Upcoming Events

September 30, Thursday
Alumni Association Executive Committee Reception at 5:30, dinner at 6:20, in The Faculty Club; meeting at 7:30, 139 Alumni Hall

October 4, Monday, 6:00 p.m., Minneapolis
Alumni reception at the meeting of the American Academy of Otolaryngology

October 7, Thursday, 5:30 p.m.,
Orlando, Florida
Alumni reception at the meeting of the American Academy of Family Physicians

October 9, Saturday, 6:00 p.m.,
Washington, D.C.
Alumni reception at the meeting of the American Society of Anesthesiologists

October 12, Tuesday, 6:00 p.m.,
San Francisco
Alumni reception at the meeting of the American College of Surgeons

October 22, Friday
President's Club Dinner

October 28, Thursday
Alumni Association Executive Committee Reception at 5:30, dinner at 6:20, in The Faculty Club; meeting at 7:30, 139 Alumni Hall

November 16, Tuesday, 6:00 p.m., Chicago
Alumni reception at the meeting of the American Academy of Ophthalmology

November 30, Tuesday, 5:00 p.m., Chicago
Alumni reception at the meeting of the Radiological Society of North America

December 1, Wednesday
Career Day, sponsored by the Alumni Association

December 2, Thursday
Alumni Association Executive Committee Reception at 5:30, dinner at 6:20, in The Faculty Club; meeting at 7:30, 139 Alumni Hall

December 6, Monday, 6:00 p.m.,
Washington, D.C.
Alumni reception at the meeting of the American Academy of Dermatology

January 27, 1994, Thursday
Alumni Association Executive Committee Reception at 5:30, dinner at 6:20, in The Faculty Club; meeting at 7:30, 139 Alumni Hall

February 2-11, Wednesday through Friday
Alumni trip to Hawaii—see page 57 for details

February 24, Thursday
Alumni Association Annual Business Meeting, Eakins Lounge

February 25, Friday, 6:00 p.m., New Orleans
Alumni reception at the meeting of the American Academy of Orthopaedic Surgeons

March 11, Friday
Parents' Day, sponsored by the Alumni Association

March 24, Thursday
Alumni Association Executive Committee Reception at 5:30, dinner at 6:20, in The Faculty Club; meeting at 7:30, 139 Alumni Hall

April 22, Friday, 6:00 p.m., Miami
Alumni reception at the meeting of the American College of Physicians

April 28, Thursday
Alumni Association Executive Committee Reception at 5:30, dinner at 6:20, in The Faculty Club; meeting at 7:30, 139 Alumni Hall

May 9, Monday, 6:00 p.m., Orlando, Florida
Alumni reception at the meeting of the American College of Obstetricians and Gynecologists

May 24, Tuesday, 6:00 p.m., Philadelphia
Alumni reception at the meeting of the American Psychiatric Association

Alumni Weekend '94

June 10, Friday
Alumni Banquet

June 11, Saturday
Clinic Presentations, Dean's Luncheon, Programs, Reunion Parties

June 12, Sunday
Farewell Brunch
Clinic Presentations

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Lisa M. Glorioso with the certificate presented to seniors at Class Day on June 3 officially naming them members of the Alumni Association. At the afternoon's ceremonies, senior George R. Zlupko's droll but trenchant talk concluded with "three things taught to me by some special people: One, be patient with yourself and give yourself time. Two, remember that medicine is an art form as well as a science; how you talk to your patients can be as important as what you tell them. Three, always teach and encourage those younger than you, for medicine is a profession more often taught by the sergeants than by the generals. Never forget where you've come from."

At Commencement on June 4, honorary degrees went to George D. Lundberg II, M.D., Editor of the Journal of the American Medical Association (on the right in photo with University President Paul C. Brucker, M.D.) and Francesco Antonio Manzoli, M.D., Director of the Istituto Superiore di Sanità in Rome (on the left in photo with Dean Joseph S. Gonnella, M.D.).

Jeff Relationships

IN THE CLASS OF '93

Abrams, Karen L.
Lawrence Abrams, Ed.D.
Father

Barr, Gavin C., Jr.
Gavin C. Barr '60
Father

Bellin, Lisa S.
Harvey J. Bellin '65
Father

Chinn, Rebecca G.
Franklin J. Chinn '52
Brother

Clewell, Kathy M.
Franklin J. Chinn, Jr. '82
Brother

Connor, Caroline M.
Bertram T. Chinn '57
Brother

Corwin, Douglas T., Jr.
Karen M. Clewell '92
Mother

James H. Corwin '03 (deceased)
J. Douglas Corwin '35 (deceased)
James H. Corwin II '36

James H. Corwin III '78 (deceased)

Demangone, Dawn A.
Michael J. Demangone '89
Father

Devine, Michael J.
Peter J. Devine '63
Grandfather

Dunn, Eric S.
Ernest C. Dunn '60
Father

Gal, Thomas J., Jr.
Thomas J. Gal '68
father

Garfinkle, Paul A.
Barry R. Halpern '54
Brother

Glorioso, Lisa M.
Joseph J. Glorioso '58
Brother

Glorioso, David V. '90
Father

Harrer, Michael F.
William V. Harrer '62
Father

William V. Harrer '89
Brother

James J. Purtill '93
Brother

Daniel C. Harrer '67
Brother

John C. Baker '26 (deceased)
Brother

Daniel C. Baker '33 (deceased)
Brother

Jane Schilling Hughes '86
Mother

L. Hughes, M.D. (faculty)

L. Hughes, M.D. (facult)

Hughes, Jane

Jones, Kimberly T.
Ward L. Jones '55
Mother

Kathleen L. Jones, School of Nursing '64

Kistler, Meg S.
Harvey F. Scholl, 1893 (deceased)
Father

William S. Kistler '39
Brother

Harvey W. Scholl '37
Brother

Harvey W. Scholl, Jr. '67
Brother

Meyer A. Kline '19

Ben Kline '55

Kline, Benjamin M.

Wildred C. Kline, School of Nursing '55

Michael A. Kline '90

Kline, John A., Jr.

John A. Kline '70

Eugene W. Pelczar '62

Kutz, John A.

Brian T. Pelczar '88

M. Eric R.

Joseph B. Marriott '64

Marriott, Eric R.

James G. Marnie '45 (deceased)

Mass, Timothy E.

Burton Mass '66

Maylock, Caroline A.

Lawrence D. Mass '96

Moody, Melissa

John H. Maylock '64

O'Connell, Jeanne M.

John V. Maylock '90

Perlin, Daniel I.

Eugene W. Pelczar '62

Solit, Richard L.

Brian T. Pelczar '88

Stoffa, Maureen E.

Joseph B. Marriott '64

Sym's, Mark J.

James G. Marnie '45 (deceased)

Thakur, Netra M.

Burton Mass '66

Treichman, Philip R.

Lawrence D. Mass '96

Vanderbeek, Paul B.

John H. Maylock '64

Wu, Lilian

John V. Maylock '90

Wu, Peter C.

R. Gibbons '43

Zlupko, George R.

Joseph P. O'Connell '55

Elliot Perlin '61

Robert W. Solit '61

Robert J. Stoffa '89

Charles A. Syns, Jr. '52

Charles A. Syns III '85

Mathew L. Thakur, Ph.D. (faculty)

Harris T. Treiman '64 (deceased)

Arthur M. Treiman '90

Richard B. Vanderbeek '58

Morgan Y. Chen '87

Michael C. Wu '96

George M. Zlupko '72
Poring over old Clinic yearbooks trying to put names to faces in photos with no captions. The effort to identify these interesting old photos was organized by J. Woodrow Savacool '38, Frederick B. Wagner, Jr. '41, and Harry L. Smith, Jr., Ph.D. '57.

Netra M. Thakur '93 with brother Neil, father Mathew L. Thakur, Ph.D., Professor of Radiation Oncology and Nuclear Medicine, and mother Lalita Thakur

Jeanne M. O'Connell '93 with her parents, Dr. and Mrs. Joseph P. O'Connell '55, and her children, Joseph and Katie

Russell W. Schaedler '53 and Jack W. Fink '54 introduced the Clinic Presentation speakers (see pages 6-17).

The Women's Forum on Saturday morning, June 5 invited participation from students as well as faculty and alumnae.
The inaugural Coley Lecture was delivered on June 5 as part of Alumni Weekend. Seen below are Joe Henry Coley ’34 (center) with Dean Joseph S. Gonnella, M.D. and Gerald J. Marks ’49. Look for the Fall 1993 Alumni Bulletin featuring Dr. Marks’s work which he described in the Coley Lecture. Many members of the Coley family gathered for the event.

June 22, 1993

Joseph S. Gonnella, M.D.
Senior Vice-President and Dean
Jefferson Medical College
Philadelphia, PA 19107

Dear Dr. Gonnella:

I am writing in an effort to express my appreciation for the events of alumni weekend at Jefferson.

My father, Andrew Jackson Coley of the Class of 1880, developed early in life a great desire to become a physician. Born in Alabama in 1858, on his father’s plantation near the town of Alexander City, he was educated in schools owned and operated by his grandfather and uncle.

He arrived in Philadelphia at age 20, ready and anxious to start his medical education. He had never been many miles from home. This was 13 years after the War Between the States* had left his world desolate, money was scarce, and he was in a strange, perhaps belligerent part of his country. He had never seen gas lighting; his first night in Philadelphia he blew out the light on going to bed; his roommate jumped up and turned off the gas admonishing him, “You will kill us if we are not careful.”

My father told me stories about Jefferson from the time I was a small boy until the year he died at age 99. He spoke of Samuel D. Gross and the younger Gross, J. Mendes DaCosta and his quiz sessions, the two Pancastos, Ellerslie Wallace, and W. W. Keen.

This love and pride in this great institution was instilled in me early. I came to revere my professors as much as my father revered his. I too have talked to my family about Jake Schaeffer, Earl Thomas, Virgil Moon, F. Brooke Bland, Norris Wistar Vaux, Thomas McCrae, and Henry Seelaus. And my classmates have become almost my extended family.

I wish to thank the Executive Committee of the Alumni Association for the honor they bestowed on me by this annual lectureship. I wish to express the same gratitude to you. The lecture by Dr. Gerald Marks was most informative.

Sincerely,

[Signature]
Achievement Awards Conferred Upon Harris and Hunter

John H. Harris, Jr. '53

Respected radiologist, teacher, and investigator, John H. Harris, Jr. '53 was honored with the Alumni Achievement Award at the Annual Banquet on June 4, along with his classmate James M. Hunter '53. Dr. Harris occupies the John S. Dunn Chair in Radiology and is Professor and Chief of Emergency Radiology at the University of Texas Medical School at Houston. Prior to his present position he was Chairman of the Department of Radiology at the same institution. His journey from Jefferson to the University of Texas took about 25 years and each step was marked by clinical achievement and professional advancement.

Harris entered Jefferson Medical College after graduating from Dickinson College. He received his postgraduate education at the Hospital of the University of Pennsylvania. Dr. Harris twice served as a Jefferson faculty member before finally succumbing to the pull of the Southwest; from 1962 to 1972 he was an Assistant Professor of Clinical Radiology here, and from 1977 to 1979 a Professor of Radiology. His migration to Texas was interrupted by stops at the Milton S. Hershey Medical School (Pennsylvania State University) in Hershey, Pennsylvania, and Michigan State University School of Medicine in East Lansing. He was named Professor of Radiology at the University of Texas Medical School at Houston in 1980 and won its Outstanding Teaching Award in 1992 and again in 1993.

A prolific writer of scientific articles and radiologic books, Dr. Harris has served as an editorial board member, editor, or consulting editor for nine books and journals concerned with radiology and emergency medicine. He has given five named lectureships and has filled 30 visiting professorships, including visits to Germany and Sweden. He has participated in over 90 instructional courses and scientific exhibits. Dr. Harris's research continues to be supported by funding from the National Institutes of Health. His leadership qualities are exemplified by his selection as President of the Pennsylvania Radiology Society in 1977–78, President of the American College of Radiology in 1982–83, and President of the American Society of Emergency Radiology from 1988 to 1990.

Extremely active on committees at the University of Texas, Dr. Harris has found time to serve a term on the Dickinson College Board of Trustees, in addition to community projects and his church.

James M. Hunter '53

An internationally known and respected hand surgeon and investigator, Dr. Hunter like his fellow Achievement Award winner graduated from Dickinson College. After an internship and orthopaedic surgery residency at Jefferson, he took a step that was to define the focus of his subsequent career. He journeyed to New York City and completed a one-year hand surgery fellowship at Columbia-Presbyterian Medical Center. Returning to Philadelphia in 1959 to begin practice, he confined his work solely to hand surgery, becoming the first Philadelphia orthopaedic surgeon to do so.

Early in his career Dr. Hunter became appalled at the crippling caused by severe hand injuries, particularly injuries to finger tendons and their gliding mechanisms. The evident need for improvement in these disastrous results led this bass-fiddle-playing hand surgeon to years of dedicated and funded research which culminated in the Hunter Tendon, the most advanced active tendon prosthesis available today. The Hunter Tendon has allowed useful function to be restored to countless patients with crippled hands. A direct outgrowth of this activity has been Dr. Hunter's prominent national role in efforts to rehabilitate injured and diseased hands.

Hunter and his associates constitute the Division of Hand Surgery and Rehabilitation in the Department of Orthopaedic Surgery at Jefferson and are housed in the Hand Rehabilitation Center at 901 Walnut Street. This is the focus for medical student, resident, and fellowship education in hand surgery and a meeting place for foreign hand surgeons. Hunter has published over 100 scholarly articles and four books, including his authoritative text Rehabilitation of the Hand.

In 1989, Dr. Hunter was named a Distinguished Professor at Jefferson Medical College on the basis of his scientific contributions—the fourth time in the college's history that this designation has been granted and the first time to an alumnus. Dr. Hunter's skillful surgery and scholarly research have built an international reputation, bringing honor not only to himself but also to Jefferson and the Department of Orthopaedic Surgery.
The Development Of Surgery For Heart Disease
by William W. L. Glenn '38

When the Class of '38 graduated from Jefferson, there were only a few afflictions of the heart commonly being treated surgically: wounds of the heart, pericardial effusion, constrictive pericarditis, and cardiac arrest. Operations for mitral stenosis practiced in the 1920s had been abandoned and pulmonary embolectomy, rarely successful, was practiced infrequently.

Several signal events that were to have a profound influence on cardiac surgery occurred as we prepared for a career in medicine. In 1937 Gibbon reported his first successful experiments with cardiopulmonary bypass; in 1938 Gross performed the first successful ligation of a patent ductus; and in 1941 Cournand and Ranges introduced cardiac catheterization as a definitive entity in the diagnosis of cardiac disease. Further, vitalization of the operative treatment for cardiac disorders coincided with the advances in ancillary medical services and in the discovery of antibacterial drugs, penicillin and prontosil, which were essential for cardiac surgery's continuing success.

So luxuriant has been the blossoming of new cardiac operations that we have not to pick but a few examples to illustrate the dramatic developments that have occurred in the surgical management of congenital and acquired heart disease.

Pulmonary Stenosis

Operations for pulmonary valve stenosis provide a remarkable example of how developments in diagnostic and surgical techniques occurring during the 20th century contributed to the resolution of heretofore incurable heart disorders. It was for pulmonary valve stenosis that the first deliberate intracardiac operation to correct an innate cardiac lesion was performed. And, alas, the evolution of the treatment of pulmonary valve stenosis appears to have ended in intervention that no longer includes a surgical operation.

In 1913, M. Doyen, a dextrous and innovative surgeon in Paris, made the first attempt to relieve what he believed to be pulmonary valve stenosis in a 20-year-old cyanotic patient. Doyen's patient did not benefit, not having valvular stenosis but diffuse constriction of the infundibulum of the right ventricle as part of the tetralogy of Fallot.

Then, except for some early experiments in 1914 by Carrel, who exposed and manipulated the pulmonary valve during short periods of circulatory occlusion, no further effort was made to treat pulmonary stenosis until 1945 when Brock attempted incision of the pulmonary valve using a cardioscope-directed valvulotome inserted through the left pulmonary artery. Unsuccessful, he returned to Doyen's transventricular operation. When aided by a more precise diagnosis of the site of stenosis and improved instrumentation he and others achieved good though not complete relief of the valvar stenosis.

Surgeons, still dissatisfied with the operation, set about in the early 1950s to develop techniques for more complete relief of the stenosis. One method was digitally-controlled instrumented valvulotomy through a diverticulum sewn to the pulmonary artery. A more precise valvulotomy was accomplished with visual control after direct exposure of the valve. Valvulotomy was at first performed using inflow occlusion for up to three minutes at normothermia, as done by Carrel many years earlier, but with the introduction of moderate systemic hypothermia—making it safe to expose the valve for up to 15 minutes—valvulotomy could be a more deliberate procedure.

In 1952 Dodrill performed an open pulmonary valvulotomy during bypass of the right side of the heart employing a mechanical pump and autogenous oxygenation, a technique that had been developed at Yale using Sewell's pump in 1949.

Following the successful closure of an atrial septal defect in 1953 by Gibbon using both heart and lung bypass, other approaches to intracardiac lesions including pulmonary valvular stenosis eventually became obsolete.

The first indication that the catheter might be adapted to the treatment of cardiovascular diseases was the use of a tapered Teflon dilating catheter in nonsurgical attacks on obstruction of the lower extremity arteries by Dotter and Judkins in 1964. The cardiologist, aware of the success of the early surgical operations in which blind applications of blunt force released stenotic valves, was moved to apply such force by inflating a balloon placed across a stenotic pulmonary valve. In 1984 Kan and White reported the use of this technique in relieving pulmonary stenosis in an eight-year-old child. Their successful result was soon confirmed and the simplicity of the operation which did not require a thoracotomy and did not confine the patient to the hospital for more than a day or two was so appealing to physician and patient that surgical pulmonary valvulotomy—a victory so hard won—would now rarely be requested.

Shunting Operations

Shunting procedures are used by the cardiac surgeon to manage uncorrectable congenital anomalies. In the development of cardiac surgery a number of circulatory shunts to bypass defective great vessels or a part of the heart or to increase blood flow to the pulmonary circulation received the attention of the early experimental cardiac surgeons. Perhaps the earliest described shunt was that bypassing the obstructed left ventricular outflow tract. Jaeger (cited by Kuttner, 1923) connected the apex of the left ventricle to the descending aorta by means of a valved vein graft and then occluded the ascending aorta. A modification of this operation eventually found clinical application by Cooley many years later.

In 1945 the report of a shunting operation by Blalock and Taussig which immediately transformed a "blue baby" to a pink one electrified the medical community and was a powerful impetus to the further development of cardiac surgery. The operation for
treated cyanotic heart disease whereby partially oxygenated blood in the aorta was shunted to the lungs by anastomosing a systemic artery to the pulmonary artery was done initially for treating tetralogy of Fallot. With the advent of open heart surgery corrective operations on lesions such as the tetralogy replaced the palliative shunt operations which in most cases had given excellent but only temporary relief.

For those uncorrectable congenital anomalies of the right side of the heart characterized by cyanosis, another shunting operation was applied, one theoretically more physiologic than systemic artery-pulmonary artery shunting. The creation of a systemic vein-pulmonary artery shunt to bypass the deformed right heart was introduced in 1949, and over the next five years several groups demonstrated independently that the venous return could be shunted either past the right ventricle into the pulmonary artery by anastomosing the right atrium to the pulmonary artery (Rodbard and Wagner; Warden et al) or past both the right atrium and ventricle by anastomosing the superior or inferior vena cava to the pulmonary artery (Carlton et al; Glenn and Patiño; Shumaker; Galenkin and Meshalkin).

In 1954, following nearly four years of laboratory studies involving superior and inferior vena caval shunts to the pulmonary artery, I made a superior vena cava-right pulmonary artery shunt in a seven-year-old cyanotic child with single ventricle and pulmonic stenosis which succeeded in marked palliation. (Later we learned that Meshalkin in Russia had performed a similar operation in 1956.) Between five to eight years after operation, patients treated with the SVC-RPA shunt demonstrated a gradual loss of improvement in oxygenation, stimulating a revival of additional procedures for increasing venous blood flow to the lungs. In 1971, a major improvement in arterial oxygenation was gained when the right atropulmonary artery shunt first described by Rodbard and Wagner in 1949 was revived by Fontan and Baudet. Initially combined with a unilateral SVC-RPA shunt, then for a time used alone, the right atropulmonary shunt combined with a bidirectional SVC-RPA shunt became the standard operation for some years. However, late onset of serious atrial arrhythmias in about 50 percent of patients, probably related to atrial distension, severely limited the benefits of the operation.

In 1988 de Leval effected a total vena caval bypass of the right heart in man such as we reported in 1955 in the canine, by adding to the bidirectional SVC-PA shunt an IVC-PA shunt by way of an intra-atrial tunnel, thus hopefully avoiding distension of the atrium. And to avoid postoperative venous congestion below the diaphragm a temporary fenestration of the tunnel into the left atrium is made, as reported by Laks and Kopf, and then closed a few months later.

Though the early results of this procedure are excellent, the ultimate fate of the total cava-pulmonary artery shunt will not be known for many years. Should shunting operations not be the answer for uncorrectable malformations of the right heart perhaps reconstructive myoplastic procedures or total cardiac replacement will be.

Cardiac Revascularization

The third cardiac operation I have selected to discuss is revascularization of the ischemic myocardium, the principal cause of death in the United States and the most common operable cardiac disorder.

The history of the treatment of coronary artery disease, apart from sympathectomy (Jonnesco, 1920) and stimulation of the carotid sinus nerves, both to treat angina, consists of attempts to revascularize the ischemic myocardium using: 1) encouragement of intercoronary communications; 2) introduction of blood from an extracardiac source; and 3) restoration of blood flow to the myocardium by removing the obstruction in the coronary artery or by effecting a bypass of it.

Through the 1940s to 1960s Beck and Vineberg promoted, respectively, abrasion of the epicardium with or without the application of a pedicle of skeletal muscle or arterIALIZATION of the coronary sinus and implantation of the internal mammary artery in the myocardium.

The rational approach to revascularization was to reestablish coronary artery flow by removing the obstructive lesion or by establishing a bypass of it by grafting a systemic artery to the coronary artery distal to the obstructive lesion. Uncertainty about the location and extent of the obstructions and ignorance of microvascular surgical techniques delayed direct revascularization.

Two major innovations greatly enhanced operating on the coronaries directly: angiography as developed by Sones in 1959 for accurate visualization of the coronary system and a microvascular surgical technology employing a microscope as developed by Jacobson in 1961.

Excision of the obstruction within the lumen, endarterectomy, which was done for the first time in patients by Bailey and by Cannon in 1957 and 1958, was applicable to few and specific lesions.

In 1954 Gordon Murray reported successfully performing in the experimental laboratory anastomosis of a systemic artery to a coronary artery, an anastomosis Carrel had accomplished in 1910 though without achieving survival of the animal. In the first clinical application of internal mammary to coronary artery anastomosis, Goetz, in 1961, used a nonsuture technique; he applied it to one patient who survived but the technique did not gain favor.

In 1967 Favaloro and in 1968 Green popularized coronary artery bypass graft (CABG), the former grafting an autosaphenous vein segment between aorta and coronary artery and the latter, using magnification, anastomosing the internal mammary artery to the coronary artery. Higher long-term patency rates and freedom from pathologic changes in the internal mammary artery favored Green's approach as the operation of choice. By the end of the 1960s the methods of indirect revascularization had been virtually discarded.

An alternative procedure for coronary artery revascularization, percutaneous transluminal coronary angioplasty (PTCA), was introduced by Gruntzig in 1979. Thus far, the procedure, popularly called angioplasty, has been remarkably effective in selected cases and is now being
operations in the United States

The magnitude of the increase in cardiac operations, more specifically myocardial revascularization procedures, was revealed by a national review by Crocetti of cardiac operations and facilities in 1961 and data from the National Center for Health Statistics from 1979 to 1991, cited by the American Heart Association.

First, a look at cardiac catheterization. This diagnostic technique began in 1941 with the initial report of Courmand and Ranges. Twenty years later Crocetti’s review found there were approximately 30,000 catheterizations in the United States in 1961. By 1991 the number had risen to just over one million annually (Figure 1).

Cardiac operations followed a similar pattern, at a nearly constant rate of about half the number of catheterizations. In 1961 there were approximately 17,000 cardiac operations reported and in 1991 about 518,000 (Figure 1).

Procedures for revascularization of the heart showed the most astounding increase. In 1938 only a few such operations had been done. In 1969, two years after the introduction of the CABG procedure, approximately 5,000 revascularization operations, mostly bypass procedures, were recorded. By 1991, 407,000 CABG procedures were reported in 265,000 patients and, in addition, 331,000 angioplasty procedures in 298,000 patients (Figure 2).

In view of the estimated five million cases of angina in the United States with 350,000 new cases of angina occurring each year, in many of which a bypass operation or angioplasty is not indicated, it would appear that we must soon reach a plateau for these revascularization procedures for angina. However, revascularization is being employed in increasing numbers in the management of patients with heart attacks, estimated to affect 500,000 people annually with 150,000 deaths. So it is not clear when the peak for the application of these procedures will be reached, or whether then the rate will plateau. With the procedure providing immediate increase in blood supply to the ischemic myocardium and quick relief of symptoms there is the temptation to apply it freely even though it is possible to control angina in many patients by medical treatment and it is not probable that life will be prolonged by revascularization except in certain high-risk situations.

Ventricular Assist Devices and the Total Artificial Heart

Two current developments, mechanical and biologic cardiac assist and replacement procedures, will have great impact on the future direction of cardiac surgery.

The prototype of the pneumatically powered ventricular assist device and total artificial heart was constructed from an Erector Set and assorted laboratory parts for $24.50 by William Sewell, a third-year student, working in our laboratory in 1949. Since then grants totaling over $200 million have been made to many institutions by the NIH to extend the concept of a mechanical device to assist or replace the human heart, temporarily or permanently.

A December 1992 report from the Clinical Registry of Mechanical Ventricular Assist Devices and Total Artificial Hearts (courtesy of Dr. William Pierce) revealed that there were 550 patients who were candidates for transplantation and in whom either a ventricular assist device or a total artificial heart was implanted as a bridge to transplantation. Approximately 68 percent of these patients were successfully transplanted and 67 percent of these were discharged from the hospital. There have been 1,223 patients with postcardiotomy cardiogenic shock who received a unilateral or bilateral ventricular assist device. Approximately 45 percent could be weaned from the device and 56 percent of these were discharged from the hospital. In a third group of patients with acute myocardial infarction were 85 patients who were treated with a mechanical assist device and approximately 30 percent of these could be weaned from the device and 44 percent of these were discharged from the hospital. Progress is being made by Pierce and his colleagues in improving the totally implantable electrically powered ventricular assist device and total artificial heart. Electric power to the implanted motor is transmitted percutaneously by induction, a technique we successfully employed in the development of the radiofrequency cardiac pacemaker. It is expected that the electrically powered implantable devices will replace the pneumatically powered ones before the year 2000.

Transplantation

The first interhuman heart transplantation was performed by Barnard in 1967; his patient survived 18 days. A number of allograft transplantations followed but enthusiasm faded rapidly when the transplants were rejected. With the introduction in 1980 at Stanford of multidrug immuno-suppression that included cyclosporin A, graft rejection was brought under better control.
control and widespread use of heart transplants was resumed.

In 1991 3,000 heart and heart and lung transplantations were carried out worldwide according to the International Registry. The actuarial five-year survival rate for all heart transplants is 67 percent and for heart and lung transplants about 42 percent.

Donor allograft procurement is a serious problem and because of this a major effort is underway to overcome rejection of xenograft transplants.

The Future of Surgery for Heart Disease

The surgical treatment for heart disease has made gargantuan strides in the past 55 years, to the point where it can now be said that most afflictions of the heart are amenable to operation. Unfortunately, the operations applied are in many instances not curative, though they provide meaningful palliation at least for a while. Further, it is the nature of some of these procedures to create an abnormal condition which, in turn, may necessitate repair or replacement. Encouraging are the present results of total cardiac replacement with an allograft transplant, with 70 percent survival for five years according to the most recent survey. Also, reconstructive myoplasty utilizing flaps of innervated and vascularized skeletal muscle and totally implantable electric powered assist devices are showing promise of being useful substitutes for the hopelessly damaged natural heart.

But can we afford the cost of the services offered by this new specialty? It is estimated that $12 billion is spent annually to support the coronary revascularization program alone. Obviously, cardiac surgery is, and will continue to be, a significant contributor to the rising costs of health care. This century has been the age of maximizing therapeutic intervention, at any cost, for the treatment of disease. This is an understandably enthusiastic response to the discovery of ways to treat previously incurable disorders which may subside somewhat as the limits of benefit become apparent.

Hopefully, the next century will focus on the causes and the prevention of disease.

Refining the Heart-Lung Machine

by Bernard J. Miller '43

Forty years ago this spring, John H. Gibbon, Jr. '27 performed the first successful open-heart operation on a human patient while the cardiorespiratory function was maintained by an extracorporeal circuit. The device used at that time was the second heart-lung machine.

The first machine was constructed in 1948. It proved unsuitable for human perfusion. The oxygenation efficiency was inadequate, hemolysis of red blood cells was exceptionally high, and the automatic control used to prevent oxygen from being inadvertently pumped into the arterial circulation malfunctioned. I was appointed research associate to Dr. Gibbon and sought to correct these problems. The apparatus was stripped to bare essentials to test a new oxygenator, improved controls, and safety devices to be incorporated ultimately in a new machine.

The first project was construction of an oxygenator capable of oxygenating blood from 65 percent to 95 percent at a maximal flow rate of 2.5 liters per minute. Its final form was a storage battery configuration in which six screens were suspended from a weir or distributing chamber within a plastic case. The oxygenator could elevate the saturation of blood with oxygen at a rate sufficient for total bypass of medium-sized dogs.

It was necessary to introduce a recirculating pump to maintain a constant flow of blood and a constant blood volume. The critical matter of precisely and automatically maintaining the level of blood at the bottom of the oxygenator during high flow rates and also guarding against the inadvertent pumping of oxygen into the arterial line required a more reliable device than the photoelectric control previously used.

With the modified circuit a number of medium-sized dogs were successfully perfused. Some experimental animals developed severe acidosis and hypoxia during thoracotomy and postoperative recovery. We conceived the idea of increasing gas exchange in the lungs by further evacuating reserve gas with the use of suction during expiration.

The new machine constructed in 1951 had a circuit consisting of four pumps. Two withdrew venous blood from each vena cava separately. One was a recirculating pump that maintained the blood film on the screens of the oxygenator. Another pump automatically returned oxygenated blood from the pool at the bottom of the oxygenator to the subject.

The entire machine was constructed of stainless steel and weighed over a ton. At that time explosive anesthetic gases were used in the operating room. If they entered the cabinet it would be dangerous since the arterial motor operated on direct current and contained a commutator and brushes. Accordingly, the machine was enclosed, though not hermetically sealed. A positive pressure of nitrogen was maintained within the cabinet as a means of excluding atmospheric gas from the operating room. The machine also had an emergency power source, in case of failure of the main electrical supply to the hospital.

A number of animal perfusions were performed, and the new machine functioned reliably. The initial experiments consisted of total bypass only. The period with the vena cava completely obstructed was eventually extended to 100 minutes.

At this point the machine was completely automatic in operation. All that was necessary after cannulation of the subject’s vessels was to remove the temporary clamps from the tubes containing venous blood from the vena cava and the tube returning arterialized blood to the femoral artery. The machine would then function independently requiring only the occasional addition of small increments of blood.

Having achieved a number of successful animal experiments with a flawless

continues on page 10, column 2 bottom
We need surgeons to suture lacerations, stop bleeding, drain abscesses, remove disease, and restore circulation. In addition, surgery now includes critical care, endoscopy, and transplantation. Can we train residents to do all of these things? Probably not. But we can teach them how to learn.

Imprinting is a stable learning pattern established early in life. Even the young of precocious birds—birds covered by down and able to run about at hatching—experience family relationships and imprintation owing to their instinctive attraction to the first moving things they saw when they hatched. Similarly, humans’ ideals are formed early in life. A surgeon can be imprinted early in surgical experience. The first operation, the first complication, the first death all leave lasting impressions. Indelible effects are made by relationships with patients and mentors.

Some aspects of surgery can be picked up by observation, but real learning comes from doing. Technique can be practiced outside the operating room, but nothing replaces operating. Is it safe to let surgical residents operate on patients? Studies show it is; in fact results are better when surgical residents have that supervised responsibility.

Since residents cannot know all aspects of surgery, the training we provide gives them methods of thinking and essential terminology.

I have queried former residents for their reactions to types of training. Invariably they prefer to be given basic grounding and then allowed to approach a problem with an open mind.

Heart-Lung Machine continues from page 9
operation of the apparatus, Dr. Gibbon felt confident in applying the extracorporeal circuit to maintaining the cardiorespiratory function of a human patient for the repair of an interartial septal defect; for this purpose a larger oxygenator was substituted for that used in animal experiments.


From the Clinic Presentations

Training Surgical Residents
by Robert K. Finley, Jr. ’48

Dr. Finley directs surgical education at Miami Valley Hospital in Ohio, and is a Professor of Surgery at Wright State University.

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Counseling in Family Medicine
by Robert Poole ’53

Dr. Poole practices in West Chester, Pennsylvania.

A family physician must be many things to many persons. The counseling we give often touches on emotional relationships and cultural values.

Frances B. was 25, and I had been her physician through two pregnancies, when she appeared one day distraught and tearful because she suspected she was pregnant, though she had been full of joy the previous times. She also complained of a "horrible vaginal discharge."

Sensing a need for extra time, I rearranged my morning schedule. As I suspected, pelvic examination revealed no vaginal discharge and no signs of pregnancy.

I told Frances this, and gradually asked her the reason for tears. A story flowed about a cocktail party, too much to drink, and an affair with a friend of her husband. "Dr. Poole, I couldn't tell my husband, I couldn't tell my mother, I couldn't tell my priest—what would he think of me?—and I'll bet you think I'm terrible!"

Talking with Frances about normal human misjudgments and forgiveness led her to a discussion with her husband, who confessed a few faults of his own. Out of it came a stronger marriage, two more children, and gratitude to the family physician though my contribution had taken only a few hours.

Volunteer Care In Swaziland
by Peter Amadio ’58

Dr. Amadio is a Professor of Family Medicine at Jefferson.

I am not quite sure how I got to Swaziland, but that was the door that was open for me.

It is a very small country in the northeastern corner of South Africa. It abuts Mozambique and is adjacent to Cougar National Park, a beautiful animal reserve. The population of Swaziland is about 600,000. They maintain their traditional culture, but about 80 percent practice Christianity as well. It is one of the few remaining monarchies.

The hospital where I worked was very busy. One would see a patient in the bed, a patient under the bed, and a patient wherever there was space between beds. We had to examine some on the floor. One day we saw about 174 patients in the outpatient setting alone.

I lived in a nice little cottage some 60 years old. The windows had bars, and we padlocked the door at night, in view of the headline in the Swazi Post which said, "Whites treat us like idiots." Some of the interactions I saw showed this to be true.

An outpatient consultation requiring labs and x-rays cost about 50 cents in U.S. money. If a patient was admitted to the hospital for surgery, it cost $12.50. One day in the hospital with three meals a day, which was mostly porridge, was 28 cents, and if a patient stayed in the hospital more than ten days he didn't have to pay anything more. So the incentive was to get patients out in ten days. No one was ever turned away, which was also a blessing. I admitted many patients for board only, just to give them a place to stay overnight and feed them.

In the outpatient clinic, each fresh sheet lasted a week or so; it was folded in half and you just kept the clean side up or the cleaner side up as you saw patients.
It wasn't uncommon to see patients walk into the outpatient setting so dehydrated that they had no pulse or blood pressure. We would walk them over to the emergency room, and after receiving two or three units of fluids intravenously, they would get their blood pressure and pulse back again.

Sexually transmitted diseases are very common. At least 12 percent HIV positivity is reported, which is lower than most African countries. We saw all forms of hepatitis. Alcoholism is a big problem. Tuberculosis is very common, as is rheumatic heart disease. And practically every other patient would come in with a strep throat.

Community health is relatively good. Eighty-five percent of the population are vaccinated. There is a good education program for diarrhea, teaching about oral rehydration solution. There are signs all over that say don't drive drunk and wear seat belts. There is a good program to help with AIDS.

The traditional healers practice what is called "Muti" medicine. They make many little incisions with sharp rocks that they don't sterilize between patients, causing inflammation as a counterirritant to relieve the patient's original pain. Naturally, they are spreading AIDS all over the country as they have in Uganda and elsewhere. The Minister of Health and the World Health Organization fail to do much about it.

There was an old, obsolete medical library. Several medical students from Europe were working in the hospital, and did such a good job that they developed cholera so severe they almost died. If students go to exotic lands, they need to be instructed in maintaining their own health. But it is a wonderful opportunity for teaching students because the pathology is so great.

And Africa is a beautiful place. The people were beautiful. It was more interesting than any safari could be. I'm going back next January and I can't wait for the months to go by. □

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**Paleoradiology of the Prehistoric Australian Aborigines**

by Morrie E. Kricun '63

In 1988, I spent three months of my sabbatical at the South Australian Museum in Adelaide examining skeletal remains of the prehistoric Australian Aborigines. My wife, Virginia, assisted in examining, photographing, and radiographing numerous specimens. We have compiled extensive data based on our findings.

The Australian Aborigines arrived on the continent from Asia approximately 40,000 years B.P. (before the present). Some scholars feel that that time period may even be extended to 100,000 years B.P. They arrived by boat when the land mass of Australia and distant islands were closer together. This occurred during the Ice Age when the world temperature dropped and the oceans' waters receded into ice masses, leading to a lowering of the sea level so that the Australian continent was probably about 30 miles from some of the islands and therefore more accessible. The maximum glaciations occurred at 18,000 B.P. and 53,000 B.P. At about 7,000 B.P. the earth had warmed and the water levels had risen, isolating Australia and flooding the coastal plains.

At just over 200 years B.P., the Europeans invaded and occupied the continent of Australia. At that time, the Australian Aborigines were hunter-gathers living in a Stone Age environment with wood and stone tools and weapons. Unprotected from European infections, the Aborigines were devastated by smallpox which killed 50 percent of the population on two occasions. Other common illnesses such as measles took their toll as well. The purpose of my investigation is to determine the health status of the prehistoric Australian Aborigines. The age of the specimens examined ranged from 16,000 to 200 years B.P.

**Congenital Abnormalities**

There was one case of craniosynostosis in an 11-year-old girl, the only instance of this rare abnormality discovered in Australia. There were no cases of congenital malformation syndromes. There were several cases of congenital block vertebrae and transitional vertebrae, and a single case of incomplete fusion of the sternum.

**Infection**

There were numerous cases of chronic osteomyelitis (Figure 1) involving the extremities, ribs, shoulder girdle, and skull with a few examples in the small bones of the hands and feet. The etiology of the infection cannot be determined on gross or radiographic examination but most of the infections were caused by either pyogenic or treponema organisms. The treponema organisms caused either yaws or endemic syphilis. Venereal syphilis did not exist in

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Figure 1. Photo and x-ray showing chronic osteomyelitis of the radius
From the Clinic Presentations

Australia prior to colonization. There were a number of cases in which the diagnosis of treponema infection could be made, particularly in those cases in which infection involved the calvarium. It has been estimated that in some tribes, 84 percent of children were infected with treponema organisms although osteomyelitis occurred much less frequently.

Arthritis

Arthritis was found but not in the patterns seen in current western populations. Osteoarthritis was the most common type observed and the elbow joint and the distal radioulna articulation were the areas most commonly involved (Figure 2). These joints are infrequently involved in current western populations. It may be that the stress on the elbow joint and distal radius/ulna articulation sustained during repetitive throwing of the spear or boomerang may have contributed to the relatively high incidence of osteoarthritis in these joints. Osteoarthritis was found in other joints but to a lesser extent. There was one case of possible infectious arthritis extending from osteomyelitis of the ulna. There were no examples of rheumatoid arthritis, gout, or inflammatory spondylitis.

Trauma

Trauma was noted frequently in the population, particularly in the ulna, similar to the "night stick" injury of today. This occurred as the individual protected the face from being hit by a club or shield. Fractures of the skull were also common, manifested by depressions in the outer table that healed, or disfiguring changes in the facial bones from previous injury.

There was excellent healing and alignment of fractures of the forearm. There is evidence that splints were used. There was only one case of nonunion.

The most interesting aspect of the trauma cases was the excellent healing in fractures of the femur (Figure 3). According to the literature, the injured person was taken to a riverbed and a trough was made for the passage of waste into the stream. The thigh and abdomen were covered with mud which hardened and acted as a cast. The individual was protected from the sunlight by a shelter and was fed for several months, after which time the cast was removed and the fracture had healed. All fractures of the femur showed healing although there was mild shortening.

Nutritional Status

Radiographs of children's long bones showed varying degrees and numbers of growth recovery lines, a possible indicator of stress. There were no cases observed of rickets or scurvy. Adults showed marked wear on the teeth due in part to ingestion of gravel when eating roots or shell fish. Excessive tooth wear led to alterations in biomechanics of the jaw and thereby to osteoarthritis of the temporomandibular joint.

Miscellaneous

There was one case of possible euthanasia and one case of possible amputation.

Vaccine Therapy Of Melanoma

by David A. Berd '68

The use of vaccines to treat or prevent human cancer has long been the immunologist's dream. The problem is that cancer cells aren't foreign invaders. Under usual circumstances, neither of the two arms of the immune response—antibodies nor T lymphocytes—can easily differentiate them from normal tissues.

Yet immunotherapy works in certain experimental systems. Prehn in the 1950s showed that mice could be immunized against a carcinogen-induced tumor so that they resisted a challenge of live tumor cells. Other investigators found that tumor immunity was transferable from one animal to another by T lymphocytes, and not by antibody.

Of course the problem with applying these results to the clinic was that our patients were already "tumor-bearing." We did not have the luxury of immunizing normal subjects to see if we could prevent tumor growth. Instead, we had to treat cancers that often had metastasized. It was quite clear that simple attempts at immunizing cancer patients did not work.

A major conceptual breakthrough came with the discovery that certain manipulations could break tolerance to antigens that were ordinarily not immunogenic. In other words, we could use immunological tricks to induce immune responses against tissues, including tumor tissue, that normally did not elicit them. Our work has been based on two of these immunological tricks.

First, we studied the cytotoxic drug cyclophosphamide. Henry C. Maguire, Jr., M.D., Research Professor of Medicine, discovered that although it is a potent immunosuppressive, cyclophosphamide could augment cell-mediated immunity and break tolerance in experimental
animals if administered prior to antigen rather than following antigen. We were able to show in humans what Maguire had demonstrated in experimental animals: cyclophosphamide pretreatment markedly augmented cell-mediated immunity, including immunity to autologous melanoma cells.

Subsequently, we tested the antitumor effects of autologous melanoma vaccine preceded by low dose cyclophosphamide in patients with metastatic melanoma. On day zero, we gave the patients a low dose of intravenous cyclophosphamide. Three days later, they were injected intradermally with vaccine consisting of about 20 million autologous, enzymatically dissociated, cryopreserved, irradiated tumor cells mixed with BCG as an adjuvant. This treatment sequence was repeated every 28 days. Of 40 patients with measurable metastases, five had tumor regression. One patient remains alive and free of melanoma 10 years after complete regression of dermal metastases and a solitary lung metastasis.

To increase the effectiveness of the vaccine, we added the second immunological trick: conjugation of the tumor cells to the hapten, dinitrophenyl (DNP). This approach is based on the idea that the T cell response to a strongly immunogenic, hapten-modified tumor antigen might be followed by development of immunity to unmodified tumor antigens, analogous to the phenomenon of drug-induced autoimmune disease. This treatment induced the development of delayed-type hypersensitivity to DNP-modified melanoma cells. More importantly, we observed a hitherto unreported clinical event—the development of inflammatory responses in superficial metastatic masses. These responses consisted of marked erythema, warmth, and tenderness of the tumors and the overlying skin, sometimes progressing to frank necrosis.

Biopsy and flow cytometric analysis of these inflamed tumors showed melanoma cells infiltrated with T lymphocytes, the majority of which were CD8+, i.e., the cytotoxic phenotype. In contrast, biopsies of subcutaneous melanoma metastases taken before vaccine treatment showed only rare scattered T cells.

DNP-vaccine caused tumor regression in five out of 46 patients with disseminated metastases. One of these cases was quite dramatic: 90 percent regression of diffuse lung metastases in a 32-year-old man. However, the animal data suggested that better results might be seen in patients with a much lower tumor burden. Therefore, we administered DNP-vaccine to 47 melanoma patients with palpable, large (over three cm) regional lymph node metastases, who had undergone resection of the mass and regional lymph node dissection. As shown in the figure, the two-year disease-free survival of these patients is unexpectedly high: about 60 percent, compared to about 20 percent in our control group.

These results also compare quite favorably with those of published series. For example, in a Memorial-Sloan Kettering Cancer Center study, the median survival of melanoma patients with bulky lymph node metastases was only 19 months with a five-year survival of only 22 percent. In contrast, the median survival of our DNP-vaccine-treated patients will exceed 36 months and the five-year survival is likely to exceed 50 percent.

Clearly, we still want better clinical results, and to achieve them we need more information on the biology and chemistry of lymphocyte-tumor cell interactions.

Biliary Radiology and T Tube Design

by Daniel M. Scotti ’73

W hen the Class of ’73 graduated from Jefferson, interventional biliary radiology did not exist. In the mid-1970s, the 22 gauge skinny (Chiba) needle was introduced and transhepatic cholangiography became a safe procedure routinely performed for the evaluation of biliary obstruction. Once we were able to opacify the bile ducts, transhepatic biliary drainage catheters could be passed into the bile ducts over a guidewire. We were able to place multi-side-hole catheters through complete obstructions of the common duct (e.g., pancreatic carcinoma) and thereby establish an internal bypass into the duodenum. Initially, these catheters were used primarily for palliation of unresectable neoplasms of the pancreas and biliary tree. Eventually, biliary drainage catheters were used to treat benign disease such as a postoperative common duct injury with bile leak or acute septic shock associated with common duct obstruction due to stones or stricture.

Using the same 22 gauge skinny needle, the diagnosis of malignancy can be established by percutaneous guided biopsy under CT, ultrasound, or fluoroscopy. With a transhepatic catheter in place, we can biopsy the stricture site using the cholangiogram as a guide. The needle is percutaneously positioned adjacent to the margins of the stricture and is identified in two projections near the stricture. The periductal pancreatic tissue is biopsied, yielding positive cytology in pancreatic carcinoma. Additionally, a biopsy brush is passed through the catheter into the internal lumen of the stricture to biopsy intraluminal lesions such as cholangiocarcinoma. This is a particularly useful approach if both the ultrasound and CT scan do not identify a pancreatic mass.
of the surgeon. Occasionally, stones are retained in the cystic duct remnant. These stones can be manipulated into the common duct and subsequently extracted. A variety of instruments including various types of stone baskets and flexible forceps as well as balloon catheters and tract dilators are utilized to manipulate and retrieve retained common duct stone fragments. The tract must mature for at least five weeks to avoid perforation and peritonitis.

This procedure is adequate for stones which are smaller than the T Tube tract. Frequently, the surgeon will place a large T Tube in the common duct, but even an 18 Fr T Tube tract will only permit removal of a 6 mm stone. Stiff plastic dilators or balloon catheters are used to dilate the T Tube tract in order to permit direct removal of larger stones. As an alternative to T Tube tract dilatation, latex balloon occlusion catheters can be used to push stones through the ampulla of Vater into the duodenum after dilating the ampulla with an angioplasty balloon. Surprisingly large stones can be manipulated in this manner; the largest in my experience measured 3 cm by 1.8 cm.

After stone extraction, the T Tube frequently must be replaced, and this requires folding of the trailing limb as the lead limb passes over the guidewire through the tract. This doubled tubing may not pass through the tortuous or undilated tract. Replacement is mandatory if there is distal common duct obstruction associated with either stricture or stone. Biliary drainage catheters may sometimes be used, but these may drain poorly, leak, or become dislodged.

If a T Tube is dislodged early in the postoperative period, T Tube manipulation through the immature tract may result in perforation and peritonitis. The McLean T Tube has a tapered leading limb and is more easily passed into the common duct but even this may disrupt an immature tract. The Scotti T Tube is a two-piece catheter mounted on an inner cannula which can be passed over a guidewire as a single unit into the common duct. Once the catheter is in the common duct, the cannula is removed and the T Tube is formed in situ by manipulation of a guiding suture. A suture locking device at the end of the catheter maintains the T configuration. The T Tube has a sleek profile and can pass easily into small tracts without dilatation. The guiding sutures are attached to rods which are stored in a clear plastic reservoir at the end of the catheter which permits flushing and prevents bile leakage. Weeks or months later the reservoir can be removed and the locking device unlocked and the sutures manipulated to realign the catheter for removal.

The Scotti T Tube has been placed in over 100 patients and has been used through the T Tube tract to replace dislodged surgical T Tubes, to drain obstructed ducts internally, to heal postoperative bile duct injuries with bile leakage, and to stent biliary strictures following balloon dilatation. It has been used through the transhepatic tract to drain and stent very high complex obstructions of the biliary tree, and it has also been passed through the cholecystostomy tract.
At laparoscopic cholecystectomy, the Scotti T Tube has been inserted through the cystic duct for direct T Tube placement in the common duct.

I first used this in an elderly obese patient whose T Tube had fallen out three days after surgery causing a bile leak with profound sepsis. A large retained stone completely obstructed the common duct, but we were easily able to replace her T Tube using the two-piece Scotti T Tube. Six weeks later the ampulla was dilated and the stone was successfully removed.

Percutaneous cholecystostomy and chemical stone dissolution with mono-octanoic acid or methyl-ter-butyl ether (MTBE) have become obsolete with the advent of laparoscopic cholecystectomy. Complications of laparoscopic cholecystectomy include bile leaks, strictures, and hemorrhage from unsuspected ductal or vascular injuries. Since asymptomatic common duct stones may occur in up to 10 percent of cases, retained stones with obstruction, sepsis, and bile leak from cystic duct stump “blowout” are not uncommon complications. While the endoscopist plays a central role in the management of these problems, the radiologist becomes involved in the more difficult, complex, and intransigent cases. Transhepatic interventions including drainage procedures with stenting, stricture dilatation, and stone manipulation frequently snatch victory from the jaws of defeat. Angiography may localize occult bleeding sites which may be treated with gelfoam or coil embolization.

The surgeon and radiologist can work together through the operative site to manage difficult problems which the surgeon may not be able to manage alone. We have been able percutaneously to insert Scotti T Tubes into the common duct via the cystic duct under combined laparoscopic and fluoroscopic guidance, and later remove the stones by dilating the ampulla and pushing the stones through. Also we have dilated strictures and removed large common duct stones directly under combined guidance, thus avoiding T Tube placement altogether. This requires a spirit of cooperation as well as the radiologist’s availability to work in the operating room.

Familial Patterns of Ovarian Carcinoma

by Norman G. Rosenblum ‘78, Ph.D. ’75

O varian cancer looms as the most fatal type of gynecologic malignancy. In the majority of cases it presents with disease not just in the pelvis but spread throughout the peritoneal cavity. Survival with ovarian cancer in the advanced stage is very poor, though in the early stage it is generally curable. In total number of disease-related deaths in new cases of female malignancy, ovarian cancer is fourth after lung, breast, and colorectal cancer. There were approximately 22,000 new cases of ovarian cancer in 1993, and about 13,000 disease-related deaths.

It is not known what causes it. Environmental factors are clearly important. Ovarian cancer is a disease of highly industrialized countries. Sweden has the highest incidence, Japan the lowest. Significantly, though, if a woman from Japan comes to the United States, and has children, her female child and she herself (after she lives here for a while) will have the same risk for ovarian cancer as if she had been born in the U.S. If a female is delivered in this country, the incidence of her developing ovarian cancer is one in 70, or 1.4 percent.

The more pregnancies a woman has, the less risk of having this disease. And if we suppress the ovary we can decrease the risk of ovarian cancer. Birth control pills can reduce its incidence by 40 to 60 percent.

Ovarian cancer can occur with some genetic syndromes, for example Turner Syndrome. People with Peutz-Jegher’s Syndrome have a higher incidence of developing a type of ovarian cancer called granulosa cell tumor. If a patient has a phenotype indicating a particular syndrome, we know she has an increased risk of developing a certain type of ovarian tumor.

A quite different situation exists with cancer-prone kindred, where there is no phenotype which can alert us to which members of the family are in fact at risk of developing ovarian cancer. Three types of kindred relationships have been shown: site-specific, where ovarian cancer is found in two or more first or second degree relatives; breast/ovarian cancer syndrome, where breast and ovarian cancer both occur in a family; and cancer family syndrome or the so-called Lynch II syndrome, where we see ovarian cancer in association with endometrial cancer, colon cancer, and other types of urogenital carcinomas.

The usual age for a female to develop ovarian cancer is about age 60 to 64. Hereditary ovarian cancer has certain cardinal features. One is that the cancer will occur in these individuals at a much younger age, about 10 years younger. Also, we see multiple primaries as described above: breast cancer, colon cancer, and endometrial cancer occurring in these individuals’ families or in the individuals themselves. Thirdly, there is a vertical transmission in accordance with a Mendelian inheritance pattern. In this Mendelian inheritance pattern it is an autosomal dominant trait and, therefore, there is a 50 percent chance of inheritance.

Family registries have been established in various cities which keep records of families with ovarian carcinoma. These registries can tell an individual her risk of developing the disease.

In managing patients with a family history of ovarian cancer, we perform twice-yearly pelvic examinations and annual ultrasound examinations. One much-discussed screening protocol is the serum CA125 level, a tumor marker. It does not have good specificity or good sensitivity. We generally use it to follow patients who already have a diagnosis of ovarian cancer. CA125 level can be elevated in various other malignancies besides ovarian. Moreover, only 30 percent of those patients with an early stage continues on page 16, column 2 bottom
The Importance of Treating Diabetic Retinopathy
by Joseph I. Maguire '83

One of ophthalmology's greatest advances during the past 25 years has been the treatment of diabetic retinopathy. First, it has illustrated the significance of the prospective randomized trial. Second, it has saved U.S. taxpayers millions of dollars in disability benefits and health care costs. Most importantly, it has spared many from visual loss.

Currently there are between 10 and 12 million diabetics in the United States, although 50 percent of these individuals are unaware that they have the disease. It is the most common cause of blindness between the ages of 25 and 75, and 12 percent of all new cases of severe visual loss noted in the U.S. are due to diabetic retinopathy.

The development of diabetic retinopathy is often insidious, occurring slowly over a number of years. Many of these changes are first noted angiographically in the retinal periphery, where there is occlusion of the capillary bed. The earliest changes seen in the macular region often involve dot and blot hemorrhages, cotton wool spots, and hard exudate formation.

As time goes by, more microvascular changes occur, causing ischemia of the retina. The eye may liberate an angiogenic factor, which leads to the production of new vessels. Unlike normal retinal vessels, these have no polarity and grow in an unorganized fashion. At this stage we have proliferative diabetic retinopathy. Neovascularization of the retina can cause many problems and eventually severe visual loss. Problems include vitreous hemorrhage and fibrovascular proliferation, which can lead to retinal detachment.

The advent of laser photocoagulation and vitrectomy surgery for the complications of diabetic retinopathy gives us the capability of preventing over 50 percent of severe visual loss in diabetics. Prospective randomized studies on diabetic retinopathy, early treatment of diabetic retinopathy, and diabetic retinopathy vitrectomy have all conclusively demonstrated the benefits of both laser photocoagulation treatment and vitrectomy surgery in prevention and in the restoration of vision in diabetic patients.

Treatment for diabetic retinopathy is not only effective, but also cost effective; it pays for itself 10 times over. For example, maintaining an individual over the age of 35 who is legally blind from diabetes may require over $15,000 per year just in Medicare and disability insurance benefits. This takes into account only federal expenditures and not local or state expenditures. Moreover there are the much more serious aspects of the patient's health and suffering. By contrast, the expenditure per year for care of a proliferative diabetic is less than $1,000, and for a patient with macular edema, slightly more than $1,100. Savings to taxpayers through prevention of significant visual loss is estimated to be over $100 million per year.

We strongly recommend that all diabetic patients be examined at regular intervals so that proper care can be provided.

Ovarian Carcinoma continues from page 15 of ovarian cancer will have an elevated CA125 level. And various benign conditions which are very common in younger women will cause elevations of CA125 level.

We also place patients with a family history of ovarian cancer on low dose oral contraceptives because they decrease the risk of the disease. And we offer these individuals prophylactic bilateral oophorectomies following their completion of child bearing.

Ovarian cancer has been associated with chromosomes 1, 3, 6, 11, 14, and 17. On chromosome 17 the gene has been found for both familial breast cancer and ovarian cancer. Someday a blood test will be able to determine whether or not the gene is present.

Pediatric Emergency Medicine: A New Subspecialty
by Evaline A. Alessandrini '88

The cover story of the January 27, 1992 issue of U.S. News and World Report was entitled "The Shame of Emergency Care for Kids." It described the need for improved emergency care of America's critically ill and injured children. Similar concerns for adult emergency medical services had been formally articulated way back in 1967 with the National Academy of Science Report Accidental Death and Disability: The Neglected Disease of Modern Society. Responses to this report included formation of the American College of Emergency Physicians, recognition of emergency medicine as a boarded specialty, and improved prehospital care for adults, much of which focused on development of emergency medical systems for patients suffering from myocardial infarctions. But emergency care for children was slow in making similar progress.

More than 25 million children visit emergency departments annually, accounting for 25 to 35 percent of the total emergency visits. Each year, between 20,000 and 25,000 children die from accident-related injuries and many more are temporarily or permanently disabled. Accidents are the number one killer of children over the age of one year. Approximately 10 percent of paramedic runs involve pediatric patients and the trauma mortality rate for children is nearly twice that of adults.1 Thousands more children die each year from treatable illnesses such as asthma and meningitis. In addition,
many hospitals and ambulances are not equipped with the materials or drugs needed for pediatric resuscitation.

Yet the time spent in learning Pediatric Emergency Medicine (PEM) has traditionally not been proportional to the amount of time spent treating children's acute illnesses. For pediatric residents, training in resuscitation, airway management, multiple trauma, and other surgical topics is often not adequately provided. As for training general emergency medicine physicians, less than 15 percent of the curriculum is devoted to pediatrics despite the fact that the majority of the 25 million children visiting emergency departments are treated by emergency physicians or other general physicians staffing emergency rooms. Paramedics and emergency medical technicians are often offered less than 20 hours of didactic and clinical experience in pediatrics. Some are offered none.

In order to meet the need for improved emergency services for America's children, we need to realize that children require specialized care.

Pediatricians responded to the need for improved emergency services for children in the mid-1970s with the formation of an ad hoc emergency medicine section of the American Academy of Pediatrics. This committee achieved full section status in 1981. Training of Pediatric Emergency Medicine specialists was underway. In 1979, a fellowship program was established at The Hospital for Sick Children in Toronto. In 1980, three programs in the United States began training pediatric emergency medicine physicians.

Emergency Medicine physicians joined in the crusade. In 1983, the American College of Emergency Physicians held an "Interspecialty Conference on Childhood Emergencies" to address some of the problems in providing quality pediatric emergency care. In 1989, committees of the American Board of Pediatrics and the American Board of Emergency Medicine joined to form preliminary guidelines for subspecialty certification in pediatric emergency medicine.

To develop a new subspecialty, there must be a body of knowledge, a mass of practitioners, professional organizations, a certification process, and important work.

The body of knowledge of the PEM specialist encompasses a wide territory. At the forefront comes expertise in resuscitation, stabilization, and trauma management of the critically ill child. Poisonings, child abuse, transport, and giving advice on the prehospital phase of treatment are other areas of emphasis. However, since 70 percent of emergency visits for children are classified as nonurgent, the PEM specialist must be proficient in diagnosing and treating a large spectrum of pediatric disease, often providing primary care for many children.

Much clinical research remains to be done; treatment of pediatric illnesses is often based on anecdotal experience or drawn from adult studies.

Professional organizations such as the American Academy of Pediatrics, the American College of Emergency Physicians, the Ambulatory Pediatric Association, and the Society for Academic Emergency Medicine bring national recognition of pediatric health care issues such as child automobile restraint laws. They help to establish educational tools such as the Pediatric Advanced Life Support course developed by the AAP and the American Heart Association in 1985. Further, they help to set guidelines for training, and develop certification processes.

Currently, PEM fellowships are two to three years in duration and may be entered upon completion of a pediatric or emergency medicine residency. Curriculum guidelines for PEM fellowship certification have been set forth by the Emergency Medicine Section of the American Academy of Pediatrics for pediatric fellows. Proposed guidelines for emergency medicine graduates are currently being finalized.

Fellowships in Pediatric Emergency Medicine have developed rapidly across the country. In 1985, 10 programs existed. Forty-one programs with 73 positions were offered in 1992. The National Resident Matching Program has coordinated the application process for Pediatric Emergency Medicine fellowship positions since 1990. Last year, two-thirds of applicants were successful in securing a position through the match.

The first Pediatric Emergency Medicine Board Certification Exam was given in November 1992. Three hundred seventy-two physicians took the exam, 85 percent of them pediatricians and 15 percent emergency medicine physicians. One hundred twenty-one of the examinees were fellowship trained and 89 percent of this group passed the examination. Overall, 70 percent passed the exam.

Our work can be illustrated by an example. A six-month-old boy was brought to the emergency department by his parents 12 hours after nearly drowning in a bathtub. He was experiencing worsening respiratory distress and could no longer suck on his bottle. The parents had called 911 and the child arrived in the emergency department with an intravenous line in place, receiving supplemental oxygen. The patient required tracheal intubation for respiratory acidosis and severe hypoxemia. Fluids and inotropes were used to treat his circulatory failure. The boy developed adult respiratory distress syndrome and was treated with mechanical ventilation in the pediatric intensive care unit for 10 days. His course was complicated by a large pneumomediastinum. Yet on hospital day number 16 he was discharged on room air, neurologically intact.

Research in bathtub near-drowning has shown that it is often a fatal form of child abuse or serious neglect. This family's history was notable for referrals to the Department of Human Services for physical abuse of three of the patient's five older siblings. Subsequently, the infant was placed in foster care.

Jefferson Research

Investigators Identify Key Protein Causing Heart Muscle Damage After Heart Attack

Chairman of Physiology Allan M. Lefer, Ph.D. and fellow researchers have identified a key protein that causes heart muscle damage after a heart attack. They have also prevented injury to the heart muscle in animal studies using a monoclonal antibody that blocked the protein’s activity. Results were reported in the June issue of Journal of Clinical Investigation.

The finding opens a new approach to developing drugs that could be administered within minutes after the beginning of a heart attack in order to prevent injury.

While the lack of oxygen caused by a heart attack leads to eventual heart tissue injury and cell death, damage also occurs during reperfusion, when blood flow returns to coronary blood vessels either spontaneously, or after medical procedures such as thrombolysis or angioplasty. It is not known why the process of reoxygenating tissues after an attack, which aims to revive them, actually causes damage. Dr. Lefer’s research within the past few months has identified the key events in reperfusion injury that occur in the heart and endothelium.

The normal endothelium expresses adhesion molecules which allow circulating white blood cells to stick to it. These cells then normally migrate through the endothelium to the heart muscle cells, which is necessary but causes a certain degree of stress to them.

Dr. Lefer’s studies show that reperfusion injury occurs when endothelial cells produce abnormal quantities of nitric oxide and P-selectin. Released in short bursts that remain in the body a mere 20 to 40 seconds, nitric oxide has a protective effect on blood vessels. It keeps them dilated, free of blood clots, and generally less able to adhere to circulating white blood cells. Within five to 10 minutes after the return of blood flow to vessels, however, levels of nitric oxide significantly drop, triggering a loss of protective effects. The most damaging result is a sudden increase in the expression of adhesion molecules.

The Jefferson research demonstrates for the first time that there is a very close relationship between the loss of nitric oxide and an increase in blood vessel wall adhesiveness. The investigators identified the molecule most responsible for this stickiness, P-selectin.

“The loss of nitric oxide allows circulating white blood cells to adhere to endothelial cells,” says Dr. Lefer. “The binding occurs because nitric oxide no longer is able to keep a family of adhesion proteins from being activated. These proteins, which are normally found inside endothelial cells and platelets, allow white blood cells to interact with the vessel wall. In the absence of nitric oxide, the most rapidly acting of these proteins, P-selectin, moves from granules inside the endothelial cell to the cell surface some 20 minutes after nitric oxide is lost. Once on the blood vessel wall surface, this protein readily binds with circulating white blood cells, initiating a cascade of events that ultimately results in the white blood cells releasing a variety of substances that can damage any cell contacted, including endothelial and heart muscle cells."

Having identified this vital protein, the research team prevented reperfusion injury by 60 percent in animals by giving them a single dose of monoclonal antibody to P-selectin. Soon after the heart vessel was blocked in simulation of a heart attack, the antibody was given. It decreased the number of white blood cells sticking to the blood vessel wall surface without producing significant side effects such as changes in blood pressure or heart rate. These protective effects combined with its apparent safety and single-dose treatment make the monoclonal antibody a promising candidate for drug development.

Developing these monoclonal antibodies for clinical trials will take a couple years. It is still necessary to develop a form of the antibody that the human immune system will not reject. It is possible that eventually this compound could be given along with clot-busting drugs such as tissue plasminogen activator or streptokinase to protect the heart from injury when blood flow is restored to the heart after an attack. □

Hutchinson, Kane Named Dubbs Fellows

Howard G. Hutchinson ’87 and Gregory C. Kane ’87 have been named the first recipients of the Dubbs Fellowships created by the late Alfred W. Dubbs ’31 and his family (see the Fall 1992 Alumni Bulletin, page 15).

There are two Dubbs Fellowships annually in the Department of Medicine for Jefferson Medical College alumni.

The appointment will allow Dr. Hutchinson to study how to block the effects of genes that cause the overabundant growth of smooth muscle cells within the blood.
vessels. Such growth plays a principal role in the reblockage of blood vessels that have undergone repair with a balloon catheter. Dr. Hutchinson has been a fellow in the Cardiovascular Research Center since 1991.

Dr. Kane’s research interests include asthma and airways inflammation, and the effect of collagen and vascular diseases on the lungs. A fellow in the Division of Pulmonary Disease and Critical Care Medicine since 1990, he has published papers in Chest, Respiratory Medicine, The Journal of Respiratory Diseases, and The American Review of Respiratory Disease. He holds the faculty rank of Assistant Professor.

Research Grant to Surgery From W. W. Smith Trust

The W. W. Smith Charitable Trust has made a three-year grant of $246,784 to the Divisions of Vascular and Trauma Surgery. The project, entitled “Hyperglycemia and Expression of Leukocyte Adhesion Molecules on Human Endothelial Cells,” will study the interactions between endothelial cells and white blood cells in the early stages of atherosclerosis, and try to define the impact of diabetes during early atherosclerosis. Principal investigator is Kerri J. Pratt, Ph.D., Assistant Professor of Surgery, and collaborating investigator is Assistant Professor Pauline K. Park ’82.

Croce Wins Mott Prize

Carlo M. Croce, M.D., Chairman of Microbiology and Immunology and Director of the Jefferson Cancer Institute, has received the Charles S. Mott Prize presented by the General Motors Cancer Research Foundation.

The award recognizes the discovery by a Jefferson team headed by Croce that a gene on chromosome 11 plays a key role in many forms of acute leukemia, and that acute lymphocytic leukemia can be caused by an abnormal protein resulting from the fusion of this gene with one from chromosome 4 (see the Winter 1993 Alumni Bulletin, page 19).

Researchers under Croce’s direction are working on the design of antisense therapy for these cancers. Antisense, comprising artificial DNA imprinted with the mirror image of a target gene, can scramble the genetic message that causes the cancer.

Dr. Croce’s work is “seemingly in defining the genetic mechanisms underlying human leukemias and lymphomas,” says Peter C. Nowell, M.D., The Harnwell Professor at the University of Pennsylvania and a past recipient of the Mott Prize.

Over the years, Dr. Croce and fellow investigators have found several oncogenes caused by chromosomal translocations, in which a piece of one chromosome is stitched to another. Controlled gene rearrangements, orchestrated by enzymes known as VDJ-recombinase, allow immune cells to mass-produce a variety of disease-fighting antibodies. But the same process can occasionally switch on oncogenes.

An example is ALL-1, the gene found to cause acute lymphocytic leukemia. Normally it is located on the eleventh chromosome. But in many cases of the disease, the gene migrates to chromosome 4, where it fuses with another gene, giving rise to a large protein that transforms normal white blood cells into leukemic cells.

Jefferson Cancer Institute Investigators Capture Poster Competition

At the Mid-Atlantic Pharmacology Society Symposium, postdoctoral research associate Andrew B. Maksymowych, Ph.D. received a first-place poster award for “Identification, Structural Analysis, and Molecular Modeling of a Putative Coiled-Coil Forming Domain in Members of the Nuclear Hormone Receptor Superfamily.” Also, Pharmacology Ph.D. student Priya Kunapuli won first place for a poster on “Cloning and Characterization of a Novel G Protein-Coupled Receptor Kinase.”

House Staff Life

Life as a Jefferson resident or fellow begins with Orientation for New House Staff, held on June 18. Presentations covered issues such as library and research resources, drug information, infection control in the hospital, medical records, medicolegal considerations, stress management, and patient satisfaction. There are approximately 111 new members of the house staff at Thomas Jefferson University Hospital, out of a total complement of about 663 residents and fellows for fiscal year 1993-94. Upon completing their postgraduate training here, they become members of the Jefferson Medical College Alumni Association.
Westermark Given First Black Prize

The university has awarded its first Lennox K. Black International Prize in Medicine to Bengt A. Westermark, M.D., Ph.D. of the University of Uppsala in Sweden. Designed to link leading scholars under 50 years of age from around the world with Jefferson's faculty, the prize was established by Mr. Black, a Trustee. Dr. Westermark will collaborate with Jefferson researchers for a total of three months over the next three years.

"The Black Prize is a major contribution to Jefferson's global initiative, which encourages the exchange of ideas between nations," explains University President Paul C. Brucker, M.D. "The world is becoming smaller. The concept of Thomas Jefferson University as a regional medical center is changing."

Dr. Westermark was the first to discover that a major growth factor was the product of a cancer-causing gene. He purified and characterized the molecular structure of platelet-derived growth factor (PDGF), one of the proteins secreted by platelets during the blood clotting process to stimulate the repair of injured tissue. He also found that the transforming gene of the simian sarcoma virus produces this growth factor with only slight structural differences. His current interests lie in further defining the role of PDGF in normal cells and in cell transformation and cancer development.

Dr. Westermark's work was the first in a series of discoveries by various scientists that increased our understanding of the relation between growth factors and cancer. PDGF remains the only known example of an oncogene-encoded growth factor. Along with other growth factors, it enhances wound healing and plays a role in activating enzymes that degrade connective tissue.

While at Jefferson, Dr. Westermark will collaborate with many faculty members who study growth factors, including the role of their receptors in the control of cellular reproduction in cancer. Preventing growth factors from stimulating tumor cells to grow holds promise for new therapies that specifically target cancer.

Dr. Westermark will be able to work with Jefferson's structural biology faculty and facilities, which use extremely fast computers and 3-D graphics to make accurate pictures of important molecules. X-ray crystallography and nuclear magnetic resonance spectroscopy are also used to gather raw data about the structure of the target molecule. Biologically active decoys can then be synthesized to interfere with a disease pathway.

Designing synthetic molecules has important potential in pharmacology and the treatment of diseases. For example, decoys developed against insulin-like growth factor I, a protein present in serum that stimulates growth in a variety of cell types including tumor cells, have been able to destroy cancerous cells when tested in the lab. Such studies will progress in the near future to clinical trials involving patients with untreatable cancers.

Dean's Medal To Dr. Moon

Tai Joon Moon, M.D., NS'57, a distinguished health official from Korea who has a long connection with Jefferson, was presented with the Dean's Medal of Jefferson Medical College on June 20. Senior Vice-President and Dean Joseph S. Gonella, M.D. made the award in Seoul.

Dr. Moon's association with Jefferson dates to his years here as a resident in...
neurosurgery. "He has shown his devotion and interest in the Medical College, and has encouraged the sharing of ideas between our nations," says Dr. Gonnella. "He goes out of his way to identify outstanding physicians from his country to send to Jefferson for postgraduate training."

The President of the Research Institute of Health Care Policy, Dr. Moon has served as the Republic of Korea’s Minister of Health and Social Affairs. He was elected a member of the country’s National Assembly for a total of 14 years, chairing its Steering Committee and Commerce and Industry Committee. He is currently Honorary President of the Korean Medical Association.

Internationally, Dr. Moon has served as President of the World Medical Association and of the Confederation of Medical Associations in Asia and Oceania. He is a member of Jefferson’s Global Advisory Board (see article on facing page), and received an honorary degree of Doctor of Laws from Thomas Jefferson University in 1987.

Dr. Moon holds an appointment as a Clinical Professor in Yonsei University’s College of Medicine and School of Public Health, having been the founding Chairman of its Department of Neurosurgery. His awards include an honorary degree from Chungbuk University, the North Star First Class presented by King Carl Gustav of Sweden, and the Order of Mungungwa, one of the Korean government’s highest civilian honors, for his work in public health and medical education.

The Grandon Lecture was delivered on May 7 by Karen Davis, Ph.D. (third from right), seen with Dr. and Mrs. Raymond C. Grandon, ’45 (left). After Dr. Davis spoke on “Women’s Health: Myth and Reality,” reactions and comments were offered by a panel consisting of Clinical Associate Professor of Medicine Barbara J. Turner, M.D. (third from left), Professor of Microbiology and Immunology Kay Huebner, Ph.D. (second from right), and Chairman of Obstetrics and Gynecology Richard Depp, M.D. (right). (See the Winter 1993 Alumni Bulletin, inside front cover.) Dr. Davis is the Executive Vice-President of the Commonwealth Fund, a major philanthropy.

McGowan a Trustee as Curtin Completes Term

Tracy A. McGowan ’92 has been elected a Trustee of Thomas Jefferson University, representing the viewpoint of young physicians. Patricia M. Curtin ’88 has completed her term on the Board.

Dr. McGowan is currently a resident at Jefferson in internal medicine. While a medical student she worked in the lab of Dermatology Chairman Jouni J. Uitto, M.D., Ph.D., presenting an abstract at the 1992 meeting of the Society of Investigative Dermatology.

Dr. Curtin is Director of Ambulatory Medicine in the Department of Medicine at the Medical Center of Delaware in Newark, and holds a faculty appointment at Jefferson as an Instructor. She served as Chief Resident in her final year of training at the Medical Center of Delaware.

Kudos

- Professor of Medicine Hie-Won Hann, M.D. has received the Women in Leadership Award from Women’s Way for founding the Korean Women’s Association of Greater Philadelphia. This organization provides counseling and outreach to abused women, educational and cultural programs, and interpretation of the U.S. legal system. Dr. Hann has also organized a career day for Korean college students.

- Honorary Clinical Professor of Medicine F. William Sunderman, M.D., Ph.D. has received the Jacob Ehrenzeller Award from the Ex-Residents Association of The Pennsylvania Hospital. The award is presented to a former resident of the hospital who has made important contributions to medicine.
Benjamin Bacharach '56, Associate Dean for Admissions, Clinical Professor of Surgery, and Vice-Chairman of the Department, was honored by this year's graduating class with the commissioning of his portrait. Friends came from as far away as South Carolina and California for the presentation on May 10.

Senior Vice-President and Dean Joseph S. Gonnella, M.D. says that as Chairman of the Admissions Committee, Dr. Bacharach "is always interested in the individual, not just statistics or numerical scores." Encouraging students with broad experiences and diverse backgrounds, he has been in the forefront of considering the “nontraditional" medical student who may be over 30 or even over 40, and have had a first career in a field quite different from medicine.

Dr. Bacharach takes a personal interest in virtually every student in the medical college. "He knows each of us when we arrive at the beginning of freshman year," said Mark J. Sym's '93. "The essays we wrote on our applications were in fact read carefully. He will even stand with us in line at orientation on day one." Rebecca G. Chinn '93 remembers the advice and encouragement he offered when she and her classmates had exams or were on a difficult rotation.

At the presentation a biographical sketch was provided by his friend and surgical colleague Stanton N. Smullens '61, Clinical Professor of Surgery. Dr. Smullens noted the honoree's generosity and loyalty to Jefferson and to individuals.

Dr. Bacharach's life, the speakers pointed out, has been largely shaped by the medical college, his family, his wife Nancy, and his love since childhood for the New Jersey seashore, where he lives year-round. Having graduated in the Class of '56, Dr. Bacharach returned to Jefferson for residency and a fellowship in cardiothoracic surgery under John H. Gibbon, Jr. '27, following which he began a professional association with John Y. Templeton III '41 that extended for over 20 years.

Rising through Jefferson's academic ranks, he took on the additional role of Associate Dean for Admissions in 1983, and has served on numerous medical college and hospital committees. Dr. Bacharach has chaired the Annual Giving President's Club since 1977, and was President of the Alumni Association in 1981. Outside of Jefferson he sits on several corporate and nonprofit boards.

Wellenbach Honored Of Portrait

June 11 was the occasion of the presentation of Burton L. Wellenbach ’44’s portrait to the university by his colleagues and friends.

A Clinical Professor of Obstetrics and Gynecology, Dr. Wellenbach has been very active in medical staff and medical college affairs. He was the founding chairman of the hospital Ethics Committee in 1985. In 1988 he received the first Leon A. Peris Award for excellence in clinical teaching. Dr. Wellenbach was President of the Alumni Association in 1983, and serves as Class Agent for the Class of January '44.

Clinical Associate Professor of Obstetrics and Gynecology Benjamin Kendall, M.D., OBG'62 says, “His family and friends know him as a source of strength and love. His dedication to his patients serves as an example to all physicians. His moral standards and sound judgment have earned the respect of all who know him.”

At the front of the large audience were Dr. Wellenbach’s children, who had gathered from Nova Scotia and elsewhere for the celebration. Offering biographical sketches at the presentation were Professor of Surgery Gerald J. Marks ’49 and Allan Kalish, a
A lecture-ship has been established in the Department of Family Medicine to honor University President Paul C. Brucker, M.D., who formerly served as The Alumni Professor and Chairman of Family Medicine. The inaugural talk on May 14 was delivered by Edmund D. Pellegrino, M.D., The John Carroll Professor of Medicine and Medical Ethics and Acting Chief of General Internal Medicine at Georgetown University.

Dr. Pellegrino is a longtime friend of Dr. Brucker's and served as his mentor when he was a resident at Hunterdon Medical Center in Flemington, New Jersey. Among Pellegrino's many past offices is that of Chairman of the Board of Directors of Yale-New Haven Hospital.

The lectureship was created by Dr. Brucker's current and former Jefferson faculty, affiliate faculty, preceptors, and postgraduate alumni. It capped the annual two-day preceptors' workshop and Kynett Symposium sponsored by the Family Medicine Department.

It was particularly fitting to establish the lectureship this spring, the 20th anniversary of Dr. Brucker's appointment as the founding Chairman of Family Medicine. Under his leadership, the department developed into one of the largest and strongest in the country. Brucker also was responsible for the residency program in family medicine, the only one in Philadelphia based at a medical school and one of the few in the northeastern U.S., and helped establish a fellowship program in geriatrics.

President of the American Board of Family Practice in 1987-88, Dr. Brucker currently serves on the Council on Graduate Medical Education, which advises the U.S. Congress on issues related to health manpower.

Speaking on “Generalists: The Health Care Deficit of the Next Century,” Pellegrino noted the shortage of M.D.s entering primary care practice. Though cost control is the imperative most often cited for wider deployment of primary care physicians, Pellegrino prefers to stress that care of the patient is better if it is coordinated by a generalist who considers all the patient’s health-related needs. Pellegrino urges that honor be attached to such an important and challenging role.

He also sees a need for fuller cooperation and communication between the primary care physician and specialists, nurses, and social workers.

prominent public relations expert and longtime friend.

James W. Stratton, Chairman of the Board of Trustees, spoke of Dr. Wellenbach’s strong influence on medical students, residents, and patients. Dr. Marks pointed out Dr. Wellenbach's leadership in bringing programs to Jefferson. When he initiated a lecture series in 1964 on human sexuality, only four medical schools in the country offered such a program. Similarly, when the Ethics Committee was founded under his leadership, fewer than five percent of hospitals nationwide had such a committee. When not involved in academic affairs, he was able to participate in extracurriculars such as the faculty softball team, Marks recalled.

Mr. Kalish said that the greatest of all Dr. Wellenbach's traits was "a tremendous capacity for caring. He shows us that it's not like a loaf of bread, which if you remove a slice gets smaller. He gives more and more."

Dr. Wellenbach in turn paid tribute to Jefferson's leaders and role models, the ones of yesteryear who had encouraged him, and those of today whom students and staff strive to emulate. ☑
Obituaries

Victor A. Syracuse '23 died May 5, 1986 at age 91. He held board certification in ophthalmology and otolaryngology and practiced head and neck plastic surgery. Dr. Syracuse held membership in five national societies.

Arthur A. Fischl '27 died January 3 at age 92. He practiced cardiology in Long Island, New York and was Director of Medicine for Queens General Hospital and Medical Director and Vice-President of Group Health Insurance Company. Later, he became a specialist in cardiology for the New York State Workman's Compensation Board. He is survived by his wife, Evelyn.

Gottfried Metzler, Jr. '28 died May 9. He practiced family medicine in Bridgeville, Delaware for 50 years. On retirement in 1979, he moved to Ocean City, New Jersey. He is survived by his wife, Evelyn, a daughter, and a son.

Edward A. Y. Schellenger, Jr. '29 died May 19. He practiced obstetrics and gynecology in the Camden-Merchantville, New Jersey area for over 50 years. He served as a Lieutenant Colonel with the Jefferson Unit (35th General Hospital) near Cairo, Egypt during World War II. He is survived by his wife, Margaret, two daughters, and a son.

Joseph L. Farace '31 died April 16. He conducted a general practice in Bangor, Pennsylvania, retiring in 1991 after 60 years of practice. He was honored in 1991 by the Northampton County Medical Society for 50 years of service. Dr. Farace received the Bangor Lions Club award in 1992 for distinguished service to the community. He is survived by two sons.

William K. McDowell '31 died April 13. He was an eye, ear, nose, and throat specialist in Tarboro, North Carolina and was Head of the Department at Edgecombe General Hospital. He also served as Chief of Staff at the hospital. He is survived by a daughter and a son.

Nathan Ralph '31 died May 9, 1992. He was Chief of the Pulmonary Department at Deborah Heart and Lung Center, Brown Mills, New Jersey, and Medical Director of Deborah Hospital. He was an Assistant Professor of Medicine at the University of Pennsylvania. He is survived by his wife and a son, Jonathan D. Ralph '76.

Herman H. Feissner, Jr. '33 died April 16, 1987. Dr. Feissner lived and practiced in Freeland, Pennsylvania.

Walter C. Ferer '34 died June 8, 1991. After an internship at Valley Hospital in Sewickley, Pennsylvania, Dr. Ferer served as a Captain in the Army Medical Corps during World War II. Following military service, he practiced medicine in Meadville, Pennsylvania.

John P. J. Gallagher '34 died January 1, 1972, it has recently been ascertained.

Charles E. Bender '35 died May 8, 1991. Following internship at Episcopal Hospital in Philadelphia, Dr. Bender served as a Lieutenant Colonel in the Army Medical Corps in the Pacific theater during World War II. Dr. Bender practiced internal medicine and was a member of the Radiological Society of North America.

Harry E. Tucker '35 died March 18, 1992. Following internship at Jewish Hospital in Philadelphia, Dr. Tucker served in the Army Medical Corps during World War II. At the time of his death, he was living in Lexington, Massachusetts.

Morton S. Pearl '36 died May 20, 1991. After a pediatric residency at Philadelphia General Hospital, Dr. Pearl practiced in Lancaster, Pennsylvania before moving to Miami. He is survived by his wife, Miriam, a daughter, and a son.

E. Westbrook Browne '40 died January 5. Dr. Browne served as a Captain in the Army Medical Corps during World War II. He practiced obstetrics and gynecology, mixed with pediatrics, in the Cincinnati area. He is survived by his wife, Ellen.

Clarence B. Hewitt J'44 died July 9, 1992. Dr. Hewitt, a member of the regular Army Medical Corps, served as Chief of Urology and Chief of Surgery at various army hospitals in the United States and the Canal Zone during a distinguished career. From 1952 to 1964 he was Chief of the Urology Service at Walter Reed Hospital. Colonel Hewitt retired from active duty in 1964 and was awarded the Legion of Honor for exceptionally meritorious service. Thereafter he lived in Shaker Heights, Ohio.

Robert W. Elwell '45 died December 3, 1992. After an internship at Cooper Hospital in Camden, New Jersey, and service in the Army Medical Corps during World War II, Dr. Elwell established a family medicine practice in Delanco, New Jersey. He is survived by his wife, Virginia, three daughters, and a son.

Sidney M. Bashore '47 died in 1991, it has been ascertained. Dr. Bashore became a flight surgeon in the United States Air Force and was assigned to Lowry Air Force Base. At the time of his death he was living in Merritt Island, Florida.

Bernard J. McLaverty '50 died July 10, 1992. A pathologist, Dr. McLaverty flew in his own plane to service six hospitals spread over 100 miles in western Montana. He is survived by his wife and 10 children.

George E. Paulus, Jr. '52 died January 13, 1987, it has recently been ascertained. Following an internship at York Hospital in Pennsylvania, Dr. Paulus practiced family medicine.

Jacob C. Stacks, Jr. '54 died April 23. Dr. Stacks was in general practice in Shippensburg, Pennsylvania until 1965. He then completed a residency in psychiatry at Hahnemann Medical College in Philadelphia and established a child psychiatry practice in Harrisburg. He is survived by his wife, Sheila.

Edgar C. Fonde '58 died October 20, 1992. He was a pathologist at The Charity Hospital of Louisiana in New Orleans, and later lived in Gulf Shores, Alabama.

Harry E. LeFever '58 died July 19, 1991. Dr. LeFever interned at Germantown Hospital in Philadelphia. He later lived in Pinehurst, North Carolina and practiced psychiatry.

Michael B. Hresko '60 died April 14, 1991. Dr. Hresko practiced psychiatry first at the Guthrie Clinic of Robert Packer Hospital in Sayre, Pennsylvania, and later as a member of the Department of Psychiatry at the University of North Carolina at Chapel Hill. He is survived by his wife, Luana.
Steven D. Silverman ’64 died August 3, 1981. Dr. Silverman was a Philadelphia psychiatrist.

Harry F. Smith ’65 died April 21. Dr. Smith was a plastic surgeon. His faculty appointments included that of Teaching Registrar at the University of East Africa in Dar-es-Salaam, Tanzania, and Assistant Professor of Surgery at the University of Texas Medical School at San Antonio. He is survived by two daughters.

Sonja J. Zenz ’79 died in 1992, it has been confirmed. Dr. Zenz practiced in Milwaukee, Wisconsin. Survivors include her father, Carl Zenz ’49, and brother, Carl N. Zenz ’78.

Jeremiah F. O’Brien ’80 died May 19. Dr. O’Brien was Chief of Emergency Services at Southside Regional Medical Center in Petersburg, Virginia. He is survived by his wife, Rose, and three daughters.

John P. Leicht ’81 died May 10. Dr. Leicht was a radiologist at York Hospital in Pennsylvania until 1992 when he joined the Sharon Regional Health System. He is survived by his wife, Nancy, a daughter, and two sons.

Russell E. Somers ’81 died June 16, 1992. After interning at the Medical College of Virginia Hospital in Richmond, Dr. Somers became a radiologist.

Alexander J. Marcones, Jr. ’84 died June 5, 1992. Dr. Marcones received a J.D. degree from Temple University School of Law in 1990 upon completing a four-year evening program. He specialized in medical malpractice and products liability.

Postgraduate Alumni

William G. Dunnington, M.D., HEM’53 died June 18 at age 82. Dr. Dunnington had risen to the rank of Colonel in the U.S. Army Medical Corps. He was a resident of San Antonio, Texas at the time of his death. Survivors include his wife, Vivian, two daughters, and two sons.

William K. Gorham III, M.D., GS’58 died April 30 at age 66. Dr. Gorham was on the surgical staff of Pennsylvania Hospital. He is survived by his wife, Delores.

Thomas D. Duane, M.D., Ph.D.

Jefferson lost a leader with the death on June 20 of Thomas D. Duane, M.D., Ph.D., Professor Emeritus of Ophthalmology. Educator, researcher, visionary, and Shakespearean scholar, Dr. Duane was an inspiration to students and faculty at Jefferson and at Wills Eye Hospital. With research interests in retinal and corneal physiology, he also studied the conduct and support of eye research and its impact on clinical practice. To honor Dr. Duane and his enormous contributions to Jefferson, to Wills, and to ophthalmology, an endowed research professorship was established in his name in 1985. It is the first endowed chair of ophthalmology at Jefferson and the first chair in ophthalmology at Wills.

Born in Peoria, Illinois in 1917, Dr. Duane graduated from Harvard College with a major in biochemistry. He received an M.D. degree and an M.S. in physiology from Northwestern University and a Ph.D. in physiology from the State University of Iowa. While on active duty as a Navy flight surgeon from 1951 to 1953, he conducted research on the visual aspects of sending people into space. After a brief period of private practice in Bethlehem, Pennsylvania, the Duane family relocated to a 67-acre farm in Bedminster, Bucks County. He was soon appointed a Research Associate in Ophthalmology at the University of Pennsylvania. In 1962 he was named Professor and Chairman of Ophthalmology at Jefferson.

Soon after beginning his Jefferson chairmanship, Dr. Duane undertook a three-year study of the status of ophthalmologic research in the United States. The results of this research and Dr. Duane’s convincing presentations before Congress were instrumental in the establishment in 1968 of the National Eye Institute as part of the National Institutes of Health. He was subsequently appointed to the National Advisory Eye Council, the principal consultative body to the National Eye Institute.

Dr. Duane’s books Clinical Ophthalmology and Clinical Foundations of Ophthalmology rank as standard works in the field. He served as Chairman of the Council on Ophthalmology of the American Medical Association, member of the American Board of Ophthalmology, and member of the Board of Directors of the American Academy of Ophthalmology. He was awarded the prestigious Howe Medal for scientific achievement by the American Ophthalmological Society in 1981.

Described by Dean Joseph S. Gonella, M.D. as “warm, witty, and wise,” Dr. Duane is especially remembered for two landmark contributions to Jefferson’s progress. He played a pivotal role in developing and implementing a new medical school curriculum at Jefferson. He also was the driving force behind Wills Eye Hospital’s relocation to Ninth and Walnut Streets, and the architect of its affiliation with Thomas Jefferson University. He was appointed Ophthalmologist-in-Chief at Wills in 1973 and is credited with developing Wills’s scope as a teaching hospital and in fostering at Wills the growth of both basic and clinical research. This memorable Jefferson physician is survived by his wife, Julia Duane, M.D., two daughters, and two sons.
Barclay M. Brandmiller has been named Man of the Year by the YWCA of Youngstown, Ohio, where he is exceptionally active in volunteer service.

John A. Koltes, Jr. has been appointed Co-Chief of Psychiatry at Chestnut Hill Hospital, where he has been head of neuropsychiatry for 25 years.

Peter L. Eichman has received the Emeritus Faculty Award of the University of Wisconsin Medical School, where he was Dean and also Chair of Affiliated University Physicians. Dr. Eichman’s career has included chairing a National Institutes of Health Study Section on Health Service Research, and serving the federal government as Deputy Director of the Bureau of Health Manpower Education.

Gerald J. Marks, Professor and Director of the Division of Colorectal Surgery at Jefferson, will be inducted as an honorary member of the American Society for Therapeutic Radiology and Oncology at its annual meeting in October.

Rudolph C. Camishion has been elected President of the New Jersey Chapter of the American College of Surgeons, and also of the Vascular Society of New Jersey. He has retired as Chairman of Surgery at UMDNJ-Robert Wood Johnson Medical School at Camden after 17 years, but continues as a Professor of Surgery there.

H. William Porterfield is Chairman, President, and CEO of Physicians Health Plan in Cincinnati. He holds the rank of Associate Clinical Professor of Plastic Surgery at Ohio State University.

Richard N. Smith is Director of Psychiatric Emergency Services for Children at Albert Einstein Medical Center in Philadelphia.

Joseph Honigman is President-Elect of the Florida Medical Directors Association, and involved in geriatric medicine as a Professor of Family and Community Medicine at the University of Florida in Gainesville.

Melvin L. Moses began a two-year term in July as Secretary-Treasurer of the Medical Staff of Thomas Jefferson University Hospital, where he practices surgery.

Joseph W. Snyder has been elected President of the Medical and Chirurgical Faculty of Maryland, the state medical society, of which he had previously been a council member and delegate to the American Medical Association. He is a past President of the Maryland Academy of Ophthalmology and of the Montgomery County Medical Society. Dr. Snyder maintains a private practice in Silver Spring and Bowie. Daughter Lori is in Jefferson’s Class of ’95.

Joseph W. Sokolowski is the American Thoracic Society’s delegate to the American Medical Association. He is Chief of the Pulmonary Division at Our Lady of Lourdes Medical Center in Camden, New Jersey.

Directory Has Been Printed

The 1993 Jefferson Medical College Alumni Directory will be shipped by September. Many alumni reserved a copy during the telephone verification process in February. A few extras are available on a first-come, first-serve basis. Contact the printer directly:

Customer Service Department
Harris Publishing Company
3 Barker Avenue
White Plains, NY 10601
Phone 800 877 6554

Your diploma is from Jefferson Medical College of Thomas Jefferson University—please refer to your degree as being from Jefferson Medical College.

John C. Steiner has joined the neurology department at the Ochsner Clinic of Baton Rouge, having been recruited in part by Harold L. Ishler, Jr. ’67. He often sees Donald Hooper ’66, Director of Surgical Services at the clinic.

Arthur N. Triester began a two-year term in July as President of the Medical Staff of Thomas Jefferson University Hospital, where he practices internal medicine.

Vaughan C. Hawksley has been appointed Director of Pathology at Doylestown Hospital in Pennsylvania.

Brent J. O’Connell has been named Pennsylvania Blue Shield’s Vice-President for Medical Affairs. He lives in Harrisburg.

Ronald F. Ziezulia is Chair of Pediatrics and Chief of Neonatology at Hamot Medical Center in Erie, Pennsylvania.

Philip E. Donahue continues to serve as a Professor of Surgery at the University of Illinois College of Medicine in Chicago, and Chairman of General Surgery at Cook County Hospital.

Bohdan Malyk has joined the full-time faculty at UMDNJ-Robert Wood Johnson Medical School in New Brunswick as a Professor of Obstetrics and Gynecology.

Robert C. Spahr has been appointed Senior Vice-President for Clinical Operations of the Geisinger System’s Central Region, which includes Geisinger Medical Center in Danville, Pennsylvania, a group practice of 300 physicians, and eight related community practices.

J. Webster Stayman III has joined the plastic surgery staff of Chenango Memorial Hospital in Norwich, New York. He holds a faculty affiliation with Columbia University College of Physicians and Surgeons as a Clinical Assistant Professor.
Robert S. Boova '71 (third from right) and Janis Zvargulis, M.D., AN'83 (back row, left) led a cardiac surgery team of physicians, nurses, and physician's assistants to Latvia (formerly part of the Soviet Union) in May on a professional outreach to the Latvian Academy of Medicine in Riga. Dr. Zvargulis is a native of the country. The purpose of the trip was both educational and humanitarian. The U.S. group performed several open-heart surgery procedures, demonstrating techniques and cardiac care to Latvian physicians. And surgical equipment and supplies were distributed to the Latvian hospital. "Their equipment is very elementary," Boova says. "Their complications rate is high and survival rate low. Right now, they will not operate on persons of advanced age." Support for the project came from corporations, individuals, and the U.S. government. Dr. Zvargulis and Dr. Boova, who did all his surgical training at Jefferson, practice at Bryn Mawr Hospital.

Cora L. E. Christian has been elected President of the U.S. Virgin Islands Medical Society, as well as President of the Virgin Islands Chapter of the American Academy of Family Physicians, and delegate from that chapter to the national society.

Jerome W. Jordan has been elected a Trustee of the University of Scranton. He maintains a private ophthalmology practice in Scranton, Pennsylvania.

E. Paul Howanitz has been appointed Medical Director of the open-heart surgery program at St. Joseph Hospital in Reading.

Eric J. Michael has been appointed Assistant Professor of Anesthesiology and Critical Care Medicine at the University of Pittsburgh. He is an attending physician in the neonatal intensive care unit at Children's Hospital of Pittsburgh, and is continuing his research on epithelial cell proliferation and the pathogenesis of viral infections.

Richard J. Bearoff has been appointed Medical Director for the Corporate Health Department of Montgomery Hospital in Norristown. The department offers comprehensive health care to local arms of such major corporations as Unisys, Lukens Steel, Sears, SmithKline Beckman, and Rhone-Poulenc Rorer. Dr. Bearoff's specialty is internal medicine.

Marjorie A. Williamson Bowman has been elected to the Institute of Medicine of the National Academy of Sciences. She chairs the Department of Family and Community Medicine at Bowman Gray School of Medicine in Winston-Salem.

Ira Brenner has been appointed a Training and Supervising Analyst at the Philadelphia Psychoanalytic Institute. He maintains his practice at the Institute of Pennsylvania Hospital.

James P. Bagian has been elected President of the Space Medicine Branch, a section of the Aerospace Medical Association. An astronaut and consultant on biomedical instrumentation, he received NASA's Exceptional Service Medal in 1992. Dr. Bagian narrates a film for children ages six to eight, "A Day in Space," that is being shown at museums such as Philadelphia's Franklin Institute. Using video from Shuttle missions, the show explains how astronauts live and work.

Patricia G. Fitzpatrick has been named Director of the Cardiac Catheterization Laboratories at Rochester General Hospital in Rochester, New York.

David G. Baer has been elected Vice-President of the Pennsylvania Academy of Family Physicians. He practices in Everett.

Madeleine R. Fisher has recently published articles on the female pelvis and cardiac MRI. She is a Clinical Professor of Radiology at the University of Southern California and Director of Magnetic Resonance at the Hospital of the Good Samaritan in Los Angeles. Dr. Fisher's bibliography includes editing the book Imaging of the Pelvis, published in 1989 by Aspen in its Clinical Diagnostic Imaging series.

Shahab S. Minassian is Director of of the Division of Reproductive Endocrinology and Fertility at the Medical College of Pennsylvania.
'81

David C. Slagle has been appointed an Assistant Professor of Medicine, specializing in infectious diseases, at the University of Illinois College of Medicine at Peoria.

'82

Judd W. Moul has been promoted to Associate Professor of Surgery at the Uniformed Services University of the Health Sciences in suburban Washington, and Director of the Center for Prostate Disease Research, a collaboration with Walter Reed Army Medical Center, the Walter Reed Army Institute of Research, and the Henry M. Jackson Foundation.

James R. Powell is Medical Director of Respiratory Care Services at Uniontown Hospital near Pittsburgh.

'83

Peter A. Cognetti has been confirmed by the Pennsylvania Senate for appointment by Governor Casey to the Commonwealth's newly formed Health Policy Board. Dr. Cognetti was also recently elected to a three-year term on the Board of Directors of the Pennsylvania Academy of Family Physicians. He practices in Scranton.

Elcinda L. McCrone holds an appointment as an Assistant Professor of Medicine at Boston University, specializing in infectious diseases, while husband Peter R. Bergethon '83 is an Assistant Research Professor of Biochemistry, conducting neurological research.

Gary Y. Ott is an Assistant Professor of Surgery at Oregon Health Sciences University, in the Division of Cardiopulmonary Surgery.

'84

Randle H. Storm has joined the cardiology department at Geisinger Medical Center in Danville, with a particular interest in electrophysiology.

Dan J. Gzesh is co-directing a clinical trial at Jefferson of a drug that has been shown in preliminary studies to reduce the neurologic damage caused by stroke. Dr. Gzesh is an Instructor in Neurology.

James L. Stefanelli has been given a Jefferson faculty affiliation as an Instructor in Urology. He practices with Hugo Mori '62 in Scranton, Pennsylvania.

W. Bradford Carter has been appointed an Assistant Professor of Surgery at the University of Arizona, where Bruce E. Jarrell '73 chairs the department.

David J. Eschelman has joined Jefferson’s full-time faculty as an Assistant Professor in the Division of Cardiovascular/Interventional Radiology.

Matthew H. Carabasi has been appointed director of leukemia research for the bone marrow transplant program at the University of Alabama School of Medicine.

Geetinder K. Chattha is finishing her dermatology residency at the University of California at San Francisco.

Mark E. Alden has joined Jefferson’s full-time faculty as an Instructor in Radiation Oncology and Nuclear Medicine, and Brian J. O’Hara has been appointed an Assistant Professor of Pathology and Cell Biology.

Randall V. Wong has begun practicing in the Baltimore/Washington area as a retina-vitreous subspecialist.

Kenneth L. Zeitzer has been appointed an Instructor in Radiation Oncology at Temple University. He is married to Randi J. Zeitzer '94.

'89

Timothy C. Smith has been appointed a senior attending psychiatrist at Friends Hospital in Philadelphia, where he served as Chief Resident in his final year of training. His professional interests include geriatric psychiatry, medical/surgical psychiatric complications, and neuropsychiatry.

'90

Bret A. Rosenblum has received the Ann Underwood Award at Latrobe Area Hospital in Pennsylvania, as the resident best exemplifying the ideals of family medicine.

'91

Kathy E. Baylor-Giorgio has been elected Co-Chief Resident in Family Practice, and recipient of the Outstanding Teaching Award, at Scott Air Force Base in Illinois.

JoAnn S. Hirth is beginning a fellowship in hematology/oncology at the University of Michigan.

Postgraduate Alumni

Sucha O. Asbell, M.D., RO'71 has received the Commonwealth Board Award of the Medical College of Pennsylvania, where she went to medical school. Dr. Asbell chairs the Department of Radiation Oncology at Albert Einstein Medical Center in Philadelphia, and serves as an editor with the Radiation Therapy Oncology Group.

P. Kenneth Brownstein, M.D., U'76 is President-Elect of the Medical Staff of Thomas Jefferson University Hospital, where he has his urology practice.

John H. Moore, Jr., M.D., GS'84 continues to be very active as a volunteer with Operation Smile, a program in which physicians from developing countries come to the United States to learn plastic surgery techniques to correct facial abnormalities. They are then able to apply these techniques in their homelands. Dr. Moore practices plastic surgery in Philadelphia.

Bram Greenberg, M.D., PD'84 has been named Executive Director for Medical Services of U.S. Human Health, the prescription drug unit of Merck, with his office at West Point, Pennsylvania.
July 20, 1993

J. Wallace Davis, M.D.
Chairman
JMC 45th Alumni Annual Giving Fund
Jefferson Medical College

Dear Wally:

You and your colleagues have once again the importance of our generous and overwheilled by this year’s striking success.

I know you are proud of your Association, you were able to raise $1.5 million, particularly the economy, is a tribute to your tenacity, loyalty.

“Thank you” is hardly enough.

I am proud of your accomplishment; chairing this campaign; and offer my hearty congratulations.

Warm regards.

Sincerely,

Paul C. Bruck

PCB/gr

Joseph Gonnella, M.D.

JSG/br
July 12, 1993

J. Wallace Davis, M.D.
Jefferson Medical College
1020 Locust Street
Philadelphia, PA 19107-6799

Dear Wally:

On behalf of the Board of Trustees, I want to extend my thanks to you and the entire team for the JMC 45th Alumni Annual Giving Fund. Your achievements were extraordinary in light of the difficult environment in the health care field this year. To come up with a record total of $1,581,196 and to top last year’s total by $39,000 show the dedication and enthusiasm that the Alumni have for Jefferson.

We have always known of this feeling for the College, but it is nice to see that many of your fellow Alumni are prepared to show it in a tangible fashion. I know that Paul, Joe and all the other members of the faculty and staff appreciate the things that this money can do to enhance the quality of the College. Keep up the good work!

Sincerely,

James W. Stratton
How You Can Make A Gift to Jefferson Medical College

OUTRIGHT GIFTS

Gifts of Cash
These offer the donor a direct income tax benefit.

Gifts of Securities
(Stocks and Bonds)
Appreciated securities should have been held for more than one year by the donor at the time of the gift. Such contributions may be deducted at the securities' fair market value, and there is no capital gains tax on unrealized appreciation. Short-term securities (held for one year or less) are deductible at cost.

Gifts of Real Property
Land or buildings should have been held for more than one year by the donor at the time of the gift. Such contributions may be deducted at fair market value, and there is no capital gains tax on unrealized appreciation. Short-term assets (held for one year or less) are deductible at cost.

PLANNED GIFTS

Pooled Income Funds
Pooled funds provide income for the life of the donor or other beneficiaries. Charitable income tax deductions are based on the age of the beneficiary at the time of the gift and the rate of return of the investment fund.

Gift Annuities
These provide the donor a fixed income and also income tax benefits.

Charitable Remainder Trusts
There are two types: unitrusts pay the donor a specified percentage (at least five percent) of the assets valued annually; annuity trusts pay a fixed amount annually (at least five percent of the initial fair market value). Both afford tax benefits and life income for the donor/beneficiary or other beneficiaries.

Charitable Lead Trusts
Lead trusts pay a percentage of trust income to Jefferson for a fixed number of years (or for a term measured by one or more lives), and then return the principal to the donor or pass it to other noncharitable remainder beneficiaries named by the donor. These trusts also provide tax benefits.

Life Insurance
A gift would consist of insurance naming Jefferson as the owner and irrevocable beneficiary of the policy. Premium payments are deductible. Donors may also give existing policies to Jefferson and claim a deduction for approximately the cash surrender value.

OTHER TYPES

Bequests
Leaving all or part of an estate to Jefferson is a good option for persons who need to retain full use of their estate during their lifetime, or for persons without heirs.

Matching Gifts
Some corporations match all or part of gifts made by their employees or directors to charitable institutions.

Annual Giving Fund Totals 1992–93

Gifts From Alumni, Faculty, Widows, and Friends $1,581,196
Bequests and Planned Gifts $2,113,740
Gifts Received Through the Intercession of Alumni $1,860,670

Annual Giving Fund Committee
J. Wallace Davis ’42, Chairman
Benjamin Bacharach ’56
Herbert E. Cohn ’55
James M. Delaplane ’64
James W. Fox IV ’70
James V. Mackell ’46
Gerald Marks ’49
Robert Poole ’53
Burton L. Wellenbach J’44

Class Winners

BY AMOUNT CONTRIBUTED
‘55 Robert J. Senior, Class Agent $44,605
‘69 M. Dean Kinsey, Class Agent $43,305
‘56 Eugene F. Bonacci, Class Agent $38,195

BY NUMBER OF MEMBERS CONTRIBUTING
‘80 Martin J. Carney, Class Agent 93 contributors
‘73 Lynne E. Porter, Class Agent 89 contributors
‘69 M. Dean Kinsey, Class Agent 86 contributors
‘78 Duncan Salmond, Class Agent 86 contributors

BY PERCENT PARTICIPATING
‘54 John R. Patterson, Class Agent 63.8 percent
‘53 Joseph J. Armato and Robert Poole, Class Agents 61.1 percent
J’44 Burton L. Wellenbach, Class Agent 58.0 percent

Class Standings

BY AMOUNT CONTRIBUTED
First ’55 ’80
Second ’69 ’73
Third ’56 ’69, ’78 J’44
Fourth ’71 ’70
Fifth ’63 ’56, ’84 ’48
Sixth ’60 ’54
Seventh ’70 ’71
Eighth ’73 ’53 ’68
Ninth ’53 ’68, ’74, ’79 ’43’Tenth ’75 ’81 ’73

Four Presidents: Alumni Association President Jerome M. Cotler ’52 at the Alumni Banquet on June 4 with James E. Clark ’52 (President 1990), William E. Delaney III ’53 (President 1992), and President-Elect William V. Harrer ’62
The 45th Campaign

From J. Wallace Davis '42
Chairman, Annual Giving Fund Committee

This was a banner year for Alumni Annual Giving! Never before have so many Jefferson loyalists given so unstintingly to the College. Thanks to 3,527 alumni, faculty and friends, the 45th Alumni Annual Giving Campaign raised $1,581,196, a figure unmatched in the campaign’s history, representing an increase of $138,690 over last year’s total. Leading the way as ever was the President’s Club. Chairman Benjamin Bacharach ’56 is delighted to report that an unprecedented number of members—557—were responsible for 61 percent of the amount realized by this year’s campaign. They gave $971,049, an amazing increase of $126,947 over their stellar performance in 1992.

Another stellar performance must be singled out for praise: that of Jefferson’s devoted nongraduate faculty and its Annual Giving Agent, Robert L. Brent, M.D., Ph.D. The nongraduate faculty’s indispensable contribution to Jefferson extends beyond classroom and laboratory to every area of school life, including Annual Giving. Encouraged by Bob Brent, this group’s participation has risen each year, reaching a record high of $181,824 from 258 faculty members in 1993. We are deeply grateful that those who have given so much to Jefferson are willing to give still more.

All of the Alumni Class Agents worked faithfully for the 45th Annual Giving Campaign, and they and their classes deserve Jefferson’s gratitude. Several classes, however, have distinguished themselves and merit special congratulations. The Class of ’55 took the lead in amount contributed to Annual Giving ($44,605), followed by the Class of ’69 ($43,305) and the Class of ’56 ($38,195). Jefferson thanks these three classes and their Class Agents Robert J. Senior ’55, M. Dean Kinsey ’69, and Eugene F. Bonacci ’56.

First place in number of contributors belongs to the Class of ’80 (93), with the Class of ’73 (89) taking second place and the Class of ’69 (86) and the Class of ’78 (86) tying for third place. These classes and their Class Agents Martin J. Carney ’80, Lynne E. Porter ’73, M. Dean Kinsey ’69, and Duncan Salmon ’78 can take pride in this accomplishment.

Percentage of participation is calculated for the last 51 classes. Ten of those classes achieved a participation rate of 50 percent or more which requires dedication on the part of the Class Agents and loyalty on the part of their classmates. The top three classes in this category are the Class of ’54 (63.8 percent), the Class of ’53 (61.1 percent), and the Class of ’44 (58 percent). Jefferson’s appreciation goes to these classes and their Class Agents John R. Patterson ’54, Joseph J. Armato ’53, Robert Poole ’53, and Burton L. Wellenbach ’44.

The Alumni Association welcomes its newest members, the Class of ’93 and its Class Agents Sharon B. Mass and Joseph A. Iacono. The energy and enthusiasm which the Class of ’93 brings with it will help to keep our venerable Association a strong and vital ally for Jefferson.

The Dean joins me in thanking you, our alumni, faculty, and friends, for a magnificent effort. The 45th Alumni Annual Giving Campaign was a triumph for Jefferson and for all of you.
Jefferson Medical College gratefully acknowledges the alumni, faculty, widows, and friends who supported its mission by contributing to the 45th Annual Giving Campaign. The first section below lists the 3,327 alumni donors, arranged alphabetically within each class. The footnotes provide additional information about the gifts.

1869–1916

$15,397.92*

1869

• Joseph H. North, Jr.
  In memory of by Mrs. Joseph H. North

1892

• Harry Bowman Felty
  (Bequest)

1897

• S. Ira McDowell
  (Bequest)

'04

• Harry B. North
  In memory of by Mrs. Joseph H. North

'06

• Marshall C. Rumbaugh
  (Trust Fund)

'13

• Mrs. John E. Livingood
  (Bequest)

'14

• Floyd W. Stevens
  In memory of by widow

'16

• Arthur R. Gaines
  In memory of by widow

'17

Baldwin L. Keyes
Class Agent
1 gift—$300.00
100% Participation
Baldwin L. Keyes

'18

$2,500.00*

• Reynolds S. Griffith
  In memory of by widow Mrs. Joanna K. Griffith Gabel

'19

$500.00*

• E. Lloyd Jones
  In memory of by widow

'20

2 gifts—$300.00
66.7% Participation
Louis F. Burkley, Jr.
Thaddeus L. Montgomery

'21

1 gift—$200.00*
33.3% Participation
Verne S. Caviness
• Russell S. McCannis
  In memory of by widow

'23

1 gift—$750.00*
16.7% Participation
• Benjamin F. Haskell
  In memory of by widow Arthur H. Perkins

'24

$1,066.55*

• Samuel Gerald Scott
  (Trust Fund)

• Lawrence Shimabery
  In memory of by widow

'25

1 gift—$250.00*
9.1% Participation

• H. Samuel Callen
  In memory of by widow M. Gudlen Mackmull

'26

$45.00

• Luther H. Kline
  In memory of by daughter, Mrs. John A. McCol

• Ralph W. Lorry
  In memory of by

• Elnor K. Ketcham
  Mrs. Esther Solar

'27

James E. Bowmen
Class Agent
3 gifts—$615.00*
21.4% Participation

• Allison J. Berlin
  In memory of by widow

• Samuel M. Dodak
  In memory of his parents, Mr. & Mrs. Dodak,
  Joseph P. Michelson '27, and Joshua N. Zinsmik '27

• John C. McNerney
  J. Wesley Tomlinson

• James E. Yarbrough
  In memory of by widow

'28

Charles Levy
Class Agent
5 gifts—$7,897.46*
45.5% Participation
David L. Ellrich
• Theodore H. Grundfest
  In memory of by widow

Dr. & Mrs. Charles Levy

• Morris M. Mancoll
  (Trust Fund)

• Garrett C. McCandless

• Gottfried Metzler, Jr.
  In memory of by daughter, Mrs. Margot Mayer

• Guy Maurice Nelson

• C. Kenneth Schluss

• Charles F. Weigel
  (Trust Fund)

Class Reunion Fund

'29

Paul O. Blake
Patricia S. Pasquarriello
Class Agent
10 gifts—$5,225.00*
71.4% Participation

• John H. Bishing
  In memory of by widow Paul O. Blake

• William E. Delicate
  In memory of by widow

• Anthony F. DePalma
  Howard E. Dieker

• Isidore S. Greeter

• William H. Izlar

• Lawrence A. Matternes

• Robert E. McCadie

• Anthony E. Narducci

• Patrick S. Pasquarriello

• Alfred L. Troncelliti

• James F. Ward
  In memory of by widow

'30

Leon L. Berns
Class Agent
5 Gifts—$5,685.00*
38.5% Participation
Leon L. Berns
Howard W. Brettell

• Wallace E. Hopkins
  In memory of by widow

• Patrick J. Kennedy
  (Bequest)

• Louis M. Nightingale

• Joseph F. Ricchetti

• Fook Hing Tong
  In memory of by widow

'31

Jack M. Lesnow
Class Agent
17 gifts—$7,955.00*
58.8% Participation
Blaine F. Bartho
Morley Berger

• Milton H. Cohen

• Reginald C. Edison

• James W. Emery

• Kenneth E. Fry

• Edward Gipstein

• Henry G. Hagen
  In memory of by widow

• Howard A. Johnson

• Peter A. Justin

• Jack M. Lesnow

• Ralph Markley

• William H. Newman
  In memory of by widow

• William H. Newman
  In memory of by widow

• George W. Faschal, Jr.
  In memory of by widow

• Max Pepper
  In memory of by widow

• Louis L. Praver

• Nathan Ralph

• Harry F. Suter

• Harry F. Suter

• Raymond A. Taylor

• Raymond A. Taylor

• Donald R. Tompkins

'32

Nathan S. Schleizerng
Class Agent
12 gifts—$19,300.00*
38.7% Participation
C. Earl Allbrecht

• Charles W. Bair
  (Bequest)

• George A. Baker

• Samuel Brandwan

• Robert M. Fales

• George B. Ferguson

• Herman Finkelstein
  In memory of by widow

• James J. Grace

• James J. Grace
  In honor of by a friend

• Carl S. Lytle

• Carl S. Lytle

• Walter S. Neff

• Arthur B. Nightingale

• Sidney B. Rosenblith

• Nathan S. Schleizerng

• Morris A. Silver
  In memory of by widow

• J. Robert Vantine

'33

15 gifts—$2,135.00*
68.2% Participation
Gilbert Alexander
Richard I. Bairstow

• Malcolm J. Borthwick
  In memory of by widow

• John Bower

• C. Perry Cleaver

• Benjamin Copleman

• Willis G. Frick
  In memory of by widow

• Nathan Heilgman

• Perry Hippe, Jr.

• John Kemble

• John E. Leach
  In memory of by widow

• Howard B. Patton

• Anthony J. Pellicane

• John J. Schaub

• Theodore Schlossbach

• Charles Schwartz

• William G. Taggart
  In memory of by widow

• Nicholas F. Vincent

• Robert Warfield

In observance of the 60th anniversary of their graduation, the following have provided for Jefferson Medical College in their estate plans:

• John L. Barner

• C. Perry Cleaver

• Philip D. Gilbert

• Anthony J. Pellicane, Sr.

• Nicholas F. Vincent

'34

Joe Henry Coley
Class Agent
16 gifts—$4,825.00*
50.0% Participation
Samuel Bar
Harry B. Bower
Joe Henry Coley

• Thomas Conahan
  In memory of by widow

• Frank D. Conole

• Eliot N. Freeman, Jr.

• Lucian J. Fronduti

• Lucian J. Fronduti

John Goldeamp
Alfred F. Hammond, Jr.
Edward Hoberman
Harold L. Israel
Gurbachan Janda
George D. Johnson
Dr. & Mrs. Lawson E. Miller, Jr.
F. Raymond Race
Paul T. Strong
C. Wilmer Wirts, Jr.

'35

12 gifts—$26,930.00*
29.3% Participation
James N. Barrows
Irvin I. Berlin
Maurice J. Bishko
Joseph L. Finn

• Nicholas W. Hatfield
  In memory of by widow

• S. Spring Jacob III

• Alexander L. Kernish

• Richard A. Kredel

• Paul M. Riffert

• Bernard B. Ritzko

• In memory of by widow

• Bernard I. Sherman

• In memory of by widow

• Charley J. Smyth

• Daniel H. Stephenson

• EmanuIl Sufritin

• William Winiick

'36

Nicholas R. Varano
Class Agent
29 gifts—$12,910.88*
54.7% Participation
F. Joseph Andrews

• F. Joseph Andrews

• Donald L. Are\n
• J. Edward Berk

• James F. Barker

• Oscar H. Cohen

• Gabriel E. DeCiccio

• Gabriel E. DeCiccio

• Paul P. Duzmati

• In memory of by widow

• George L. Erdman

• John L. Farmer

• William M. Felld, Sr.

• Philip M. Forsberg

• Samuel J. Fortune

• In memory of by widow

• Albert W. Freeman

• Frederic A. Glass

• John L. Compertz

• June U. Cooner

• Sidney M. Hodas

• H. Richard Ishler

• Arthur Kollner

• John P. Manges

• Bernard Mason

• Robert E. McCall

• Paul E. McFarland

• Paul E. McFarland

• 0. David Naidoff

• In memory of by widow

• Benj. Solomon Nitornoy

• Elmer M. Reed

• Julius L. Sandhaus

• Harold P. Sortman

• Stanley C. Suter

• Martin L. Tracey

• In memory of by widow

• Oliver E. Turner

• Nicholas R. Varano

• Dr. & Mrs. Herbert M. Wolf
 Constantine R. Bascoe
 Victor P. Satisky
 Dr. & Mrs. J. Woodrow Savacool
 Samuel Schlesinger
 John E. Schwab
 Morris J. Shapiro
 W. James Shoenthal
 Dr. & Mrs. Pincus Solbie
 William F. Stankard
 Vernon W. Taylor, Jr.
 Samuel D. Ulrich
 Samuel D. Ulrich
 Ralph B. Vance
 Jacob S. Wiener
 Howard A. Yost

 Paul A. Bowers
 Class Agent
 26 gifts—$14,525.00
 59.1% Participation
 Maurice Abramson
 Russell E. Allyn
 Russell E. Allyn
 Floyd C. Atwell
 Dr. & Mrs. Paul A. Bowers
 • James M. Campbell, Jr.
 • Hon C. Chang
 • William T. Douglass, Jr.
 • Robert S. Garber
 • Ralph W. Geise
 Everett J. Gordon
 Milton H. Gordon
 Allen W. Henderson
 Irvin F. Hermann
 Peter J. Iannuzzi
 Frederick M. Kenan
 Morton W. Levenson
 • Louis Mervis
 In memory of widow
 Edward R. Neary
 Irvin J. Pinus
 Joseph P. Selzer
 James T. Stephens
 Cox T. Swift
 • Dennismore Thomas
 In memory of widow
 Thomas M. Thompson II
 Carl G. Whitbeck
 Daniel Willner
 John F. Wilson
 Bernard B. Zamostien

 J. Woodrow Savacool
 Class Agent
 35 gifts—$26,816.10
 64.8% Participation
 Perry Albert
 Kenneth S. Brickley
 Harold L. Chandler
 Paul F. Chodoff
 • John F. Connolly
 (Bequest)
 Martin Cooperman
 Caesar A. DeLeo
 John J. DeTuerk
 Alexander W. Frediani
 Isadore Gershman
 Dr. & Mrs. William W. L. Glenn
 Martin Green
 Edward J. Halton
 William J. Heine
 Angelo B. Iannone
 G. Vernon Judson
 Joseph J. Kline
 R. Howard Lackay
 Victor Mayer
 Edward V. Platt
 Padie Richlin

 Paul A. Kennedy
 Class Agents
 32 gifts—$24,404.62
 60.0% Participation
 • Sol A. Bers
 In memory of widow
 William C. Burry
 • James S. Carty
 In memory of widow
 Ambrose P. Clunan
 • James J. Coll
 (Bequest)
 • Furman F. Covington
 In memory of widow
 Mrs. Margaret Covington Nelson
 David D. Dunn
 J. Harold Engle
 • George Evashwick
 In memory of widow
 Blaine R. Garner
 Wayne A. Gelb
 Louis Goldberg
 Raymond M. Hale, Jr.
 • J. Bainbridge Hanley
 Dr. & Mrs. John H. Hodges
 George Hollander
 Dr. & Mrs. James J. Kelly
 William S. Kistler
 Leonard P. Lang
 Dr. & Mrs. Lewis Lehrer
 Louis Leventhal
 Joseph P. Long
 John B. McNally
 Nelson Podolnich
 Thurstor C. Powell
 Anthony J. Repici
 Stephen Repta, Jr.
 John P. Badolph
 Nelson S. Scharadin
 • Edward Shaen
 Arthur L. Sims
 Dr. & Mrs. Norman J. Skversky
 Hymen D. Stein
 Henry H. Stroud
 George S. White
 George S. White
 William L. White

 Thomas B. Mervine
 Class Agent
 31 gifts—$8,020.00
 58.5% Participation
 Joseph R. Bigley
 • John C. Brady
 In memory of widow
 Walter W. Crawford
 Charles L. Cubberley, Jr.
 Russell H. Deen
 Frederick A. Dickerman
 Abraham G. Einser
 William A. Ellis
 Louis T. Gabriel, Jr.
 William J. Glass, Jr.
 Frank M. Green
 John C. Grier, Jr.
 Richard C. Kaar
 Francis T. Kaneshiro
 John F. W. King
 John D. Langston
 Michael H. Lauria
 Herbert A. Lascombe
 Thomas B. Mervine
 • I. Edmund Milkowski
 William H. Robinson II
 Blair W. Saylor
 John F. Scaler
 Alan M. Schaeffer
 Randolph V. Seligman
 Irvin G. Shaffer
 John F. Shaffer
 John L. Simon
 Charles J. Sites
 H. Lawrence Smith
 Robert R. Starr
 • Roger B. Thomas

 John H. Hodges
 Class Agents
 39 gifts—$51,830.00
 53.7% Participation
 Charles F. Appel
 • John F. Appel
 • Thomas S. Armstrong
 In memory of widow
 Charles N. Burns
 Willard M. Drake, Jr.
 Joseph M. Forrejt
 Benjamin F. Fortune
 Abol H. Fotouhi
 James D. Gartem
 Charles B. Gormley
 Clyde C. Greene, Jr.
 Arthur F. Hoffman
 Arthur F. Hoffman
 Clement A. Lightcap
 Win. Allen Longshore
 Joseph N. McMahan
 Vincent S. Palmisano
 Robert H. Peters, Jr.
 Paul H. Pettit
 Paul H. Pettit
 • Paul J. Poinard
 In memory of widow
 Henry V. Rutke
 Frederick A. Robinson, Jr.
 Charles L. Schucke
 Omer D. Sprecher, Jr.
 Omer D. Sprecher, Jr.
 George H. Taft
 Edwin H. Tallman
 Dr. & Mrs. John Y. Templeton III
 Mario V. Tronecelliti
 Dr. & Mrs. Frederick B. Wagner, Jr.
 Dr. & Mrs. Frederick B. Wagner, Jr.
 In memory of
 Mrs. John N. Lindquist
 Harry N. Webster, Jr.
 Wesley B. White
 Walter S. Wiggins

 James A. Beckman
 James A. Beckman
 Robert A. Heinbach
 Howard S. Haisley, Jr.
 Edwin M. Leach
 Dr. & Mrs. John S. Liggett
 Joseph N. Marino
 Robert H. McCarter
 John E. McKeeige
 John E. Miller
 Thomas S. Min
 Charles R. Moog
 Richard C. Murray
 Paul K. Perkistent
 Vernon V. Phillips
 Vernon B. Phillips
 Alex Pohowsky, Jr.
 Michael J. Ressetier
 Joseph J. Rupp
 Joseph W. Stayman, Jr.
 George N. Stein
 Frank J. Veve
 Thomas N. Warren
 Edmond K. Yates
 Anthony G. Zale

 Record of gifts received July 1, 1992 through June 28, 1993
 • Deceased
 * Class total includes gifts made by widows
 1 President's Club ($1,000 or above)
 2 The Samuel D. Gross Associates ($500 to $999)
 3 McClellan Merit Society ($250 to $499)
 4 Gift through AMA-ERF

 The Class of '43 at their 50th Reunion

 The Class of '41 at their 50th Reunion

 J. Wallace Davis
 Class Agent
 42 gifts—$10,252.77
 56.3% Participation
 John W. Alden, Jr.
 Dale T. Anastine
 Phil L. Barringer
 Jacob H. Brubaker
 Nicholas J. Christ
 Vincent W. Ciacci
 J. Wallace Davis
 Raymond E. Deily
 Joseph C. Doherty
 Frederick C. Emery
 Harvey F. Feigley, Jr.
 Edgar T. Gibson
 Garvin G. Goble
 James A. Heckman
 James A. Heckman
 Robert A. Heinbach
 Howard S. Haisley, Jr.
 Edwin M. Leach
 Dr. & Mrs. John S. Liggett
 Joseph N. Marino
 Robert H. McCarter
 John E. McKeeige
 John E. Miller
 Thomas S. Min
 Charles R. Moog
 Richard C. Murray
 Paul K. Perkistent
 Vernon V. Phillips
 Vernon B. Phillips
 Alex Pohowsky, Jr.
 Michael J. Ressetier
 Joseph J. Rupp
 Joseph W. Stayman, Jr.
 George N. Stein
 Frank J. Veve
 Thomas N. Warren
 Edmond K. Yates
 Anthony G. Zale

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Annual Giving Report

Dr. Danitch

34 gifts—$18,959.30* 43.5% Participation

John R. Gartland  
Class Agent

Raymond C. Grandon  
Robert W. Hamill  
Robert L. Imler, Jr.  
Charles J. Kilduff  
Melvin L. Knupp  
Joseph C. Koch  
Benson Krieger  
Mon Q. Kwong  
Patrick J. Lavelle  
Robert H. Leaning  
Walter L. Lineberry, Jr.  
John S. Madara  

James G. Marnie

In memory of by
The Adraca Family  
The American Savings Bank  
Toby Ballin  
Walter & Majorie Barrett  
Ms. Mary H. Bell  
Robert & Sylvia Berrington  
Constance B. Black  
Marilyn J. Bourgeois  
Harry & Shirley Boyd  
Margaret Chung  
Mr. & Mrs. Charles M. Cooke IV  
John & Ella Edwards  
Fran & Bill Elman  
Carol Ann & Bruce Ellis  
Astrid & Alfredo Esteban  
Mr. & Mrs. Ralph Ferguson, Jr.  
Dr. & Mrs. Frank L. Fontana  
Dorothy & George Freitas  
Grace & Edward Furukawa  
Charles & Helen Higa  
Richard E. Hughes  
Ms. Anne F. Hull  
Mr. Allan F. Hunt  
Brig. Gen. & Mrs. George J. Iannaccio  

Lila Rae & Elmer Johnson  
Mary S. Judd  
S. Judson  
H. Kelleher  

Dr. & Mrs. Leon Rosenbaum  
William S. Rothermel  
Eugene J. Ryan  
Jerome D. Shaffer  
Robert A. Updegrove  
Robert A. Updegrove  
John S. Watson  
T. Fredrick Weinland  
Henry S. Wentez  
Harold Wilf  
Kenan B. Williams

45 gifts—$14,700.00* 42.7% Participation

James V. Mackell  
Class Agent

Edward H. McGehee  
James F. Norton  
Desmond S. O'Doherty  
L. Raymond Parks, Jr.  
Robert C. Puff  
Martin D. Reiter  
G. Abbott Rosebrough  
Gustav E. Rosehult  
Victor M. Ruby  

In memory of by
Peter J. Savage  
Jesse Schulman  
Bernard J. Shuman  
Lawrence T. Sprinkle  
Ralph J. Veeneem  
John M. Vesely  
Charles W. Werley  
Joseph F. Ziembu

94 gifts—$123,696.97* 52.6% Participation

Harry F. Armitage  
Winslow J. Borkowski  
Louis G. Bush  
Clifford C. Byrum  
Gerald E. Callery  
Stanley C. Clader  
William E. Conrady  
William E. Conrady

In memory of
Gerald E. Callery  '43  
Leonard S. Davitch  
John E. Deardorff  
Philip G. Derickson  
Philip G. Derickson

In memory of
Gerald E. Callery  '43  
Gordon Dorman  
Davis G. Durham  
Davis G. Durham  
James S. D. Eisenhower  
Hildreth B. Elwell, Jr.  
H. Logan Fisher  
George R. Forsmell  
J. Robert Fox  
Adolph Friedman  
Adolph Friedman  
William O. Fulton  
Armando Garcia-Castillo  
Robert J. Gibbons  
George W. Hager  
Rudolph H. Hecksher, Jr.  
Louis G. Kehre  
Albert J. Kolarsick  
Edwin J. Levy  
John H. Light  
John N. Lindquist  
James McElree  
Francis B. Nelson  
Edward A. Norton  
Rhiand D. Parry  
Walter A. Payne, Jr.

In memory of by widow
Andrew C. RoufP III  
Robert J. Saul  
Henry S. Wagner  
Alvin P. Wenger, Jr.  
William J. West  
William H. Whiteley III  
Robert G. Williamson  
George C. Williams  
James Thurman Wright

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Burton L. Wellenbach  
Class Agent

Page W. Acree  
Benjamin R. Baln  
Stephen W. Bartoshesky  
A. Monroe Bertsch  
Warren B. Bigelow  
Bernard L. Braunman  
William C. Butcher  
John C. Cavender  
Lin T. Chun  
Benjamin E. Cole, Jr.  
Harry P. Cooper  
Ray C. Cooper  
Lloyd L. Cramp  
Paul Cutler  
Harry A. Davis, Jr.  
John DeCarlo, Jr.  
Walter J. Filipke  
William H. Gehron, Jr.  
William H. Gehron, Jr.  
Paul L. Gorsuch  
Robert D. Heath  
John J. Kavanagh  
John C. Kelleher  
Edgar D. Knerr, Jr.  
Samuel D. Kron  
Daniel W. Lewis  
John F. Lynch, Jr.  
John A. Martin  
Raymond A. McCormack, Jr.  
Sidney R. McPherson  
Carl S. Miller  
James L. Moore  
J. Trease O’Hanlan  
Howard M. Oliver  
John G. Oliver  
John G. Olvera  
George W. Plank  
Clarence G. Rawley  
Robert J. Reveli  
Stacy L. Rollins, Jr.  
William J. Rongaus  
James Russo  
Edward A. Shafer  
Maxwell W. Steel, Jr.  
Maxwell W. Steel, Jr.  
Charles M. Suttles  
Hubert K. Torley  
Arthur B. Van GundY  
William Wasiack  
Burton L. Wellenbach  
Donald B. Witmer  
James T. Wong  
Marion M. Young  
Mr. Andrew J. Wellenbach  
In honor of his father, 
Burton L. Wellenbach J'44

1993 JEFFERSON MEDICAL COLLEGE ALUMNI BULLETIN 36
The Class of '45 at their 45th Reunion

Record of gifts received July 1, 1992 through June 28, 1993

*Deceased

Walter V. Matteucci
Michael J. McAndrew, Jr.
Randall M. McLaughlin
In memory of
Henry J. Van Velsah '45
Clarence M. Miller
Robert M. Nelson
• Frank C. Palmer
In memory of
Randall M. McLaughlin
John H. Petre, Jr.
Samuel D. Rowley
Henry A. Seidenberg
G. Robert Senita
Frank J. Shannon, Jr.
Bernard D. Shere
David G. Simons
Dr. & Mrs. Earl K. Sipes
Erie W. Tobie
John S. Walker

47
Martin M. Mandel
Class Agent
47 gifts—$161,150.85
44.3% Participation
William B. Abrams
Joseph N. Aceto
Anonymous '47
• Robert F. Babkis
In memory of by widow
Robert H. Baker
Herbert S. Bowman
• William P. Coghlan
In memory of by widow
Alfred S. Cook, Jr.
Luther F. Corley
Joseph M. Corson
Gerald D. Dodd
John J. Dowling
W. Larch Fidler III

Dr. Quinn

J. Henry S. Foushee, Jr.
Robert B. Funch
Ross S. Funch
Dr. & Mrs. Elmer H. Funk, Jr.
Melvin E. Haas
Edgar C. Hanks
Richard A. Hastings
John R. Hellp
James T. Helser
James T. Helser
William C. Herrick
Albert R. Jones, Jr.
Edward A. Kelly
Edward J. Klopp, Jr.
John A. Koltes, Jr.
Roy Konson
John M. Koval
Albert J. Kraft, Jr.
Pritchard T. Lam
Gail G. L. Li
Martin M. Mandel
Menzie McKinn, Jr.
John J. Meeker
Thomas W. Moran, Jr.
Laurence A. Mosier
Edwin M. Msanowski
• G. Robert Reinhardt
In memory of by widow
John R. Reynolds
Charles J. Rodgers
Charles J. Rodgers
Chester L. Schroeder
Albert G. Schran
Richard M. Sproch
Richard E. Strauss
George F. Tibbens
Bruce Van Vranken
Arthur R. Vaughn, Jr.
Donald R. Watkins
Nathaniel D. Yingling
Balance of Reunion Fund

1948
Norman J. Quinn, Jr.
Henry R. Liss
Class Agents
65 gifts—$28,124.85
56.5% Participation
Richard P. Alexander
R. William Alexander
R. William Alexander
William H. Annesley, Jr.
Joseph E. Bartos
John D. Bealer
Donald G. Birrell
Donald M. Blatchley
Thomas R. Brooks
Sydney R. Cable
Robert J. Carabasi
Andrew J. Cerne
Chester F. Cullen
Rudolph T. DePersia
Meyer Edelman
Paul C. Eisenman, Jr.
Valerio J. Federici
Robert K. Finley, Jr.
Charles D. Foster III
Charles G. Frances
Robert L. Gatski
Alexander Goulard, Jr.
John H. Griffin, Jr.
Robert C. Hastedt

George J. Haupt
G. Barrett Heidkamp
Gilbert M. Hoffman
Eugene P. Hughes
William F. Hughes
Edward J. Jahnke
Murray Kahn
James S. Kessel
Richard Landis
Robert C. Lanning
Henry R. Liss
Gordon Liss
Creighton L. Lytle
Thomas J. McBride
John L. McCormack
J. Edward McKinney
Earl S. Moyer
James J. O'Connor
George J. O'Donnell
Stephen E. Pascucci
George R. Peckstein
Clermont S. Powell
Norman J. Quinn, Jr.
Robert D. Rector
Daniel S. Rowe
John R. Rubinson III
Ralph J. Schloesser
R. Alan Schofield
Francis R. Schwartz
Lee S. Serfas
Howard L. Shaffer
Dr. & Mrs. Daniel L. Shaw, Jr.
William E. Sheely
John W. Smythe
Henry M. Stenhouse
Curtis H. Swartz
Emanuel G. Tuikus
Thomas C. Turner
John E. Weyher, Jr.
Robert B. Wright
Stanley E. Zeeman
Harry M. Zutz

1949
L. Roy Newman
Class Agent
42 gifts—$15,335.00
37.8 Participation
S. Jack Bascove
Lawrence K. Boggs
Scott J. Beley
Walter E. Bover, Jr.
• Gerald M. Breneman
In memory of by widow
Peter L. Eleman
Richard A. Ellis
Richard A. Ellis
Eugene S. Felderman
John G. Finley
Norman J. Fisher
Albert Golbi
Francis E. Gilbertson
Sanford M. Goodman
Stanley J. Gusciora
William F. Hart
Paul Hartstein
John B. Healy
Joseph M. Hope
Matthew E. Johnson
W. Bernard Kinlaw, Jr.
Milton H. Lincoff
William Lincoff
Marvin M. Lindell
Gerald Marks
In memory of Isadore Kirshner
Robert L. Michael

• John S. Moffett
In memory of by widow
Stanley F. Nahty
L. Roy Newman
Arthur E. Orlidge
George Popp
H. Phelps Pitter, Jr.
James J. Rafter
Edward H. Robinson
Sheldon Rudansky
Edward A. Schauer
Robert E. Schatz
Robert E. Schulz
George R. Spang
Henry J. Teufel
Juan E. Vevè
Jack Weinstein
Richard M. Whittington
George A. Winich
Conrad Zagory

1950
Leonard A. Erdman
Class Agent
45 gifts—$15,857.00
41.3% Participation
Daniel L. Backenstoss
Daniel L. Backenstoss
Robert C. Bair
J. Robert Ball
William M. Barba
Richard L. Callista
Mark O. Camp
Edwin J. Cleveland
• Jerry Coffroth
In memory of by widow
Robert E. Colcher
Drew E. Courtney
Robert J. Critchlow
Charles B. Derrickson
Leonard A. Erdman
John R. Evans
Donald P. Franks
• J. Calvin Frommelt
In memory of by widow
Thomas E. Gauszewski
Marvin Goldstein
Eugene L. Grandon
Leonard H. Grunthal, Jr.
Wilbur J. Harley
Charles B. Henkelmann
William B. Holman
William J. Jacoby, Jr.
Robert E. Karp
Louis T. Kermon
Murray A. Kessler
Paul A. Layden
Paul A. Layden
David J. Lieberman
John C. Lychak
Jay W. MacMoran
Frank E. McElreary, Jr.
• James R. Milligan
George W. O'Brien
Carl G. Pierce, Jr.
W. Ernest Powell
James A. Shafer
Richard H. Smith
Hali E. Snedden
Aris M. Sophocles
Howard E. Strawwater
Richard S. Tenn
John F. Thompson
J. Richard Titus
Maurice T. Turocett
Sherrod N. Wood
Herbert A. Yantes
Annual Giving Report

51
Vincent J. McPeak, Jr.
Class Agent
52 gifts—$13,901.98*
41.3% Participation
William A. Allsair
Andrew J. Barger
Harry Boretsky
Robert T. Brandfass
Simon C. Brumbaugh, Jr.
Simon C. Brumbaugh, Jr.
In memory of
Simon C. Brumbaugh '10 and in honor of
Patricia Brumbaugh '88
Jasper Chen-See
Peter Chodoff
Thomas F. Claus
James B. Cox
John H. de Buis
Paul Deschler, Jr.
Ernest F. Doherty, Jr.
Glenn M. Ebersole
Daniel T. Erhard
Philip J. Escoll
*Joseph L. Farr
In memory of by widow
*Joseph L. Farr
In memory of by widow
Joseph C. Flynn
Russell L. Gingrich, Jr.
Victor F. Groce
William Y. Grubb
Alfred R. Jamison, Jr.
Earl Kanter
Jack B. Krennens
John W. Langley
H. Edward LaVoice, Jr.
Glenn R. Leonard
R. Bruce Lutz, Jr.
John C. Macon
John C. Macon
Harold J. Mann
Herbert C.曼斯曼, Jr.
James F. Masterson, Jr.
Bernard W. Mayer
*Edwin M. McCloskey
*In memory of by widow
Robert A. McKinley
Robert W. McLaughlin
Vincent J. McPeak, Jr.
George M. Meier
Robert L. Mulligan
Dean B. Olevander
Benjamin R. Paradee
Talbot F. Parker, Jr.
Simon Piananetti
Shervin S. Radin
Paul D. Rahter
William H. Reifsnnyder III
Morton A. Rosenblatt
Leonard Sattel
Morton Schwimmer
Leon Shmoker
Harry H. Steimseyer, Jr.
Fred W. Wachtel
Charles G. White
Jesse L. Wofford

52
Jerome M. Cotler
Class Agent
56 gifts—$22,690.00
42.7% Participation
Albert L. Amshell
Nelson P. Aspen
Harry L. Baird
Frank S. Bakewell, Jr.
David M. Barry
Donald L. Bittner
William T. Brinton, Jr.
Jerome I. Brody
William K. Carlile
Franklin J. Chitwood
Dr. & Mrs. James E. Clark
*Harold B. Cooper
*In memory of by widow
Jerome M. Cotler
DeWitt T. Dabbeke
Donald C. Davidson
Edward W. Ditto III
Kenneth Dollinger
Robert F. Early, Sr.
Robert A. Ebersole
Robert C. Everly
*J. Michael Fiorello
*In memory of by widow
Bernard W. D. Ford
Thomas A. Gardner
George C. Godfrey
Warren P. Goldburgh
Allan B. Gould, Jr.
Louis G. Graff
Howard W. Hansell
Miles D. Harriger
William R. Hill
Joseph Hodge
Oscar G. Hoerner
James M. Hofford
James C. Hutchinsion
Howard K. Huxster
Kurt F. Lasser
Jerome J. Lebowitz
Millard S. Leute
I. Hayden Lutterloh
William F. Lynch
Joseph R. Madura
William V. Martinez
Edward M. McAnini
John M. McGehee
Paul W. McVillain
Alvin Merkin
John J. Moran
Leo C. Partyla
Peter P. Potocki
Leonard E. Rosen
Joseph H. Sloss
William Stepansky
Robert E. Stout
Robert F. Stoy
William H. Strineol, Jr.
Gabriel Tatarini
Henry S. Tryble
Albert H. Wilkinson, Jr.
Robert M. Zweig

53
Joseph J. Armao
Robert Poole
Class Agents
80 gifts—$32,855.00
61.1% Participation
Jerome Abrams
Harold Y. Allen
Joseph J. Armao
Lloyd W. Bailey
Richard G. Barr
Bradley D. Berry
William E. Bittner
Carl F. Brandfass, Jr.
Leonard Brodsky, Jr.
C. Hal Chaplin
William F. X. Coffey
T. William Cook
Hampton P. Corson
Charles V. R. Dauert
Edwin D. Davis
William E. Delaney III
Grady F. Duke
W. Edward Duling
Rodman B. Finkbiner
Thurman Gillespy, Jr.
Norman Gladson
Franz Goldsteins
Boy H. Hand
John H. Harris, Jr.
Robert J. Heeking
August F. Herff, Jr.
Norton Hering
Daniel Hickey, Jr.
Edward F. Holland
James M. Hunter
Irwin S. Jacobs
Eugene A. Jaeger
William K. Jensen
In memory of his father, James L. Jensen '13, Kenneth L. Goodner, Ph.D., and deceased members of the Class of '53
Milton W. Johns
Charles T. Johnson, Jr.
Henry A. Kane
Willard S. Krahill
David W. Kulp
Walter J. Larkin, Jr.
John T. Lynn
Robert M. Marine
William J. McLaughlin
Dr. Armando
Dr. Poole

54
John R. Patterson
Class Agent
83 gifts—$26,955.46
63.8% Participation
Joseph L. Abbott
William J. Allbright III
Robert M. Allen
Norman S. Amer
Frank J. Beasley
Warren W. Brehm
Dolph C. Camishion
David Chesen
Cesar H. Colon-Bonet
Marvin Dannenberg
Dr. & Mrs. Marvin Dannenberg
Dwight G. Davis, Jr.
Jerome Dersh
G. Richard Dickerson
Malvin J. Dougery
Lambert G. Eichner
Carl T. Evans
Howard L. Field
Jack W. Fink
Jack W. Fink
In honor of Howard L. Field
Anthony L. Forte
*Calvin Garner
In memory of by widow
Peter Glowacki
John W. Goldschmidt
John J. Goodwin
Paul D. Griesmer
Norris B. Groves
Barry R. Halpern
John S. Hamilton

38 JEFFERSON MEDICAL COLLEGE ALUMNI BULLETIN SUMMER 1993
'55
Robert J. Senior
Class Agent
66 gifts—$44,605.68
45.8% Participation

'56
Eugene F. Bonacci
Class Agent
84 gifts—$38,195.00
57.5% Participation

Record of gifts received July 1, 1992 through June 25, 1993

*Deceased
4 Class total includes gifts made by widows
1 President's Club ($1,000 or above)
2 The Samuel D. Gross Associates ($500 to $999)
3 McClelland Merit Society ($250 to $499)
4 Gift through AMA-ERF

Jefferson Medical College Alumni Bulletin
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Annual Giving Report

Frank T. Carney
Henry S. Clair
William W. Clements
Malcolm L. Cowen
Jay S. Cox
George M. DeCurtis
Donald M. Dill
John L. Dunn
Mark C. Eisenstein
Edward Fine
Edward Fine
Joseph J. Glorioso
Bernard Goodman
Henry J. Greenwood
George A. Griggs
Robert E. Gross
Richard J. Harris
David R. Herr
Herbert G. Hopwood, Jr.
Herbert G. Hopwood, Jr.
George E. Hudock, Jr.
Jay M. Hughes
Philip C. Hughes
In memory of his father,
Lee W. Hughes '16
Bertram D. Hurwitz
George A. Jack
Jay A. Kern
John E. Kostinas
James M. LaBracio
John D. Lane
Elmo J. Lilli
Julian Mayo
Thomas F. McGarry
James W. Montague
Gino Morl
Austin P. Murray
Hilbert E. Osolin
Anthony J. Pellicane, Jr.
Lloyd G. Plummer
David B. Propper
Theodore J. Radomski
Paul M. Rodges
Marvin Z. Berman
Samuel F. Rudolph, Jr.
James V. Scarcella
Henry E. Seidel
Joel L. Serves
Robert P. Shillingford
Arnold Singer
Robert G. Somers
Arthur M. Spiegelman
Richard R. Vanderbeck
James M. Walker
Don B. Weems, Jr.
Albert B. Wolbach, Jr.

In observance of their 50th anniversary of their graduation, the following have provided for Jefferson Medical College in their estate plans:

George F. Blechschmidt
Jay S. Cox
Donald M. Dill
Richard E. Eshbach
Herbert G. Hopwood, Jr.
George E. Hudock, Jr.
Jay A. Kern
Donald E. Priss
Paul M. Roediger
James V. Scarcella

'59 Lawrence J. Mellon, Jr.
Class Agent
60 gifts—$25,678.77
39.7% Participation
Peter J. Andrews
Joseph Baka
Nahum M. Balotin
Edward J. Baranski
Samuel J. Barr
Harold E. Bauer
David T. Beaucamp
Joseph A. Besecker
Eugene B. Blizard
Harold L. Blumenthal
Felix J. Bolla
Charles L. Brodhead, Jr.
William J. Carroll
William J. Carroll
Nathaniel P. Ching
Harris R. Clearfield
Douglas T. Corvin
Douglas T. Corvin
John J. Coughlin
Marvin C. Daley
J. Joseph Dayno
Robert V. Davis, Jr.
James R. Delp
Lewis C. Druffner, Jr.
Murray Feingold
Ronald M. Fisher
Sandy A. Furey
David M. Geetter
Sidney Girsh
Trevor D. Glenn
Henry A. Greenwald
Leonard F. Greenberg
Burritt L. Haag
James T. Howard, Jr.
Pasqualeino Ioffreda
Norman C. Jablon
Malcolm Kates
John E. Kelly
Dr. & Mrs. Richard S. Kolecki
Jack Lublin
Herbert G. Magenheim

Charles L. McDowell
Lawrence J. Mellon, Jr.
John J. Mika, Jr.
In memory of
Benjamin Breusins '49
Dr. & Mrs. Frank A. Milani
Ramon B. Molina
Charles E. Nicholson, Jr.
George Pappas
Edward K. Poole
Albert C. Price
In memory of his father,
Thomas H. Price '20
Gary P. Romisher
Martin Rubel
John J. Schaefer
Carl F. Schultheis, Jr.
Jackson V. Scott
Walter M. Sheely
Carl I. Simon
Samuel L. Stover
John C. Vance
Gerald F. Varston
Casimir J. Wanczyk
James R. Wiant

'60 Marvin E. Jaffe
William T. Lemmon, Jr.
Class Agents
71 gifts—$37,159.36
48.3% Participation
Gene Adams
Rudolph Bee
David Becker
Jack Bochter
Robert Bridenbaugh
James D. Brubaker
Gary G. Carpenter
Gordon C. Cohen
Ronald A. Cohen
Gerard P. Collins
John J. Coyle
Ernest C. Duhn
John E. Eckler
William R. Fair
Neil R. Feins
Alfred J. Finn, Jr.

John P. Galgon
Terry M. German
David Green
J. Howard Hannemann
David S. Haskell
Francis J. Hertzog
J. Frederick Hiehle
Maurer Hoberman
Dr. & Mrs. Donald Hooper
H. Glenn Hostetler
Thomas K. Howard
James T. Hughes
William F. Hushion
Marvin E. Jaffe
Bruce L. Johnson
Gerald R. Keenan
Thomas Keho
Thomas Keho
Herbert D. Kleber
Harold J. Kobh
William T. Lemmon, Jr.
Edward B. Lipp
William H. Mahood
Richard B. Mays
Vincent T. McDermott, Jr.
Gilbert L. McDonough
Charles E. Meikle
Irvin Melnick
Arch F. Meredith, Jr.
Dean D. Mergenthaler
Dean D. Mergenthaler
Paul L. Mitchell
Bruce B. Montgomery
Bruce B. Montgomery
John T. Murray
Robert A. Nichols
E. David Nordberg
James J. O'Brien
Terence L. O'Rourke
Harvey W. Oshrin
Harvey W. Oshrin
George N. Billel II
Dr. & Mrs. Myron E. Rosenfeld
Bernard Schneider
Paul J. Schneider
Robert A. Senn
Frederick H. Shaler
Drs. Richard & Rhonda Sortell
Robert H. Stine

Louis H. Sweeletlitsh, Jr.
Luke G. Tedeschi
Joel R. Temple
Connel J. Trimmer
Leonard Vinnick
Philip D. Volk
Francis W. Waechter
Francis W. Waechter
Peter Wadewitz
William J. West
Walter K. W. Young

Stanton N. Smuiiens
Class Agent
56 gifts—$25,164.00
37.1% Participation
Lewis G. Anthony
Lewis G. Anthony
William J. Antognoli
Louis Brown
Herbert H. Butler, Jr.
Herbert H. Butler, Jr.
Allen E. Chandler
John G. Cirotti
J. Jerome Cohen
J. Jerome Cohen
Frederick A. Dodge
Francis J. Fanfera
William J. Farrell
William J. Farrell
Kenneth M. Given
Joel B. Goldstein
John H. Gould
David J. Granlard
Marvin Grossman
Jerry D. Harrell
James S. Harrop
Karl R. Herwig
William F. Hook
Frederic T. Huffnagle
Robert A. Kieffer
Jack J. Klein
David W. Knepley
Barry M. Kotler
Samuel Krain
James A. Lehman, Jr.
John P. Lessiak
Maurice J. Lewis
Irvin M. Liebman
Aaron M. Longacre
William D. McCann
Robert E. McLaughlin
Harold L. McWilliams, Jr.
Philip J. Morgan, Jr.
Wallace J. Mulligan
Jack D. O'Neil
Elloit Perl
William B. Pratt
Donald K. Roeder
Joseph H. Rosen
Jack C. Sabo
Gerald Salen
John P. Salvo
Harold C. Sheaffer
Eugene Shuster
Frank Silver
Stanton N. & Sara Kay Smuiens
James L. Snyder
Dr. & Mrs. Robert W. Solit
Raymond L. Sphar, Jr.
Dr. & Mrs. Jerome Spivack
Paul R. Sweeletlitsh
Scott W. Taylor
Robert B. Tesh
James Voroamart
Benjamin Wolfsen
Dr. Dankmyer

Frederick L. Dankmyer
Class Agent
67 gifts—$37,510.00
48.9% Participation

At the 30th Reunion of the Class of ’63

Record of gifts received July 1, 1992 through June 28, 1993
+Deceased
* Class total includes gifts made by widows
1 President’s Club ($1,000 or above)
2 The Samuel D. Gross Associates ($500 to $999)
3 McClelland Merit Society ($250 to $499)
4 Gift through AMA-ERF

William V. Harrer
Joseph W. Sokolowski, Jr.
Class Agents
56 gifts—$29,352.76
45.9% Participation
Lawrence L. Altaker1
Charles J. Bannon1
Irwin Becker1
Stanley Bernstein
James F. Bisset, Jr.
George A. Blewitt1
Francis B. Boland, Jr.1
Jerrold C. Born
William P. Courorgen
W. Landon Dennison, Jr.
Edward A. D'Orazio1
Martin Feldman
John A. Forchetti
Alan R. Friedman
Henry Geland
Robert M. Glazer1
Allan Gold1
Norman A. Goldberg
William G. Gottfried2
Ronald F. Green
Richard J. Hamburger
Richard Hamilton1
William V. Harrer1
Ben B. Harriman3
Peter Haynie1
Arnold I. Hollander
Joseph Honigman
James T. Kauders
Louis E. Levinson1
Jack W. Love, Jr.1
Courtney M. Malecarny1
Joel A. Mason
George E. McCarthy, Jr.
Grant R. McKeeve
Sheldon L. Morris1
Melvin L. Moses1
Debbonan Muangnam
Robert J. Neviaser
Zachariah B. Newton H1
Jacob A. Orbach
Eugene W. Polzar1
Herbert C. Perlman1
Stanley F. Peters
Mark Plink1
Michael J. Prendergast1
Frank M. Quinn
Marvin J. Rapaport1
Julius S. Richter1
Jerald M. Rosenbaum1
Jerome Rudnitzky1
A. Carl Segal1
A. Carl Segal1
Joseph Snyder1
Joseph W. Sokolowski, Jr.1
William E. Staas, Jr.1
Harvey Steinberg
Stanford M. Steinberg
John M. Sturma, Jr.
Jerome J. Vernick1
Wills W. Willard III1

At the 30th Reunion of the Class of ’63

Herbert M. Fischer2
William M. Fogel
Stanley C. Foster
William A. Freeman3
Lawrence Green4
Lawrence Green4
James S. Grim
John P. Heilman, Jr.1
Nils G. Herdlin, Jr.
Ignatius S. Hneskle, Jr.1
Ronald J. Horvath1
John K. Howe
Robert W. Kalish1
Stephen C. Kauffman3
I. Basil Keller3
Thomas J. Leavitt
Dr. & Mrs. Robert F. Lehan1
Edward C. Leonard, Jr.3
Harvey A. Levin
Alan B. Levy
Joseph A. Lieberman III
Edward M. Magurie6
Gilles A. Marchand
John H. Maylock
Eli O. Meltzer
Joseph H. Miller1
Charles C. Mooney
Theodore F. Mucha3
James J. Murata
Michael P. O'Donnell
John M. Parsons
Milton J. Sands1
Robert J. Sarnowski1
George Segel
Bennett M. Shapiro1
Richard D. Shapiro4
Richard D. Shapiro
Sheldon B. Soss3
Curtis T. Todd
In memory of his widow
Mrs. Carol Todd LaBorde
L. Richard Trabulsi
Stanford B. Trachtenberg1
Barrie Weissman1
In honor of son Evan B.
Weissman’s ’92 graduation
Robert A. White
Norman M. Wolber2
Stanley J. Yoder
John W. Yunginger

Richard P. Wenzel
Class Agent
71 gifts—$26,706.13
48.6% Participation
Jon S. Adler
Merrill A. Anderson1
Thomas L. Bauer1
Robert A. Beggs3
Harvey J. Bellin1
Elmer C. Bleday, Jr.
Guido D. Borioti1
Frederic W. Bost
Bernard S. Case1
John Cashman1
Edwin E. Cohen
Richard W. Cohen2
Robert M. Cohen2
James L. Conrad
James E. Copeland, Jr.3
Edward R. Corcoran, Jr.
Ronald W. Crawford, Jr.
Nancy S. Czarnecki3
Carolyn P. Decker
Joseph T. Downs1
Frank N. Federico
David F. Fitzhett1
Earl J. Fleegler
George L. Hamilton3
John A. Hildreth3
John A. Hildreth
Nathan B. Hirsch1
Bruce D. Hopper1
Jack Jenksley1
David G. Jones3
Paul B. Jones1
Michael A. Kutell
James F. Lally
Robert J. Lander
Allen S. Laub3
Allen S. Laub
Joseph P. Leddy1
Margaret M. Libonati1
Robert E. Longnecker
Thomas H. Malin3
William Naide
David B. Paul3
Burton W. Pearl1
William F. Pflaum1
Robert M. Pilewski
Ronald L. Poland
Joyce E. Price
Antonio Ramos-Umpierre1
E. William Reiber1
William F. Renzulli
William H. Rogers3
Lionel W. Rosen
Stanley G. Rosenberg2
Ronald K. Sandberg1
Steven C. Sandler
Allen F. Schlein
Thomas J. Schneider1
Wayne D. Seipel1
Savrito J. Senape
Victor B. Slotnick
Joseph W. Smiley
Kent K. Smith1
J. Dennis Steen
Robert B. Thompson
Stanford A. Tibsherman1
Arthur N. Triester1
Lottie A. Varano1
Gary H. Wachtel
James R. Warden3
Bruce W. Weissman
Richard P. Wenzel
Richard C. Wilson
Norman P. Zemel1

George L. Adams
Class Agent
55 gifts—$28,345.00
37.2% Participation
George L. Adams
Carter M. Becker
James J. Bengiamin
Donald M. Booth2
James F. Brodey
Louis John Centrella1
G. Donald Clarke1
Merrill J. Cohen
Franklyn R. Cockey1
Michael C. Coplon
Charles T. Curtin2
Michael P. Dolan1
Joseph B. Doto, Jr.
James S. Dover1
Robert L. Erdman
Robert Fisher
Frances Pincus Freed1
Barton J. Friedman
Robert L. Frodsham1

41 JEFFERSON MEDICAL COLLEGE ALUMNI BULLETIN SUMMER 1993
Thomás V. Lloyd
Thomás J. Green
Timothy J. Thomas J. Green
John E. Stambough, Jr.
John T. Sack
Arthur B. Lintgen
Gary G. Kushner
Carl L. Hearns
John E. Stambough, Jr.
K. L. Stein
G. Thomas Balshau
Class Agent
G. Thomas Balshau
Mark H. Zeitz

'67
Carl L. Stanitski
Class Agent
63 gifts—$25,220.00
39.9% Participation
D. Leslie Adams 2
Robert G. Altschuler
Allan M. Arbeiter
David A. Balling 2
G. Thomas Babbaugh 3
G. Thomas Babbaugh 3
James R. Bieber
H. Jane Mikulak Breck
Vincent G. Carse 2
William P. Crutchlow 2
Campbell M. Davis
John W. Docktor
Barry C. Dorr
Stephen M. Druckman
George B. Faries, Jr. 2
Joseph E. Franger
J. Rodney Freshman 2
J. Rodney Freshman 2
Mark W. Gordon
Stanley L. Grabias
Robert F. Hall II
Robert F. Hall II
Daniel C. Harker
James E. Hinkle 3
George H. Hughes

Harold L. Ishler, Jr.
Harold L. Ishler, Jr.
Daniel N. Karch
Charles H. Klemann 4
Michael B. Kodoff
Michael R. Leone 4
Michael R. Leone 4
Robert G. Little, Jr.
Robert R. Madigan 4
Stanton I. Moldovan
Lloyd W. Mosesey, Jr.
Carl P. Mulvey
Brent J. O'Connell 5
Anthony M. Padula
Andrew J. Pryharski
Elliot J. Rayfield
Philip A. Rosenfeld
Franklin J. Rothermel
Morton L. Rubin 4
Dr. & Mrs. Morton L. Rubin 4
Burton W. Schwartz
Louis W. Schwartz 4
Leonard H. Selzter
Jean Olsen Shor 4
Marc A. Shuman
Barry A. Silver 4
Stephen Slogoff
Carl L. Stanitski
James M. Sumerson 4
Gordon K. Tenn 4
Vincent J. Varano
Richard T. Vernick
L. Reed Walker, Jr.
Jonathan Warren 4
Don C. Weiser
Matthew White
John S. Wille
Alan H. Wible 2
James Wong 2
John A. Yauch 3
Lockwood Young 5
John V. Zeol 2
Ronald F. Ziezula

Alan E. Feen
Marcia A. Fitzpatrick 6
John D. Frost
Thomas J. Gal
Stephen D. Gellfond
Mark R. Glasberg
Joseph P. Glaser 2
Stephen L. Hershbe 6
Lawrence V. Hofmann
John B. Humphrey, Jr.
Robert A. Jacobs 6
James H. Jacoby 6
George Jefferies III
Jerald Kaufman
Jacob Klein
Frederick J. Koch
Garth A. Koniever 2
Stephen R. Kozloff
Larry E. Kun
Robert C. Kurtz
Norman Label 4
John Lazarchick
Steven L. Lefrak 4
William E. Logan 6
Herbert J. Luscombe
Harvey A. Mames
Martina M. Martin
William L. Medford, Jr.
Glen W. Metz 4
Glen W. Metz 4
Daniel J. Mizak
Morris L. Orofocsky
Joseph E. Palascak
Carl J. Pentzer
Virginia C. Pierier
Charles E. Probst, Jr. 6
Kenneth B. Reynard
Sarah J. Richrads 6
Robert J. Risimini
Leo A. Roberson
Robert D. Rockfield 6
Charles H. Ryan
Howard N. Sabbara
Thomas S. Scott 2
Donald D. Serota
Paul D. Shavulik, Jr. 3
Stewart D. Shull 3
Nelson Sirlin

The Class of '68 at their 25th Reunion

Dr. Hofmann

Dr. Yocum

'69
Lawrence V. Hofmann
Harold A. Yocum
Class Agents
78 gifts—$28,652.00
53.1% Participation
Gill R. Alderfer
Anonymous
Bonnie L. Ashby
Joel M. Barish 3
George S. Bell 3
John L. Berardinelli
David A. Beed
Charles M. Brooks 3
Jeffrey S. Chase 3
Dominic F. Comperatore 3
Elliot Cooperman 3
Barry Cooper
Richard L. Davies 3
Edward A. Deglin 2
Dr. & Mrs. Raphael J. DeHoratius 3
Philip E. Donahue
Stephen R. Eilkin 6

Alain W. Skrenta 6
Charles W. Snyder
John M. Stack 3
Mark R. Stein 3
Mark R. Stein
Bruce Stevens 6
Ira R. Tannebaum
Jay A. Townsend
Richard T. Vagley 3
Leon H. Venier 2
Frank R. Walchak 3
Charles E. Webber, Jr.
Malcolm S. Weise
Edward A. Wehlewskleski
Harold A. Yocum 3
Harold A. Yocum 3

M. Dean Kinsey
Class Agent
86 gifts—$53,305.00
54.4% Participation
Robert Abel, Jr. 1
David J. Adels 2
Richard L. Allman
John A. Anderson 2
Robert L. Arikus
Louis B. Balzey
Alan L. Baron
Stanley Benzel 2
Andrew C. Bockner 2
Stanley N. Brand 2
Gary L. Busenkell
Elizabeth S. Bussard 3
John R. Bassard 3
Thomas F. Carrig, Jr. 1
John A. Clement
Charles T. Cline, Jr. 3
James R. Cooper
Gary Coren
Marvin E. Cramer
John H. DeFrance 3
John H. DeFrance 3
John T. DeGiori 3
Christopher R. Donoho
Edward Drasin
Frederick J. Duszkowskies 3
Kathleen C. Duddenhofes 3
Edward F. Dziob
Robert W. Eggl
David J. Essick
Howard L. Finke
Walter J. Finnegan 3
Daniel Ford 3
Kay E. Frank
John F. Frantz II
S. Robert Freedman 3
Walter J. Gadkowski 2
Philip H. Geeter 3
Peter A. Gehret 3
Alexander C. Gellman 3
Michael J. Giniecki 3
Salvatore F. Girardo 3
Leonard M. Glassman 3
Richard C. Gross 3
Richard F. Grunt
H. Roger Hansen 3
James D. Heckman
David P. Henderson
Richard A. Insel
Linda K. Izquierdo 3
Robert E. Jacobson
Thomas M. Kain III
Jonathan S. Kaplan 2
David J. Katz
John J. Keveney, Jr. 4
John J. Keveney, Jr. 4

42 JEFFERSON MEDICAL COLLEGE ALUMNI BULLETIN SUMMER 1993
Record of gifts received July 1, 1992 through June 28, 1993
Deceased
* Class total includes gifts made by widows
  (1) President’s Club ($1,000 or above)
(2) The Samuel D. Gross Associates ($500 to $999)
(3) McClean Merit Society ($250 to $499)
(4) Gift through AMA-ERF

71
James E. Barone
Terrence S. Carden, Jr.
Class Agents
81 gifts—$37,990.00
45.0% Participation
Richard W. Altschuler
Warren Appleman
James E. Baron
Alexander T. Baskous
John A. Belis
R. Anthony Beschler
Michael J. Blecker
Gregory P. Bokoski
Thomas R. Borthwick
In memory of his father,
Malcolm J. Borthwick ’33
Arthur E. Brown
Gary K. Buffalo
Terrence S. Carden, Jr.
Floyd Cassady III
Deblyn C. Case, Jr.
Robert E. Chandler
Lawrence J. Chane
William L. Chollak
Cora L. E. Christian
David B. Cooper
Mary K. Craddock
Harry R. Cramer, Jr.
Carolyne B. Crawford
David M. Danoff
Robert Davidson
T. Jeffrey Dunwoody
Carol A. Dolinsky
James R. Dooley
Edwin P. Ewing, Jr.
Robert B. Falk, Jr.
William F. Fell, Jr.
John B. Ferguson III
Bruce M. Fishbane
Thomas W. Fiss, Jr.
Thomas W. Fiss, Jr.
George R. Freelander
Stephen S. Frost
Francisco J. Garcia-Torres
Arthur H. Glaser
Philip Glass
Ronald D. Grossman
William C. Hamilton
Robert L. Hellman
Ronald H. Hirokawa
Cynthia L. Jonas
David W. Jones
David W. Jones
Jerome W. Jordan
E. Lawrence Langman III
Michael J. Leckman
Wilma C. Light
Clifford W. Lynd, Jr.
Sheldon B. Mandel
Francis X. McBrearty, Jr.
James G. McBride
In memory of
Gonzalo E. Aponte ’52
John F. Molloy
James F. Mullins III
James P. Noonan
Todd B. Orvald
Susan M. Pacheco
Barry H. Penchansky
In memory of
Gonzalo E. Aponte ’52 and Bruce A. Forrest ’71
Theodore G. Probst
W. Michael Pryor
Jeffrey S. Rakoff
Frank B. Beale
Howard S. Robin
Edward B. Ruby
Stuart A. Scher
Richard P. Schwerk
Dr. & Mrs. Joseph L. Seltzer
Stephen C. Silver
Arthur K. Smith
J. Stanley Smith, Jr.
J. Stanley Smith, Jr.
Daniel G. Sommer
Floyd F. Speckler
Michael E. Starrel
Julie K. Timins
In memory of
Eugene L. Timins ’69
Arthur S. Tischler
Tinotho E. Tischbein
James O. Van Bavel
Mark B. Vizer
Robert B. Waterhouse
Jeffrey C. Weiss
Norman E. Wilson
Mr. & Mrs. Lawrence E. Forrest
In memory of
Bruce A. Forrest ’71 and Mr. & Mrs. Lawrence Forrest
72
Glenn C. Nye
Edward R. Russell
Class Agents
75 gifts—$27,585.00
40.1% Participation
Susan E. Beatty
A. James Behrend
Louis C. Blum, Jr., ’13
James P. Blore, Jr., ’13
Richard J. Bonanno
Richard E. Brennan
Christopher L. Brown
Mary P. Buechler
Anthony J. Calabrese
Anthony J. Calabrese
John N. Carson III
Kay I. Castle
Mary E. Connelly
Harry S. Cooper
Joel I. Costrow
Paul M. Dainer
Anna Marie D’Amico
Stuart M. Deglin
Philip J. DiGiacomo, Jr.
Richard M. Donner
Rodney D. Dorandi
Alexander E. Ehrlisch
Michael L. Eisenman
Richard L. Fiero
Marsha J. Fishbane
Paul A. Fitzgerald
Sanford Fitzgibbons
Martin J. Fliegelman
Stephen P. Flynn
Alan S. Friedman
James L. Gardner III
Bruce L. Geswter
Robert E. Goetsch
Stanley J. Goldberg
Craig T. Haymakenu
Philip C. Hoffman
Irwin J. Hollanders
Joseph P. Horstmans
Rosemary A. Horstmann
Anthony M. Interdonato
Scott M. Jaeger
Mark Josephs
Alex B. Johnson
Ronald L. Kahler
* Larry Klein
In memory of by widow
Fred D. Lublin
Warren F. MacDonald, Jr.
James W. Mahoney
Carey M. Markel
Rosalie K. Marini
Richard R. P. McCurdy
Robert D. McKay
John J. Miller, Jr.
Sandra S. Mossbrucker
Glenn C. Nye
Louis D. Pietragallo
Howard E. Pitchen
James W. Redka
Robert E. Rinaldi
Anthony A. Rooklin
Marshall A. Salkin
Bruce S. Saltzman
George W. Schiller
Barton L. Schney
Joan H. Shapiro
In memory of Marc Shapiro ’72
Barry P. Skeist
Stephan H. Smith
George F. Speace II
Theodore R. Sunder
Thaddeus R. Szymkowski
William J. Thomas, Jr.
John R. Tyler
James R. Wall
William M. Wisted
Timothy C. Wolfgang
Thomas E. Zukosi

Dr. Porter
73
Lynne E. Porter
Class Agent
89 gifts—$32,575.00
57.7% Participation
Rodney A. Appel
John V. Benner IV
Erick J. Bergquist
Paul A. Biasi
Alan N. Binnick
John J. Blanch
In memory of
Dean Marie Barnes ’73
Bruce S. Bleiman
In memory of Paul Sney ’73
Eric W. Blomains
Frank A. Borgia
In memory of Dean Marie Barnes ’73 and Paul Sney ’73
Earl H. Brown
Gary M. Brownstein
Michael R. Bryan
Joseph R. Car
Paul Casadonte
Paul F. Cerza
The Class of '83 at their 10th Reunion

Marc S. McMorris
Robert J. Molloy
Sumanth D. Prabhui
Kathryn A. Reider
Susan L. Riecariarti
Carol F. Robertson
Frank M. Robertson
Josh J. Sankkinen
David S. Seres
Grace Goracci Slinnak
In memory of father, Armando F. Goracci
Jeffrey C. Snyder
Charles A. Symis III
Ronald P. Travitz

Marcia Haimowitz

Maria C. McGreevy
Gregory Mokrynski
Lauren M. Mody
Stephen A. Norkewicz
Michael J. O'Donnell
Michael W. Paluzzi
Rosalie Pepe
William F. Philfer
In memory of his father, Joseph C. Philfer '54
Cordon R. Phillips III
Philip L. Prospio
Robert S. Reamus
William P. Runbaugh
James A. Smith
Deborah A. Snyderman
Jane A. Spiko-Conson
Keith R. Superdock
H. Thomas Temple
George P. Valko
J. Kent L. Wagner
Jeffrey A. Wiesgoss
In memory of Elizabeth Brown-Gibson '83
Mark L. Williams

Joanne Swift Hummel
Dan D. Kessler
Kent E. Kester
James D. Knox, Jr.
Thomas A. Krebs
Luisa E. Lehrer
In memory of
Jeffrey K. Kanelled '86
Steven F. Levin
Joseph G. Lewis
Bernard L. Lopez
Edward R. Magurzak
Kenneth B. Margolies
Suzanne F. Matinis
David A. Pustinger
Patricia A. McCormack

51 gifts—$1,316.00
27.4% Participation

Benjamin A. Alman
David A. Austin
Joseph J. Baka
Karen S. Baker
Steven H. Kaelman
Joseph J. Kesselring
John J. Kuchar, Jr.
John L. Lane
Ralph J. LaNerve
Sharon Skibber Lehman
Celeste M. Li
Kevin N. Lorah
Rex G. Mabey, Jr.
Harvey L. Madonick
Marlon T. Mauss
Elgie R. McLaughlin

52 gifts—$2,060.00
19.5% Participation

Mansa M. Alsum
Erlol M. Aouk
Rachel I. Chastanet
Morgan Y. Chen
Linda C. Chang
Michael L. Cohain
Andrew J. Cosgarra
Caesar A. DeLeo III
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Amy B. Whiteley
John F. Wilson

Evalue A. Alessandrini
Sbarnes W. Gould

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15.3% Participation

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Amy Yaseck
Gregory K. Tim
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Class Agent

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19.5% Participation

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Margaret H. Duffy
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Jeffrey C. Eschbach
David W. Lef, Jr.
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Sheldon S. Lin
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Jody Pohlshank-Gosh
Crystal D. Reeder
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Record of gifts received July 1, 1992 through June 28, 1993
* Deceased
* Class total includes gifts made by widows
* President's Club ($1,000 or above)
* The Samuel D. Gross Associates ($500 to $999)
* McClellan Merit Society ($250 to $499)
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47 JEFFERSON MEDICAL COLLEGE ALUMNI BULLETIN SUMMER 1993
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$181,824.74

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Donna Jean Barbot
Daniel Hirsh Barol
Lydia R. Barrington
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Christopher V. Chambers
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Harold F. Chase
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Rex Boland Conn
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Sanford H. Davne
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Carl R. Della Badia
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Shobhana A. Desai
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Paul L. Lewis
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Lance Daniel Lieberman
Gerald Litwick
Daniel Z. Louis
Steve Mandel
Robert J. Mandle
Carl M. Mannfield
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Members of the President's Club continue to lead the Annual Giving Campaign. During 1992-93, 61 percent of the $1,581,196 total was realized by contributions of $1,000 or above. Fellow's made cash gifts of $50,000 or above over more than one year; the Winged Ox Society, one-time gifts of $10,000 or $49,999; the Jefferson Associates, gifts of $5,000 to $9,999; the Jefferson Society, gifts of $2,500 or $4,999; and Sustaining Members, gifts of $1,000 to $2,499. Those who supported the Medical College through the Annual Giving Program are listed below with deepest appreciation for their generosity and loyalty.

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Dr. & Mrs. Robert L. Brent (Faculty)

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Drs. Richard & Rhonda Soricelli '60
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Gifts of $5,000 to $9,999

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Enjoying the Port of History Museum, the setting for the Senior Class Party on June 3, are Dr. and Mrs. William V. Harrer '62, daughter Mary (second from left) with her husband James J. Purcell '93 (left), and Dr. and Mrs. Michael F. Harrer '93.
Dr. and Mrs. Franklin J. Chinn '52 with daughter Rebecca G. Chinn '93 and (second from left) Dr. Chinn's classmate, Alumni President Jerome M. Cotler '32, at the Senior Class Party on June 3

Mrs. Paul J. Poisard '41
In memory of Paul J. Poisard '41

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Burton L. Wellenbach J'44
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Thomas J. Marshall, Jr. '79
Gerald B. Martin '75
Beryl A. Martin '78
Burton Mass '66
Jane B. Matsu '83

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Howard B. Patton ’33
David B. Paul ’65
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Vincent A. Pellegrini ’74
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Mary Ann Staranic Resnik ’73
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Julius S. Richter ’62
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Howard S. Robin ’71
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Catherine T. Rommel ’60
F. Michael Rommel ’81
Christopher C. Rose ’70
Joseph H. Rosen ’61
Dr. & Mrs. Leon Rosenbaum S ’44
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Mare S. Rosenheim ’73
Donald Rothfield ’63
Samuel R. Ruben ’59
F. Michael Rommel ’81
Christopher C. Rose ’70
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Barry S. Stein ’74
Alan L. Stern ’73
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Stanley C. Suter ’36
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Curtis H. Swartz ’48
Felix K. Tam ’81
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In honor of their son
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Neal J. Zimmerman ’78

Every effort has been made to ensure accuracy in this Annual Giving Fund Report. If an error is found, please contact:
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215 955 7750
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THE JEFFERSON MEDICAL COLLEGE ALUMNI ASSOCIATION
INVITES YOU TO

A Cultural Weekend

IN PHILADELPHIA AND THE BRANDYWINE VALLEY

NOVEMBER 12–14, 1993

The Committee: JEROME M. COTLER ’52, President of the Alumni Association • RALPH A. CARABASI, JR. ’46 and WILLIAM E. DELANEY III ’53, Cochairmen
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JOHN Y. TEMPLETON III ’41 • MRS. PETER THEODOS • FREDERICK B. WAGNER, JR. ’41

Friday, November 12
12:15 P.M. LUNCH AND PRE-CONCERT TALK
The Union League, Broad and Sansom Streets
2:00 P.M. THE PHILADELPHIA ORCHESTRA
At the Academy of Music, Broad and Locust Streets
WAGNER: PRELUDE TO LOHENGRIN, ACT I • WEILL: CONCERTO FOR VIOLIN AND WINDS
TCHAIKOVSKY: SYMPHONY NO. 4
CHARLES DUTOIT, CONDUCTOR • CHANTAL JULIET, VIOLIN
Followed by tour of the Academy of Music
6:30 P.M. RECEPTION AND DINNER: AN EVENING OF JEFFERSON ART AND HISTORY
WITH FREDERICK B. WAGNER, JR. ’41, UNIVERSITY HISTORIAN, AND JULIE S. BERKOWITZ, UNIVERSITY ART HISTORIAN
The Acorn Club, 1519 Locust Street

Saturday, November 13
9:00 A.M.–4:30 P.M. TOURS OF THE BRANDYWINE RIVER MUSEUM IN CHADDS FORD, PENNSYLVANIA AND WINTERTHUR, NEAR WILMINGTON, DELAWARE
LUNCH AT THE WILMINGTON COUNTRY CLUB
(transportation, tickets, and lunch included)
7:30 P.M. DINNER AT A CELEBRATED FRENCH RESTAURANT IN PHILADELPHIA
Le Bec-Fin, 1523 Walnut Street (numbers limited)
Or, Ciboulette, at The Bellevue, Broad and Walnut Streets (numbers limited)

Sunday, November 14
10:30 A.M. BRUNCH, at the Eakins Gallery, Jefferson Alumni Hall
BAROQUE MUSIC: LECTURE AND DEMONSTRATION BY PHILOMEL
PHILADELPHIA’S ARCHITECTURE: SLIDE PRESENTATION BY ELIZABETH ANDERSON, PHILADELPHIA MUSEUM OF ART

Mail this form to the Jefferson Medical College Alumni Office, Suite M-41, 1020 Locust Street, Philadelphia, PA 19107-6799

Reservation Deadline September 27

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Make checks payable to JMC Reunion Fund  GRAND TOTAL $__________
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