Upcoming Events

REUNION WEEKEND '93

June 4. Friday, 7:00 P.M., The Union League
Alumni Banquet, honoring Achievement Award recipients John H. Harris, Jr., '53 and James M. Hunter, '53

June 5. Saturday
8:30-9:30 A.M. The Women’s Forum, a continental breakfast for women graduates, in Alumni Hall, with Nancy S. Czarnecki, '65 and Barbara G. Frieman, '80
9:00-10:30 A.M. “Charitable Estate Planning: To Benefit Jefferson and You,” a continental breakfast, in Alumni Hall, with Francis J. McGovern, Director of Development, Gift Planning

Clinic Presentations, Solis-Cohen Auditorium, Alumni Hall
9:30 A.M. Evaline A. Alessandini, '88 “Medicine’s Future: To Be Announced”
9:45 A.M. Joseph L. Maguire, '83 “Current Advances in Ophthalmology”
10:00 A.M. Norman G. Rosenblum, M.D. '78, Ph.D. '75 “Familial Patterns in Ovarian Carcinoma”
10:15 A.M. Daniel M. Scotti, '73 “Invasive Biliary Radiography”
10:30 A.M. David A. Berd, '68 “Vaccine Therapy of Melanoma”
10:45 A.M. Morrie E. Kricum, '63 “Paleoradiology of the Prehistoric Australian Aborigines”
11:00 A.M. (Coffee Break)
11:15 A.M. Peter Amadio, '58 “Swaziland: Adventure in Health Care”
11:30 A.M. Robert Poole, '53 “The Family: Keystone of Health”
11:45 A.M. Robert K. Finley, Jr., '48 “Training Surgical Residents”
12:15 P.M. William W. L. Glenn, '38 “The Flowering of Surgery for Heart Disease”
1:00 P.M. The Dean’s Luncheon, in Alumni Hall, with Dean Joseph S. Gonnella, M.D. and Baldwin L. Keyes, '17, who will celebrate his hundredth birthday

FIRST ANNUAL JOE HENRY COLEY, '34 LECTURE immediately following the Dean’s Luncheon
Connelly Conference Hall, Buehle Life Sciences Building
Gerald J. Marks, '49, Professor of Surgery, will speak on “Jefferson’s Rectal Cancer Management Program: A Pioneering Clinical Effort Interacts with the Scientists of the Jefferson Cancer Institute—A Multidisciplinary Approach Offering a Paradigm for the Future” A reception will follow

Reunion Class Parties, Saturday evening
Class of ’38 Fifty-Fifth Reunion 6:30 P.M. Eakins Lounge, Jefferson Alumni Hall
Class of ’43 Fiftieth Reunion 7:00 P.M. Cliveden Room, Hotel Atop the Bellevue, Broad and Walnut Streets
Class of ’48 Fortieth Reunion 7:00 P.M. The Cosmopolitan Club, 1616 Latimer Street
Class of ’53 Fortieth Reunion 7:00 P.M. Conservatory, Hotel Atop the Bellevue, Broad and Walnut Streets
Class of ’58 Thirty-Fifth Reunion 7:00 P.M. Salon Two, The Ritz-Carlton Hotel, Seventeenth and Chestnut Streets
Class of ’63 Thirty-fifth Reunion 7:00 P.M. Plaza Room, The Ritz-Carlton Hotel, Seventeenth and Chestnut Streets
Class of ’68 Twenty-Fifth Reunion 7:00 P.M. Rose Garden, Hotel Atop the Bellevue, Broad and Walnut Streets
Class of ’73 Twentieth Reunion 7:00 P.M. Salon Three, The Ritz-Carlton Hotel, Seventeenth and Chestnut Streets
Class of ’78 Fifteenth Reunion 7:00 P.M. Hamilton Room, Sheraton Society Hill Hotel, One Dock Street
Class of ’83 Tenth Reunion 7:00 P.M. Grand Dining Room, Downtown Club, Public Ledger Bldg., Sixth and Chestnut
Class of ’88 Fifth Reunion 7:00 P.M. Grille Room, Downtown Club, Public Ledger Bldg., Sixth and Chestnut

June 6. Sunday
Farewell Brunch, 10:00 A.M.-12:00, Eakins Lounge and West Courtyard, Alumni Hall

See inside back cover for more upcoming events
On the Cover
Jefferson's outdoor sculptures by Henry W. Mitchell. See page 19
Photos by Rick Echelmeier

Psychiatry Then and Now
Genetic Factors Behind Behavioral Disorders Are at the Center of Department Research
by Wade H. Berrettini, '77, Ph.D. '79

Baldwin L. Keyes, '17: A Career Through Many Countries, Battles, and Specialties
by Howard L. Field, '54

Baldwin L. Keyes, '17: A Chairman Who Taught by Personal Example
by John A. Koltes, '47

On Campus
Committee Provides Guidance on Ethical Issues That Underlie Clinical Cases
by Robert L. Perkel, M.D., FM'81 and Burton L. Wellenbach, J'44

Teacher and Mentor
John E. Deitrick, M.D.: Early Appraiser of Medical Education
by Rachmel Chernier, '55

Jefferson Research
Scientists Link Nitric Oxide to Brain Damage in Neurologic Viral Diseases
Study Shows Jefferson Succeeds In Training Rural Physicians

Student Life
Students help organize International Day, Parents' Day, and a ceremony honoring humanity gifts

Class Notes
Leonard Apt, '45 receives Escalon Science Award and UCLA Faculty Award

Books by Alumni
Richard P. Wenzel, '65 and Howard B. Cotler, '79 publish major texts
Genetic Factors Behind Behavioral Disorders
Are at the Center of Psychiatry Department Research
by Wade H. Berrettini, ’77, Ph.D. ’79

"This sort of thing seems to run in my family, doctor." Physicians frequently hear such a comment when patients provide histories of behavioral disorders. Such anecdotal remarks confirm the validity of scientific evidence (from twin, family, and adoption studies) suggesting that inherited factors convey vulnerability to several distinct psychiatric syndromes, such as manic-depressive illness, panic disorder, schizophrenia, and substance abuse. This vulnerability is expressed as signs and symptoms of disease only if the proper environmental triggers are also present. The extent to which genes influence behavior has been explored in a preliminary manner only in the last few decades. Such investigations hold the promise of better diagnosis and treatment of these common and devastating disorders. This article will describe some of the research, both genetic and environmental, being conducted in the Department of Psychiatry and Human Behavior at Jefferson.

Substance abuse (drug addiction and alcoholism) comprises multiple common syndromes which represent major public health problems for our society. Substance abuse affects at least five percent of our population, so everyone knows at least one person with drug addiction and/or alcoholism. Although treatments are available, their effectiveness is limited, and relapse into frequent drug use is common.

Researchers in the Department of Psychiatry and Human Behavior are following a key observation regarding drug addiction in an experiment involving inbred mouse strains. Mice from the C57 and DBA strains were placed individually in cages where they had free access to food and to two water bottles. One bottle contained a dilute solution of morphine (a bitter-tasting narcotic) sweetened with saccharin. The other contained a dilute solution of quinine (a bitter-tasting drug with no known effects on mood or pain) sweetened with saccharin.

The C57 mouse drank exclusively from the morphine bottle, to such an extent that 20 percent of them died from morphine overdose. The DBA mouse drank exclusively from the quinine bottle. In fact, if the quinine bottle was removed, leaving the morphine bottle as the sole source of water, the DBA mouse became dehydrated (losing five percent of its body weight) rather than consume a sufficient amount of water from the morphine bottle. DBA mice apparently are able to "just say no." In similar experiments conducted in the Department of Psychiatry, the C57 mice consumed more cocaine than the DBA mice. The interpretation is that DBA mice have a genetic constitution which makes them resistant to drug addiction, while C57 mice have genes which place them at risk for drug addiction.

Led by Wade H. Berrettini, ’77, Ph.D. ’79 (in Pharmacology), who is now Professor of Psychiatry and of Pharmacology, a team of researchers at Jefferson is searching for vulnerability genes in substance abuse. Robert C. Alexander, M.D., Thomas N. Ferraro, Ph.D. (Assistant Professors of Psychiatry), Wolfgang H. Vogel, Ph.D. (Professor of Pharmacology and of Psychiatry), and Arthur M. Buchberg, Ph.D. (Assistant Professor of Microbiology and Immunology) have bred these two mouse strains together in order to isolate the genes responsible for morphine preference in the C57 mouse. Recent experiments have localized genes to regions of mouse chromosomes 8

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Dr. Berrettini serves as a Professor of Psychiatry and Human Behavior and Director of the Division of Biological Psychiatry. The Alumni Bulletin covered his work on manic-depressive illness in the Fall 1991 issue, pages 16–17.

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and 10. If specific mouse genes mediating morphine preference can be identified, the search will begin to find the homologous human genes. Studies comparing these homologous human genes in blood samples from narcotic and cocaine addicts and normal volunteers will then be conducted. The Jefferson researchers hope to find mutations among the addicted individuals.

Because genetic factors may play a minor role in many instances of these disorders, the Jefferson researchers have tended to focus on families with many affected members, since the genetic factors may be more important than environmental causes in these families. A genetic study to find substance abuse families is being conducted by Dr. Berrettini in collaboration with Edward Gottheil, M.D., Ph.D., Professor of Psychiatry and Director of the Division of Substance Abuse, with assistance from Peter A. DeMaria, Jr., M.D., 'P88, Instructor in the Department, and James W. Kurtz, M.D., Ph.D., Assistant Professor.

Dr. Gottheil and his colleagues also are conducting a large research project to study the effectiveness of various psychotherapy treatments in the therapy of cocaine addicts. They are attempting to match treatment to certain groups of symptoms in addicted individuals in order to improve response to therapeutic intervention.

Dr. Berrettini and Dr. Ferraro are conducting a genetic study of manic-depressive illness. This recurrent mood disorder affects one percent of adult Americans. It is characterized by discrete episodes (usually lasting six to nine months) of extreme sadness, accompanied by insomnia, loss of appetite, difficulty concentrating, decreased energy, crying spells, and feelings of hopelessness and worthlessness. At separate times there are episodes of extreme euphoria (usually lasting three to six months), accompanied by racing thoughts, increased energy, decreased need for sleep, grandiosity, spending sprees, and increased libido. One of every eight individuals with manic-depressive illness dies by suicide. As in the example illustrated in Diagram 1, it is possible to find more than a dozen ill members within one family when studying these common disorders.

Recent molecular genetic evidence suggests that a gene on the long arm of the X chromosome may confer vulnerability to manic-depressive illness, according to results obtained by the Jefferson group and two European groups. Confirmation of this finding in a larger group of families is needed. Identification of a vulnerability gene for manic-depressive illness would lead to improved diagnosis and treatment.

Assistant Professor Robert C. Alexander, M.D. is conducting a similar project with schizophrenia, a chronic psychosis which affects 0.5 percent of adult Americans. In addition, he and Herschel P. Goldstein, Ph.D. of the Foerderer Eye Movement Center at Wills Eye Hospital are studying the possibility that a subtle defect in eye movements may be related to genetic vulnerability in schizophrenia. Dr. Goldstein is an Instructor in Ophthalmology at Jefferson.

Karl Doghranji, '80, Director of the Sleep Disorders Center and Assistant Professor, is conducting a genetic study of sleep-apnea syndrome, which affects 18 million Americans. The nocturnal symptoms (loud snoring, gasping, and interrupted breathing during sleep)
result from abnormal closure of the upper airway, interrupting oxygen supply to the blood. The affected individuals have fragmented sleep because they partially awaken during the night to restore normal breathing. Thus they are chronically tired, and often fall asleep while working or while engaged in other activities. In addition to the genetic research on the origins of sleep-apnea, Dr. Doghmajj is evaluating the sleep electroencephalogram (EEG) response to central positive airway pressure treatment of sleep-apnea patients. This treatment prevents the abnormal closure of the upper airway, and ameliorates the symptoms in many sleep-apnea patients.

Daytime sleepiness from sleep-apnea and other causes is a major public health problem because it is related to a significant fraction of automobile and other accidents, particularly in the workplace. Dr. Doghmajj is developing techniques to assess more accurately daytime sleepiness through electroencephalographic methods.

Gail A. Edelson, M.D. is conducting a genetic investigation of reading disability (dyslexia). She recently joined the department as Director of the Division of Child, Adolescent, and Family Psychiatry, coming from Johns Hopkins University School of Medicine. It is clear from previous studies that a certain type of dyslexia is an inherited condition. She plans to evaluate families in which there are at least two dyslexic children, obtaining blood samples for DNA investigations which may allow the identification of genetic factors responsible for reading disability.

In each of these clinical genetic studies, systematic evaluation of many families with multiple affected members is the goal. Blood samples (for DNA) are then obtained from each family member. The DNA from the blood sample is used to find a particular DNA variant that is present in the ill members of a family, but not in the well members. Drs. Berrettini and Ferraro are responsible for conducting the painstaking search for the DNA variants that are associated with transmission of these disorders within certain families.

Psychoanalytic investigations are being conducted by members of the department under the leadership of Salman Akhtar, M.D. and Selma Kramer, M.D. Dr. Akhtar has written three books in the past several years, most recently focussing on the treatment of severe personality disorders. Last year he was invited to teach psychoanalytic concepts during a week-long seminar with the psychiatry faculty at the medical school in Budapest, Hungary. Currently he is evaluating the concept of identity diffusion as a key feature of individuals with severe personality disorders. In this he is collaborating with Steven E. Samuel, Ph.D., Instructor in Psychiatry at Jefferson.

In addition, Dr. Akhtar is evaluating the concept of an “addictive personality” with Assistant Professor Gregg E. Gorton, M.D. Lastly, he is conducting a project on characterization of patients who specifically request a female psychiatrist for treatment.

Many people have had nausea and vomiting after eating a certain food (which may or may not have caused those symptoms), and subsequently experience the nausea whenever they encounter that food in the future. Such food aversions are common among cancer chemotherapy patients, who often experience nausea and vomiting after a chemotherapy treatment session. These aversions can play a role in undermining the nutritional balance of patients trying to fight off cancer. Elisabeth J. Shakin, M.D.C.M., an Assistant Professor of Psychiatry, is studying the development of food aversions in cancer chemotherapy patients, as a means to improve the nutritional status of these vulnerable patients.

Dr. Shakin is also working with Ruth P. Zager, M.D., Clinical Professor of Pediatrics and of Psychiatry, in a study of the emotional reactions of parents to the development of benign tumors of blood vessels (hemangiomas) in their children. They are using group therapy to treat the emotional distress of these parents.

Howard L. Field, '54, Clinical Professor of Psychiatry, is studying psychiatric manifestations of multiple sclerosis. His team, in collaboration with members of the Department of Neurology, is attempting to correlate physical, affective, and cognitive disturbances with brain imaging of areas of damage in the central nervous system.

While this research activity is one of the key components of the department, educational programs are being improved as well. Edward K. Silberman, M.D., Clinical Professor of Psychiatry, who joined the department as Director of Residency Training this year, has been very successful in recruiting an excellent group of graduating medical students as first-year residents in psychiatry. He has been instrumental in developing, within the context of the residency, a unique program which encourages residents to conduct their own research projects under the supervision of a faculty mentor. Residents in this program devote elective time to their experimental studies.

Education of Jefferson medical students in psychiatry (under the direction of Mark B. Fabi, '85, Instructor) prepares them well for the residency program, as evidenced by the fact that 50 percent of Jefferson senior students who choose a psychiatry residency program select Jefferson for that training.

Troy L. Thompson II, M.D., The Daniel Lieberman Professor and Department Chairman, has been instrumental in helping design and teach a freshman medical school course covering emotional, social, and cultural influences on disease. This “Life Cycle” course utilizes a variety of presentations, from obstetric and neonatal medicine through geriatrics.

New clinical programs have also been introduced. Barry W. Rovner, '80, Associate Professor of Psychiatry, has recently joined the department from the Johns Hopkins University School of Medicine. Dr. Rovner has developed innovative diagnostic and treatment programs in geriatric psychiatry, including an inpatient unit at Wills Eye Hospital for evaluation of depression and dementia in the elderly.

Thus, research, education, and clinical care are continually advancing in the Department of Psychiatry. The department is in an excellent position to meet the scientific and educational challenges of the next decade. ☐
On June 30 Jefferson will observe a remarkable anniversary in the history of its Department of Psychiatry and Human Behavior: the hundredth birthday of Baldwin L. Keyes, ’17, the department’s founding chairman. The party on June 30 at 12:30 in the Eakins Lounge will celebrate the unique experiences and leadership of this distinguished alumnus. Dr. Keyes’s energy still shows—he walks 45 minutes each day near his home in Wynnewood where he lives with his wife, Margaret.

A Career Through Many Countries, Battles, and Specialties
by Howard L. Field, ’54

Baldwin Longstreth Keyes, ’17 was born on July 29, 1893 in Rio de Janeiro, Brazil. In the years following the American Civil War, Dom Pedro II, Emperor of Brazil, desirous of populating his vast nation-continent with settlers of European background, found a rich source in the disaffected followers of the Stars and Bars. Keyes’s grandfather, a Confederate loyalist, left Montgomery, Alabama to join the colony of Southerners in Brazil.

Keyes’s mother was of Philadelphia Quaker stock. Jack (John A.) Koltes, Jr., ’47 relates the story that Keyes’s maternal grandfather, moved by religious pacifism, had purchased the services of a substitute soldier to take his place in the military draft, a common practice during the Civil War. When the surrogate was killed at Gettysburg he became overwhelmed with guilt. In that era, gentle motion was a standard psychiatric treatment for melancholia and his physician prescribed a long ocean voyage to a warm climate. Far from obliging the medical prescription for gentle motion, the seas on the voyage to Brazil were so rough, and the patient—evidently recovered from his depression—that he refused to risk the return to Philadelphia and sent for his family to join him in Brazil. His daughter Emily Longstreth married Keyes’s father, thus uniting through love the North and the South and, in Baldwin Longstreth Keyes’s veins, streams of bellicose rebellion and principled pacifism.

Keyes was the second of seven in this line. Both his grandfather and father were dentists. The family was fairly prosperous and traveled back and forth to North America and Europe. Keyes remembers the long ocean voyages by steamer. He was a wiry, active child, scrambling about the hills around Rio.

His parents, concerned that their children obtain a proper North American education, dispatched the ten-year-old Keyes to his Philadelphia relatives where he attended Germantown Academy and later Swarthmore Preparatory School. It was his intention to follow the profession of his grandfather and father and he started at the dental school of the University of Pennsylvania in 1912. Soon, however, his interest turned toward medicine and he decided to enroll at Jefferson.
At the turn of the century Jefferson had found the subject of nervous and mental diseases sufficiently important to create a department with this name. Francis X. Dercum, M.D. was the first Professor and Chairman. Keyes recalls him as "...a very fine gentleman, a beautiful speaker, highly intellectual, very impressive to his audience, and clearly heard throughout the lecture hall. His classes were always fully attended."

But Keyes's interests were not confined to neurology and psychiatry, nor was Dercum the only talent at Jefferson at that time. Keyes was captivated by the medical acumen of Thomas McCrae, M.D. and Hobart A. Hare, M.D. He was impressed by the surgical presentations of John C. DaCosta, M.D., John H. Gibbon, Sr., M.D., and particularly W. W. Keen, M.D., a leader in neurologic surgery.

The educational experience was a rich one but it was not Keyes's fate to learn in a peaceful world. At the conclusion of his first year of medical school the European world began to unravel. The Class of '17 graduated to a country at war. Keyes had realized the import of events and had attended the Student Army Military Training Camp at the end of his junior year. At graduation he was given the silver bar of a First Lieutenant in the U.S. Army Medical Corps.

At that time the British were desperate for medical officers to care for the enormous numbers of casualties in the war which decimated a generation of young men. Keyes characteristically volunteered for the British Expeditionary Forces in France and was assigned to one of its most ferocious fighting units, the Gordon Highlanders of the Fifteenth Scottish Division. He was soon in the thick of battle and in 1918 was awarded the British Military Cross for Valour with four battle stars. Keyes once joked that he owed his survival to his small stature which kept him beneath the line of fire, and to his childhood scrambling over the Brazilian bush which prepared him to negotiate barbed wire. But his pride in his accomplishments showed in his pleasure in attending meetings of the British Officers Association. When the American Expeditionary Forces arrived in 1918 Keyes became Executive Officer of an army hospital. He remained in the Army Reserve after the war's end.

Returning from the war, Keyes was faced with the fact that he had not done an internship and decided to go to Misericordia Hospital in 1919. After internship he returned to Brazil for a year of training in tropical diseases, which had long been of interest to him. Back in Philadelphia he began to take courses at The Graduate Hospital to prepare for a career as an oral surgeon, following the steps of his father.

In order to support himself he took a paid job at the Institute of Pennsylvania Hospital working for Edward A. Strecker to his associates...

Keyes was a generous chairman, giving credit and choice assignments of Jefferson's Class of 1891. Soon Keyes became immersed in the intricacies of neurology and psychiatry. As he worked he became increasingly drawn to the field, it became clear that the specialty had found the right man, and he never looked back to tropical medicine or surgery. Nevertheless his medical outlook persisted throughout his psychiatric career and constantly informed his practice.

The years from 1921 to 1925 were an exciting time. Strecker was writing his first textbook of psychiatry with Franklin G. Ebaugh, M.D. Keyes published on neurosis, migraine, and involutional melancholia. In 1925, following Dercum's retirement, Strecker returned to Jefferson as Professor of Nervous and Mental Diseases.

Keyes, who had married, felt the need of regular income. Upon Strecker's recommendation, he became assistant to Daniel J. McCarthy, M.D. McCarthy, who in addition to a busy clinical practice was Professor of Medical Jurisprudence at both the law and medical schools of the University of Pennsylvania, and consultant to the Philadelphia Municipal Court system, needed an assistant if anyone ever did. Working with Dr. McCarthy, Keyes became interested in forensic issues in psychiatry, particularly issues of criminal responsibility and juvenile delinquency. His treatment of youthful offenders led him to further study of children and adolescents.

Thus in 1928, when Edward L. Bauer, '14, Chairman of Pediatrics, asked him to set up a psychiatric clinic for children at Jefferson, Keyes leaped at the opportunity. In his first Jefferson teaching position Keyes demonstrated two traits which characterized his future work: a comfortable, informal teaching style and an approach to the patient which included evaluation of social and physical as well as emotional problems.

In 1931 Strecker left Jefferson to become Chairman of Psychiatry at the University of Pennsylvania, and Michael A. Burns, M.D. became Chairman of Jeff's Department of Nervous and Mental Diseases. Burns found teaching both neurology and psychiatry a burden and, preferring neurology, he induced Keyes to give the psychiatry lectures and later convinced the dean to appoint Keyes Clinical Professor of Psychiatry in the Department of Neurology. As the approaches and knowledge base of the two specialties were changing, there was an increasing and not always amicable separation of neurology and psychiatry. At Jefferson the Department of Nervous and Mental Diseases was dissolved in 1934. In 1942 Keyes became Chairman of a new Department of Psychiatry. He took up his increased responsibility with customary vigor, organizing affiliations, giving lectures and clinical presentations, starting a residency, and appointing personnel to help him teach.

Once again events in the larger world were about to overtake Baldwin Keyes.
He had remained in the Army Medical Corps Reserve. At a luncheon after the 1940 commencement he was offered a promotion to Colonel and the position of Commanding Officer of the 38th General Hospital, Jefferson's general hospital in both world wars. Again Keyes rose to the need. The Jefferson unit was activated five months after Pearl Harbor and soon sailed to Egypt where they performed with distinction. In addition, Keyes was active as a consultant and published on war neurosis.

In the decade following the war Keyes became an ever more respected figure. He participated in the construction of the first psychiatric diagnostic manual by the American Psychiatric Association. He was active in consulting to the Philadelphia courts. He helped set up Eastern Pennsylvania Psychiatric Institute. He was an important consultant in the 1952 revision of the Pennsylvania Mental Health Law. He increased the teaching time at Jeff, the number of teaching affiliates, and the size and activity of his faculty. He worked on his graduate training program. He was able to persuade Jefferson Hospital to allocate beds for a psychiatric inpatient unit, one of the first in a general hospital. All the while he maintained an active clinical practice. As he was a department chairman without salary, Keyes, unlike those who followed him, supported the school rather than being supported by it. In the meanwhile he maintained his academic interests in nosology, forensic psychiatry, and clinical treatment.

Keyes was a generous chairman, giving credit and choice assignments to his associates with no signs of wishing to monopolize the spotlight. He had a hospitable attitude to new ideas, approaches, and techniques, but his strong streak of native skepticism and dislike of theory kept him from commitment to the schools of psychoanalytic psychotherapy which appeared. Nevertheless, he encouraged his faculty to try new things. He was a therapeutic conservative without being nihilistic. His sunny, optimistic nature was a very powerful therapeutic asset.

As an administrator Keyes had the ability to get things done without alienating those around him. He was tactful but persistent, never descending to irritation or criticism. The ability to persist in a pleasant way stood him in good stead in the sometimes difficult professional politics.

Keyes is a down-to-earth man, with no airs or arrogance. His modesty stemmed from a deep sense of confidence. He was admired, even loved, by most of his students. He was kind and patient with his patients and students alike. Students remember his relaxed, almost hypnotic lecture manner. His exams were not inordinately difficult and he was generous with grades. He was once heard to remark that medical students had enough to make them anxious and the Department of Psychiatry should not add to their woes. He was a superb example of humane patient care for his students. More students went into psychiatry during his era than at any other time. Keyes was very active in civic and community affairs, being for one a Trustee of Drexel University.

In 1949 Keyes, whose first wife, Harriet, had died, remarried. He traveled widely with his bride, Margaret. He was a lover of nature and a fine photographer until macular degeneration robbed him of his vision. Keyes was well-honored, receiving an honorary Sc.D. from Drexel in 1966 and an Honorary LL.D. from Jefferson in 1967. He was an honorary member of Alpha Omega Alpha, a Fellow of the American College of Physicians and the American Psychiatric Association, and a Senior Member of the American Neurological Association. He served as President of the Jefferson Medical College Alumni Association, the Medical Staff of Jefferson Hospital, and several psychiatric associations. He continued to practice after stepping down from the chair in 1958, seeing patients in his office until 1980.

Today Dr. and Mrs. Keyes live at their house in Wynnewood, and come regularly to the Jefferson campus.

A Chairman Who Taught by Personal Example
by John A. Koltes, '47

In contemporary medical practice there is a growing tendency for physicians to concentrate on present-day methods and ignore past methods and procedures. We are surrounded by a sea of new technology and devices that so engulf our energies that there is little time to spare for reflection, for contemplation, and for recollection of techniques from the past that were successful then and could be equally successful today. Our society is moving at such a rapid pace that we are becoming almost a group of technicians rather than physicians in the broadest sense.

"The practice of medicine is not only a science, but an art, especially in psychiatry," Baldwin L. Keyes, '17 told me in 1948. His words were prophetic because now the art of medicine seems to be falling by the wayside. It may well be that modern technology no longer necessitates pondering mystical illness—we resort to a variety of diagnostic devices that are a major aid in solving the mystery but also diminish the personal interaction between patient and physician.

But it was not always so. When I was a psychiatry resident at Jefferson in 1948, diagnosis and treatment were very primitive by today's standards. Patients with nervous disorders who required drug therapy were treated with a variety of sedatives. No tranquilizers, antipsychotics, or antidepressants were available. Not until 1955 did the first tranquilizer appear. As a result of the lack of medication, psychotherapeutic methods—the relationship between physician and patient—were the most effective device. The quality of the relationship, the capacity of the physician to understand the meaning...
of what the patient said and did not say, was crucial to successful psychiatric treatment.

Dr. Keyes has this capacity in full measure. He possesses an uncanny ability to reach the patient, to understand the nature of his mental symptoms, and to restore the patient to health.

For being positive, optimistic, understanding, and supportive Dr. Keyes has been well-known, and this led to a high degree of success in his practice. When I was a fledgling resident in the wards and clinics at Jefferson in the late 1940s, that support, insight, and encouragement were guiding lights through a stormy sea. Those were the days when we still had wards of medical and surgical beds, when ward rounds were made by the Professor of Medicine, Surgery, or Obstetrics and Gynecology accompanied by a coterie of associates, attendings, residents, and interns, as the head nurse pushed the chart rack from bed to bed while the senior medical or surgical resident (there always were two or three on each of the wards) reported on the current status of each patient. The professor would then comment and ask questions.

We had no inpatient psychiatric service until 1957, so inpatient treatment was conducted in private rooms or occasionally by admitting a patient to the wards. Otherwise patients were transferred to the Philadelphia General Hospital where each of the five area medical schools had a teaching service. Hard as it is to believe today, the Department of Psychiatry at Jefferson taught on Saturday afternoons at the Philadelphia General Hospital and the amphitheater was filled with students at two o'clock, even when the University of Pennsylvania was playing football across the street at Franklin Field and a crowd of 60,000 sports fans cheered on their team.

Edward A. Strecker, Class of '12 at Jefferson, became Chairman of Psychiatry at Penn in 1931, and for many years was a national leader in psychiatry with Drs. Appel, Bond, and Palmer at the Institute of Pennsylvania Hospital. These four trained and placed 29 professors of psychiatry around the country. While this was an outstanding accomplishment for the professors from Penn, the faculty at Jefferson under Dr. Keyes's direction had a higher percentage of medical students entering the study of psychiatry than did the faculty at Penn under Dr. Strecker.

Dr. Keyes was a major leader in developing psychiatric facilities in Philadelphia. His program for child psychiatry preceded that of Fred Allen, M.D., founder of the Child Guidance Clinic at Children's Hospital. And Dr. Keyes established one of the first inpatient psychiatric programs in a general hospital in Philadelphia, opening it on the fourteenth floor of Jefferson's Thompson Building in November 1957. I had the privilege of serving as its first director.

Military psychiatry was always an interest of Dr. Keyes, he having served with distinction with Britain's Gordon Highlanders in World War I. In World War II he was Commanding Officer of the 38th General Hospital, stationed largely by Jefferson graduates, stationed in Cairo. While on active duty there he had the opportunity to visit many African countries, thereby expanding through direct contact his knowledge of a diversity of cultures.

Having been born in Rio de Janeiro, and raised in a part of that city where many European ambassadors lived, Keyes was always interested in multicultural affairs. He knew English, Spanish, French, and Portuguese. He had been sent abroad for his formal education thereby acquiring a taste for international travel and living that has permeated his thought. The very essence of this "gentle gentleman" is his broad perspective of life-styles, the trials and tribulations of everyday living endured by the masses who as Thoreau said "lead lives of quiet desperation."

During much of Keyes's career, patients were hospitalized in wards where only limited antibiotics (penicillin in doses of 40,000 units per day or sulfanilamide) and limited drugs for mental conditions were available. Hence we were obliged to rely much more on ingenuity and our knowledge of disease genesis. There were no computers, MRI's, echocardiograms, third party payers (with very few exceptions), or governmental control except in the cavernous state hospitals, so that individualism, combined with deep respect for the opinion of other physicians, was the sine qua non of medical practice until the innovation of modern technology, beginning largely with spinoffs from the space age and NASA.

Teaching methods for me in the late 1940s, as the only resident in psychiatry (there was one in neurology), were essentially those used for many generations of Jefferson graduates, namely preceptorship, wherein the faculty encouraged independence of action and thought under guidance by example. This promoted reasoning ability. It is quite similar to the role of the successful parent who encourages a child to seek his or her own way, to establish a position in life, to meet challenges as they arise, to be honest and cheerful and to keep an open mind, constantly surveying the horizon for new challenges and new directions. Such teaching led to a sense of independence of thought and action, to a feeling of being personally unrestrained in a fettered world, and most of all to a sense of well-being that afforded an opportunity to participate actively in the world around one.

This is the legacy that Dr. Keyes has left his students, men and women who have achieved good success in the medical world. It has always been his goal to comfort and treat ills through teaching and personal example, and all his hundreds of students—psychiatrists, physicians, and surgeons—can profit by emulating him.

Baldwin L. Keyes, '17
Committee Provides Guidance on Ethical Issues That Underlie Clinical Cases
by Robert L. Perkel, M.D., FM'81 and Burton L. Wellenbach, J'44

A high-risk obstetrician asks for an urgent convening of the Ethics Committee of Thomas Jefferson University Hospital to discuss the implications of a patient’s request for a very risky in utero procedure so that a probably profoundly affected fetus with severe hydrocephalus may have a chance to be delivered vaginally. In asking that this be done, the pregnant woman will almost assuredly bring about fetal demise. She knows this. The physician knows this. The Ethics Committee is being asked for guidance.

The liver transplantation team accepts a young adult in transfer from another hospital with acute, fulminant viral hepatitis of unknown type. The patient has long-standing cerebral palsy and has been assigned the mental functioning of a two-year-old. She is incapable of giving informed consent or participating in any meaningful way in a decision to transplant or not to transplant a liver. Family members wish no surgical intervention; they long ago placed this patient in a total care institution and do not participate in daily decisions regarding her, visiting only a few times a year. The institution’s staff members feel very close to this woman and wish “everything” to be done. The surgical and medical team asks the Ethics Committee to hear the issues, with family, long-term institutional staff, concerned physicians, and others in attendance.

A Jefferson family physician is caring for a middle-aged woman just diagnosed with thrombotic thrombocytopenic purpura, almost uniformly fatal unless plasmapheresis is attempted. The patient is a Jehovah’s Witness and adamantly says, “No procedures, no plasmapheresis, I am ready to die rather than be committed to an eternity in hell” for violating the Witnesses’ creed regarding accepting blood or other bloodlike products from outside their own bodies. The patient’s family wishes the procedure to be done, “to save Mom.” They are also Jehovah’s Witnesses. The physician wishes to save life but also believes in allowing patients to exercise their own autonomy. He asks for a meeting of the Ethics Committee to determine the best course of action.

Every day, at Jefferson and health care institutions across America, cutting-edge technology intersects with profound philosophical questions to create a sometimes unsettling set of clinical decisions that must be made. There is no luxury to await experimental outcomes, there is often no time to ponder and allow the natural history of a disease to show us a way. We must act and act now—either do or not do a particular action that may profoundly alter the clinical outcome, even determine whether the patient lives or dies. Individual clinicians are rightfully looking for guidance outside the narrowing confines of their clinical training. Since 1985, Jefferson clinicians have often looked first to the Hospital Ethics Committee.

Doctors and society as a whole had debated the Karen Ann Quinlan case in the 1970s and the Baby Doe and Bouvier cases in the early 1980s. But in addition to these headline-making cases, ethical problems abounded in mundane clinical practice. When and how should we inform patients of their diagnoses and prognoses? When do we “pull the plug”? When should we not put in “the plug” in the first place? How do we give full informed consent, yet not frighten patients into never accepting the medical risk inherent in any procedure? How do we fully judge incompetence, outside a more narrow legal or psychiatric definition?

In 1985, reflecting the foresight and wisdom of Dean Joseph S. Gonnella, M.D., then hospital director Michael J. Bradley, and current hospital CEO Thomas J. Lewis, the Ethics Committee was formed. The members, initially appointed by the President of the Medical Staff, brought great interest and commitment to the task.

Now in its eighth year of continuous clinical activity, Jefferson’s Ethics Committee is frequently consulted when competing

Ethics Discussed in Classrooms and Labs

In their article Drs. Perkel and Wellenbach explain the work of the Ethics Committee of Thomas Jefferson University Hospital. Ethical questions are so deeply imbedded in medicine and biology, however, that they extend beyond the bedside and the clinical lab to the medical student classroom and the basic researcher’s bench. At Jefferson Medical College the subject is taught through clinical cases in the Life Cycle course spanning both semesters of the first year. In addition, the January mini semester features a required ethics course for first- and second-year students, plus electives.

In the sophomore seminar series, ethics classes are designed around particular specialties, including psychiatry and obstetrics and gynecology.

Jefferson’s residency programs incorporate special sessions on ethical issues, led by faculty whose academic expertise lies in this area. The near future will see a course on bioethics and basic science offered through Jefferson’s College of Graduate Studies.

Dr. Perkel, a Clinical Associate Professor of Family Medicine, is Chairman of the Ethics Committee of Thomas Jefferson University Hospital. His precursor in that role was Dr. Wellenbach, a Clinical Professor of Obstetrics and Gynecology.
The attending physician, not the committee, makes the final decision.

Committee Chairman receives many phone calls and formal requests for opinions and recommendations regarding clinical issues. From these one case is chosen for the standing monthly meeting. Because of the volume of requests for discussion, we have developed an “on call” rotation whereby at least three committee members are available at any time for urgent or ad hoc meetings. We summon more than that minimum number for as many of the hearings as we can.

What began as an occasional trickle of interesting cases, requiring a few ad hoc meetings per year to supplement the standing 12 meetings per year, has become a torrent of requests—sometimes we will hear three or four urgent, ad hoc cases each month in addition to the standing case of the month. These urgent cases also tend to be the most poignant and gut-wrenching. It is not unusual for a phone call request for a hearing to eventuate in a meeting within 36 hours that then leads to a decision which can dramatically alter the patient’s clinical course.

Any member of the Jefferson community can request that a case be heard by the Ethics Committee. Attending physicians, house officers, medical students, nurses, social workers, other hospital employees, patients, and their families all can request this. Sometimes a phone call to the committee chairman results in guidance that ends the need for a larger meeting. Other times, it is obvious from that initial phone call that a full committee meeting must be held. The urgency with which a meeting must occur is mutually decided upon by the initiator of the request and the committee chairman.

The array of issues over the years represents almost every facet of medical life in the twentieth century. Some of the topics with which the committee grapples regularly include:

- creation of life and issues in reproductive health
- rights of infants, children, and adolescents, including the emancipated minor doctrine
- informed consent, particularly of the mentally infirm and/or retarded
- availability of sophisticated technology and the resultant imperative to use it
- respect for patient autonomy and how this respect can be at odds with performing what we believe to be in the patient's best interest medically
- balancing the tremendously escalating costs of procedures and care with social justice and allocation of resources
- the end of life—decisions regarding care in the face of futility; withdrawing or not even instituting “heroic” care; how we define supportive or palliative care; what role (if any) physicians and others should play in active versus passive euthanasia.

These are a few of the issues the Ethics Committee has tackled over the years. Of a tremendously sensitive and often emotional nature, the cases that come before the committee represent individual patients, families, and care-givers in difficult dilemmas. Deliberations are held in the strictest confidence. One caveat the committee has learned over the years is that we do not tell clinicians what to
do—the minute we did this we'd put ourselves out of business and perform a service to no one. We are not a punitive committee. Rather, we are an advisory committee, just like any other consultative group or individual in the hospital. As when one attending physician asks another from a different discipline for a clinical consultation, the ultimate decision always rests with the requesting attending physician. The Ethics Committee attempts to frame the various choices open to the attending service within the boundaries of particular ethical principles. In this way, the requesting person comes away with a wider understanding of how ethical principles undergird every clinical decision he or she makes.

The 15 to 20 individuals who comprise the Ethics Committee come from different personal, professional, intellectual, and philosophical backgrounds. It is this very diversity that enriches discussions and solutions. There is, however, a common set of principles which this individual diversity plays against. Much as physicians learn to approach a new clinical problem in a patient by taking a chief complaint and a history of the present illness, then elaborating any contributory past medical and surgical history, so the Ethics Committee hears the facts of a particular case, listening for issues to which principles of autonomy, beneficence, nonmaleficence, justice, truth-telling, and confidentiality may apply.

In the 1950s the principle of kindhearted beneficence or paternalism ruled the day. Patients rarely questioned their physicians, who performed (with society's approval) according to their sense of mission, commitment, and kindness. The sociopolitical revolution of the American sixties and early seventies, culminating in political assassination and the recognition of corruption, led to a change in the perception of all-powerful social institutions. Medicine was part of this sweeping change. Patient autonomy, the individual's ability to determine what was in his or her own best interest, began to supersede what physicians thought was in the patient's best interest. Patients, as health-care consumers, started becoming their own advocates. The medical profession listened and a subtle paradigm shift occurred. By the late 1970s and early 1980s, patient autonomy replaced physician beneficence as the overriding ethical principle to be followed in determining what shall happen to patients.

Codified in early 1991 as the Patient Self-Determination Act, the respect for patient autonomy regarding medical intervention at crucial moments is now a federal mandate upon admission to every Medicare-funded institution in the United States. Many feel it also represents sound clinical practice. The competent patient who wishes no further treatment for a fully worked-up metastatic adenocarcinoma of unknown etiology should have his wishes respected, according to the principle of patient autonomy. Room is still left for the benevolent-paternalistic medical decision, but its place must now be carefully chosen. Overriding patient autonomy should not be done lightly, but it is wrong to assert, most medical ethicists believe, that it should never be done.

Experienced clinicians have long reiterated to medical students the maxim "Don't just do something, stand there!" This not doing of an action that could result in harm to the patient, is discussed by ethicists separately from the doing of something that eventuates in patient welfare. The proscription to do no harm is the ethical principle of **nonmaleficence** and finds its application, for instance, in the refusal to prolong suffering at the end of life by actively resuscitating, dialyzing, or operating upon hopelessly ill patients. The Ethics Committee's bread-and-butter cases often revolve around this principle.

Perhaps the most controversial but implicitly invoked ethical principle that medicine and society at large must grapple with, is the social justice inherent in the **allocation of resources** within a limited rather than a limitless economy. All health care providers know we cannot do everything for everyone, yet it is painfully difficult to decide when, how, and in whom to limit resources. How do we allocate expensive and relatively scarce intensive care unit beds? Recent questions facing Jefferson's Ethics Committee have included: should the end-stage patient dying of AIDS be offered "heroic" measures of resuscitation and high technology? Do we feel the same way about end-stage cardiac, liver, or oncologic diagnoses? What does each of us bring to the table of opinion from our backgrounds, religious training, prejudices, and morals that may impact these decisions?

**Confidentiality** is a time-honored covenant between doctor and patient. It represents a cornerstone upon which the profession of medicine may be honorably practiced. Yet there is a limit to absolute confidentiality. Respect for a patient's confidences must end when a direct threat to the health and welfare of others is at stake. In the 1990s, physicians confront this issue daily as we toil in the AIDS epidemic. Cases have come before our committee that test the limits of a physician's respect for irresponsible behavior on the part of HIV-positive patients. When must the physician abrogate confidentiality and inform the potentially harmed contacts of the HIV-positive patient?

For many years, under the aforementioned principle of paternalistic beneficence, doctors have shielded patients from cancer diagnoses for fear that it would spell the end of hope for patients. Our committee has forthrightly stood behind the principle of **truth-telling to patients** as a legitimate expectation patients have of their physicians, but the doctor must have the option to not reveal all of the truth all of the time. This judgment must be made carefully and frugally but most medical ethicists feel the physician must be allowed to invoke it upon occasion.

The first case cited in this article involved a procedure in a high-risk pregnancy that would mean a chance at vaginal delivery but of an almost certainly dead, severely deformed fetus. The committee heard this case with the physicians present, the entire high-risk staff present, but most importantly with the parents in attendance and in full participation. Invoking patient autonomy, the committee gave full weight to the parents' request that they be allowed to determine their own destiny, and felt that this course represented an ethically-grounded choice that the attending physician could make in this instance.
The second case, the profoundly retarded young adult in possible need of a liver transplantation, the committee heard from all parties involved. There were good arguments to be made on all sides. One problem was assigning who represented the patient's autonomy—the parents (who wished for no transplantation) or the long-term care providers (who wished that everything be done). The paternalistic argument was invoked both in favor of and against transplantation for this patient. It was felt that nonmaleficiency more clearly defined the ground of not intervening with so invasive and difficult a procedure. But the most crucial argument in the case was that of allocating resources in a socially just way. The patient did not undergo transplantation but made a medical recovery from her acute fulminant hepatitis. Not intervening with surgery was a difficult but principled decision with which all participants felt at least intellectual comfort.

The third case was the almost certainly dying but potentially salvageable Jehovah's Witness who would not agree to undergo plasmapheresis. A poignant Ethics Committee meeting at which all options were considered brought out the dilemma of saving a life by denying an individual's right to choose certain death. With the necessary technology at hand, the attending physician wished to respect this competent patient's autonomy, yet knew that invoking paternalism would give him a chance at retrieving life. The patient was interviewed by the committee. The principles of doing no harm (the eternal harm to her soul which the patient feared) and of respect for autonomy eventually overrode the paternalism of doing a procedure against the patient's will. With the necessary technology at hand, the attending physician wished to respect this competent patient's autonomy, yet knew that invoking paternalism would give him a chance at retrieving life. The patient was interviewed by the committee. The principles of doing no harm (the eternal harm to her soul which the patient feared) and of respect for autonomy eventually overrode the paternalism of doing a procedure against the patient's will. This woman, the daughter of two caring parents and the mother of children desperate for her to agree to be medically saved, had her wishes respected. Plasmapheresis was not performed. The patient died shortly thereafter. The medical team, patient, and family had received a full hearing before the Ethics Committee. Every individual involved was profoundly moved. All were sad at the death of so steadfast an individual. All were thankful that we have a process at Jefferson that allows for a careful, reasoned, principled discussion of so weighty a matter.

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**Teacher and Mentor**

**John E. Deitrick, M.D.: Early Appraiser of Medical Education**

by Rachmel Cherner, '55

The publication in the Summer 1992 Alumni Bulletin that John E. Deitrick, M.D. was responsible for my becoming a resident in medicine at Jefferson in 1956. For me and many others, he was a remarkable role model in our careers as clinicians and medical teachers.

Dr. Deitrick was The Magee Professor and Chairman of the Department of Medicine at Jefferson from 1952 to 1957. A graduate of Princeton University, he had earned his M.D. degree from Johns Hopkins University in 1933. Following an internship at Hopkins and four years of residency at The New York Hospital, he became a member of the staff of that hospital and the faculty of Cornell University. He eventually achieved the rank of Associate Professor of Clinical Medicine and Director of the Cornell Division at Bellevue Hospital. Subsequently, the American Medical Association and the Association of American Medical Colleges singled him out to direct a study of medical education in the United States. He engaged in this task over a period of approximately four years, displaying great expertise in the field.

My first contact with Dr. Deitrick was as a sophomore student in the bacteriology class of Kenneth Goodner, Ph.D. Dr. Goodner, with ivy-covered "Pasteur shrines," enigmatic quizzes, poetical pronouncements, and somewhat puzzling personality, was well-known to the students and alumni of Jefferson at the time. Imagine my surprise at finding a tall, elegantly dressed Gary Cooper-type personage sitting by my side. He introduced himself, and asked to look into the microscope to see what I was observing. He commented that I had decolored the stain too much, and that a better view could be obtained by staining. He quizzed me on the clinical significance of my observations, and seemed to be satisfied that I knew something about tuberculosis as a disease. It was most unusual for The Magee Professor of Medicine to "sit in" on preclinical laboratories and lectures. You never knew where Dr. Deitrick would turn up, in the laboratory, the medical clinic, or the pit leading clinical discussions.

Having plunged into my first year of residency at Jefferson, it was obvious that I had walked into a hornet's nest. There was obvious departmental as well as institutional conflict. Dr. Deitrick put his career and reputation "on the line" in insisting that residents be paid a stipend. For the first time in the history of the institution, financial support was available for the house staff.

In the infighting that took place during this period, medical residents were removed from the private medical service in an attempt to force the "powers" to agree to changes in administration. One of my patients related a humorous story which pretty much typified this conflict. He had been admitted to Jefferson Hospital for some form of minor surgery, and had received his physical examination on an outpatient basis. On admission to Jefferson he had to fill out an extensive medical questionnaire. When asked by Dr. Deitrick how satisfied he was with the workup, the patient responded, "If I knew I'd have to take my own history, I would have also brought my own stethoscope to check my heart and lungs." This was greeted with a smile by Dr. Deitrick.

Dr. Deitrick's students and staff called him a "professor with a capital P." Although deemed somewhat formal
and standoffish, he was viewed with awe as a sort of demigod. He was a superb clinician: kindly without being condescending, tolerant without loosening the bonds of medical discipline.

I never knew him to laugh outwardly, but he enjoyed a humorous situation. Once one of the residents who was known to be awkward, entered a ward, slipped on a bar of soap, and slid down the room landing at the feet of Dr. Deitrick. The flustered resident attempted to rise, grasping the metal chart rack, but only succeeding in dumping the contents of the chart rack into a pool of dirty water. Dr. Deitrick solemnly bent down, offered his hand, and easily lifted the embarrassed resident to his feet with a small smile—but without any additional comment. Dr. Deitrick was always the patrician gentleman.

On another occasion, a ward patient became exquisitely sensitive to insulin dosage after recovering from diabetic coma. He had exhibited many episodes of hypoglycemia. The house staff had decided to withhold insulin for approximately 12 hours and to give it only as necessary. The ward chief, a somewhat priggish and crusty gentleman, felt this was not a satisfactory regimen. Against the traditions of the residency program, he wrote his own orders on the chart. He specified that he was to be called "anytime, day or night" if the patient developed hypoglycemia. Unfortunately, he had to be phoned every hour throughout the afternoon and night due to recurring hypoglycemia. This was greeted by the ward chief with something less than amusement. The following morning, to our surprise, Dr. Deitrick appeared bright and early on unscheduled ward rounds. He pointed out the patient in question and requested that his status be discussed. After the explanation, Dr. Deitrick turned to us with a smile of approval. He applauded our care, and informed us that the ward chief was not to interfere in the care of the patient. Specifically he was never to write any orders on the chart. Dr. Deitrick was proud and protective of his house staff.

There is no question that this quiet, tall physician ushered in modern academic, administrative, and research processes at Jefferson. His abilities were recognized locally and nationally. He served on various committees of the Philadelphia County Medical Society and the Pennsylvania Medical Society, as well as fulfilling functions for the College of Physicians of Philadelphia and the National Heart Association. Later on he was to serve as President of the Association of American Medical Colleges and the New York Academy of Medicine.

Dr. Deitrick’s publications centered on cardiovascular research. He was particularly interested in the effects of early mobilization on patient outcome. He was among the first to encourage the patient to be out of bed and to move about, foreshadowing modern concepts of early ambulation for the chronically ill.

His contributions were significant in the scientific appraisal of medical education. He had the practical view of incorporating preclinical subjects such as biochemistry, bacteriology, and anatomy in the practice of clinical medicine, a revolutionary concept at the time. Dr. Deitrick left Jefferson in 1957 to accept the deanship and professorship at Cornell University Medical College. He became Emeritus Professor of Medicine at Cornell in 1970.

I can think of no better tribute than to quote from the 1957 Jefferson Medical College Clinic yearbook which was dedicated to Dr. Deitrick by his students. “Physician, scholar, gentleman: each of these attributes is a mark of outstanding achievement. In the course of our lives we may experience the distinct honor of meeting a man who possesses not one but all three of these characteristics. Such a man is Dr. Deitrick . . .”

“Aristotle wrote, ‘The one exclusive sign of a thorough knowledge is the power of teaching.’ Dr. Deitrick has been a living testament to this . . . His scholarly accumulation of medical knowledge, his ability to teach and stimulate students, and his skill in ministering to the ill, are combined in a personality with sincerity, humility, and dignity prevailing.”

Dr. Deitrick now resides at 32 S. Turbot Ave., Milton, PA 17847, telephone 717 742 2511. He would be delighted to hear from all his former students and residents.

Acknowledgments: Thomas Jefferson University: Tradition and Heritage, edited by Frederick B. Wagner, Jr., ’41, for factual biographical material.
Scientists Here Link Nitric Oxide to Brain Damage
In Neurologic Viral Diseases and an Animal Model for MS

Studies at Jefferson and the Wistar Institute show that nitric oxide may be responsible for directly causing brain tissue injury in an experimental model for multiple sclerosis (MS), and in rabies, borna, and herpes simplex 1. The discovery opens the door to developing non-vaccine drugs, using existing nitric oxide inhibitors, to prevent and treat induced brain injury in these and related disease states.

Reported in the April 1 Proceedings of the National Academy of Sciences, the animal studies are the first of their kind to show that an enzyme needed to produce nitric oxide appears rapidly before or coincident with the onset of clinical symptoms of disease. This enzyme, which is not present in normal brain tissue, is produced only after viral infection or induction of allergic encephalitis in the MS model. Production of nitric oxide also appears to correlate with the severity of symptoms and, in some cases, with the extent of inflammatory reaction in the brain.

"While the polio virus destroys nerve cells as a direct consequence of viral replication, the mechanism by which many of today's viruses damage cells is much more indirect and unclear," says Hilary Koprowski, M.D., Professor of Microbiology and Immunology. "This same unknown mechanism may also be involved in the etiology of chronic neurologic diseases such as multiple sclerosis. Our study suggests that nitric oxide may be produced, in part, by the inflammatory cells that respond to these viral and chronic neurologic disease states."

Using primers selected from cloned cDNA of inducible nitric oxide synthase (iNOS), Jefferson researchers used the reverse transcriptase polymerase chain reaction technique to detect the presence of iNOS enzyme precursors in rodent brain tissues at various time periods after infection with one of the three viruses, or after induction of the immune response in the MS model.

In all animals tested, levels of iNOS messenger RNA were found before or coincident with the onset of clinical symptoms. And in animals infected with the borna virus, levels of iNOS precursors and inflammation correlated with increased levels of tumor necrosis factor alpha, interleukin 1 alpha, and interleukin 6, suggesting that these cytokines may help trigger the generation of nitric oxide.

"These studies show that the virus infection stimulates formation of the iNOS enzyme, which produces nitric oxide that damages nerve cells," says Dr. Koprowski. "In allergic encephalitis, an experimental model that is thought to simulate MS, iNOS expression was detected at least four days before any pathological changes were seen in the brain. This finding suggests that inhibitors aimed at blocking nitric oxide synthesis could be developed as drugs to prevent the downstream effects of viruses and of the immune response on brain cells."  □

Faculty Report Success with Multiple Sclerosis Drug

Jefferson participated in a multicenter trial of beta interferon in the treatment of relapsing-remitting multiple sclerosis (MS). Patients experienced a reduction in the number of flare-ups and in the severity of disease, as reported in the April issue of Neurology. Leading the studies here were Professors of Neurology Fred D. Lublin, '72 and Robert L. Knobler, M.D., Ph.D.

The Peripheral and Central Nervous System Drugs Advisory Committee of the Food and Drug Administration recently endorsed the use of beta interferon for patients with MS.

The drug was the subject of a three-year trial involving 372 patients. "We expect beta interferon to become a standard treatment for people with relapsing-remitting MS," says Dr. Lublin. □

Center for Pregnant Women with Disabilities

The university has opened a center for pregnant women with physical and sensory disabilities, for which Ronald J. Wapner, '72, Professor of Obstetrics and Gynecology, serves as Program Director. "By combining specialties in high-risk obstetrics, rehabilitation medicine, clinical genetics, social services, and psychology, we are able to address the unique needs of the disabled woman and/or her fetus," Dr. Wapner says.

The center is designed to be fully accessible to women with disabilities, and will span the cycle from preconception counseling through pregnancy, delivery, and parenting. □
Assistant Professor of Urology Michael B. Chancellor, M.D. received the Grand Prize in the Jacqueline Lapides Essay Contest for Neuro-Urology. The abstract of his paper was presented at the annual meeting of the American Urological Association. Dr. Chancellor’s research determined that patients in whom spinal trauma has damaged bladder muscles may benefit from a surgical procedure in which the rectus muscle with its own blood and nerve supplies is wrapped around the bladder, and electrical stimulation is used to contract and empty the bladder. The next step in the research is to refine a patient’s own ability to contract the new muscle for bladder emptying.

Professor of Pathology and Cell Biology Rex B. Conn, M.D. is President-Elect of the American Society of Clinical Pathologists and will assume its presidency this October.

Chairman of Obstetrics and Gynecology Richard Depp, M.D. has been elected to the Council of the Association of Professors of Gynecology and Obstetrics.

Associate Professor of Ophthalmology Harminder S. Dua, M.D., Ph.D. received the Oxford University Ophthalmological Congress Founder’s Cup for the Best Scientific Paper, and the Ian Fraser Award for the Best Scientific Poster, for the second year in a row.

Chairman of Ophthalmology William S. Tasman, M.D. received the Gold Medal of the Saudi Ophthalmological Society for his contributions to the field.

Chairman of Dermatology Jouni J. Uitto, M.D., Ph.D. has received the Marion B. Sulzberger Award and will present the Sulzberger Lecture at the annual meeting of the American Academy of Dermatology in December in Washington, D.C. This is the academy’s highest award to a dermatologist, and is based on academic excellence and research achievements.

Study Shows Jefferson Succeeds in Training Rural Physicians

Professor of Family Medicine Howard K. Rabinowitz, M.D. published a study in the April 1 issue of the New England Journal of Medicine indicating the success of Jefferson’s unique Physician Shortage Area Program (PSAP) in increasing, as well as maintaining, the number of doctors practicing family medicine in rural and underserved areas. Overall, the United States is experiencing a decrease in the number of physicians entering primary care and the number of those planning to practice in rural and underserved areas. “The shortage in these areas presents serious difficulties in access to health care and also in controlling costs,” Dr. Rabinowitz points out, “because primary care physicians are more cost-effective than subspecialists in providing primary care.”

The study shows that
• Jefferson PSAP students from the first nine class years in which they graduated (’78 through ’86) were four times more likely than their classmates to enter family medicine and to practice in rural and physician-shortage areas.
• Overall, 85 percent of PSAP graduates are in a primary care specialty, or practice in a rural, small metropolitan, or physician shortage location.
• Over the past five years, the number of PSAP graduates from the Classes of ’78 through ’81 who continue to practice rural family medicine has remained constant, while 32 to 40 percent of their classmates have left family practice in these areas.

Although Jefferson is a private medical college, its Physician Shortage Area Program produces more rural family doctors for Pennsylvania than any other allopathic medical school, public or private, in the state.

Jefferson Research in Medical Education Featured in Academic Medicine

Academic Medicine, the journal of the Association of American Medical Colleges, published a supplement issue in February 1993 titled Assessment Measures in Medical School, Residency, and Practice: The Connections which examines the relevance of medical education to the practice of medicine. Editors for this monograph were Senior Vice-President and Dean Joseph S. Gonnella, M.D., Mohammadreza Hojat, Ph.D. of Jefferson’s Center for Research in Medical Education and Health Care, Associate Dean for Administration and Registrar James B. Erdmann, Ph.D., and J. Jon Veloski, M.S., also of the Center for Research.

The monograph spotlights the long-standing argument over the relevance of medical education, particularly basic science education, to medical practice, and features contributions of medical educators in this country and abroad. The monograph concludes that available evidence indicates medical schools are educating physicians who perform in a manner consistent with the evaluations made in medical school. Jefferson evidence confirms that a correlation does exist between performance measures in medical school and performance as a physician.

The monograph in an expanded version will be published as a book by Springer Publishing Company of New York, for a broader distribution of the information. The projected publication date is December 1993.
Jefferson Medical College Rated Number One for Second Year in a Row

The college has been named the best comprehensive medical school in the nation by *U.S. News and World Report* for the second year in a row. That magazine's March 22 issue divided medical schools into two categories: research-oriented, and those whose chief mission is training primary care doctors. Jefferson placed first in this category, based on surveys of deans and residency directors across the country.

The Alumni Association issued a resolution commending the college's leaders and faculty on this accomplishment.

Jefferson Medical College Alumni Association

RESOLUTION

WHEREAS, the March 22, 1993 issue of *U.S. News and World Report* presents that magazine's study of "America's Best Graduate Schools"; and

WHEREAS, the summary on page 70 of "This Year's Rankings" states, "Among comprehensive medical schools, Thomas Jefferson University again was rated best..." and

WHEREAS, comprehensive medical schools are described as those "whose chief mission is training primary care doctors";

THEREFORE BE IT REMEMBERED that the Executive Committee of the Jefferson Medical College Alumni Association, representing all its members, wholeheartedly commends and thanks President Paul C. Brucker, M.D., Senior Vice-President and Dean Joseph S. Gonnella, M.D., the trustees, and the faculty for their work and leadership which have contributed to this recognition.

Jerome M. Cotler, '52
President of the Association
May 5, 1993

Jerome M. Cotler, '52 (second from left) and Elmer H. Funk, Jr., '47 (left) present the Alumni Association’s resolution to President Brucker (second from right) and Dean Gonnella.
College Receives Full Accreditation and Laudatory Report from LCME

Jefferson Medical College has been re-accredited for a full seven-year term by the Liaison Committee on Medical Education, the accrediting body for all medical schools in the United States and Canada.

The process began more than a year ago with a detailed self-study culminating in a report prepared by the college. In January, a survey team representing the LCME came to the campus and met with administrators, faculty, and students. The four-day visit concluded when the site visitors presented their observations informally to President Paul C. Brucker, M.D. and Senior Vice-President and Dean Joseph S. Gonnella, M.D. In April, the LCME issued its written report.

The qualities of the school praised by the Liaison Committee included:
- strong faculty commitment to education
- multidisciplinary courses, which provide an excellent framework for including ethical, behavioral, and socioeconomic material in the curriculum
- the college’s national leadership in tracking its graduates and correlating their career developments with student measures
- Scott Library offers important resources
- research programs are developing, providing a balance among the school’s missions
- arrangements between Jefferson and its affiliates are strengthening the academic and fiscal posture of all institutions involved, and enhancing student educational programs.

The LCME site visitors noted several areas of progress since the last accreditation survey was conducted in 1986, including impressive growth in full-time faculty, an increase in small-group teaching, and expanded instructional space in Thomas Jefferson University Hospital with computer linkages to Scott Library.

With positive results in all these areas, Jefferson Medical College is, in the LCME’s view, continuing to improve upon its past.

Yunis Heads New Division of Cancer Biology

Jorge J. Yunis, M.D. has joined the faculty as Professor of Pathology and Cell Biology. Previously Dr. Yunis had directed Hahnemann University's Division of Human Genetics and Molecular Biology, and served as Vice-Chairman of the Department of Neoplastic Diseases. Renowned for his research in the cytogenetics of human cancer, Dr. Yunis heads Jefferson's new Division of Cancer Biology in the Department of Pathology. The division’s activities include diagnostic cancer cytogenetics, molecular diagnostics, and immunophenotyping of tumors. Dr. Yunis becomes a member of the Jefferson Cancer Institute.

Dr. Yunis chairs the Cytogenetics Committee, Leukemia Group of the Eastern Cooperative Oncology Group, and is a member of the Editorial Board of the Journal of Cell Markers. He has served as a Dana Farber-General Motors Clinical Professor at Harvard Medical School.

Unitrust to Assist Students is Established by Dr. and Mrs. Lawson E. Miller, Jr., '34

In the midst of the Great Depression, Lawson E. Miller, Jr. was able to graduate from Jefferson. Though finances were tight, he was fortunate to have a banker/physician father and an uncle who was a Jeff graduate—Seth B. Hinkley, Class of 1890—to guide him in his career.

After a rewarding practice, Dr. Miller wanted to help future medical students acquire the quality education he had received at Jefferson.

He and his wife recently established the Lawson E. Miller, Jr. and Elsie Cross Miller Unitrust. They made a charitable contribution, in trust, to Jefferson, and retained the income from the assets for the duration of their lives. Eventually, the Millers’ trust will provide revolving loan funds to Jefferson Medical College students.

The unitrust offers income tax and capital gains tax benefits, and gift and estate tax benefits, which the government provides to encourage private support of public charities.

Dr. and Mrs. Miller enjoy an active life in North Palm Beach, Florida.

The Millers

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The Millers
Festivities marking the 250th anniversary of the birth of Thomas Jefferson kicked off in Philadelphia on April 13 with an afternoon program here (see the Winter 1993 Alumni Bulletin, page 24). University President Paul C. Brucker, M.D. (second from right) and Chairman of the Board of Trustees James W. Stratton (right) welcomed many distinguished visitors to the campus, including Pulitzer Prize-winning historian Gordon S. Wood, Ph.D. of Brown University (second from left) and State Representative W. Curtis Thomas (left).

At the April 19 opening of the Archives exhibit “Robley Dunglison: Personal Physician to Thomas Jefferson” on the second floor of Scott Memorial Library are Professor of Medicine Michael L. Simenhoff, M.D.; Frederick B. Wagner, Jr., ’41, The Grace Revere Osler Professor Emeritus of Surgery and University Historian; University Librarian Edward W. Tawney; and Douglas B. Tifft, a great-great-great-grandson of Dr. Dunglison. Dunglison served as Dean of Jefferson Medical College from 1854 to 1868.

Pictured with Thomas Eakins’s masterpiece The Gross Clinic in Washington, D.C. are University President Paul C. Brucker, M.D. and Mrs. Brucker (right) and Jefferson’s Art Historian Julie S. Berkowitz. The painting, which usually hangs at Jefferson, is on loan until August 15 to the National Portrait Gallery, where it is a highlight of the exhibit “American Art at the 1893 World’s Fair” (see the Winter 1993 Alumni Bulletin, page 25).

The annual Luscombe Lecture was delivered April 21 by Stephen I. Katz, M.D., Ph.D., seen above with Herbert A. Luscombe, ’40 (left), former Chairman of Dermatology whom the lectureship honors, and (right) current Chairman Jouni J. Uitto, M.D., Ph.D. Dr. Katz, who is Chief of the Dermatology Branch of the National Cancer Institute, spoke on “Use of Biological Response Modifiers and Other Novel Therapies in Skin Diseases.” In his opening remarks Dr. Katz praised the preparation of numerous physicians who studied here under Dr. Luscombe and later worked in Dr. Katz’s lab at the National Institutes of Health.

(Below) Dr. and Mrs. Luscombe with daughter Jill Luscombe, B.S.M.T. ’78
Jefferson’s Outdoor Sculptures by Mitchell

The cover of this issue of the Bulletin features The Winged Ox, a bronze sculpture by Henry W. Mitchell that stands between the Scott Building and Orlowitz Hall, set back from Walnut Street. On the back cover of the magazine is another Mitchell work, the Bodine Fountain between the Scott and Martin Buildings.

The stylized ox with a wingspan of 101 inches is poised for flight atop an 18-foot column, according to University Art Historian Julie S. Berkowitz.

It was dedicated on May 24, 1976 in fulfillment of the Philadelphia Redevelopment Authority’s Fine Arts Program, which requires that one percent of a building’s construction costs be devoted to art that enhances the site for the sponsoring institution and for the general public.

The winged ox is the traditional attribute of Luke, patron saint of physicians and of painters (or, more broadly, artists). The names of 50 medical greats are inscribed on the column; they spiral around it like the snakes of a caduceus, continuing the medical symbolism.

Mitchell’s sculptures of animals enliven numerous public spaces in Philadelphia. The winged ox image has become so integrated with Thomas Jefferson University that in 1986 a silver miniature replica was crafted to surmount the ebony shaft of the university’s ceremonial mace; other versions are seen in awards for distinguished service or support.

Great Names in Medicine Inscribed on the Shaft of The Winged Ox

Hippocrates, 460–370 B.C.
Aulus Cornelius Celsus, 53 B.C.–7 A.D.
Soranus of Ephesus, second century A.D.
Galen, 131–201 A.D.
Razes, 866–932
Maimonides, 1135–1204
Paracelsus, 1493–1541
Ambrose Pare, 1510–90
Michael Servetus, 1509–53
Andreas Vesalius, 1514–64
William Harvey, 1578–1657
Thomas Willis, 1621–75
Marcello Malpighi, 1628–94
Anton van Leeuwenhoek, 1632–1723
Herman Boerhaave, 1668–1738
Giovanni Battista Morgagni, 1682–1771
Albrecht von Haller, 1708–77
John Hunter, 1728–93
John Morgan, 1735–89
Philippe Pinel, 1745–1826
Benjamin Rush, 1745–1813
Edward Jenner, 1749–1823
Rene Theophile Hyacinthe Laennec, 1781–1826
Richard Bright, 1789–1858
Thomas Addison, 1783–1860
Robert James Graves, 1796–1853
Samuel David Gross, 1805–54 (Jefferson Class of 1828)
Claude Bernard, 1813–78
J. Marion Sims, 1813–81 (Jefferson Class of 1835)
Florence Nightingale, 1823–1910
Ignaz Philipp Semmelweis, 1818–65
William T. G. Morton, 1819–82
Rudolph Virchow, 1821–1902
Louis Pasteur, 1822–95
Jean Martin Charcot, 1825–93
Lord Joseph Lister, 1827–1912
Silas Weir Mitchell, 1829–1914 (Jefferson Class of 1850)
Carlos Juan Finlay, 1833–1915 (Jefferson Class of 1855)
Robert Koch, 1843–1910
Wilhelm Konrad Roentgen, 1845–1923
William Osler, 1849–1919
Ivan Petrovich Pavlov, 1849–1936
William H. Welch, 1850–1934
Walter Reed, 1851–1902
Ramon y Cajal, 1852–1935
Paul Ehrlich, 1854–1915
Sigmund Freud, 1856–1939
Marie Curie, 1867–1934
Harvey Cushing, 1869–1939
John H. Gibbon, Jr., 1903–1973 (Jefferson ’27)
Dance from around the world was just one part of International Day held April 24.

Above, Sunita A. Dadhich, '96 performs in North Indian costume. The celebration showcased the diverse backgrounds of Jefferson's students and faculty.

If you could save just one of these people, which would you choose? The jury of the annual Raft Debate, presented by the Hobart Amory Hare Honor Medical Society, voted for Professor Nats Nehoc of the Department of Andrology, University of Paris, a.k.a. Stanley N. Cohen, M.D., Clinical Associate Professor of Medicine (second from left). He convinced the jury that his specialty benefits mankind the most, so he should be the first one saved if shipwrecked in the company of Pauline K. Park, '82, Assistant Professor of Surgery, and Robert T. Sataloff, '75, Professor of Otolaryngology (second from right). Moderating was Roland Schwarting, M.D., Associate Professor of Pathology and Cell Biology (right) while Thomas M. Butler, Ph.D., Professor of Physiology (left) was the Devil's Advocate.

Ceremony Honors

Humanity Gifts

On May 4 a ceremony brought together students and faculty from medical schools across metropolitan Philadelphia to honor the individuals whose bodies they have studied in labs this year. Families and friends of the deceased were among the 2000 in attendance at Irvine Auditorium at the University of Pennsylvania. The relationship that the students feel toward the deceased was expressed to the audience by Edward W. Kiggundu, '96:

"Eight months ago, when we entered medical school, we embarked on a journey to learn some of the secrets locked in the castle of human life. We were met on this journey by other people, those whose names have been read today. They voluntarily opened to us a whole new world of the human body. They elected a journey into unexpected situations with people they did not know. It was with integrity and respect toward their sacrifice that we traversed this extraordinary path. They privileged us with a wealth of knowledge. Except for them, our covenant as healers would be unmet. It would be unimaginable.

"The encounter also fueled a change in each of us students. I remember the anxiety before the first lab. We began to learn to deal with death. The experience will always remind us that we are as fragile as those we care for, and that there is much we do not understand.

"For our future patients, these individuals will be through us a divine touch, a renewed life."
A working lunch: in the weeks preceding Parents' Day, students meet to plan the activities.

Clinical Associate Professor of Family Medicine Christopher V. Chambers, M.D., FM'83 discusses his specialty.

Each year breaks new records in the enthusiasm with which Jefferson families follow their children's education. Well over 500 attended this year's Parents' Day, when sophomores take mother and father to class to see what medical school is all about. Freshman parents, mark your calendars for next year!

Alumni Association Sponsors Parents' Day

At lunch, Senior Vice-President and Dean Joseph S. Gonnella, M.D. joins Sophomore Class Representative Mary Schuler and her parents, Mr. and Mrs. Harold W. Schuler.

Seeing things the way your daughter does: Mrs. Jack L. Sanders, mother of Melinda E. Sanders, ’95, checks out some neuro-anatomy.

In the afternoon, students spoke about their extensive community service. Paul R. Stauffer, ’95 brought slides for his presentation on the American Medical Students Association; Madelaine R. Saldivar, ’95 described “Christmas in April,” in which students make repairs to the homes of the elderly or infirm who cannot afford to maintain their dwellings; and Lara M. Carson, ’95 spoke about “JeffH.O.P.E.,” a medical outreach to the homeless (featured in the Winter Alumni Bulletin, page 14).

Associate Professor of Neurology George C. Brainard, Ph.D. (right), whom the students invited to speak at lunch, with Mrs. Brainard (second from right), Rebecca R. Long, ’95 (second from left), Rebecca's mother Sally A. Miller (left), and Mr. and Mrs. David M. Long.

Michelle L. Look, ’95 and Mr. and Mrs. Larry Look, who came all the way from Hawaii for Parents' Day.

The students elected as their speaker Julius Heyman, ’95, joined at right by Mrs. Heyman and parents Mr. and Mrs. Louis Heyman.
The nicest I.O.U. I've ever had" said Dr. Delaney of the gift about to arrive from Dr. Cotler and the association—it turned out to be a Baccarat crystal sculpture recognizing Dr. Delaney's effective leadership this past year.

New Officers Take the Helm at Annual Business Meeting

After a relaxed reception and dinner on February 25, the Alumni Association got down to the business at hand. The Reports of the Committee Chairmen reviewed the alumni's active participation this year in every aspect of the medical college. Outgoing President William E. Delaney III, '53 called on the Chair of the Nominating Committee, Jerome J. Vernick, '62, to submit the slate of officers, who were unanimously approved: President Jerome M. Cotler, '52; President-Elect William V. Harrer, '62; Vice-Presidents James M. Delaplane, '64, Franz Goldstein, '53, Joseph L. Seltzer, '71, and Stanton N. Smullens, '61; Treasurer Edward H. McGehee, '45; and Secretary Joseph W. Sokolowski, Jr., '62.

Elected as State Vice-Presidents were: Iowa, Leopoldo E. Delucca, '77; Louisiana, Michael P. Dolan, '66; North Dakota, William F. Hook, '61; Rhode Island, Anthony F. Merlino, '56; and Virginia, Herbert G. Hopwood, Jr., '58.

Nominated and elected as members of the Executive Committee were Diane E. Dickerman, M.D., EM'86; Francis X. Keeley, M.D., IM'60; Lydia Komarnicky-Kocher, RO'87; Vincent J. McPeak, Jr., '51; Pauline K. Park, '82; Arthur H. Shedden, '80; and Stephen G. Vasso, '62.

Named as Honorary Alumni were: Professor of Family Medicine Howard K. Rabinowitz, M.D. and Hugh M. Shingleton, M.D., The J. Marion Sims Professor and Chairman of Obstetrics and Gynecology at the University of Alabama at Birmingham.

Chairman of Jefferson's Board of Trustees James W. Stratton, President Paul C. Brucker, M.D., and Dean Joseph S. Connella, M.D. told the guests how they appreciate all that the alumni have done to help Jefferson meet its challenges.
"What It Means To Me to Be an Honorary Alumnus"

At the Annual Business Meeting each February, honorary members are inducted into the Alumni Association. One so recognized a year ago was Stanley N. Cohen, M.D., who writes below what he felt on that occasion. Dr. Cohen is a Clinical Associate Professor of Medicine, and, he is quick to point out, has red hair like Thomas Jefferson's.

by Stanley N. Cohen, M.D.

After 34 years as an active staff member who came to Jefferson after a fellowship at another university, I still remember the warmth with which I was received.

When I joined the staff in 1959, full acceptance into this environment was not an immediate status of non-Jeffersonians. Thirty years ago a large portion of the clinical staff consisted of alumni and while a family environment existed, this was more keenly felt by alumni than non-alumni.

As Jefferson grew, it became more sophisticated and attracted, even sought, a more heterogeneous staff. Yet it has become even more family-like. Pride in being a member exists not only among staff but also among patients. Many patients in the past decade have sought out Thomas Jefferson University Hospital, and then selected physicians who were members of the staff. Twenty years earlier, patients were more likely to seek out particular physicians and follow them to their hospitals.

It is only natural, then, that those of us who have spent most of our clinical years here consider ourselves true Jeffersonians. This is where our allegiance lies, so much that some of us have only a fleeting allegiance to our original schools. It is almost as though we have always sustained, and been sustained by, this community.

What It Means To Me to Be an Honorary Alumnus

Jefferson Comes to the Southwest

Alumni and former faculty in the southwestern states gathered on March 27 in Tucson, Arizona. They welcomed University President Paul C. Brucker, M.D. and Mrs. Brucker, and Alumni Association President Jerome M. Cotler, '52 and Mrs. Cotler. It was the first time that Jeffersonians had come together formally in that part of the country. The foothills, the saguaro cactus, and the lights of the city in the clear air provided the perfect evening.

Organizing the reception and dinner was a cooperative effort by many. Robert J. Mandle, Ph.D., Professor Emeritus of Microbiology who now lives in Patagonia, Arizona, and Barton L. Hodes, '66 led the festivities with their spouses Mollie Mandle and Stephanie Hodes, as well as Bruce E. Jarrell, '73 and Leslie S. Robinson, '73. The guests enjoyed hearing Jefferson news, sharing Jefferson experiences, and renewing Jefferson friendships.

Bruce E. Jarrell, '73, Chairman of Surgery at the University of Arizona College of Medicine, and his spouse, Leslie S. Robinson, '73

(Seated) Mrs. Mandle, Robin Zuch, Mrs. Robert F. Zuch ('55); (standing) Dr. and Mrs. Cotler, Gloria Smith, Anthony L. Forte, '54, Dr. Mandle, Dr. Zuch
J. Edward Berk has been selected the Bockus Medalist by the World Organization of Gastroenterology and will deliver the Bockus Lecture at the World Congress of Gastroenterology in Los Angeles in September 1994. Dr. Berk is a Distinguished Professor Emeritus at the University of California, Irvine College of Medicine. Among his many achievements is succeeding Henry L. Bockus, M.D. as Editor-in-Chief of the multivolume text Gastroenterology.

Dr. Berk will also receive, from the University of California, Irvine, the 1994 Daniel G. Aldrich, Jr. Distinguished University Service Award, conferred by the university’s Academic Senate.

Frederick B. Wagner, Jr. was the Guest of Honor at the annual Jefferson Ball presented by the Women’s Board of Thomas Jefferson University Hospital.

Clifford C. Byrum received his “50 years in medicine” pin from the Medical Society of North Carolina. “Enjoy hunting, fishing, and our summer home at Duck, North Carolina.”

James S. Eisenhower, Jr. holds office hours for his family practice three mornings weekly, and makes a few house calls. He plays clarinet every day, and is active in ensembles with his wife on timpani.

John H. Bland updated the osteoarthritis section for the recently published sixteenth edition of the Merck Manual of Diagnosis and Therapy. Dr. Bland is a Professor Emeritus at the University of Vermont College of Medicine.

Jesse Schulman received the 1993 Kimball Humanitarian Award from Kimball Medical Center in Lakewood, New Jersey for his service to the medical center and the community. A resident of Lakewood since early childhood, Dr. Schulman practiced general surgery there until his retirement in 1985.

Charles W. Korbonits of West Chester, Pennsylvania has been taking courses in oceanography and East Asian history.

John M. Koval and his wife, Maureen, plan to relocate in November to Vero Beach, Florida.

David W. Levin has been elected to the Board of Directors of the Montgomery County Association for the Blind.

Albert W. Freeman has retired after 55 years in Shippensburg, Pennsylvania. Son William A. Freeman, ’64 continues in their practice of family medicine, and soon will be joined by his son James W. Freeman, ’91.

Edward H. Robinson of Cape Elizabeth, Maine, after 23 years in general practice followed by 17 in psychiatry, plans to retire at the end of this year and “volunteer in the field of preventive medicine.”

William B. Holman has been honored by the naming of The William B. Holman Surgical Suite in his honor at Fisher-Titus Medical Center in Ohio. Retired from surgical practice, Dr. Holman is now Huron County Coroner and Health Commissioner.

Ernest F. Doherty, Jr. of Grafton, Virginia was on a cruise in the western Caribbean for the entire month of February as a ship’s physician. Among the passengers was none other than Daniel T. Erhard, ’51 of Bryn Mawr.

John M. McGehee is practicing clinical endocrinology and teaching at the University of South Alabama College of Medicine.
Leonard Apt, '45 Receives Escalon Science Award and UCLA Faculty Award

Leonard Apt, '45 has received the first Escalon Science Award, as well as the first Distinguished Professor Award conferred by the Department of Ophthalmology at the University of California at Los Angeles.

The Escalon Science Award, given by Escalon Ophthalmics of Skillman, New Jersey, was presented to Dr. Apt at the annual meeting of the American Academy of Ophthalmology in Dallas. It recognized his pioneering research in presurgical ophthalmic antisepsis. His technique of sterilizing the skin and eye before surgery using a povidone-iodine germicide is now widely used in the United States and abroad.

Dr. Apt is a Professor of Ophthalmology at UCLA's Jules Stein Eye Institute. The Distinguished Professor Award was conferred on him at the department's Annual Scientific Meeting. Several accomplished physicians who had trained under him spoke at the ceremony. Dr. Apt was the founder of the first division of pediatric ophthalmology at a medical school in the United States at UCLA, and has made numerous contributions in pediatric ophthalmology and pediatrics.

Lawrence K. Pettit is President of Indiana University of Pennsylvania.

William W. Clements is busy guiding family practice residents at Bryn Mawr Hospital where he received an award last year for excellence in teaching.

James V. Scarcella was Jefferson's official representative at the inauguration of Peggy Gordon Elliott as President of the University of Akron.

Richard G. Barr plans to retire from the pediatrics chairmanship at Crozer-Chester Medical Center in Chester, Pennsylvania, while continuing to practice part-time.

T. William Cook volunteered in Sudan from January to March, performing eye surgery.

Franz Goldstein was Jefferson's official representative at the inauguration of Antoinette Iadarola as President of Cabrini College in Radnor, Pennsylvania.

John M. Levinson's renowned collection of shorebird decoys is being exhibited at the Delaware Museum of Natural History through October 10. Before 1927, shorebirds could be legally hunted, and the decoys became a distinctive folk art. Dr. Levinson, of Rockland, and his wife, Carlie, have collected authentic working decoys for more than 20 years.

Harold W. Rushton has joined the full-time neurosurgical faculty at Cooper Hospital-University Medical Center in Camden as an Associate Professor and Medical Director of the Neuroscience Center.

Burton S. Benovitz was Jefferson's official representative at the inauguration of Carol A. Jobe as President of College Misericordia in Dallas, Pennsylvania.

James P. Boland is Chief of Staff-Elect at Charleston Area Medical Center in Pittsburgh. Dr. Boland chairs the Department of Surgery at West Virginia University Medical Center, Charleston Division.

James B. Lee updated the sections on prostaglandins, thromboxanes, and leukotrienes for the new sixteenth edition of The Merck Manual of Diagnosis and Therapy. Dr. Lee is a Professor of Medicine at the State University of New York at Buffalo.

Leopold S. Loewenberg was honored at the Annual Clinical Meeting of the American College of Obstetricians and Gynecologists for outstanding service and leadership in the district including Pennsylvania, New Jersey, and Delaware. Over the past 15 years, Dr. Loewenberg has been district chairman, chairman of the district Finance Committee, and member of the national Executive Board.

Antonio R. Ramos-Barroso has been very busy with his gynecology practice in San Juan, Puerto Rico.

Frank T. Carney was Jefferson's official representative at the inauguration of William J. Carroll of Williamsburg, Virginia "loves" his psychiatry practice "helping average folks overcome their problems. Don't want to retire."
Class Notes

'60

Neil R. Feins was Jefferson's official representative at the inauguration of John DiBiaggio as President of Tufts University.

Herbert D. Kleber delivered the keynote address at the twentieth anniversary celebration of Liberation Programs, a substance abuse health care center in Stamford, Connecticut. He was introduced by Leonard Vinnick, '60, a director of Liberation Programs. Dr. Kleber is a Professor of Psychiatry at Columbia University College of Physicians and Surgeons, director of its substance abuse division, and Executive Vice-President of the Center on Addiction and Substance Abuse, a national organization.

Drs. Vinnick and Kleber

Dr. Vinnick has also been very active as founder and director of the Health Care Coalition for the Homeless, a group of volunteer nurses and physicians providing ongoing, on-site health care for the underclass in the Stamford area. He serves on the advisory board of the homeless shelter serving lower Fairfield County. While many clinics and emergency rooms will provide care, Dr. Vinnick points out, homeless people tend not to go where the treatment is. By providing medical attention early, the volunteers are sometimes able to prevent the onset of pneumonia and other acute illnesses, reducing the need for patients to be hospitalized.

'61

Samuel Krain continues in private practice of radiology in the St. Louis area, and proudly notes that daughter Alysa B. Krain is a member of Jefferson's Class of '96.

'62

Jack W. Love, Jr. has been elected President of the Medical/Dental Staff of Underwood-Memorial Hospital in New Jersey, where he chairs the Emergency Medicine Department.

'63 Thirtieth Reunion June 4–6, 1993

John M. Dick was Jefferson's official representative at the inauguration of Belinda J. Wilson as President of California State University at Northridge.

Ronald V. Pellegrini has joined the thoracic surgery staff of Washington Hospital in Washington, Pennsylvania.

Paul Rodenhauser has been appointed Assistant Dean of Admissions and Curriculum Management at Tulane University School of Medicine, where he will continue to teach psychiatry part-time.

Joseph A. Slezak has been elected Secretary-Treasurer of the Medical Staff at Frick Hospital in Pittsburgh, where he practices obstetrics and gynecology.

Henry F. Smith continues to practice family medicine in Mountaintop, Pennsylvania.

'64

David L. Paskin has been elected Vice-President of the Medical Staff at Pennsylvania Hospital in Philadelphia, where he chairs the Department of Surgery.

John P. Whitecar, Jr. has joined St. John's Regional Medical Center in Joplin, Missouri as Vice-President of Medical Affairs and Medical Director of the Cancer Center.

'65

Richard W. Cohen has been active in Atlanta's preparations to host the 1996 Olympic Games. He is Cochairman of Doping Control, overseeing a lab that will test athletes for banned substances such as steroids and stimulants. Dr. Cohen will also chair the third annual World Congress on Sports Medicine to be held in Atlanta in the fall of 1995. Sponsored by the International Olympic Committee, the week-long event will attract physicians and scientists from around the world.

William F. Renzulli will have a show of watercolors and prints in Ardmore, Pennsylvania at the Heisman Gallery. He will be there on July 16 and 17, and the show will continue for a week. Dr. Renzulli returned to full-time practice of internal medicine in February, with his office in the front half of a converted pig barn on his small farm in Cecil County, Maryland. The back half of the barn is his painting studio.

Arthur N. Triester will begin a two-year term in July as President of the Medical Staff of Thomas Jefferson University Hospital. Dr. Triester just completed serving as President of the Volunteer Faculty Association.

Garry H. Wachtel reports on life in Florida "after Andrew: have been raising orchids, boating, golfing, and finishing my M.B.A."

Bruce W. Weissman visited Istanbul to present a video on vocal hygiene at the World Congress of Otolaryngology.

'66

Daniel J. Kelly is Chief-Elect of the Medical Staff at Highland Park Hospital in Illinois.

Burton Mass proudly notes that daughter Sharon graduates from Jefferson this June, and son Larry finishes his first year here.

Francis A. Mlynarczyk has opened an otolaryngology practice associated with Upstate Carolina Medical Center.
David C. Rising has been elected a Trustee of Grand View Hospital in Bucks County, Pennsylvania, where he practices orthopaedic surgery.

'67

Allan M. Arbeter has been appointed Chairman of Pediatrics at Albert Einstein Medical Center in Philadelphia. He is an Associate Professor of Pediatrics at Temple University.

Paul P. Slawek, who holds a law degree, has opened a law office in Conshohocken, Pennsylvania with his two daughters, also attorneys.

Matthew White is serving on the Board of Trustees and the Medical Staff Executive Committee at St. Clare Hospital in Tacoma, Washington, where he has a busy family practice.

Melvyn A. Wolf has joined the ophthalmology staff of North Penn Hospital near Lansdale, Pennsylvania.

'68 Twenty-fifth Reunion June 4–6, 1993

Barry Corson married Jane A. Spitko, '86 in November 1992; they are practicing family medicine together in Blue Bell, Pennsylvania.

Richard L. Davies has been elected Chief of Staff at Feather River Hospital in California.

Walter G. Zemel has been elected a representative from Grand View Hospital to the Hospital Medical Staff Section of the Pennsylvania Medical Society.

'69

Stanley N. Brand is President-Elect of the Medical Staff of Menorah Medical Center in Kansas City, Kansas.

James D. Heckman has been named the first holder of The John J. Hinchev, M.D. Chair in Orthopaedics at the University of Texas Health Science Center at San Antonio, where Dr. Heckman has chaired the orthopaedics department since 1988. His department is one of the top ten in the nation in terms of research dollars awarded on a peer review basis.

Lawrence S. Miller has been appointed Medical Director of Rehabilitation at the Motion Picture and Television Fund in Los Angeles, and named to the Medical Advisory Committee for the State of California.

'71

James C. Maas has been very busy in his practice with total joint replacements of knees and hips.

Stephen C. Silver of Media is President-Elect of the Pennsylvania Society of Colon and Rectal Surgeons.

Robert C. Snyder of Washington, D.C. continues to play the piano, giving occasional recitals with professional musicians.

'72

Thoracic surgeon Louis C. Blaum, Jr. has been honored as an outstanding teacher at the Guthrie Clinic and Robert Packer Hospital in Sayre, Pennsylvania by students from Hahnemann University School of Medicine.

Anthony J. Calabrese has been elected President of the Medical Staff at Anne Arundel Medical Center in Maryland.

Alan S. Friedman is Secretary of the Medical Staff of Atlantic City Medical Center, and President-Elect of the Medical Society of Atlantic County.

Bruce L. Gewertz and family are “enjoying Chicago environs, winter and summer. Would welcome any classmates.”

Irwin J. Hollander has been elected President of the Medical Staff at Grand View Hospital in Bucks County, Pennsylvania.

John S. Naulty has joined Pennsylvania Hospital in Philadelphia as Chairman of Anesthesiology. Since 1988 Dr. Naulty had been Director of Obstetric Anesthesiology and Research at George Washington University in Washington, D.C. Previously he had served as Co-Director of Obstetric Anesthesia at Brigham and Women’s Hospital in Boston. Dr. Naulty’s research interests include the effects of anesthetics on the
fetus, the newborn, and the mother in labor, and developing an autologous blood transfusion system for obstetrics.

Joan H. Shapiro of Farmington Hills, Michigan has received her J.D. and been admitted to the state bar, but plans to continue practicing obstetrics and gynecology.

'73 Twentieth Reunion June 4–6, 1993

Eric W. Blomain of Dunmore has been elected Vice-President of the Pennsylvania Plastic Surgery Society, known as the Ivy Society.

Anthony M. Colatrella has joined the gastroenterology staff of Canonsburg General Hospital in Pennsylvania.

Philip S. B. Fuller has been elected Secretary-Treasurer of the Medical Staff of Mary Washington Hospital in Fredericksburg, Virginia.

Robert P. Good has been appointed chief of the orthopaedic surgery service at Bryn Mawr Hospital in Pennsylvania.

Peter R. Hulick has joined the internal medicine staff at the Medical Center of Delaware.

'74

Albert L. Blumberg is President-Elect of the Baltimore County Medical Association. Dr. Blumberg serves as Vice-Chairman of Radiation Oncology at the Greater Baltimore Medical Center.

Joel M. Brown is Vice-Chief of Staff at HCA Medical Center of Plano, Texas.

Stanley J. Geyer has joined West Penn Hospital in Pittsburgh as Chairman of Pathology and Interim Chairman of Medical Genetics. Previously Dr. Geyer was a Professor of Pathology at George-town University School of Medicine.

William I. Miller is serving as an advisor to the Crew Systems Division of the Naval Air Systems Command in Washington, D.C.

'75

Jerry M. Belsh is an Associate Professor of Clinical Neurology at Robert Wood Johnson Medical School in Piscataway, New Jersey.

William A. Biermann has been elected Secretary of Jefferson's Volunteer Faculty Association.

Thomas J. Nasca has been appointed a Clinical Associate Professor of Medicine at Jefferson.

'76

Jonathan D. Ralph is enjoying his group practice of obstetrics and gynecology in Fort Lauderdale.

'77

J. Hartley Bowen III has been elected Vice-President of the Medical Staff of Grace Hospital in Morganton, North Carolina, where he is a pathologist.

Samuel M. Lesko was the lead author of a study in the *Journal of the American Medical Association* indicating that men 21 to 55 years old who are severely bald at the top are three times more likely to suffer heart attacks than those with full heads of hair. The study also found that men with mild to moderate baldness on top have 1.5 times the normal risk of a heart attack, but men with receding hairlines, even severe ones, but no baldness on top, face no increased risk. Dr. Lesko is on the faculty of Boston University School of Medicine, and has a full head of hair.

'78 Fifteenth Reunion June 4–6, 1993

Lawrence M. Kuikinski has joined the orthopaedic staff of Union City Memorial Hospital in Pennsylvania.

Martin P. Nee, Jr. and family are "enjoying rural Washington County in southwestern Pennsylvania," where he is on the plastic surgery staff of Canonsburg General Hospital.

Donald B. Parks was Jefferson's official representative at the inauguration of Douglas Covington as President of Cheyney University of Pennsylvania.

Charles L. Reese has been named a Clinical Assistant Professor of Surgery (Emergency Medicine) on Jefferson's faculty, practicing at the Medical Center of Delaware.

Ellen K. Smith is practicing interventional cardiology, and directing the cardiology fellowship program, at the Geisinger Medical Center in Danville, Pennsylvania.

Marc I. Surkin has been elected President of the Delaware County Medical Society. Dr. Surkin is on the otolaryngology staffs of Bryn Mawr, Delaware County Memorial, Mercy-Haverford, and Riddle Memorial Hospitals.

'79

Robert G. Bagian has joined the emergency medicine staff at Gettysburg Hospital.

Thomas P. Phiambolis has been named a Clinical Assistant Professor of Medicine on Jefferson's faculty, practicing at Lankenau Hospital.

Richard B. Seely has been appointed Medical Director of High Point of South Florida, a chemical dependency and emotional trauma rehabilitation facility in Cooper City.
Nancy M. Abrahamsen has a thriving radiology career in Largo, Florida. She and orthopaedic surgeon husband Charles E. Abrahamsen, '80 are kept busy by their children’s activities as well as opera, rodeos, and snow skiing.

Karl Doghramji has been promoted to Associate Professor of Psychiatry and Human Behavior at Jefferson.

Barbara G. Frieman has been elected Treasurer of Jefferson’s Volunteer Faculty Association.

Gary T. Loh “enjoys his radiology practice at Wheeling Hospital in West Virginia, and plays guitar whenever he can.”

Daniel B. Mingle has been elected a corporator of Androscoggin Savings Bank in Lewiston, Maine. He is Vice-President of the Medical Staff at Stephens Memorial Hospital, and serves on the board of the Maine chapter of the American Academy of Family Physicians.

David F. Podrasky has been appointed Chairman of Obstetrics at the Medical College Hospitals, Bucks County Campus, which as part of Allegheny Health Systems is affiliated with the Medical College of Pennsylvania. Dr. Podrasky’s practice is “enormously busy.”

Scott A. Brenman of Philadelphia and his wife, Kathy, are the proud parents of a second son, Matthew, born February 14.

Guy A. Giordano has joined a family practice group in Williamsport, Pennsylvania.

John P. Leicht has joined the radiology staff of Sharon Regional Health System in Sharon, Pennsylvania.

John R. Martell visited China last fall as a member of a sports medicine team organized through the People to People Ambassador Program. Participants promote relations between countries through scientific, professional, and technical exchanges. Dr. Martell practices orthopaedic surgery at Allegheny General Hospital in Pittsburgh.

Eugene R. Viscusi has been appointed an Instructor in Anesthesiology at Jefferson.

Edward C. Blasko has opened a practice of general and vascular surgery in Scranton, Pennsylvania.
Class Notes

Alan J. Cohen has been elected Chief of Staff at East Bay Hospital in Oakland, California, where he practices psychiatry and was recently appointed Director of Clinical Research.

Neil L. DeNunzio has been elected Chief of the Medical Staff at Albe marle Hospital in North Carolina, where Charles R. Hoidal, '82 has been named Chief of Emergency Medicine.

Margaret T. Hessen continues to practice in Drexel Hill and hold a faculty appointment at the Medical College of Pennsylvania.

Paul M. Jurkowski has been practicing psychiatry in Auburn, California for a year.

William D. Paterson has been appointed Chairman of Anesthesiology at Memorial Hospital of Salem County, New Jersey.

James R. Powell has been named a Fellow of the American College of Chest Physicians.

James W. Robinson has joined the family practice staff of Chambersburg Hospital in Pennsylvania.

Neal A. Schorr has been enjoying his family practice in Wexford, a suburb of Pittsburgh.

'83 Tenth Reunion June 4–6, 1993

Lauren E. Bickel of Owensboro, Kentucky has been happily married for a year, and is working 30 hours per week in emergency medicine.

Barbara L. Davies has opened a plastic surgery practice in St. Simon's Island, Georgia.

Glenn A. Mackin has just completed a fellowship in electromyography (EMG) and neuromuscular diseases at the Hospital of the University of Pennsylvania. In July he starts as EMG Director and Assistant Professor of Neurology at the University of Colorado Medical Center in Denver.

Ann B. Olewnik starts August 1 as a staff neonatologist at St. Mary's Hospital in Grand Junction, Colorado.

Henry F. Smith, Jr. is practicing pulmonary medicine in Wilkes-Barre, Pennsylvania, and has become board certified in critical care. He and his wife, Catherine, are the proud parents of new daughter Brigid Louise.

Susan L. Thornley's hobbies at her home in Harrisburg include "raising sheep, goats, and horses."

'84

Frederick J. Cook has joined the ophthalmology staff of Beebe Medical Center in Lewes, Delaware.

J. Christopher Daniel begins working at the U.S. Naval Hospital in Sigonella, Sicily in July in family practice.

Michael Henrickson has received a Physician Scientist Development Award from the American College of Rheumatology. The grant will cover two to three years of research on the project "Modification of autoimmunity in the MRL-lpr/lpr murine model of autoimmunity by the use of anti-CD3 monoclonal antibodies." This mouse model of autoimmune disease offers several characteristics of human rheumatic disease. The project will examine how an antibody fragment specific for a part of the T lymphocyte's receptor complex (CD3) can exert a profound immune suppressive effect without the toxic effects of whole antibody. The whole anti-CD3 antibody is currently in use in human kidney transplantation. The studies of anti-CD3 antibody fragments will provide a basis for the clinical application of these antibodies for the therapy of human autoimmune disease.

Evan Y. Liu and his wife, Donna, are the proud parents of Robert James Liu, born November 31. Dr. Liu is a member of the emergency medicine staff at Delaware County Memorial Hospital in Drexel Hill, Pennsylvania.

Robert A. Moyer has been inducted as a Fellow of the American College of Physicians, and is practicing rheumatology in southern Delaware.

'85

David S. Altman has joined the staffs of North Penn Hospital and Grand View Hospital in Bucks County, Pennsylvania.

Brian R. Buinewicz has opened a practice of plastic and reconstructive surgery in Willow Grove, Pennsylvania.

Richard A. Cautilli, Jr. has been appointed an Instructor in Orthopaedic Surgery at Jefferson.

James E. Devlin is busy as the only physician in Brockway, Pennsylvania, where he grew up.

Donna M. DiCenzo and Robert L. Robles, '86 are the proud parents of Renata Liane Robles, born March 10. Dr. Robles is conducting breast cancer research at the Cancer Research Institute of the University of California at San Francisco. Dr. DiCenzo is practicing obstetrics and gynecology with Kaiser Permanente.

Scott J. Ellis has opened an orthopaedic surgery practice in Winder, Georgia.

Bradley A. George has been named a Clinical Assistant Professor of Pediatrics on the Jefferson faculty, practicing at Geisinger Medical Center in Danville.

Jeffrey M. Jacobs has joined the gastrointestinal department at Montgomery Hospital in Norristown, Pennsylvania.

Gregory G. Machiko has been certified as a Diplomate in gastroenterology, and is practicing in Washington, Pennsylvania.

Marlon T. Maus has joined the ophthalmology staffs of Pennsylvania Hospital in Philadelphia and Holy Redeemer Hospital in Meadowbrook.

Carol L. Seifert has joined the Airport Regional Imaging Center in Pittsburgh.

Grace G. Slimak has joined the gastroenterology staff of St. Joseph's Hospital in Elmira, New York.

Louis J. Tedesco has joined the family practice staff of Community Medical Care Centers in Mt. Pocono, Pennsylvania.

Mark R. Versland has joined the gastroenterology staff of New Britain General Hospital in Connecticut.
Stuart M. Boreen and his wife, Joan, are thrilled at the birth of second child Michael in Bethlehem, Pennsylvania.

David N. Brozman completes a fellowship in June and begins practicing general and vascular surgery in Lancaster, Pennsylvania.

Ralph F. Costa has joined the family practice staff of West Jersey Health System.

Jay S. Fineman has been appointed Director of Pediatric Anesthesia at Lower Bucks Hospital in Bucks County, Pennsylvania.

Sheila S. Grossman practices family medicine in Glenside, Pennsylvania with her husband, Jay.

Jeffrey A. Lavanier has joined the emergency department at Somerset Hospital in Somerset, Pennsylvania.

John Montini has joined the emergency medicine staff of Frick Hospital in Mount Pleasant, Pennsylvania.

Todd A. Morrow has joined the Department of Surgery at Newark Beth Israel Medical Center, and has a private practice in West Orange, New Jersey.

Michael J. O'Donnell of Iowa City and his wife, Gail, are thrilled at the birth of daughter Megan.

Paul N. Strohmayer has joined the general surgery staff of Victory Memorial Hospital in Waukegan, Illinois.

Sharon A. Beckhard has joined a neurological practice associated with Abington Memorial Hospital in Abington, Pennsylvania.

Kenneth S. Breslin has joined a gastroenterology practice in Lower Makefield, Pennsylvania.

Jonathan C. Fong begins a cardiovascular residency at the University of Rochester in July.

Jeffrey J. Larkin is completing a fellowship in magnetic resonance imaging at Johns Hopkins.

Charles A. Pohl has been named to Jefferson's faculty as a Clinical Assistant Professor of Pediatrics, practicing at the Alfred I. duPont Institute.

R. Michael Siatkowski will remain at Bascom Palmer Eye Institute in Miami as an Assistant Professor, having just finished a pediatic ophthalmology fellowship there.

Catherine McLaughlin Silva and her husband, Tom, are the proud parents of Patricia Louise, born April 30.

Kathleen A. Walker is practicing anesthesia at Johnson Memorial Hospital in Stafford Springs, Connecticut.

John F. Wilson is moving to Wausau, Wisconsin in July upon completing a retina fellowship at McGill University in Montreal.

Jonathan C. Lowry will be the inaugural recipient of a two-year fellowship in ocuoplastic, reconstructive, and orbital surgery at the Mayo Clinic.

Theodore A. Nukes begins a one-year fellowship in clinical neurophysiology at West Virginia University in July.

Mark R. Sarfati is taking two years of research during his surgery residency at the University of Arizona.

Ronald S. Berne has married Dina Lawson. They are living in Chicago, where Dr. Berne will finish his dermatology residency at Cook County Hospital next year.

Sandra Chern has been elected Chief Resident in Ophthalmology at Indiana University Medical Center.

Errol M. Aksu married Wendy S. Armstrong, B.S.P.T. '85 last September 12.

Susan Baer is donning her boots to return to Houston as an Assistant Professor of Pathology and of Dermatology, and Director of Dermatopathology, at Baylor College of Medicine. This spring she finished a dermatopathology fellowship at the University of Pennsylvania. Dr. Baer was in Houston in 1991–92 as a surgical pathology fellow at M. D. Anderson Cancer Center.

Errol M. Aksu married Wendy S. Armstrong, B.S.P.T. '85 last September 12.

Susan Baer is donning her boots to return to Houston as an Assistant Professor of Pathology and of Dermatology, and Director of Dermatopathology, at Baylor College of Medicine. This spring she finished a dermatopathology fellowship at the University of Pennsylvania. Dr. Baer was in Houston in 1991–92 as a surgical pathology fellow at M. D. Anderson Cancer Center.

Martha C. Carlough has joined the family practice staff at Memorial Hospital of Rhode Island in Pawtucket.

William L. Carroll and Madeline S. Wood-Wagemaker are practicing family medicine together in Edgemont, Pennsylvania. Dr. Carroll, who practiced law for nine years before entering Jefferson, continues to do legal consulting, primarily on medical issues. He and his spouse, Susan, are enjoying their three children.

Jane Y. Fang has been appointed an Assistant Professor of Obstetrics and Gynecology at the University of Pennsylvania.

Mark R. Sarfati is taking two years of research during his surgery residency at the University of Arizona.

Ronald S. Berne has married Dina Lawson. They are living in Chicago, where Dr. Berne will finish his dermatology residency at Cook County Hospital next year.

Sandra Chern has been elected Chief Resident in Ophthalmology at Indiana University Medical Center.
Class Notes

Postgraduate Alumni

Satish Mody, M.D., AN'74 is practicing anesthesiology at Gnaden Huetten Memorial Hospital in Tamaqua, Pennsylvania.

P. Kenneth Brownstein, M.D., U'76 is President of Jefferson's Volunteer Faculty Association, and Marc L. Schwartz, M.D., CD'83 is President-Elect.

Dilip Kapadia, M.D., NM'S2 has joined the radiology staff of South Jersey Hospital System.

Owen Montgomery, M.D., OBG'S5 has been elected Vice-Chairman of the Pennsylvania Section of the American College of Obstetricians and Gynecologists.

Robert B. McShane, M.D., OS'S9 has been inducted as a Fellow of the American Academy of Orthopaedic Surgeons.

Charles E. Meusbarger, M.D., P'90 has been appointed Medical Director of Inpatient Psychiatric Services at Atlantic City Medical Center. Previously Dr. Meusbarger had served as Assistant Medical Director of Inpatient/Outpatient and Consultative Liaison Psychiatry at Bridgeton Hospital in New Jersey.

Nora Kramer, M.D., P'92 has joined the attending staff of Friends Hospital in Philadelphia.

Books by Alumni

Richard P. Wenzel, '65 has edited Prevention and Control of Nosocomial Infections, published this year by Williams & Wilkins of Baltimore. It includes various contributors and runs 1,049 pages. In 1992 Dr. Wenzel edited Assessing Quality Health Care: Perspectives for Clinicians, also published by Williams & Wilkins, including various contributors, and running 535 pages. Dr. Wenzel has recently been named to the Editorial Board of the New England Journal of Medicine and appointed Associate Chairman of the Department of Internal Medicine at the University of Iowa.


Howard B. Cotler, '79 is one of the editors of Rehabilitation of the Spine, published by Mosby. The 900-page text is dedicated to, among others, James M. Hunter, '53, and is fashioned after Dr. Hunter’s book Rehabilitation of the Hand, which was used when Dr. Cotler rotated through Dr. Hunter’s service at Jefferson.


Morrie E. Kricun, '63, a Professor of Radiology at the University of Pennsylvania whose past books have included Imaging the Pelvis, has probed this subject further in his latest work, the coffee-table-sized Elvis 1956 Reflections. The text centers around largely unprinted photos of the young Presley that Dr. Kricun and his coauthor and wife, Virginia, found at the estate auction of Hollywood photographer Ed Braslaff, who had shot the negatives for fan magazines shortly before “the Pelvis” made his first film, Love Me Tender.

The Kricuns have paired Elvis with quotations from the likes of Carlyle, Cervantes, Keats, and Voltaire, and synopsised “the King”’s critical reception in 1956 from teen rags, trade magazines, and the New York Times. Perhaps this cultural exhumation stems from still another career of Dr. Kricun’s: teaching anthropology and paleopathology at the University of Pennsylvania’s University Museum.

Elvis 1956 Reflections is being distributed by the Kricuns’ own Morgin Press of Wayne, Pennsylvania throughout the U.S., the U.K., and Japan, and seems on its way to platinum status on the charts.

The cover needs no title: Dr. and Mrs. Kricun with their book

The Philadelphia Book Clinic, a trade organization, named it best book of the year in the trade sector—the first time this award has gone to a small publisher. Among the Kricuns' correspondence has been a postcard from the Mid-South thanking them for “your efforts on my behalf” and signed “E.” □
**Obituaries**

**George A. Richardson, ’23** died March 23 at age 95. Dr. Richardson practiced in the Frankford section of Philadelphia for 58 years and served as head of otolaryngology at Frankford and Episcopal Hospitals. He is survived by two sons.

**William H. Izlar, ’29** died January 20 at age 91. Dr. Izlar practiced medicine in Miami, Florida for 47 years. Upon retirement in 1982 he returned to his native Georgia to live. He is survived by his wife, Pauline, and a son.

**Thomas H. Dembinski, ’35** died November 19, 1992. He interned at Mercer Hospital in Trenton, New Jersey and served as a medical officer during World War II. He is survived by his wife, Bertha, and a son.

**C. Yulan Washburn, ’37** died August 19, 1992. Dr. Washburn had practiced family medicine in Mooresboro, North Carolina. While serving as a medical officer in World War II, Dr. Washburn was awarded five battle stars, as well as combat medical badges and a distinguished unit badge. He is survived by his wife, Lillian, a daughter, and a son.

**Tillman D. Johnson, ’38** died December 8, 1989. Dr. Johnson retired from the Army Medical Corps after 20 years of service and in 1959 established a general practice in Elkton, Maryland. While in Elkton he first assisted with, then took over duties as County Medical Examiner. He retired from practice in 1980 and moved to Punta Gorda, Florida. He is survived by his wife, Mildred, and three children.

**Gaetano Brindisi, ’40** died March 12. Dr. Brindisi practiced internal medicine in Center City Philadelphia and in the Overbrook section of the city. He had been an Assistant Demonstrator of Medicine (Chest Department) at Jefferson. He served as Medical Director of St. Mary’s Hospital in Philadelphia and was honored in 1991 by the Philadelphia County Medical Society for 50 years in medicine. He is survived by two daughters and a son.

**I. Edmund Mikowski, ’40** died March 16 at age 80. Born in Poland, Dr. Mikowski served as a U.S. Army medical officer in the Philippines during World War II. His entire medical career was spent on the staff of Frankford Hospital. He was honored in 1991 by the Philadelphia County Medical Society for 50 years in medicine. He is survived by his wife, Mary Kathleen, two sons, and a daughter.

**Edgar N. Johnson, ’42** died March 16. Dr. Johnson practiced ear, nose, and throat surgery in Wilmington, Delaware. In 1967 he was honored by patients and friends at a “Man of the Ear” dinner held at the famed Hotel duPont in Wilmington. He is survived by his wife, Madeline, and five sons.

**John R. Jenkins, Jr., ’46** died December 25, 1992. Dr. Jenkins practiced anesthesiology in Santa Rosa, California. He was a Diplomate of the American Board of Anesthesiology and a Fellow of the American College of Anesthesiology. He is survived by his wife, Barbara.

**S. Victor King, ’47** died February 18. After service as a regular army medical officer and duty in Korea, Dr. King practiced orthopaedic surgery in Altoona, Pennsylvania. He was Director of Orthopaedic Services and Director of the Medical Staff at Mercy Hospital in Altoona, as well as Chief of the Orthopaedic Department and President of the Medical Staff at Tyrone Hospital. He was a past President of the Blair County Medical Society and a delegate to the Pennsylvania Medical Society. He is survived by his wife, Carol, and a daughter.

**Gilbert M. Hoffman, ’48** died March 8. Dr. Hoffman practiced internal medicine before joining Bethlehem Steel Company in 1975 as a corporate physician. He was a past President of the Medical Staffs at St. Luke’s Hospital in Bethlehem and Muhlenberg Medical Center, past President of the Northampton County Medical Society, and a delegate to the Pennsylvania Medical Society. He is survived by his wife, Marion, and three sons.

**Richard V. Duffey, ’50** died February 1. Dr. Duffey practiced orthopaedic surgery in the Bangor-Brewer area of Maine for 25 years, serving as a regional consultant to the State Bureau of Rehabilitation, as a Penobscot County medical examiner, and as a Brewer Health Officer. He is survived by his wife, Maxine, two daughters, and two sons.

**Warren M. Barrett, ’58** died November 26, 1992. He had retired from practice in 1990 and was living in Jacksonville, Florida. His medical career included 10 years of service with the U.S. Navy. In addition, he held the rank of Colonel in the U.S. Army Reserve. He is survived by his wife, Ella, and four children.

**Roland F. Fleck, Jr., ’61** died January 16. He had practiced obstetrics and gynecology with the Lansdale Clinic in Aiken, South Carolina before relocating his practice to Clemson, South Carolina during the 1980s. He was a U.S. Army veteran of the Vietnam War and recipient of the Bronze Star. He is survived by his wife, Sydney, a daughter, and a son.

**Theodore A. Feinstein, ’75** died February 10. Dr. Feinstein, an Instructor in Obstetrics and Gynecology at Jefferson, practiced at Thomas Jefferson University Hospital. He was an art collector and recognized connoisseur, and his gallery was one of only six or seven on the East Coast dealing exclusively with New Guinea and Oceanic tribal art. He is survived by a son and by his parents.

**Randy V. Campo, ’77** died September 19, 1992. He practiced ophthalmology in Scottsdale, Arizona and was known for expertise in vitreoretinal disorders. In his memory, colleagues in a retina study group have renamed their group the Campo Society. A special lectureship fund to support a visiting professorship series has been established in his name at the Bascom Palmer Eye Institute in Miami, Florida.

Honorary Clinical Professor of Medicine

**Norman G. Sloane, M.D.** died March 4 at age 81. Dr. Sloane, a member of the American College of Physicians, was on the staffs of Thomas Jefferson University Hospital and Mount Sinai Hospital in Philadelphia. He was Chief of Medicine at the Philadelphia Psychiatric Center. His wife, Florane, a daughter, and a son survive him.

Vice-President for External Relations

**Trevor A. Fisk** died March 14 at age 49. Mr. Fisk had joined Jefferson in 1985 as Associate Executive Director for Marketing and Planning for Thomas Jefferson University Hospital. He had previously worked for Cooper Hospital-University Medical Center in Camden.
Match!

A whopping 81 percent of this year’s seniors who participated in the National Resident Matching Program received one of their first three choices for postgraduate training. Fifty-six percent matched with their top choice.

ARIZONA
Daniel Casto
Family Practice C
Univ. of Arizona Affiliated Hospitals, Tucson
Richard J. Kim
Family Practice C
Good Samaritan Regional Medical Center, Phoenix

CALIFORNIA
Shashi Ajmani
Family Practice C
University of California at San Francisco-Fresno Medical Education Program, Fresno
Shanawar Alam
Psychiatry C
University of California at San Francisco
Gerard V. Bland
Family Practice C
Contra Costa County Health Service, Martinez
Rebecca G. Chinn
Family Practice C
Univ. of Calif.-Davis Medical Center, Sacramento
Kathy M. Clewell
Internal Medicine C
Univ. of Calif.-Irvine Medical Center, Orange
Andrew M. Cumiskey
General Surgery C
Naval Hospital, Oakland
Liza L. De Los Santos
Internal Medicine C
Univ. of Calif.-Irvine Medical Center, Orange
Adam J. Goodfarb
Pediatrics C
Children’s Hospital of Los Angeles
Kurt F. Lundquist
Pathology C
Stanford University Hospital, Stanford
Swati N. Patel
Transitional P
Santa Clara Valley Medical Center, San Jose
PGY-2: Anesthesiology S
UCLA Medical Center, Los Angeles
Matthew B. Quick
Family Practice C
Naval Hospital, Camp Pendleton
Susan G. Rotter-Goldman
Family Practice C
Univ. of Calif.-Los Angeles Medical Center
Tjhi Wen Tjauw
Medicine-Preliminary P
West Los Angeles VA Medical Center
John T. Tong
Medicine-Preliminary P
UCLA San Fernando Valley Program, Sepulveda
PGY-2: Ophthalmology S
UCLA Medical Center, Los Angeles
Alice L. Truscott
Pediatrics C
California Pacific Medical Center, San Francisco
Toshimasa Tsuda
Pediatrics C
Univ. of Calif.-Irvine Medical Center, Orange
Sathish R. Vudapalli
Otolaryngology C
Univ. of Southern Calif. School of Medicine, Los Angeles
Lillian Wu
Family Practice C
Univ. of Calif.-Los Angeles Medical Center

CONNETICUT
Peter A. Brooks
Medicine-Preliminary P
Yale-New Haven Hospital
Andrea J. Hacker
Internal Medicine C
Yale-New Haven Hospital
Eric R. Mariotti
Surgery-Preliminary P
Univ. of Connecticut Hospitals, Farmington
James A. Shaer
Orthopaedic Surgery C
Univ. of Connecticut Hospitals, Farmington
Claire G. Shernoff
Surgery-Preliminary P
Stamford Hospital, Stamford
Peter C. Wu
General Surgery C
Univ. of Connecticut Hospitals, Farmington

DELWARE
Anna Chen
Family Practice C
Medical Center of Delaware, Newark
Miguel G. Franco
Family Practice C
Medical Center of Delaware-Christiana Hospital, Newark
Christopher J. Moheirami
Surgery-Preliminary P
Medical Center of Delaware-Christiana Hospital, Newark
Donald A. Mullen
Medicine-Preliminary P
Medical Center of Delaware-Christiana Hospital, Newark
Dean F. Otto
Emergency Medicine C
Medical Center of Delaware-Christiana Hospital, Newark

FLORIDA
Thomas J. Gal, Jr.
Otolaryngology C
Univ. of South Florida College of Medicine, Tampa
Manal M. Soliman
Psychiatry C
Univ. of South Florida College of Medicine, Tampa

HAWAII
Wayne B. L. Chen
Internal Medicine C
Tripler Army Medical Center, Honolulu

INDIANA
Manish N. Chheda
Internal Medicine C
Indiana University Med. Center, Indianapolis

MAINE
Christopher J. Lutzikowski
Family Practice C
Maine-Dartmouth Medical School Family Practice Residency Program, Augusta
Stephen J. Michaels
Family Practice C
Maine Medical Center, Portland
Paul J. Percival
Family Practice C
Maine-Dartmouth Medical School Family Practice Residency Program, Augusta

Sharing the excitement of Peter C. Wu, '93 is Joseph F. Rodgers, '57, Associate Dean for Residency and Affiliated Hospital Programs.
MARYLAND
Sean M. Blitzstein
Psychiatry C
National Naval Medical Center, Bethesda
Richard R. Dobhan
Internal Medicine C
National Naval Medical Center, Bethesda
Mark S. Lepore
Pediatrics C
Univ. of Maryland Medical Center, Baltimore
Leslie A. Magalong
Internal Medicine C
Univ. of Maryland Medical Center, Baltimore
Jeanne M. O'Connell
Emergency Medicine C
Univ. of Maryland Medical Center, Baltimore
Theresa A. Quane
Internal Medicine C
National Naval Medical Center, Bethesda
MARYLAND
Sean M. Blitzstein
Psychiatry C
National Naval Medical Center, Bethesda
Richard R. Dobhan
Internal Medicine C
National Naval Medical Center, Bethesda
Mark S. Lepore
Pediatrics C
Univ. of Maryland Medical Center, Baltimore
Leslie A. Magalong
Internal Medicine C
Univ. of Maryland Medical Center, Baltimore
Jeanne M. O'Connell
Emergency Medicine C
Univ. of Maryland Medical Center, Baltimore
Theresa A. Quane
Internal Medicine C
National Naval Medical Center, Bethesda
MASSACHUSETTS
Caroline M. Connor
Medicine-Preliminary P
New England Deaconess Hospital/Harvard Medical School, Boston
PGY-2: Anesthesiology S
Massachusetts General Hospital, Boston
Linda M. Dallasta
Pathology C
Beth Israel Hospital, Boston
David L. Manuel
Medicine-Preliminary P
University of Massachusetts Medical Center, Worcester
PGY-2: Radiology-Diagnostic S
St. Vincent's Hospital, Worcester
MICHIGAN
Samir S. Awad
General Surgery C
University of Michigan Hospitals, Ann Arbor
Melissa Moody
Internal Medicine C
University of Michigan Hospitals, Ann Arbor
MISSOURI
Maureen E. Stoffa
Internal Medicine C
Barnes Hospital-Washington Univ. School of Medicine, St. Louis
Giridhar Vedala
Internal Medicine C
Barnes Hospital-Washington Univ. School of Medicine, St. Louis
NEW JERSEY
David C. Adams
Orthopaedic Surgery C
UMDNJ-Robert Wood Johnson Medical School, Piscataway
Michael F. Harrer
Orthopaedic Surgery C
UMDNJ-Robert Wood Johnson Medical School, Piscataway
John A. Kline, Jr.
Transitional P
Overlook Hospital, Summit
PGY-2: Physical Medicine and Rehabilitation
Thomas Jefferson University Hospital
Helen Lee
Transitional P
Overlook Hospital, Summit
PGY-2: Radiation Oncology S
Memorial Sloan-Kettering Cancer Center, New York
Premnath Rabindranath
General Surgery C
UMDNJ-Robert Wood Johnson Medical School, Piscataway
Paul B. Vanderbeek
Emergency Medicine C
Morristown Memorial Hospital
Sumra-Tul-Hai M. Zirvi
Family Practice C
The Mountainside Hospital, Montclair
NEW YORK
Gavin C. Barr, Jr.
Emergency Medicine C
New York Univ. Medical Center, New York
Gary E. Chizever
General Surgery C
Montefiore Medical Center, Bronx
Timothy G. George
Pediatrics C
The New York Hospital-Cornell Medical Center, New York
Kamaldeep S. Momi
Surgery-Preliminary P
Beth Israel Medical Center, New York
Ihor N. Potonarenko
General Surgery C
SUNY Health Science Center, Brooklyn
NORTH CAROLINA
Amy E. Forsythe
Pediatrics C
Duke University Medical Center, Durham
David G. Mulhall
Family Practice C
University Medical Center, Greenville
Harold M. Spangler
Emergency Medicine C
Bowman Gray School of Medicine-North Carolina Baptist Hospital, Winston-Salem
OHIO
Gregory J. Cerilli
General Surgery C
Medical College of Ohio, Toledo
Gregory B. Christiansen
Orthopaedic Surgery C
Medical College of Ohio, Toledo
Stephen W. Dailey
Orthopaedic Surgery C
MetroHealth-St. Luke's Medical Center, Cleveland
Jill R. Richardson
General Surgery C
Cleveland Clinic Foundation
Antonio J. Rippepi
General Surgery C
University Hospital of Cleveland
OREGON
Theodore J. Lowenkopf
Medicine-Preliminary P
Providence Medical Center, Portland
PGY-2: Neurology S
Albert Einstein College of Medicine, Bronx
Brent A. Savelli
Internal Medicine C
Providence Medical Center, Portland
PA PENNSYLVANIA
Karen L. Abrams
Family Practice C
Abington Memorial Hospital, Abington
Pamela A. Atkinson
Anesthesiology C
Thomas Jefferson University Hospital
Michael J. Barrett
Medicine-Preliminary P
Scranton-Temple University Residency Program, Scranton
Richard D. Battista
Surgery-Preliminary P
Abington Memorial Hospital, Abington
PGY-2: Orthopaedic Surgery S
Tampa Orthopaedic Program, Tampa, FL
Lisa S. Bellin
General Surgery C
Pennsylvania Hospital, Philadelphia
Catherine R. Benedict
Pathology C
Thomas Jefferson University Hospital
Douglas N. Boylan
Surgery-Preliminary P
Pennsylvania Hospital, Philadelphia
Joseph M. Bucich, Jr.
Radiology-Diagnostic S
Thomas Jefferson University Hospital
Mattison A. Burt III
Transitional P
Chetrust Hill Hospital, Philadelphia
PGY-2: Anesthesiology S
Thomas Jefferson University Hospital
John M. Butler
General Surgery C
Thomas Jefferson University Hospital
Barbara A. Carter
Obstetrics and Gynecology C
Thomas Jefferson University Hospital
Ittkah M. Chaudhry
Medicine-Preliminary P
Abington Memorial Hospital, Abington
PGY-2: Ophthalmology S
Temple University Hospital, Philadelphia
Eileen R. Conti
Medicine-Preliminary P
University of Pittsburgh/Univ. Health Center
Douglas T. Corwin, Jr.
Transitional P
St. Francis Medical Center, Pittsburgh
PGY-2: Anesthesiology S
Ohio State University Hospitals, Columbus
Kurt R. Crowley
Internal Medicine C
Thomas Jefferson University Hospital
Richard J. Daniels
Medicine-Preliminary P
The Lankenau Hospital, Wynnewood
PGY-2: Radiology-Diagnostic S
Pennsylvania Hospital, Philadelphia
Dawn A. Demangone
Emergency Medicine C
Allegheny General Hospital, Pittsburgh
Michael J. Devine
Surgery-Preliminary P
HealthEast Teaching Hospital, Allentown
PGY-2: Orthopaedic Surgery S
Univ. of Virginia Hospitals, Charlottesville
David W. Dietz
General Surgery C
Allegheny General Hospital, Pittsburgh
Richard L. Dillon
Transitional P
St. Luke's Hospital, Bethlehem
PGY-2: Radiology-Diagnostic S
Pennsylvania Hospital, Philadelphia
Sumra-Tul-Hai M. Zirvi, '93 and Pavka T. Sharma, '93 with the envelopes containing the good news.
Hospital Appointments

Timothy J. Dougherty
Emergency Medicine C
The Medical College of Pennsylvania, Philadelphia

Adam D. Dratch
Internal Medicine C
Temple University Hospital

Eric S. Dunn
Medicine-Preliminary P
The Lankenau Hospital, Wynnewood
PGY-2: Ophthalmology S
Wills Eye Hospital, Philadelphia

Bradley A. Feli
Family Practice C
Laroboe Area Hospital

Judith G. Ferko
Psychiatry C
Pennsylvania Hospital, Philadelphia

Michael J. Fitzpatrick
Orthopaedic Surgery C
Thomas Jefferson University Hospital

Paul M. Frassanelli
General Surgery C
Heathcare Teaching Hospital, Allentown

Paul A. Garfinkle
Medicine-Preliminary P
Abington Memorial Hospital, Abington
PGY-2: Ophthalmology S
Maryland General Hospital, Baltimore

Kimberly A. Gerstadt
Internal Medicine C
Thomas Jefferson University Hospital

Lisa M. Glorioso
Medicine-Preliminary P
Geisinger Medical Center, Danville

Ritu Goel
Surgery-Preliminary P
Thomas Jefferson University Hospital
PGY-2: Otolaryngology S
Thomas Jefferson University Hospital

Christopher K. Grady
Medicine-Preliminary P
Pennsylvania Hospital, Philadelphia
PGY-2: Radiology-Diagnostic S
Georgetown Univ. Hospital, Washington, DC

Sharon K. Griswold
Emergency Medicine C
Thomas Jefferson University Hospital

Harry D. Grossman
Transitional P
Mercy Catholic Medical Center, Darby
PGY-2: Ophthalmology S
Hahnemann University Hospital, Philadelphia

Mary Ann Hanes
Emergency Medicine C
The Medical College of Pennsylvania, Philadelphia

Diane M. Hershock
Internal Medicine C
Temple University Hospital, Philadelphia

Jamie C. Hey
Internal Medicine C
Thomas Jefferson University Hospital

Cathleen S. Hizmy
Medicine-Preliminary P
The Lankenau Hospital, Wynnewood
PGY-2: Radiology-Diagnostic S
Hospital of the University of Pennsylvania, Philadelphia

William R. Hogan
Internal Medicine C
University of Pittsburgh/Univ. Health Center

Joseph J. Hong
Transitional P
Chester Hill Hospital, Philadelphia
PGY-2: Anesthesiology S
Yale-New Haven Hospital/Yale University

Robert D. Hong
Surgery-Preliminary P
Thomas Jefferson University Hospital
PGY-2: Urology S
Thomas Jefferson University Hospital

Dennis S. Hsieh
Internal Medicine C
Thomas Jefferson University Hospital

Jane Hughes
Medicine-Preliminary P
Thomas Jefferson University Hospital
PGY-2: Ophthalmology S
Washington Hospital Center, Washington, DC

James C. Hyland
Transitional P
Chester Hill Hospital, Philadelphia

Joseph A. Iacono
General Surgery C
Milton S. Hershey Medical Center, Hershey

Jay A. Jawad
Psychiatry C
Thomas Jefferson University Hospital

Kimberly T. Jones
Psychiatry C
Thomas Jefferson University Hospital

Matthew J. Kilian
Internal Medicine C
Thomas Jefferson University Hospital

Meg S. Kiester
Obstetrics and Gynecology C
Geisinger Medical Center, Danville

Benjamin M. Kline
Medicine-Preliminary P
Thomas Jefferson University Hospital

Philip D. Kousoubis
Radiology-Diagnostic C
The Bryn Mawr Hospital, Bryn Mawr

Adelle G. Kurtz
Family Practice C
York Hospital, York

John A. Katz
General Surgery C
Thomas Jefferson University Hospital

Leslie G. Levin
Pediatrics C
St. Christopher's Hospital for Children

Walter E. Lewis
Family Practice D
The Bryn Mawr Hospital, Bryn Mawr

David L. Lit
Internal Medicine C
Thomas Jefferson University Hospital

Anne T. Mador
Pediatrics C
Thomas Jefferson University Hospital

Saifuddin T. Mama
Obstetrics and Gynecology C
Hospital of the University of Pennsylvania, Philadelphia

Timothy E. Marinie
Emergency Medicine C
Thomas Jefferson University Hospital

Michele L. Marziano
Family Practice C
The Bryn Mawr Hospital, Bryn Mawr

Sharon B. Mass
Obstetrics and Gynecology C
Thomas Jefferson University Hospital

Shawn P. McLaughlin
Family Practice C
Geisinger Medical Center, Danville

Brian P. McKinley
General Surgery C
Geisinger Medical Center, Danville

Craig E. McKnight
Obstetrics and Gynecology C
University of Pittsburgh/Univ. Health Center

Francis X. Mc Nesby, Jr.
Pediatrics C
St. Christopher's Hospital for Children, Philadelphia

Daniel K. Meyer
Internal Medicine C
Hospital of the University of Pennsylvania, Philadelphia

Jeffrey J. Miller
Medicine-Preliminary P
Hospital of the University of Pennsylvania, Philadelphia

Kenneth T. Miller
Radiology-Diagnostic C
Geisinger Medical Center, Danville

Philip S. Mintz
Pathology C
Temple University Hospital, Philadelphia

Brian W. Moon
Medicine-Preliminary P
The Lankenau Hospital, Wynnewood
PGY-2: Anesthesiology S
University of Southern California School of Medicine, Los Angeles

Hermann A. Moreno
Psychiatry C
Thomas Jefferson University Hospital

Dong-Chau Nguyen
Internal Medicine C
Thomas Jefferson University Hospital

Patrick L. O’Kane
Radiology-Diagnostic C
Temple University Hospital, Philadelphia

Shea A. O’Neill
Obstetrics and Gynecology C
Allegheny General Hospital, Pittsburgh

Stephen R. Orlevitch
Orthopaedic Surgery C
Temple University Hospital, Philadelphia

Hitesh K. Patel
Transitional P
Crozer-Chester Medical Center, Chester
PGY-2: Ophthalmology S
Cleveland Clinic Foundation, Cleveland

Minecraft C. Patel
Transitional P
Mercy Hospital of Pittsburgh
PGY-2: Radiology-Diagnostic S
UCLA Medical Center, Los Angeles

John D. Potochny
General Surgery C
The Graduate Hospital, Philadelphia

James J. Purcell
(Research Fellowship)
Pennsylvania Hospital, Philadelphia

Alan J. Reineach
Internal Medicine C
Thomas Jefferson University Hospital

Natalie M. Rice
Family Practice C
Sacred Heart Hospital, Allentown

Lauren S. Rosenberg
Family Practice C
Thomas Jefferson University Hospital

Scott A. Rushton
Orthopaedic Surgery C
Thomas Jefferson University Hospital

Francis J. Schanne
Surgery-Preliminary P
Pennsylvania Hospital, Philadelphia

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Upcoming Events

June 11, Friday
Clerf Lectures in Otolaryngology, honoring Louis H. Clerf, '12, in Solis-Cohen Auditorium, Alumni Hall
3:00 Mark May, M.D., "Overview of Results and Failures of Endoscopic Sinus Surgery"
3:45 Norman J. Schatz, M.D., "Neuro-Ophthalmologic Manifestations of Sinus Disease"
4:30 Herbert Silverstein, M.D., "Otology"
5:15 Robert L. Simons, M.D., "Facial Plastic Surgery"

4:00, in McClellan Hall, College Building Presentation of the Portrait of Burton L. Wellenbach, J'44, Clinical Professor of Obstetrics and Gynecology. Reception to follow, Eakins Lounge, Alumni Hall

June 30, Wednesday, 12:30
Eakins Lounge, Alumni Hall Birthday Celebration for Baldwin L. Keyes, '17 (see page 5).
R.S.V.P. to Troy L. Thompson II, M.D., 320 Curtis Bldg., Jefferson Medical College, Phila., PA 19107, phone 215 955 6912

Through the summer
Exhibits on the second floor of Scott Library: “Robley Dunglison: Personal Physician to Thomas Jefferson,” and “Thomas Jefferson and Health: His Vision for the University,” including historic documents from the University of Virginia

Through August 15

Through August 15, in Washington, D.C. The Gross Clinic, the celebrated painting by Thomas Eakins that usually hangs at Jefferson, is the highlight of a free exhibit at the National Portrait Gallery, open daily 10–5:30