training programs and hospital-based continua in this discipline at the University of Washington, and at Johns Hopkins University, before joining the faculty of the Bowman Gray School of Medicine in 1986.

Dr. Hazzard's timely discussion of geriatrics was appropriate to the spirit of the Rehfuss Lecture, which provides for a speaker to discuss any subject within the realm of medicine. The lecture is endowed by the Percival E. and Ethel Brown Foerderer Foundation to honor the late Martin E. Rehfuss, M.D., who was Mr. Foerderer's physician. Dr. Rehfuss was an internationally recognized gastroenterologist who served on the Jefferson faculty from 1914 to 1961, and continued his association with the College as Emeritus Professor of Clinical Medicine until his death in 1964.

THE PHYSICIAN AS A DRAMATIC HERO first appeared in literature in the twelfth century A.D., noted D. Heyward Brock, Ph.D., Professor of English and Associate Dean of the College of Arts and Sciences at the University of Delaware, in the second lecture in the Medical Humanities and Social Sciences series, on November 29. The lecture, "Images of the Physician," discussed the role of the doctor in drama, "the most social of the literary arts."

THE KOMAROV PRIZE of the Philadelphia Gastrointestinal Research Foundation has been awarded to second-year fellow Kenneth DeVault, M.D. for his presentation, "How Does Visceral Pain From the Esophagus Reach Consciousness? New Evidence." Dr. DeVault was selected from more than twenty entrants from medical centers in the region.

RECYCLING is being effected in the Alumni Office and across campus. Every desk in every office in every University-maintained building now sports an office paper recycling box in addition to a regular trash can. The contents of the boxes are removed regularly by environmental and custodial services.

In addition, office supplies not usable by the University are sent to the Greenfield School, which Jefferson sponsors as part of a drive by the School District of Philadelphia. To the Greenfield School the University also sends spare furniture and other resources.

Inaugural Davis Lecture

December 15 marked the first annual J. Wallace Davis, M.D. Lecture in plastic and reconstructive surgery. The lecture-ship honors Dr. Davis, a member of the Class of '42 and an Honorary Clinical Associate Professor of Surgery (Plastic and Reconstructive), and recognizes excellence in plastic surgical teaching. It was established by James W. Fox IV, M.D. '70, Assistant Professor of Surgery and Chief of the Division of Plastic and Reconstructive Surgery, and his associate John H. Moore, Jr., M.D., Assistant Professor of Surgery.

The 1990 lecturer was John B. McCraw, M.D., Professor of Plastic and Reconstructive Surgery at Eastern Virginia Medical School and an internationally renowned plastic surgeon. His research on the vascular perfusion of skin led to his description of a "primary" myocutaneous flap. While many other authors had previously described certain cutaneous dependence upon underlying muscle, Dr. McCraw was the first to recognize an integral skin-muscle unit supported by a single muscle and neurovascular pedicle. This principle was published by Dr. McCraw in 1976 in an article on vaginal reconstructive utilizing a gracilis myocutaneous flap.

After exhaustive anatomic studies and cadaver dissections, Dr. McCraw subsequently described numerous myocutaneous flaps over the entire body permitting single stage reconstruction of a multitude of congenital and acquired defects. The myocutaneous flap is now viewed as the "workhorse" flap of plastic and reconstructive surgeons worldwide and the "flap of choice" for most procedures. Its adaptation to breast reconstructive following mastectomy for breast carcinoma was the subject of Dr. McCraw's lecture, which was entitled "Autologous Breast Reconstructive with a Fleur de Lis Myocutaneous Latissimus Dorsi Pedicle Flap."

Before a capacity audience in McClellan Hall, Dr. Fox described Dr. Davis as a personal friend, teacher and role model in plastic surgery, professional
colleague, and practice associate of many years.

Dr. Davis is the son of Warren B. Davis, M.D., the first Chief of Plastic and Reconstructive Surgery at Jefferson, a founder of the American Society of Plastic and Reconstructive Surgeons, and the first editor of the Journal of Plastic and Reconstructive Surgery.

Dr. J. Wallace Davis, after graduating from Jefferson, served his internship here, and then spent several years in the China/India/Burma theater of World War II as a flight surgeon in the Army Air Corps. He returned to Jefferson for plastic surgical training and subsequently spent his entire professional career here, retiring from active clinical practice in 1988.

He has held nearly every office in the regional and national plastic surgical societies, including Life Trustee and member of the Board of Directors of the American Society of Plastic and Reconstructive Surgeons, Executive Officer and Treasurer of the Society, Chairman of its Judicial Committee, and President of the Robert Ivy, M.D. Plastic Surgical Society.

He is a major supporter of Jefferson, and has chaired the Alumni Annual Giving campaign for more than three decades.

A quiet, unassuming gentleman, Dr. Davis was regarded as the physician's plastic surgeon by medical families in the Philadelphia area for many years. His clinical acumen and technical abilities were widely regarded, and his professional demeanor was the nidus for scores of surgical students to enter the field of plastic and reconstructive surgery.

The Friday night before the lecture, Francis E. Rosato, M.D., The Samuel D. Gross Professor and Chairman of Surgery, and his wife hosted a dinner attended by Dr. and Mrs. Davis, Dr. McCraw, Dr. and Mrs. Fox, Dr. and Mrs. Moore, and the Chief Surgical Residents and their spouses.

A large engraved bowl of the style popularized by Philadelphia silversmith Samuel Williamson in 1796 and customarily referred to as the "Philadelphia bowl" has been dedicated to this annual lectureship in plastic and reconstructive surgery. It is on permanent display in the Samuel D. Gross, M.D. Conference Room on the sixth floor of College Building. A smaller engraved replica was presented to Dr. McCraw by Dr. Davis.

Among the Faculty

Heterotopic liver transplantation has been described by Jefferson faculty recently in major journals. "Heterotopic Liver Transplantation: A Bridge to Recovery," in the September 1990 issue of Transplantation, had among its authors Michael J. Moritz, M.D., Assistant Professor of Surgery; Vincent T. Armenti, M.D. '82, Ph.D., Assistant Professor of Surgery; R. Anthony Carabasi III, M.D. '77, Associate Professor of Surgery; Raphael Rubin, M.D., Assistant Professor of Pathology and Cell Biology; Santiago J. Muñoz, M.D., Assistant Professor of Medicine; and Willis C. Maddrey, M.D., former Magee Professor and Chairman of Medicine.

"Heterotopic Liver Transplantation for Fulminant Wilson's Disease" in Gastroenterology, December 1990, was authored by David Stampfl, M.D., a former fellow in gastroenterology and hepatology, and Drs. Muñoz, Moritz, Rubin, Armenti, and Maddrey.

Biomedical engineering research grants have been awarded by the Whitaker Foundation to two physicists. The grants are designed for biomedical investigators who are at a relatively early point in their research careers and whose projects involve innovative use of engineering techniques or principles.

"Automated Equalization in Digital Subtraction Angiography Using Filter Wheels," a study by John M. Boone, Ph.D., Assistant Professor of Radiology, will be supported by a $119,902, two-year grant. The research aims at improving the quality of blood vessel images, which would allow radiologists to identify smaller and more subtle vessel pathology.

"Contrast in Magnetic Resonance Angiography: Optimization with Respect to Rapid Pulse Sequences," a project of Talin A. Tasciyan, Ph.D., Assistant Professor of Radiology, will be funded with $177,974 over three years. She will study magnetic resonance signal levels in relation to flow, primarily through computer simulations, as well as experiments concentrating on causes of signal loss due to turbulence in blood vessels.

The American Academy of Family Physicians has presented University President Paul C. Brucker, M.D. with its Walsh Award for leadership in furthering the development of family practice.

Research on vitamin B12 and mRNA of thymidylate synthetase is being conducted by Farid I. Haurani, M.D., Honorary Professor of Medicine. Dr. Haurani is performing this study in the Department of Molecular Cell Pathology at the Royal Free Hospital School of Medicine in London. He has completed his work on tracing iron and transferring in the murine macrophage at the Pasteur Institute in Paris, and presented the results to the International Society of Experimental Hematology in Seattle.

James M. Hunter, M.D. '53 has been named a Distinguished Professor at Jefferson Medical College. The guidelines for this honor required that he be "nominated by senior officers on the basis of national and international recognition of contributions to the advancement of medical and/or scientific knowledge." Dr. Hunter, developer of passive and active tendon prostheses for the hand (see the Alumni Bulletin, Summer 1990), is the fourth individual in the history of Jefferson to be so recognized.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases has awarded scientists here a $1,115,000, five-year grant for a study of "Biochemical Alterations in Sclerodema."

The NIH declared that the Jefferson grant proposal presented "unique resources in a leading laboratory for scleroderma research, an area which requires increased research emphasis."

"We want to discover the mechanisms responsible for the increased production of collagen," said principal investigator Sergio A. Jimenez, M.D., Professor of Medicine and of Biochemistry and Molecular Biology.

"We also want to learn what causes the increased levels of the messenger ribonucleic acid (RNA) molecules for Types I, III, and VI collagen that we found in fibroblasts from patients with scleroderma.

"Our team will use molecular biology methods to identify the abnormalities responsible for increased levels of mes-
senger RNA for these three collagens.”

Having already discovered that patients with scleroderma have an abnormally high level of activated T-lymphocytes, the researchers will continue their examination of these cells and the substances they produce. Their previous research has found one substance thus far: transforming growth factor beta, which has been shown to stimulate the production of collagen by fibroblasts.

—Adapted from an article in JeffNEWS, October 1, 1990.

The American Cancer Society has awarded its National Bronze Medal to Carl M. Mansfield, M.D., Chairman of Radiation Oncology and Nuclear Medicine. The medal recognizes Dr. Mansfield’s development and implementation of a cancer awareness outreach program for the poor, and his successful efforts to defeat the R. J. Reynolds company’s marketing of Uptown cigarettes.

The Charles Oberling Prize was presented by the French government in October to Giancarlo Rabotti, M.D., a former faculty member in Jefferson’s Cardeza Foundation, for his work on oncologic viruses.

The result is a more succinct volume. The book reads easier to learn from this.

Essential Pathology has a strong clinical orientation. Each chapter begins with a brief clinical description of a disorder before the pathology is demonstrated with a series of vivid images and short paragraphs. For example, the pneumoconioses are covered amply in four pages of clear text and enlarged diagrams. Several diagrams are “exploded” for clarity. Particles of coal dust, silica, and asbestos are shown migrating from the upper to the lower respiratory tract where they interact with macrophages and fibroblasts to form fibrosis and dense silicotic nodules in bronchioles and alveoli. These interactions are shown in clear black and white drawings highlighted with red, brown, grey, and pink tones. The section is capped by a microscope photograph showing the bulbous ends and beaded trunk of an asbestos body.

Essential Pathology, a multi-authored book edited by two Thomas Jefferson University professors, loses little by having thirty-nine separate contributors. Because it relies as much on illustrations as on words, the chapters read evenly and are not choppy.

In another regard, the book is good. It provides outstanding value at less than forty-three dollars a copy. Medical students and writers will find it an excellent addition to their libraries.

—Reviewed by John P. Callan, M.D.


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**Book Review**

**Essential Pathology**

Edited by Emanuel Rubin, M.D. (The Gonzalo E. Aponte Professor and Chairman of Pathology and Cell Biology at Jefferson Medical College) and John L. Farber, M.D. (Professor of Pathology and Cell Biology at Jefferson Medical College).


A picture is worth ten thousand words, according to an old proverb. That principle underpins the attractiveness of *Essential Pathology*, which received honorable mention in the American Medical Writers Association book awards competition, in the physician book section. The volume is liberally illustrated with creative and instructive graphics by Dimitri Karetnikov. Many look as though they have come from the pages of *USA Today*. Averaging twenty-three illustrations for each of its twenty-nine chapters, the book employs a wide variety of photographs, line drawings, flow charts, and broken diagrams in both high contrast and subdued black and white halftones and color to illustrate the text. The end product makes a complicated subject—pathology—relatively easy to understand.

*Essential Pathology* is derived from a larger book, *Pathology*, by the same editors. Here the editors have retained most of the didactic graphics from their earlier work, while pruning its prose. The result is a more succinct volume. Readers not requiring the comprehensive detail of the former volume will find pathological theory and disease easier to learn from this.

*Essential Pathology* has a strong clinical orientation. Each chapter begins with a brief clinical description of a disorder before the pathology is demonstrated with a series of vivid images and short paragraphs. For example, the pneumoconioses are covered amply in four pages of clear text and enlarged diagrams. Several diagrams are “exploded” for clarity. Particles of coal dust, silica, and asbestos are shown migrating from the upper to the lower respiratory tract where they interact with macrophages and fibroblasts to form fibrosis and dense silicotic nodules in bronchioles and alveoli. These interactions are shown in clear black and white drawings highlighted with red, brown, grey, and pink tones. The section is capped by a microscope photograph showing the bulbous ends and beaded trunk of an asbestos body.

*Essential Pathology*, a multi-authored book edited by two Thomas Jefferson University professors, loses little by having thirty-nine separate contributors. Because it relies as much on illustrations as on words, the chapters read evenly and are not choppy.

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—Reviewed by John P. Callan, M.D.

Class Notes

'S27

Samuel M. Dodek, 2930 Woodland Dr., Washington, DC 20009, is pleased to be continuing his private practice, which he started in 1932. Though he discontinued his obstetrical practice several years ago, he still sees gynecological patients, and writes, "My relationship with my patients is a very rewarding experience, and I am thankful for the good health that allows me to carry on." Dr. Dodek has received continuing medical education certification through June 1993.

'S38

Pincus Sobie, 177 Trevor Court Rd., Rochester, NY 14610, provided housing for a student from Jefferson's senior class in December under the Alumni Host Program. The program provides alumni contacts for seniors traveling to interviews for residencies. Karl W. Holtzer. Class of '91, who was interviewing for a pediatrics residency in Rochester, says he had "an incredible stay." Dr. Sobie picked him up at the airport, gave a party for him that evening, and arranged for a friend to take him to his interview the next day. Karl says, "It was good to sit down and talk about Dr. Sobie's days at Jefferson, and compare our experiences. He is very proud to be an alumnus." Dr. Sobie and Karl exchanged Hanukkah cards, and plan to stay in touch.

'S48

James S. Kessel, Ripley, WV 25271, is "still in active family practice after forty years." He writes, "When anyone from the Class of '48 is near West Virginia, he should come for a visit."

'S49

Richard L. Bryson, 129 Pinnacle Point Dr., Lancaster, PA 17601, retired in July from his general practice in Landisville.

'S50

Wilbur J. Harley, 241 Flintshire Rd., Winston-Salem, NC 27104-2737, is still on the faculty at Duke University School of Medicine and at Bowman Gray School of Medicine, giving occasional lectures on toxicology, nuclear medicine, environmental problems, and industrial medicine.

Donald I. Meyers, 4580 Delafield Ave., New York, NY 10471, has been elected Secretary of the American Psychoanalytic Association. Dr. Meyers has been a member of the Executive Council of the American Psychoanalytic Association for the past eighteen years. He is a past President of the Association for Psychoanalytic Medicine. A Clinical Professor of Psychiatry at Columbia University, Dr. Meyers chairs the Child Analysis Training Program at Columbia's Psychoanalytic Center for Training and Research.

'S54

Francis J. Nash, 18 Manning Ln., Milton, MA 02186, is still practicing obstetrics and gynecology.

Legend's End

A Country Doctor Retires

Adapted by permission from an article in Pennsylvania Medicine, vol. 93, no. 12, December 1990.

There were a time and a place, not that long ago and not that far away, when family doctors made house calls, delivered babies at home, took cows as payment when necessary, and were well-known by everyone in the community. But they are gradually fading into legend.

Witness Andrew J. Cerne, M.D. (Jefferson '48), recently retired from a forty-one-year career as a family doctor in the rural western Pennsylvania town of Herminie. The services mentioned above skim the list of his contributions to the community's health and prosperity.

The festivities of the second and final "Dr. Cerne Appreciation Day" capped the summer in Herminie.

As the seventy-year-old healer retired to tend his garden and enjoy his family, he told reporters, "When I was in medical school in the forties, we were told we'd never get rich by becoming doctors, but we could expect to make a good, comfortable living." He set up practice and began his family in Herminie in 1949 expecting only that.

He realizes now that he is reaping riches of a more lasting variety: bountiful friendships and immortality in the community's heart. Appreciation messages fill a thick dedication booklet, the proceeds from which were donated to his favorite community project. How could he expect less, after delivering thousands of babies into generations of families, being on hand for nearly every emergency, making house calls in his waning years when a flu epidemic called, even pulling neighbors together to build a cherished community swimming pool for the safety of their youngsters?

Looking back, he muses about how lucky he was to practice in a window of time bordered by the G.I. Bill and the "golden days" of solo practice. He says, "There's a lot more pressure on young doctors these days than when I was starting out. . . . Everyone is snipping at them. You aren't allowed to make mistakes, to be human. It's a tremendous burden to bear."

In that light, his reflections on his early hardships are softened. After graduation from Jefferson, he earned seventy-five dollars per day and was on call twenty-four hours a day during his internship at Delaware Hospital in Wilmington. A residency at Greensburg Hospital drew him back to his native western Pennsylvania, where he and his wife, Olga, decided small-town practice suited them.

Dr. Cerne helped found the Westmoreland County Academy of Family Physicians, is a charter member of the American Academy of Family Physicians, and a past board member of the Pennsylvania Academy of Family Physicians. He is a long-standing member and officer of county, state, and national medical societies.

"The days of family practice as it was known are now almost history, because of the need for specialized medicine," he says. "Even the family practitioner has become specialized in family practice."

A husband and wife team of such "specialists," Drs. Edgar and Joy Boone, have assumed his practice.
'56 Reunion Class
Robert J. Maro, Sr., Rte. 70 & Covered Bridge Rd., Cherry Hill, NJ 08034-2995, has been elected President of the New Jersey Academy of Family Physicians. Dr. Maro will receive the oath of office from the national president at a ball at Caesars Hotel in Atlantic City on April 13. Dr. Maro practices family medicine in Cherry Hill with his son Robert J., Jr., '80.

'59
Harris R. Clearfield, 720 Oxford, Bala Cynwyd, PA 19004, has been elected Governor for Eastern Pennsylvania of the American College of Gastroenterology.

John A. Malcolm, Jr., R.D. 1, Box 310, Sunbury, PA 17801, has been elected an alternate delegate from the Pennsylvania Medical Society to the American Medical Association.

'62
George P. Moses, 166 Hanover St., Suite 204, Wilkes-Barre, PA 18702, recently received the humanitarian award of the Northeastern Pennsylvania Association of Arab-Americans.

'64
Martin J. Cosgrove, P.O. Box 865, Seaford, DE 19973, has been named a Fellow of the American College of Radiology.

Milton J. Sands, 15 Paper Chase Dr., Farmington, CT 06032, had a crucial diagnosis of his confirmed this past year, but in a regrettable way. In 1986 Dr. Sands examined a freshman basketball player at Central Connecticut State University who was hospitalized with chest pains. Dr. Sands told the student that he had hypertrophic cardiomyopathy and should stop playing on the team. The student sat out for two years, and in the summers returned to England and sought a second opinion. He brought suit against Dr. Sands for advising the University not to let him play, though later dropped this suit. After two years of strenuous exercise without incident, the student was permitted by Central Connecticut State to play after he had released the University from liability. Last spring he collapsed during a game and died.

Bennett M. Shapiro, P.O. Box 2000, Rahway, NJ 07065, has been appointed Executive Vice-President for Worldwide Basic Research at Merck Sharp & Dohme Research Laboratories. Prior to this appointment Dr. Shapiro was Professor and Chairman of Biochemistry at the University of Washington in Seattle.

Dr. Shapiro

'66 Reunion Class
Joseph B. Blood, Jr., 763 S. Main St., Athens, PA 18810, has been reelected a delegate from the Pennsylvania Medical Society to the American Medical Association.
Books by Alumni

Frederick B. Wagner, Jr., '41 had his book *Thomas Jefferson University: Tradition and Heritage* reviewed in the October 17 issue of *The Journal of the American Medical Association*. The reviewer was Howard Spiro, M.D., Professor of Medicine at Yale University.

Dr. Wagner's book can be ordered from the Jefferson Bookstore, 224 S. Eleventh St., Philadelphia, PA 19107, telephone 215 955-7922. The cost is $120.00 plus $3.50 for shipping.

Sanford M. Miller, '57 recently coedited *Trauma: Anesthesia and Intensive Care*, published by Lippincott. Dr. Miller is an Assistant Professor of Clinical Anesthesiology at New York University School of Medicine; coeditors of the book are Herman Turndorf, M.D., Professor and Chairman of Anesthesiology at NYU, and Levon M. Capan, M.D., Associate Professor of Clinical Anesthesiology there.

Carl L. Stanitski, '67 has had a book that he coauthored, *Sports Medicine: A Practical Approach*, published in Japanese as well as English and Spanish. Dr. Stanitski has recently been elected a member of the American Orthopaedic Association, whose members are by invitation only.

*If you have a book published, please tell the Alumni Office, attention Alumni Bulletin, and if possible, send a copy of the book.*

Kenneth P. Heaps, Springmeadow Farm, 3036 Old Dutch Ln., York, PA 17402, has been named Vice-President of Medical Affairs at York Hospital.

Allan M. Arbeter, 380 Merion Rd., Merion Station, PA 19066, has nearly completed work on a vaccine for chicken pox. Clinical studies have shown it to be safe and effective. Therefore the manufacturer, Merck Laboratories, hopes a license will be provided by the Food and Drug Administration. At Albert Einstein Medical Center, where Dr. Arbeter is Associate Chairman of the Department of Pediatrics, a vaccine tested since 1987 is available to the public through Dr. Arbeter's clinical studies.

George E. Cimochowski, Wilkes-Barre General Hospital, North Pine and Auburn Streets, Wilkes-Barre, PA 18764, has been named Chief of Cardiac Surgery at the Hospital.

Walter D. Eppele, 1217 W. Medical Park, Augusta, GA 30909, has been forced to withdraw from the practice of neurosurgery since developing acute viral myocarditis, with severe cardiomyopathy, in August 1989. He writes, "My physician does not feel that I will be able to work at any occupation ever. Presently I spend most of my time resting. I have two sons, ages thirteen and fifteen, and a seventeen-year-old daughter, who is in her senior year of high school. To anyone in the area of Atlanta and Gainesville, Georgia I would like to point out that my sons are attending Riverside Military Academy in Gainesville; I am sure they would appreciate anyone's contacting them and helping them through this most difficult period. I hope to stay in touch with my classmates."

Gerald A. Mandell, 1107 News Ln., West Chester, PA 19380, has been named a Fellow of the American College of Radiology.

Neil O. Thompson, 8301F Nunley Dr., Baltimore, MD 21234, has joined the teaching staff at the Veterans Administration hospital in Baltimore.

Reunion Class

Jerome W. Jordan, 124 Old Orchard Rd., Clarks Summit, PA 18411, has been elected to the Board of Directors of Northeastern Bank of Pennsylvania.

Jacob Trachtenberg, 117 Drakes Drum Rd., Bryn Maur, PA 19010, has been appointed Director of Adult Services at Northwestern Institute, a private 146-bed psychiatric hospital in Fort Washington. Dr. Trachtenberg currently serves as President of the Medical Staff at Northwestern, and Chairman of the Credentials Committee. Prior to his promotion, he was Acting Medical Director. He has been Director of the Adult Unit since 1986. Dr. Trachtenberg is a Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson.

Richard T. Bell, 2016 Redwood Ave., Wyoming, PA 19610, has been elected an alternate delegate from the Pennsylvania Medical Society to the American Medical Association.

Anna M. D’Amico, 7 Buckridge Dr., Wilmington, DE 19807, was elected Vice-Chairman of the Delaware Section of The American College of Obstetricians and Gynecologists for a three-year term beginning in October.

John R. Tyler, Main St., Blue Hill, ME 04614, after completing a fellowship in obstetrics at the University of California at Los Angeles, plans to return to Pennsylvania in mid-1991 to become Associate Director of the residency program in family and community medicine at Lancaster General Hospital. He will direct a rural practice site in Quarryville. Dr. Tyler and his wife, Betty, have been "busy raising six children for the past fifteen years."

Peter M. Cianfrani, 925 Main St., Pennsburg, PA 18073, has been recertified by the American Board of Family Practice.

Michael H. LeWitt, 1128 Cymry Dr., Derwyn, PA 19372, has started a private consulting practice in occupational medicine. He writes, "Though I have only been open since June, I have gotten about as busy as I want to be, and am enjoying myself considerably, wondering why I didn't do this five years ago."

Dr. LeWitt and his wife, Lynne, are the parents of Rachel Beryl LeWitt, who was born December 4.
Bruce E. Jarrell, ’73 has been appointed Chairman of Surgery at the University of Arizona in Tucson. Dr. Jarrell had been serving as a Professor of Surgery and Director of the Division of Transplantation Surgery at Jefferson. Francis E. Rosato, M.D., The Samuel D. Cross Professor and Chairman of Surgery here, has said, "While saddened at the prospect of his loss, I am at the same time happy and proud that this Jefferson graduate, in his meteoric career here over the last ten years, has acceded to such a high position in surgery."

Dr. LeWitt ran into Stephen P. Martell, R.D. I, Box 185A, Ogdenburg, NY 13359, and Ronald L. Smoyer, 233 Mifflin St., Johnstown, PA 15905, in July, and reports, "Both of them are looking well, and sound happy with their respective practices."

Dr. LeWitt remains active as a Trustee and District Governor for Phi Delta Epsilon Medical Fraternity.

John E. Wagner, Jr., ’81 is believed to be the first physician in the United States to perform an umbilical-cord-blood transplant for a patient with leukemia, and the second to do one at all. Dr. Wagner is an Assistant Professor of Oncology at Johns Hopkins University School of Medicine. The procedure is similar to a bone marrow transplant, except that blood rich in stem cells is taken from a newborn’s umbilical cord and placenta. Cord-blood transplants have been performed twice in France and once at the University of Indiana for patients with Fanconi’s anemia.

Dr. Wagner’s patient was a four-year-old boy with juvenile chronic myelogenous leukemia, which is resistant to drug therapy and is usually fatal within a year. Bone marrow transplant is the only treatment that can increase survival. Neither the patient’s parents nor an older sibling would have been compatible marrow donors. But his mother was expecting another child, and when she delivered, blood was collected from the infant’s umbilical cord and found compatible. Cord blood was used rather than subject the newborn to the anesthesia that would be needed for a marrow harvest.

Kenneth J. Arnold, 8292 Bridle Rd., Cincinnati, OH 45220, is "happily practicing emergency medicine."

Kevin N. Lorah, 6 Mellwood Dr., Danville, PA 17821, has been appointed an associate in neonatology at Geisinger Medical Center.

Gregory G. Machiko, 10517 Meinort Rd., Wexford, PA 15090, has joined a gastroenterology practice in Washington, Pennsylvania.

Karen A. Maletta, Fifth Avenue Medical Associates, 151 Professional Bldg., Route 151 and Buss Rd., Hopewell, PA 16650, has joined a family practice, and is on the staff of Sewickley Valley Hospital.

Jodi Singer Sassoon, 829 Park Ave., 8D, New York, NY 10021, and her husband, Al, are the parents of Rebecca Lauren, born August

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24. Dr. Sassoon is now a fourth-year pathology resident at The New York Hospital-Cornell Medical Center, and writes that Alexandra H. Simkovich, 435 E. Seventeenth St., 12G, New York, NY 10021, is enjoying her fourth year of surgical residency at the same hospital and is considering a fellowship in surgical oncology.


William O. Thompson, 222 Allegheny St., Boswell, PA 15531, has joined Medical Associates of Boswell as a family physician.

'88

Bruce M. Deeter, Bldg. 6, Apt. 67, 300 Community Dr., Manhasset, NY 11030, and his wife, Shari, are the parents of Jacob Nathaniel, born June 15. After finishing his medical residency, Dr. Deeter will continue at North Shore University Hospital for a cardiology fellowship.

Steven E. Goldberg, 955 Edora St., Apt. 1106, Denver, CO 80220, has transferred from the obstetrics and gynecology residency program at Emory University School of Medicine to that at the University of Colorado Health Sciences Center in Denver. Before transferring Dr. Goldberg completed an elective month in gynecologic oncology under the Felix Rutledge visitation program at the M. D. Anderson Cancer Center in Houston, one of two centers in the United States offering such a fellowship.

'89


Obituaries

Royal E. Durham, '15 died August 30, 1990 at the age of ninety-six. Dr. Durham practiced family medicine in Atlantic City, New Jersey from 1919 through 1965, and was on the staffs of Atlantic City Hospital and Shore Memorial Hospital.

Frank O. Hendrickson, '23 died August 11 at the age of ninety-five. Dr. Hendrickson had headed the otolaryngology department at Drexel Hill Hospital and served as an Assistant Professor at the University of Pennsylvania. He was a past President of the Philadelphia Golf Association and the American Medical Golf Association. Dr. Hendrickson was a resident of Lombard, Illinois at the time of his death. He is survived by two sons, one of whom is Frank R., '50, 1753 W. Congress St., Chicago, IL 60612.

Leo E. Stenger, '23 died August 9 at the age of ninety-one. Dr. Stenger, a family practitioner, lived in Lancaster, Ohio.

Lawrence Shinabery, '24 died September 16 at the age of ninety. Dr. Shinabery had practiced in Fort Wayne, Indiana for forty-three years. He was a past President of the American Physicians and Surgeons Association. Dr. Shinabery belonged to the President's Club at Jefferson. Survivors include his wife, Isabelle, of 5801 Bethel Ave., #913, Muncie, IN 47304, two daughters, and a son.

Louis Rosenberg, '26 died February 9, 1990 at the age of eighty-six. Dr. Rosenberg was a resident of Atlantic City, New Jersey and had served on the medical staff of Atlantic City Hospital.

Donald P. Ross, '27 died August 18 at the age of eighty-six. Dr. Ross had served as Chief of Surgery at Niagara Falls Memorial Hospital and then at Mount St. Mary's Hospital in Lewiston, New York. He was a past President of the Medical Society of Niagara County. Dr. Ross was a resident of Tampa, Florida at the time of his death. He is survived by four daughters, including Joan R. Ross of 6276 Stowe Hollow Rd., Stowe, VT 05672.

Louis H. Swertlitsch, '27 died September 1. Dr. Swertlitsch had practiced family medicine in Coraopolis, Pennsylvania for fifty years, and had served as Chief of the Medical Staff of Sewickley Valley Hospital. Survivors include his wife, Pauline, of 316-I Tern Dr., Naples, FL 33962, three sons, including Louis H., Jr., '60 and Paul R., '61, and grandchildren Eric M., '89 and Louis H. III, Class of '92.

Robert S. Bookhammer, '28 died October 13 at the age of eighty-seven. Dr. Bookhammer was an Assistant Professor of Psychiatry at Jefferson from 1942 to 1956. Previously he had been Clinical Director at Norristown State Hospital. He served as Executive Director of the Philadelphia Psychoanalytic Institute from 1954 to 1964, and from 1942 until 1980 maintained a private practice in Center City Philadelphia. Dr. Bookhammer's wife, Marie, served as Director of Public Relations at Jefferson for many years. Dr. Bookhammer is survived by a daughter, a son, two stepdaughters, and two stepsons.

Francis P. McCauley, '29 died October 3. Dr. McCauley had been a member of the staffs of St. Mary's and Frankford Hospitals in obstetrics and gynecology, and continued to practice through 1988. Survivors include his wife, Mary, of 3225 Magee Ave., Philadelphia, PA 19149, two daughters, and a son.

Edward Gartman, '33 died September 24, 1989 at the age of eighty-one. A resident of Sykesville, Maryland, Dr. Gartman had practiced family medicine and occupational medicine. After retiring, he took up painting and exhibited watercolors and pastels.

Michael Vaccaro, '34 died August 8, 1990. A family practitioner, Dr. Vaccaro was a resident of Naples, Florida at the time of his death. He is survived by a son, Vincent M., '68, of 146 Montgomery Ave., Suite 200, Bala Cynwyd, PA 19004.

Isadore Laskin, '35 died November 6 at the age of seventy-nine. Dr. Laskin maintained a family practice in West Philadelphia from 1938 until 1970, when he relocated to Center City. He continued to practice until 1986. Survivors include his wife, Lily, of 440 Righters Mill Rd., Narberth, PA 19072, and a son.

Henry D. Murray, '37 died September 19. A resident of Old Hickory, Tennessee, Dr. Murray had practiced occupational medicine.

Frank W. Paradowski, '37 died November 1. Dr. Paradowski had practiced family medicine. He is survived by his wife, Sophie, of 2566 E. Allegheny Ave., Philadelphia, PA 19134, and a son.

John E. Wright, '37 died September 17 at the age of eighty-four. Dr. Wright was a longtime resident of North Carolina.
He is survived by his wife, Nolie, of P.O. Box 338, Fuquay-Varina, NC 27526.

Vernon W. H. Campbell, ’39 died September 23 at the age of eighty-one. Dr. Campbell had spent twenty-five years in the United States Navy Medical Corps, including service as Chief of Medicine at the Naval Hospital in Guantanamo Bay, Cuba. Later, he was Chief Administrator and Medical Director at Charleston County Hospital in South Carolina, and then Director of the San Diego County Drug and Alcohol Abuse Program. He was a member of the President’s Club at Jefferson. Survivors include his wife, Muriel, of 3133 Bunche Ave., San Diego, CA 92122-2213, a daughter, and a son.

Joseph A. Hindle, ’40 died September 19 at the age of seventy-six. Dr. Hindle practiced internal medicine in Providence, Rhode Island for forty years, and had served on the medical staff of St. Joseph Hospital. He was active in the Rhode Island Historical Society and the Providence Preservation Society. He is survived by a daughter and a son.

David L. Pressly, ’42 died February 4, 1990 at the age of seventy-five. Dr. Pressly had practiced family medicine in Statesville, North Carolina.

Robert P. Ulrich, ’42 died September 5 at the age of seventy-four. Dr. Ulrich practiced radiology in Toledo and Troy, Ohio, and had served as Chief of the Nuclear Medicine Department at St. Vincent's Hospital in Toledo. He was a Fellow of the American College of Radiology. Survivors include his wife, Carolyn, of 262 Cobblestone Dr., Cheyenne Mountain Ranch, Colorado Springs, CO 80906, a daughter, and two sons.

George A. Tice, ’44 died September 21 at the age of seventy-three. Dr. Tice had worked in occupational medicine for twenty-six years at the United States Department of Energy’s Savannah River plant, operated by the duPont Company. He is survived by his wife, Carolyn, of 615 Hughes St., Cape May, NJ 08204, two daughters, and a son.

Charles V. Dolan, ’44 died August 13 at the age of seventy-one. He had been a member of the staffs of Pottstown Memorial Medical Center, Reading Hospital, and Ephrata Community Hospital. Survivors include his wife, Olive, of 128 N. Mill St., Birdsboro, PA 19508, three daughters, and two sons.

Gerald M. Breneman, ’49 died August 21 at the age of sixty-six. A Clinical Assistant Professor of Internal Medicine at the University of Michigan, Dr. Breneman was a Senior Associate Physician in the Division of Cardiovascular Medicine at Ford Hospital. He had served as President of the Michigan Heart Association, and as President and Secretary-Treasurer of the Detroit Heart Club. He is survived by his wife, Patricia, of 28300 Forestbrook Dr., Farmington Hills, MI 48334, a daughter, and a son.

Robert G. Johnson, ’49 died October 1 at the age of seventy. Dr. Johnson was a cardiovascular surgeon on the staffs of Valley Hospital Medical Center, Desert Springs Hospital, University Medical Center, and North Las Vegas Hospital. He had received numerous citations while serving in the United States Army during World War II. He is survived by his wife, Renee, of 21207 Ridgecrest Dr., Las Vegas, NV 89121.

Paul F. Crutchlow, ’51 died June 2 at the age of seventy-three. Dr. Crutchlow had served as Chief of Urology at the Veterans Administration Hospital in Fresno, California, and was a Fellow of the American College of Surgeons. Survivors include his wife, Gisela, of 767 E. Santa Ana, Fresno, CA 93704, and two sons.

Robert T. Culp, ’54 died November 4 at the age of sixty-two. Dr. Culp had served as Medical Director of the Oil City Area Health Center, and of the Horizon Health Choice Plan. He is survived by his wife, Cynthia, of 230 E. Main St., Titusville, PA 16354, and two sons.

Joseph C. White, ’54 died September 5 at the age of sixty-three. Dr. White was the founder and first Chairman of the Division of Neurology at Barrow Neurological Institute at Joseph’s Hospital and Medical Center in Phoenix. He also served as Director of the Department of Medical Education at the Institute. Dr. White was a former President of the American Morgan Horse Association. Survivors include two daughters and a son.

George G. Mauler, ’60 died November 19 at the age of fifty-six. Chief of Orthopaedics at Cortland Memorial Hospital, Dr. Mauler served as a Clinical Instructor of Orthopaedic Surgery at the State University of New York at Syracuse. He was a Fellow of the American College of Surgeons and a past President of the Cortland County Medical Society. Dr. Mauler belonged to the President’s Club at Jefferson. He is survived by his wife, Suzanne, of 4505 Rte. 281, Cortland, NY 13045, two daughters, and two sons.

Joseph T. Pintimalli, ’60 died September 24 at the age of fifty-five. Dr. Pintimalli chaired the Family Practice Section at Nazareth Hospital. Survivors include his wife, Margarita, of 3101 Cottman Ave., Philadelphia, PA 19149, and two sons.

Richard L. Mayes, ’66 died November 5 at the age of fifty. An obstetrician and gynecologist on the staff of Montgomery Hospital in Norristown, Dr. Mayes had practiced with Elwin S. Carlin, ’35. Dr. Mayes had received several citations as a member of the United States Army Medical Corps during the Vietnam War. He is survived by his wife, Diane, of 690 Cedar Dr., Blue Bell, PA 19422, two daughters, and a son.

Michael Z. Boris, ’67 died June 15. A resident of San Francisco, Dr. Boris had practiced anesthesiology.

Faculty

Michael D. Fallon, M.D., Associate Professor of Pathology and Cell Biology, died November 7 at the age of thirty-eight. Dr. Fallon directed the Division of Orthopaedic Pathology, the residency training program in pathology, and a research laboratory in metabolic bone disease. He had come to Jefferson from the University of Pennsylvania, where he had been an Assistant Professor of Pathology. “He was a much-loved teacher,” according to his former colleague Michael P. Whyte, M.D., Associate Professor of Pediatrics at Washington University in St. Louis. “He was idolized by medical students for his knowledge and his wit.” Dr. Fallon published more than one hundred scientific articles and book chapters. He is survived by his wife, Dawn, of 86 Wynnedale Rd., Narberth, PA 19072.
A Flowering Practice

Thriving plants hang from the ceiling and fill the shelves in the examining rooms of Wilfreta G. Baugh, M.D., 79, in a handsome 1840s stone structure in the Germantown section of Philadelphia. She installs fresh flower arrangements each week as well because “the patients love them.”

So do the judges at the Philadelphia Flower Show, where Dr. Baugh’s arrangements have won numerous first place and Best in Show prizes over the past twenty years.

She enters classes in the show with specific themes for arrangements, such as evoking a restaurant or song. In 1989 she captured a blue ribbon for “Red Sails in the Sunset.” Another challenge was to interpret Eugene O’Neill’s play A Long Day’s Journey Into Night.

Elmer L. Grimes, M.D., Honorary Clinical Professor of Surgery, died September 20 at the age of seventy-six. Dr. Grimes was an Assistant Clinical Professor of Surgery at the University of Pennsylvania from 1950 until 1972, when he joined Jefferson’s faculty. He served as Chief of Surgery at Our Lady of Lourdes Medical Center in Camden, New Jersey from 1972 to 1982, and was also on the staff of Cooper Hospital-University Medical Center in Camden. In 1976 Dr. Grimes helped found the Medical Inter-Insurance Exchange of New Jersey, one of the first physician-organized medical insurance groups in the country, and he chaired its Board of Governors from 1976 to 1988. He was a past President of the Camden County Medical Society. Survivors include his wife, Julie, of 567 Warwick Rd., Haddonfield, NJ 08033, a daughter, and three sons.

Edward M. Sewell, M.D., Professor of Pediatrics, died September 5 at the age of sixty-seven. In 1963 Dr. Sewell co-authored Tuberculosis in Children, which remains a definitive textbook on the subject, according to colleagues. In addition to his appointment at Jefferson, he was an Adjunct Professor of Pediatrics at the University of Pennsylvania. At The Children’s Hospital of Pennsylvania, he directed the Cystic Fibrosis Center and the Division of Respiratory Diseases from 1974 to 1980. A past President of the American Lung Association, Dr. Sewell had received its highest award for volunteer service, the Will Ross Medal. From 1975 to 1985, he chaired the Philadelphia Pediatric Pulmonary Center, a consortium of pulmonary disease divisions at Jefferson, the Hospital of the University of Pennsylvania, Temple University Hospital, and Hahnemann University Hospital. He is survived by his wife, Jean, of 314 W. Carpenter Ln., Philadelphia, PA 19119, two daughters, and a son.

Amos S. Wainer, M.D., Honorary Assistant Professor of Obstetrics and Gynecology, died October 23 at the age of seventy-seven. Dr. Wainer maintained a practice at the Castallo-Wainer Clinic for Women in Center City Philadelphia until 1978. He was the social chairman and treasurer of the Jefferson Obstetrics and Gynecology Ex-Residents Society. He is survived by his wife, Anita, of 2031 Locust St., Philadelphia, PA 19103.

For this 1978 Philadelphia Flower Show entry, made while she was a student at Jefferson, Dr. Baugh poured casting plaster into suction tubes that a technician had obtained from an operating room. “It took the plaster about three months to dry inside the tubing. But then it was hard enough to stand without support, except for one string.” It won first place and Best in Show prizes. “I’ve used medical equipment in several arrangements.”
The classes specify different sizes of display, from “small niche” to “room.” Although flowers are the focus, other properties are allowed, such as nonflowering plants, furniture, accessories, or wall hangings. The interplay of flowers and other elements is crucial.

Dr. Baugh's arrangements feature forceful abstract shapes that she sculpts herself.

“When you display competitively, what matters is not even the beauty of a container so much as the originality, and how well it fits the motif you’ve chosen.” Dominating the stairwell at her office is a vine she pulled out of the woods in Valley Forge and twisted into a prizewinning container. She welded another out of old fire stairs.

Dr. Baugh is a past Chairman of Our Garden Club, a Germantown group to which she has belonged since 1971, and which meets mostly at her office. She guides and encourages other members’ projects, and collects raw materials for the club, like coral with unusual textures, and hardened buds. She is planning a greenhouse for growing flowers.

The club has decorated Lemon Hill, Mount Pleasant, and Woodford, three historic mansions in Fairmount Park, as part of a program sponsored by the Philadelphia Museum of Art to decorate the Park mansions for Christmas tours. They also arrange flowers for weddings, christenings, and parties. This spring they plan to have their own flower show as well as participate in the Philadelphia Flower Show, which will run from March 10 through March 17 at the Civic Center.

Dr. Baugh finds her interests in medicine and flower arranging “a very peaceful kind of existence to have.” She is President-elect of the Medical Society of Eastern Pennsylvania, an affiliate of the National Medical Association, and serves on the Executive Committee of the Jefferson Medical College Alumni Association. Her activity seems centered around guiding, healing, raising, caring about the whole.

Did any particular experience influence her? Perhaps her husband’s death from leukemia while she was a medical student. “It taught me to listen to people’s feelings about illness. My two children and I needed each other a great deal during that time. One tended to deny that he was dying, which was the wrong way to approach it: it denied him comfort. People admit to the fact when they have a terminal illness. It is the same with any sick patients; now I try to appreciate what they are experiencing, and to talk about it. They need that support.”

After an internal medicine residency at Albert Einstein Medical Center in Philadelphia, she spent six months working with a family practitioner, which was “the best thing I could have chosen, because it increased my awareness of patients’ overall situation.

“If a person gets sick and can’t get to the hospital, you put him in your car and take him there. You give him money to take a cab there. Sometimes you have to make arrangements for him, take care of him financially. You have to be concerned about how the person’s family treats him, how his neighbor treats him, what kind of living arrangements he has. If he lives in a house without any heat, you can give him all the antibiotics in the world, but he’s not going to get any better.”

Dr. Baugh is thinking of having another physician join her. She always has a student working in her office. The current one, a sophomore at Temple University, says Dr. Baugh has inspired her to go into medicine. Asked what would be a good background for joining a practice such as hers, Dr. Baugh says, “You need someone whose outlook on people is similar—who wants to take care of them, wants to be involved with them, is interested in their total lives.”

—M.C.

For a 1988 arrangement Dr. Baugh welded together pieces of wrought-iron fencing.

Dr. Baugh with one of her patients, who also is a member of her garden club, in an examining room filled with plants.

With her granddaughter