Spinal Cord Injury Center
Neurosensory Institute Established
Teaching Molecular Medicine
Leukemia, Lymphoma Gene Found
Join the Celebration!
The Association's 125th Year

Established in 1870, the Jefferson Medical College Alumni Association has a unique history behind it, and we will be looking back as well as looking forward in 1994-95. The Spring 1995 Bulletin will be a special issue commemorating these 125 years.

ANNIVERSARY WEEKEND

June 9, Friday
JOE HENRY COLEY LECTURE
GALA ALUMNI BANQUET

June 10, Saturday
CLINIC PRESENTATIONS
DEAN'S LUNCHEON
MEDICINE IN THE NEXT 25 YEARS:
   A SCIENTIFIC PRESENTATION
   REUNION PARTIES

June 11, Sunday
FAREWELL BRUNCH

January 19, Thursday
ALUMNI EXECUTIVE COMMITTEE
Room 218, Curtis Building,
1015 Walnut Street
(snow date: Thursday, January 26)

February 5-10
JEFFERSON CME AND SKI
TRIP TO SNOWMASS, COLORADO
IT'S NOT TOO LATE TO SIGN UP—
HOTEL WILL HONOR OUR SPECIAL RATE
ON A SPACE AVAILABLE BASIS
(call the Alumni Office at 215 955 7750
and request the ski trip brochure)

February 6, Monday, New Orleans
LUSCOMBE CLUB RECEPTION for alumni
at the meeting of the American Academy
of Dermatology

February 17, Friday, Orlando, Florida
ALUMNI RECEPTION at the meeting of
the American Academy of Orthopaedic
Surgeons

February 23, Thursday
ALUMNI EXECUTIVE COMMITTEE

March 17, Friday
PARENTS' DAY for the sophomore class

March 17, Friday, Atlanta
ALUMNI RECEPTION at the meeting of
the American College of Physicians

March 25, Saturday, Tucson, Arizona
RECEPTION to meet University President
Paul C. Brucker, M.D.

April 27, Thursday
ALUMNI ASSOCIATION ANNUAL BUSINESS
MEETING

May 8, Monday, San Francisco
ALUMNI RECEPTION at the meeting of
the American College of Obstetricians
and Gynecologists

May 23, Tuesday, Miami
ALUMNI RECEPTION at the meeting of
the American Psychiatric Association

The amount of Baclofen released is monitored with a telemetric wand and the computer screen at rear. Baclofen decreases muscle spasticity in patients with, for example, spinal cord injury or multiple sclerosis.

On the Back Cover
Dr. Graziani, medical students, and residents work with a spinal cord injury patient in the hospital gym, checking his muscle strength and reflexes.

photos by Harvey Finkle (front), Don Walker (back) for the Bulletin
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Rehabilitation Medicine and the Spinal Cord Injury Center

A center of excellence at Jefferson is the care of spinal cord injury. There are only 13 government-funded Regional Spinal Cord Injury Centers in the nation, and only four including Jefferson’s are also Level One Trauma Centers. U.S. News and World Report consistently includes Jeff among the top 10 hospitals in the country for rehabilitation medicine, based on surveys of physicians.

The department just celebrated its first quarter century, and the 15th year of the Regional Spinal Cord Injury Center of Delaware Valley (RSCIC-DV). And it was quite a year. Jeff was the local host when ASIA, the American Spinal Injury Association, held its annual conference in April, the first time it has been held in Philadelphia. For years one-fifth of all the presentations at ASIA conferences have been by Jefferson faculty in rehabilitation medicine and related specialties like orthopaedics and urology. This time they gave papers on sexual dysfunction and infertility, neurological issues, spine management, urology in spinal cord injury, respiratory considerations, the cervical spine, and medical complications.

Showcased at the ASIA conference were the new International Standards for Neurological and Functional Classification of Spinal Cord Injury, authored by a team of rehabilitation specialists, orthopaedic surgeons, and neurosurgeons headed by John F. Ditunno, Jr., M.D. Ditunno has chaired Jefferson’s Rehabilitation Medicine Department for all of its 25-year history, and in 1987 was named the Jessie B. Michie Professor.

The Editor of Paraplegia, Phillip Harris, has pointed out that these Standards for Classification are vital in order “to compare and contrast the symptoms and the signs of patients, and the relation of these to investigations and to management, and also to the outcome of treatment, including follow-up studies of such patients.” The standards are being published in five languages.

Another signal honor this year was Ditunno’s being invited by the New England Journal of Medicine to write the first-ever review of the literature in spinal cord injury (SCI) and rehabilitation.

In addition to SCI, the Department of Rehabilitation Medicine has a full patient mix including neurological problems (multiple sclerosis, stroke, or traumatic brain injury), musculoskeletal (hip fractures and knee or hip replacements), and amputees.

Admissions to Jefferson’s Regional Spinal Cord Injury Center hover around 150 per year. Reflecting demographics that are remarkably consistent around the world, four-fifths of SCI patients are male and one-half are between the ages of 15 and 30. Causes are primarily auto accidents, falls, gunshot wounds, and diving accidents. More than half of all injuries remain quadriplegics, but mortality is less than one percent among persons under 30.

The Model SCI Systems—centers across the nation designated by the National Institute on Disability and Rehabilitation Research as top-of-the-line programs—have found that victims have greater opportunity for decreased morbidity and mortality if they are referred to a comprehensive SCI Center within 72 hours of injury. Cost savings are realized through decreased lengths of stay, decreased complications, and quicker return to productive living in the community. Over the 15 years since the RSCIC of Delaware Valley was established, it has greatly improved the percentage of patients who are referred early, with three-quarters now coming within 72 hours and about 60 percent within the first 24 hours after injury.

The cost savings are clear when one looks at the average length of stay from injury until discharge to the home: 99 days on average for persons admitted within 72 hours after injury, versus 130 days for persons admitted after 72 hours. Those additional 31 days in the hospital, multiplied by a rough cost of $2,000 per day, add $62,000 per patient; with 150 patients each year, this totals $9.3 million per year in hospital costs that can be saved by early referral of patients to the RSCIC-DV.

Jefferson’s partner in the RSCIC-DV is the 96-bed Magee Rehabilitation Hospital, located eight blocks away. Jeff provides acute care and acute rehabilitation, and Magee offers ongoing rehabilitation, lifetime follow-up, and community re-entry. Many doctors hold dual appointments at Jeff and Magee, and Magee’s President and Medical Director is Jeff alum William E. Staas, Jr. ’62.

In addition to rehabilitation medicine, the care of spinal cord injury involves a multidisciplinary team from trauma surgery, neurosurgery, and orthopaedic surgery. Leading the spine work of the Orthopaedic Surgery Department is Jerome M. Cotler ’52 (see page 7). After medical care, persons with SCI need emotional, social, vocational, and psychological rehabilitation to cope with the changes in their bodies and their lifestyles that result from the injury.
SCI demands rapid transport to a medical facility designed to treat it. The first few hours are critical for preventing further damage to the spinal cord and for preserving function. Therefore, the staff of the RSCIC-DV provides training to rescue-squad paramedics in the Philadelphia area so they can recognize and properly handle SCI victims. Hospitals are urged to refer such patients to Jeff as early as possible. An SCI coordinator is on call 24 hours a day to aid physicians in transferring patients. Some are transported via JeffSTAT, an emergency service of helicopters and vans.

Jefferson's SCI Center is one of only four in the United States that is also a Level One Trauma Center, signifying the highest level of trauma surgery capability. Besides the surgeons, staff from the Rehabilitation Medicine Department are present in the emergency room for each SCI patient. Although most of their work comes later, they are involved from the start in order to do accurate neurological assessment.

After receiving emergency treatment in the Trauma Center, the patient is admitted to the Neurosensory Intensive Care Unit of Thomas Jefferson University Hospital, where he is stabilized medically and spinally. Even at this early stage, physical and occupational therapists, social workers, and psychologists prepare him for future physical rehabilitation. If the patient is tracheotomized, speech pathologists work with him and his family to facilitate communication.

The family of the disabled person may experience a range of emotions as a result of the injury. So the center's rehabilitation program also includes counseling for the patient's relatives by social workers and psychologists.

When the injured person no longer needs critical care, he is moved to the Intermediate Neurosensory Care Unit at Thomas Jefferson University Hospital. Primary goals at this stage are initiating programs for bladder and bowel control, maintaining and increasing the range of motion in each joint, and strengthening muscles in preparation for intensive rehabilitation. The patient's family is provided with information about SCI and the resources available to help.

The rehabilitation care phase begins when the patient is sufficiently stabilized, medically and spinally, to be moved to Jefferson's Acute Rehabilitation Unit. Physical therapists teach him to regain sitting balance, and to transfer—or help transfer—himself into and out of a wheelchair. Occupational therapists work with him to help him regain as much independence as possible in daily activities. Using special equipment, he relearns how to feed, dress, and groom himself. Therapy includes building upper body strength and endurance, and increasing coordination and mobility.

Psychological therapy at this stage focuses on the person's emotional reactions as he begins to confront his disability. Social workers meet with the patient and his family to plan for future needs and eventual discharge to the community.

When the patient's critical medical needs are met, and he has achieved elementary mobility and daily living skills, he is transferred to Magee for ongoing rehabilitation.

Group counseling sessions begin at this point. The patient can find peer support through discussing his feelings and concerns with other people who have spinal cord injuries. Patients can teach each other coping strategies.

At Magee, some of the programs begun earlier at Jefferson are expanded as the patient prepares for discharge from the Regional Spinal Cord Injury Center. Recreational programs, which were primarily a diversion during the acute rehabilitation phase, now serve to reintroduce the patient to the community. Sports are therapeutic both physically and emotionally.

The patient is taught such practical necessities as how to drive with his disability. On Magee Hospital's rooftop is a 5,200-square-foot obstacle course designed to teach him how to get around on city streets. It's complete with a car, sidewalks, a sewer grate, a "front porch" with three steps, a mailbox, a phone booth, an automatic teller machine, and a gas pump. A patient in a walker or wheelchair learns how to get into and out of a phone booth without getting trapped, how to hold a screen door open while unlocking the main door, how to get into the car and then fold his wheelchair and stash it in the back seat. Mastering these tasks gives the patient independence and self-confidence.

A comprehensive evaluation can be made of the person's equipment needs, and a

Third-year resident David H. Kim, M.D. monitors heart rate and blood pressure as a patient exercises on a treadmill. With this information the rehabilitation specialist can tailor an exercise program for her and tell her what she can do physically in employment or at home.
home assessment to determine whether architectural changes should be made
to his house to make day-to-day
living easier.

At this stage, the psychologist, social
worker, and vocational rehabilitation
counselor meet with the patient to
explore possibilities for employment
and training. Aptitude tests, remedial
education, job counseling, and
placement assistance are offered. The
RSCIC-DV works with Delaware Valley
Projects With Industry, an organization
that helps people with disabilities to find
jobs, providing a centralized source of
openings and contacts.

More than 96 percent of patients return
to their community. More than half
are ambulatory, and three-quarters are
fully independent and able to care for
themselves.

Nevertheless, people with SCI require
lifetime follow-up care for their ongoing
medical, functional, and psychosocial
needs. Through Magee, medical,
nursing, psychological, social, and
vocational support and services are
provided after discharge to all persons
who have come through the Regional
SCI Center. They are evaluated at one
month after discharge, three months, six
months, and then annually. If necessary,
they may be seen more frequently.
Telephone assistance is available 24
hours a day in case patients develop
medical complications while living in
the community.

Among the follow-up services at the
RSCIC-DV is tendon transfer. This
was developed in conjunction with
Jefferson's Hand Center, which is the
largest on the East Coast between Boston
and Baltimore. Tendon transfer can
surgically improve upper extremity
function for persons with quadriplegia.

Functional electrical simulation
is another follow-up service of the
RSCIC-DV. It permits patients to
aerobically exercise their paralyzed legs.

**RESEARCH**

A high priority of the Spinal Cord
Injury Center is to maintain its research
funding and to publish articles in both
basic science and clinical research.

One federal grant establishes Thomas
Jefferson University as the only National
Rehabilitation Research and Training
Center for Neural Recovery and
Functional Enhancement in SCI.

Under this grant, 13 different studies
are underway in:

- evaluating therapeutic interventions
  such as surgery, traction, and electrical
  stimulation;
- validating techniques for monitoring
  neural recovery;
- developing methods to accurately
  measure muscle strength, fatigue,
  psychological status, and functional
  capacity.

In addition, the center is studying the
use of electrical stimulation to prevent
deep vein thrombosis, minimize muscle
spasticity, and preserve fertility.

The center is also collaborating with
other Model SCI Systems in research on
outcome issues such as mortality and
motor recovery.

Basic research is conducted with the
A. I. duPont Institute-Children's Hospital
and with the Medical College of
Pennsylvania. At MCP nearly the entire
anatomy department is devoted to
renowned investigations of spinal cord
regeneration. This bench research
dovetails with the clinical work at Jeff.
Extensive autopsy studies and
postmortem MRI studies are made of
the spinal cords of deceased victims.

Jeff and MCP have a postdoctoral
training program funded with more than
$180,000 per year from the National
Institutes of Health.

Assistant Professor Ralph J. Marino '82
holds a five-year Career Investigator
Award from the NIH for his work on
upper extremity function.

The NIH also supports urological studies
with more than $120,000 per year.

In all, the RSCIC-DV receives more than
$1 million annually in research funding.

The residency program in rehabilitation
medicine, comprising 20 house staff,
attracts strong candidates and in turn has
one of the highest placement rates in the
specialty: more than half its graduates
obtain academic positions at medical
schools. Among Jefferson's affiliates for
training house staff and medical students
are the duPont Institute-Children's
Hospital, Lankenau Hospital,
Bryn Mawr Rehabilitation Hospital, and
Crozer-Chester Medical Center. The
department's 100th trainee is currently
in the program.

Dr. Ditunno has garnered many honors
during his 25 years at the helm. He's a
past Chairman of the American Board of
Physical Medicine and Rehabilitation and
past President of the American Academy
of Physical Medicine and Rehabilitation,
the American Spinal Injury Association,
and the Association of Academic
Physiatrists. Three years ago he
served on a committee of the Institute
of Medicine (National Academy of
Sciences) that published *Disability in
America: Toward a National Agenda for
Prevention*, which made recommenda-
tions to Congress for policy changes
and improved government funding for
the disabled.

Drs. Ditunno and Staas were Guest
Editors of the 1992 *Traumatic Spinal
Cord Injury* issue of *Physical Medicine
and Rehabilitation Clinics of North America*.

Gerald J. Herbison, M.D., Professor
and Director of Research, is now Editor
of the *Archives of Physical Medicine
and Rehabilitation* (the journal of the
American Academy of Physical Medicine
and Rehabilitation) and a Director
of the American Association of
Electrodiagnostic Medicine.

Serving in a key role as Vice Chairman
of the Department of Rehabilitation
Medicine at Jefferson is Professor
Francis Naso PM'72.

**THE FUTURE**

What new developments are coming
in spinal cord injury treatment?
Transplants, probably within a decade.
The National Institutes of Health
is currently reviewing proposals.
The Jefferson/Medical College of
Pennsylvania collaboration is conducting
preliminary research on transplants
in animals.

Dr. Ditunno foresees stepping down
from the departmental chairmanship
in two to three years, though he will
continue teaching with the promising
faculty he has nurtured.
Colleagues Honor Cotler with Portrait

Jerome M. Cotler ’52, the Gordon Professor of Orthopaedic Surgery, was honored by friends and colleagues with a portrait presented to Thomas Jefferson University on November 16.

Presiding was Dr. Cotler’s longtime collaborator John F. Ditunno, Jr., M.D. As Director of the Regional Spinal Cord Injury Center at Jefferson (see page 4), Ditunno has overseen the rehabilitation of numerous patients on whom Cotler has operated, and they have reviewed nearly all the spinal cord injuries together. Also speaking at the ceremony was Professor of Neurosurgery Jewell L. Osterholm, M.D., who for many years was a Co-Associate Director of the center.

These friends spoke of Dr. Cotler’s distinctive, kind smile, and his incredible capacity for work. Frequently a surgery will continue late into the night yet he will be making rounds at the hospital as usual at 6:30 the next morning.

His colleagues called him a modest man and a team player. In the painting by Dean Paules, a background scene shows his interaction with an operating room assistant, pointing out a detail of an x-ray. This is the essence of Dr. Cotler: the close working relationships he has forged with other professionals, surgical support staff, residents, administrative personnel, students.

It was typical that at the portrait ceremony he acknowledged by name the individuals who have worked alongside him. The affection of the large audience was clear as they stood to applaud.

Cotler serves as Vice Chairman of Orthopaedic Surgery at Jefferson Medical College and head of the service at Thomas Jefferson University Hospital, where he concentrates on spinal surgery. He is a Co-Associate Director of the Regional Spinal Cord Injury Center.

He has earned the Lindback Award for Distinguished Teaching, and the orthopaedic residents selected him for the first John J. Gartland Award. On the national level, he is a former board member of the American Academy of Orthopaedic Surgeons and past President of the American Board of Orthopaedic Surgery. Jefferson’s Alumni Association also counts him as a past President. With his son Howard B. Cotler ’79, a spine surgeon in Houston, he edited *Spinal Fusions: Science and Technique*, published by Springer-Verlag.  

—M.C.

Neurosensory Institute is Established

**DEPARTMENT OF NEUROSURGERY EXPANDS**

Thomas Jefferson University has joined forces with Pennsylvania Hospital and Wills Eye Hospital to form the Neurosensory Institute. It is directed by Frederick A. Simeone, M.D., who is Chairman of Neurosurgery at Jefferson and also at Pennsylvania Hospital. The institute brings together a team that includes faculty members William A. Buchheit, M.D., Robert H. Rosenwasser, M.D., and David W. Andrews, M.D. (all formerly of Temple University School of Medicine); H. Warren Goldman, M.D., Ph.D. and Stephen J. Dante, M.D. (both formerly of the Medical College of Pennsylvania); Giancarlo Barolat, M.D., Bruce E. Northrup, M.D., and Jewell L. Osterholm, M.D. Together they constitute the largest neurosurgical department in the Philadelphia region. This alliance brings the further benefit of adding five residents to the neurosurgery program.

Several trends in the specialty have spurred departmental changes. “First, there’s been an explosion of technological advances over the past few years,” says Dr. Simeone. “Our association with Pennsylvania Hospital and Wills Eye Hospital through the Neurosensory Institute allows us to pool our resources to purchase specialized equipment, and to avoid duplication of services in the Philadelphia region.

“Second, neurosurgical subspecialties have mushroomed as neurosurgery has become more complex. For the new institute we’ve pulled together the top subspecialists in the field, allowing us to offer every possible neurosurgical procedure under one umbrella organization.

“Finally, combining our efforts with those of our associate institutions pools a larger source of patients from which we can draw clinical studies to enhance our research effort. This will allow us to expand the range of services we offer as well.”

Goldman

Buchheit

Simeone

Jefferson Medical College Alumni Bulletin Fall 1994
Teaching Molecular Medicine

PREPARING FOR PRACTICE IN THE 21ST CENTURY

by John J. Gartland S'44

During the first two years of medical school students are expected to assimilate an astonishing amount of basic science information. Too often, this large and somewhat disparate menu of important bits and facts is presented to students with little to no accompanying explanation of its relevance to human disease and patient care. This experience leaves many students upset and discouraged because only the best teachers are able to clearly provide an understanding of the relationship between this information and their subsequent clinical careers. Rapid advances in medical knowledge over the past several decades has enlarged this gigantic pool of information even further and stretched available curriculum time to the limit. The manner in which medical students are presented with basic science information now assumes even greater significance because of the exciting relationship between the results uncovered by more recent genetic research and human disease and patient care. Genetic scientists and the popular press have fueled the public's increasing belief that gene therapy is the treatment of the future and have encouraged them to expect that doctors in the 21st century will practice what has now come to be called molecular medicine.

Two examples provide an appreciation of the magnitude of the difference in the amount of available basic science information between yesterday and today. In 1940 the total national expenditure from all sources for medical research was 45 million dollars. By 1990 this total expenditure for medical research had risen to $22.5 billion.1

An obstacle to teaching molecular medicine to students is that relatively little of this information is currently used to treat patients.

Jefferson Cancer Institute which is housed in the Bluemle Life Sciences Building. The Jefferson Cancer Center, concurrently established with the Cancer Institute, has as its focus the clinical application of research findings derived from research performed at Jefferson and elsewhere. The molecular and cellular biology underlying many malignancies and other human disease states and the molecular mechanisms involved with their growth and proliferation have been identified and explained by research performed at Jefferson.

Although the growth in amount of new basic science information since 1950 cancer research at Jefferson was a small interdepartmental effort carried out in the Division of Endocrine and Cancer Research in the Department of Experimental Medicine. Modestly funded, cooperating interdepartmental investigators carried out projects such as investigating the influence of steroid hormones on cancer, transmitting cancer by implantation of cell fractions and investigating the differentiation of anaplastic carcinomas of the thyroid through the thyrotrophic hormone. By 1991 cancer research at Jefferson was a multimillion dollar effort based in the


Dr. Gartland writes frequently for the Bulletin. As Medical Editor at Thomas Jefferson University he provides advice free of charge to faculty and students, particularly on scientific articles.
appropriately and applying them to the treatment of human disease. The ability to meet this obligation must be learned in medical school by teaching students the meaning of basic science observations and their relevance to human disease and clinical medicine. In the past students often were motivated to relearn basic science information only after clinical exposures in the third and fourth years forced them to realize how important the relevance of much of this basic information was to clinical practice. This option no longer remains a prudent choice for students to make because the practice of molecular medicine rests on a knowledge base that is more synergistic between cause and clinical correlation. Integrating knowledge of biological events at the molecular level with human physiology and disease is believed to be key to understanding disease processes in subcellular and molecular terms. In addition, students must be taught to understand the molecular techniques available and the types of information these techniques can provide for patient management. Doctors in the 21st century will need to know how to detect the genes involved in a particular disease process and how to manage the resulting clinical problem. It is believed that in the future effective treatment for many human disorders will be based on genetic mechanisms and the identification of involved genes.

To learn more about how Jefferson medical students are being taught to interpret newly discovered and clinically useful information based on molecular and cellular biology and the molecular mechanisms underlying human disease, the Bulletin spoke with knowledgeable Jefferson genetic scientists, basic science educators, clinical scientists, and members of the Curriculum Committee. The purpose of these conversations was to assess how well the basics of molecular medicine are being taught to Jefferson medical students to prepare them for the practice of medicine in the 21st century. Responses to inquiries into an activity such as this are usually offered in language that varies widely between positive and less positive, enthusiastic and less enthusiastic, and this inquiry proved to be no exception.

It appears that U.S. medical schools select one of two curricular approaches to teach molecular medicine to their students. Some schools, such as Brown, Tufts, and Washington University of St. Louis, teach it as a distinct subject. This approach presents the clinical description of a disease state first, followed by the molecular background and relevance of the basic science information. This approach usually involves extensive interdepartmental cooperation and, when available, textbooks which present information in a similar sequence.

Jefferson follows the other approach which reverses the order of presenting information to students. At Jefferson students are first taught basic information about molecular biology, molecular genetics, and molecular virology because this knowledge forms the basis for understanding gene therapy. This information then must be tied together by explanations of clinical relevance and correlation with human disease. Most, but not all basic science educators at Jefferson, believe this is the best method for presenting this information to Jefferson medical students. The few who disagree with this assessment, some even to the extent of believing Jefferson is behind the times in this regard, favor the first teaching approach. One advocate for change plans to restructure courses for which he is responsible to more closely resemble the first approach because of his conviction that the teaching must make the connection between a disease, all its ramifications and its molecular biology. In truth, however, it seems much too early to argue the relative merits of either approach because no outcome information is yet available on which to base a decision as to the more effective teaching method. Many medical educators believe it likely that outcome studies performed in the future will support the conclusion that no appreciable difference exists between these two methods of presenting molecular medicine information to medical students.

Because it considers the clinical correlation phase to be the weakest part of the teaching effort, the Curriculum Committee plans better correlative teaching between molecular information and clinical medicine.

There was general agreement among those who talked with the Bulletin that, on balance, Jefferson was doing a creditable job in preparing students for the practice of medicine in the 21st century. However, for a variety of expressed reasons, there seemed to be no general agreement on the level of importance with which this teaching effort was viewed by those doing the teaching. Some basic science teachers fear that a too enthusiastic teaching response based on the results provided by genetic research and molecular medicine could result in the premature discarding of tried and true information because some enthusiasts would regard this material as old information. Others believe the present basic science faculty represents a mix of people who want to push genetic information and correlate it with the care of patients and more traditionalists who object to any change in either the style or type of teaching. More forward thinking basic science educators regard an effort such as the Gibbon Scholars Program as a positive step taken by Jefferson to assist in the provision of future teachers of molecular medicine (see the Spring 1989 Bulletin). Five applicants are selected yearly to participate in this novel seven year combined M.D./Ph.D. program developed to give in-depth integrated medical and scientific training to students who have made an early commitment to a career in academic medicine. The program consists of three years of education in basic science and research methodology, two years of full time research, and two years of clinical training. Graduates of this program are envisioned to be among the future researchers in and teachers of molecular medicine.

Some basic science teachers admit to teaching relatively little about molecular medicine at the present time because
relatively little of this information is currently being used to treat patients. They reason that genetic research is still in its developing phase and point out that new genetic information is announced almost daily. The most useful clinical implications for much of the genetic information developed to date, they believe, is only for the diagnosis of disease states, with methods for treatment and prevention of human disease by genetic means still to be developed. These teachers believe that what they do well, however, is teach Jefferson students how to think and how to assimilate new information so they will be able to understand this new information as it evolves and adopt it to human disease and the care of patients.

A point of some controversy among those who spoke with the Bulletin is how well, or how poorly, clinical correlations between this new information and human disease are presented to Jefferson students at this time. Because information from genetic research is both new and generally incomplete, it appears no consensus has yet developed among the faculty as to the best way to teach the clinical relevance of this new information and its correlation with human disease and patient care. Some basic science teachers are firm in their belief that present teaching methods include an appropriate emphasis on presenting the interdisciplinary nature of this biomedical information. Others are convinced the basic information underlying the understanding of molecular medicine is being presented to students in too much of a piecemeal fashion with not enough emphasis on how this genetic information is to be used in clinical medicine. Those holding this view believe there is a need to both redesign existing courses and design new ones to give students more clinical correlation information. Some indirect support for this view is provided by a Jefferson clinical scientist whose research is at the molecular level. He observes that third and fourth year students, while not completely ignorant or unacquainted with the molecular aspects of human disease, have a knowledge base he considers not to be well developed in this area. He characterizes the molecular medicine knowledge base of most upperclass medical students he has encountered at Jefferson as modest at best and quite fragmentary in scope.

A view held by the majority of those who spoke with the Bulletin is that, despite the difficulty associated with correlating genetic information with diseases encountered by clinicians, the weakest part of Jefferson's present approach to teaching molecular medicine to students is the clinical correlation phase. They believe more specific correlation conferences involving both basic science teachers and clinicians need to be added to the curriculum. They believe there is a need to encourage the inclusion of discussions of the molecular basis of diseases into discussions held with all Grand Rounds. In spite of their dismay with present efforts, these educators view the future of this Jefferson teaching effort with positive anticipation. They believe Jefferson is moving in the direction of better correlative teaching between basic molecular information and clinical medicine and this perception is confirmed by the Curriculum Committee.

Jefferson has traditionally adopted a carefully thought out approach to curriculum changes. This approach is viewed as too conservative by some advocates for more rapid change, but it has successfully avoided abrupt and radical change in the past which could result in confusion and educational chaos. In contrast to its conservative past tradition, the present Curriculum Committee is aware of the need to improve the effort to teach molecular medicine to Jefferson students and is prepared to act quickly on their behalf. The Curriculum Committee is aware of the need to increase the students' awareness of both the significance and the clinical relevance of this new information. They are aware that Jefferson students need to have a better understanding of molecular biology as applied to patient care and must be taught to understand the molecular and cellular basics underlying new discoveries. Molecular oncology, for example, is an area they believe would lend itself to more fruitful clinical correlation efforts. They agree with the perception held by most of the involved faculty members that, at present, students do not always seem to realize the significance of this new information when it is presented to them and, consequently, tend to become discouraged by being overloaded with a lot of facts.

The Curriculum Committee believes a more coordinated picture of cause and clinical correlation should be presented to students rather than having the material presented in a rather piecemeal fashion as frequently occurs now. The Committee is planning to introduce a new course for the 1994–95 school year which combines molecular medicine information and pathology in order to present a more correlative approach to patient care, citing a patient with leukemia as one example. The Committee is also beginning to develop a course in cell biology which will take components of molecular medicine and a basic science course, pharmacology for example, to show students how to more fully understand molecular research advances and their relevance to clinical medicine. It is believed courses such as these will give students a better understanding of the "big picture" because they will present molecular medicine details to them in the context of a human patient with an appropriately selected disease process.

Any assessment of the effectiveness of the teaching of molecular medicine to Jefferson medical students as it presently occurs must be made against a background of understanding that this teaching effort is an evolving process, encompassing new and constantly expanding areas of medical information and interest. Most of the scientists and educators who spoke with the Bulletin believe the teaching of molecular medicine at Jefferson today is a creditable effort when broadly viewed in terms of the present state of the art. However, when viewed more closely in terms of course detail and clinical correlations, it seems both fair and accurate to observe that, while the present effort to teach molecular medicine to Jefferson medical students deserves a passing grade, the total effort has not yet earned an honors grade.
Portrait Honors Mansfield

Dr. and Mrs. Mansfield with son Joel and daughter Kara and the painting

Carl M. Mansfield RO'63, who has stepped down after a decade as Chairman of the Department of Radiation Oncology, was honored by friends and colleagues who presented his portrait to the university on October 24. Dr. Mansfield chaired the Cancer Committee at Thomas Jefferson University from 1986 to 1994, and was Director of the Bodine Center for Cancer Treatment, the new facility that was completed under his supervision during his first years as Chairman. Today he continues to see patients and teach.

Luther W. Brady, Jr. R'55, Chairman of Radiation Oncology at Hahnemann University and a personal friend, noted at the ceremony that Mansfield was beloved for his leadership and support of members of the department.

Mansfield received the American Cancer Society's National Bronze Medal in 1990 for developing a cancer awareness outreach program for the poor, and successfully defeating the R. J. Reynolds Company's marketing of Uptown cigarettes. At the portrait presentation, he was described by the ACS's Philadelphia Division Executive Vice President as "soft-spoken and unassuming, but able to make things happen." Jefferson's President Paul C. Brucker, M.D. thanked him for "being in the trenches yet also taking the larger view."

He has received the Distinguished Service Award of the American Cancer Society, Philadelphia Division, of which he was President in 1989-90. In addition the Philadelphia Division has established the Carl Mansfield Award in his honor, to be given to "the group or program of the ACS demonstrating unique and successful outreachs to the underserved community." He has also served the American Radium Society as President.

The painting by Dean Larson shows the two editions that have appeared of Mansfield's book Therapeutic Radiology. The Editorial Boards of the International Journal of Radiation Oncology Biology Physics and the American Journal of Clinical Oncology benefit from his dedication as well.

Curran Chairs Radiation Oncology

Walter J. Curran, Jr., M.D. has been appointed Professor and Chairman of Radiation Oncology, and Director of the Bodine Center for Cancer Treatment, posts previously held by Carl M. Mansfield RO'63.

Curran codirects the brain tumor research program newly formed by Wills Eye Hospital, Thomas Jefferson University, and Pennsylvania Hospital. His clinical investigations center on tumors of the lung and brain, particularly new methods of integrating radiation therapy, chemotherapy, and surgery.

An organizational change has also been made within Jefferson: the Division of Nuclear Medicine, formerly a part of the Department of Radiation Oncology, has been made a part of the Department of Radiology. This is expected to lead to greater efficiencies of operation.

Curran comes to Jefferson from the Fox Chase Cancer Center, where he was a member of the Department of Radiation Oncology and Director of the department's Clinical Fellowship Program. Concurrently he was an Associate Professor of Radiation Oncology at the Medical College of Pennsylvania.

He will maintain his position as Deputy Group Chairman of the Radiation Therapy Oncology Group (RTOG), a National Cancer Institute-funded, cooperative group with more than 200 member institutions, founded by Simon Kramer, M.D. at Jefferson in 1968. Curran will continue as Chairman of the RTOG Brain Tumor Committee and principal investigator of three national clinical protocols for both brain tumor and lung cancer patients.

Appointed Vice Chairman of Radiation Oncology, and Associate Professor, is Benjamin W. Corn, M.D.
Faculty Receive Honors and Grants

- University President Paul C. Brucker, M.D. has been elected to the Institute of Medicine of the National Academy of Sciences. The institute has only 493 active members, elected on the basis of professional achievement.
- Instructor in Anesthesiology Valerie E. Armstead, M.D. has received a Lindback Foundation Career Enhancement Grant for Minority Junior Faculty. The one-year award will enable her to pursue research on the "Effect of Nonsteroidal Anti-Inflammatory Drugs on Plasma Endothelin-1 and Prostacyclin During the Mesenteric Traction Response." This is one facet of an ongoing project in the Anesthesiology Department, "The Role of Nonsteroidal Anti-Inflammatory Drugs in Blunting the Hemodynamic and Pulmonary Effects of the Mesenteric Traction Response."
- Director of Gynecologic Oncology John A. Carlson, M.D. is President of the Pennsylvania Oncologic Society.
- Two Jefferson researchers have been invited to serve in study sections in the Division of Research Grants of the National Institutes of Health. Study sections survey the status of research in their fields, review grant applications to the NIH, and make recommendations on these applications. Professor of Biochemistry and Molecular Biology Mon-Li H. Chu, Ph.D. will serve in the Pathobiochemistry Study Session, and Associate Professor of Medicine Barbara P. Schick, Ph.D. will serve in the Hematology Study Section.
- Jefferson's Professor of Radiology Stephen A. Feig, M.D. was listed among the country's top radiologists for mammography in the October issue of Working Woman magazine. The rating was based on a poll of health care professionals involved in mammography.
- Professor of Medicine Thomas G. Gahuzda, M.D. is now President of the Philadelphia County Medical Society.
- A Fellow in Pulmonary Medicine and Critical Care, James Zangrilli, M.D., received one of eight one-year fellowships: Jodi H. Brown, M.D. has won the American Psychoanalytic Association Residency Fellowship; Susan M. Hall, M.D. has been selected a Rappeport Fellow of the American Academy of Psychiatry and the Law; and Daniel A. Monti, M.D. is one of 10 American Psychiatric Association/Barroughs Wellcome Fellows.
- Clifford M. Eldredge, President and Chief Executive Officer of Jefferson affiliate Pennsylvania Hospital, has been elected to a four-year term as a section delegate to the American Hospital Association's highest governing body, its House of Delegates.

Naidoff Joins Philadelphia Firm

Stephanie W. Naidoff, Esq., Vice President and University Counsel, leaves Thomas Jefferson University in December to join the law firm of Morgan, Lewis and Bockius. Mrs. Naidoff has been the university's chief legal officer since 1981, head of governmental and community relations, and secretary to the Board of Trustees. University President Paul C. Brucker, M.D. says, "In those various roles, she has established herself as an energetic, committed leader in our community. She has earned enormous respect and affection, and we will miss her."

Center Established for Technology Assessment and Pharmacoeconomic Services

The TAPES Center of Excellence has been established at Jefferson as a collaboration between Thomas Jefferson University and the Philadelphia College of Pharmacy and Science. TAPES, which stands for Technology Assessment and Pharmacoeconomic Services, is located in the Office of Health Policy and Clinical Outcomes.

It provides consulting services to small and medium size pharmaceutical and biotechnology companies. In an era of regulatory guidelines and cost containment measures, TAPES helps companies expedite the planning, economic evaluation, and technology assessment of health care products and services. TAPES may undertake assessment of, for example, a new medical device, determining whether managed care companies will be interested in it and what is needed for approval by the Food and Drug Administration. Or cost effectiveness data may be needed on a new drug to sell it to managed care companies.

The center provides services that its clients could not have in-house. It conducts economic and outcomes analyses of new and existing products; reviews the relationship between health care product pricing and value in terms of clinical, economic, or outcome measures; analyzes product literature; designs cost effectiveness and controlled clinical studies to make primary observations and cost analyses; and prepares customized product support documents.

Antisense Reduces Restenosis in Pigs

Researchers in the Division of Cardiology have successfully used antisense compounds to reduce restenosis in pigs on which balloon angioplasty had been performed. This means it is likely that antisense could also reduce restenosis in human angioplasty patients, because the porcine cardiovascular system is similar to the human.

Antisense molecules, made of the same biological components as DNA, are designed to bind with genes and halt the production of disease-causing proteins. In pigs treated with an antisense compound sprayed inside the arteries after angioplasty, there was a 60 percent reduction in restenosis.
Cyclosporine is Safe for Long Term Use

In one of the most comprehensive studies of kidney transplant patients in the United States, researchers reported in the August 11 New England Journal of Medicine that the long term use of cyclosporine did not result in progressive toxicity to the kidney, and that higher levels of the drug maintained over the long term may help to stabilize kidney transplant function and reduce the incidence of organ rejection. The findings challenge the current tendency among medical professionals to progressively reduce doses of cyclosporine following transplant, a practice based on the belief that the drug is toxic to the kidneys.

“We've found that cyclosporine works, it's safe, and it can be used over the long term,” says James F. Burke, Jr. '66, Director of Jefferson's Division of Nephrology. “Our findings not only question the practice of lowering doses over time, they demonstrate that downward adjustments can even be harmful. Physicians need to pay more attention to the doses and levels of cyclosporine they give, to insure the best chances of survival for transplant patients.”

The study examined the records of 1,663 transplant patients at six centers between 1983 and 1990. Patients were followed for a mean period of three years, with some of them followed for up to five years.

The study yielded two other major findings: low doses of cyclosporine at three months (less than four milligrams per kilogram of body weight) were associated with an increased risk of rejection in the next three months; and patients with a late, first acute rejection (occurring more than one year after transplant) had a somewhat higher incidence of low cyclosporine blood levels than those who did not reject.

“We hope that these findings resolve any lingering questions among medical professionals about the drug's toxicity,” says a coauthor of the journal article, Daniel R. Salomon, M.D. of the Scripps Research Institute in La Jolla, California. “Our conclusion is that cyclosporine should not be reduced solely on the assumption that its long term use produces progressive damage to kidney function.”

Leukemia, Lymphoma Gene Found

Scientists at Jefferson led by Carlo M. Croce, M.D. have located a gene that appears to play a critical role in promoting types of leukemia and lymphoma. The finding could lead to a diagnostic test to detect these cancers early.

Robert C. Gallo ’63, codiscoverer of the AIDS virus and researcher at the National Cancer Institute, considers the discovery “important” not only for cancer but also for diseases of the immune system, including AIDS. The work was published in the December 19 issue of Proceedings of the National Academy of Sciences and the December issue of Cancer Research.

The gene, TCL-1, is one of a group believed to be implicated in the uncontrolled proliferation of T-cells and B-cells, white blood cells important for fighting infection. The cancerous growth of these cells occurs, the researchers found, when the TCL-1 gene is moved out of its normal sequence on chromosome 14 and placed next to other genetic elements known as enhancers. These cause the gene to produce too much of its protein product. The juxtaposition of TCL-1 and enhancers occurs when pieces of chromosome 14 break off and switch places with pieces of other chromosomes.

The Jefferson team is the first to find the TCL-1 gene, capping seven years of searching in a relatively large stretch of DNA. Although several other genes have been implicated in acute leukemias, TCL-1 is the first to be tied to low-grade leukemias such as T-cell prolymphocytic leukemia, T-cell chronic lymphocytic leukemia, and adult T-cell leukemia. Previously, the latter had been attributed to a retrovirus, but Croce's team believes that a retrovirus merely triggers the disease, and that TCL-1 is the biological mechanism that causes the cancer.

In AIDS patients, who face the progressive loss of T-cells, it may be possible to use TCL-1 to foster cell growth and thereby extend survival time.

Stent Improves Angioplasty Success by 25 Percent

A study led by Jefferson cardiologists and reported in the August 25 New England Journal of Medicine has found that a stent implanted during an initial balloon angioplasty greatly reduces the need for repeat surgery.

The study, known as STRESS (STent REStenosis Study), randomly assigned 407 patients at 20 sites to either standard balloon angioplasty or angioplasty with the Palmaz-Schatz stent. Results showed that the rate of reblockage of the artery after six months was 31.6 percent in the stent group, compared with 42.1 percent in the angioplasty group, a relative reduction of 25 percent.

“This is the first time since angioplasty was introduced 17 years ago that anyone has been able to substantially reduce the rate of restenosis,” says Sheldon Goldberg, M.D., Director of the Division of Cardiology. “That means fewer patients will have to undergo repeat angioplasty or bypass surgery.”

The Food and Drug Administration has approved the stent for use in first-time angioplasty cases, but studies currently underway show promise in also treating repeat angioplasty patients and ones with previous bypass surgery.
Foerderer Foundation Provides Exceptional Support

The Percival E. and Ethel Brown Foerderer Foundation has made a multimillion-dollar grant to Thomas Jefferson University, the largest single gift the university has ever received. It will provide a permanent endowment for three programs that have been funded by this foundation for many years. The Foerderer family has been a generous friend to Jefferson for seven decades.

The programs to receive permanent endowment through this gift are:

- Foerderer Fellowships in the College of Graduate Studies. These were begun in the 1970s to encourage scholarship by funding the graduate studies of highly motivated and talented young scientists. About a dozen are funded annually.

- The annual Rehfuss Lecture established in 1963 in honor of Martin E. Rehfuss, M.D., a Jefferson faculty member and Percival Foerderer’s personal physician. The lecture brings a prominent scientist or health care expert to the campus each fall.

- Grants for research. This launches vital biomedical investigations, such as studies of the molecular basis of osteoarthritis and achondroplasia.

University President Paul C. Brucker, M.D. says of the gift, “This is a remarkable example of the unswerving commitment of a family to an institution it has loved and served for decades. Jefferson is truly honored by this Foerderer family gift.”

Percival Foerderer’s commitment began when he was elected a Jefferson Trustee in 1928. In 1938, he became Chairman of the College Committee and in 1950 Chairman of the Board of Trustees, a position he held for 12 years. During his tenure, the college’s research facilities were enhanced by the addition of laboratories for several clinical departments. In a major capital expansion, other campus buildings—including the Foerderer Pavilion of the hospital—were erected or renovated. Mr. Foerderer’s wife, Ethel Brown Foerderer, was elected to the Hospital Women’s Board in 1930 and served as its President from 1947 to 1952.

Thomas Jefferson University presented the Cornerstone Award to the Foerderer Foundation in 1981 in thanks for its generosity.

President’s Club Celebrates Jefferson 2000 Fund Progress

The President’s Club Dinner, held this year at Longwood Gardens in Chester County on October 7, recognizes those who lead in supporting Jefferson. The Jefferson 2000 Fund is now halfway to its goal of raising $200 million by the year 2000. New Fellows of the President’s Club are Mr. and Mrs. William Farish III, and Dr. and Mrs. Edward W. Naegele, Jr., who have established a fund in honor of their son, Karl T. Naegele ’83.

A special presentation was made to the Foerderer Foundation for its dedication to the university.

The Rehfuss Lecture, sponsored by the Foerderer Foundation, featured a presentation by Michael B. Sporn, M.D. on “Transforming Growth Factor β: A Multifunctional Cell Regulator” on November 10. Sporn is Chief of the Laboratory of Chemoprevention at the National Cancer Institute. He has led efforts to utilize TGF-β as an adjunctive substance to treat a wide range of diseases.

President Paul C. Brucker, M.D. and Chairman of the Board of Trustees James W. Stratton express their appreciation to the Foerderer Foundation, represented by Shirley Foerderer Murray, at the President’s Club Dinner.
International Day, a multicultural event celebrating the diversity at Jefferson, brightened up Scott Plaza on October 8. Students and community organizations presented dance, clothing, food, and crafts from many countries.

The Class of '98

- 223 freshmen medical students selected from 11,292 applicants
- out of a nationwide medical school applicant pool of 45,138 (i.e. one-quarter of all students apply to Jefferson)
- the freshmen come from 39 different states and one foreign country, and from 88 different undergraduate colleges
- age ranges from 18 to 40, with 16 freshmen over the age of 30
- 11 already hold master's degrees and two hold doctorates
- six students constitute the first Medical Scholars (an integrated professional and liberal arts education across the baccalaureate, medical school, and residency years in which students spend their first four years at the University of Delaware and then come to Jefferson)

Stewart Receives Dean's Medal

The Dean's Medal was presented to Harold L. Stewart '26 at the 171st Opening Exercises on August 30. Dean of the Medical College Joseph S. Gonnella, M.D. awarded the medal in recognition of Stewart's scientific career. Today he continues to be involved in research at the World Health Organization's Collaborating Center for Research on Tumors in Laboratory Animals.

Dr. Stewart showed his promise from his undergraduate days at Jefferson, where he was Senior Class President. Winning the Surgery Prize that year, he says, "was most important to my development as a scientist: it stimulated my work on Hodgkin's Disease."

After residency, Stewart returned here as an Assistant Professor of Pathology. In 1937 he went to Harvard University to join a research group which in 1939 moved to Bethesda, Maryland and became the nucleus of the National Cancer Institute. At the NCI he was appointed Chief of Laboratory Pathology, a position he held until 1969, and Chief of Pathologic Anatomy.

Dr. Stewart has been a leader in nearly every major pathology society and has published over 250 scholarly articles. His friends and colleagues endowed the Stewart Lectureship at the Uniformed Services University of the Health Sciences. He served Thomas Jefferson University as an Alumni Trustee from 1969 to 1972.

Mrs. Samuel M. V. Hamilton and Dr. and Mrs. Frederick B. Wagner, Jr. '41
OBITUARIES

Jesse D. Stark '25 died January 1, 1993, it has been ascertained. He had served as Director of the X-Ray Department at Prospect Hospital in New York City.

Philip F. Vaccaro '25 died July 30, 1994. He practiced general surgery in Monongahela, Pennsylvania and served as Chief Surgeon at Monongahela Memorial Hospital. He was a member of Alpha Omega Alpha and a past president of the Washington County Medical Society. He is survived by his wife, Mary, and a daughter.

James L. Young '26 died February 24, 1992, it has been ascertained. At the time of his death, Dr. Young was living in Bound Brook, New Jersey.

Anthony J. Purpura '27 died April 1, 1994. He was in general practice in Wheeling, West Virginia and served as County Coroner for 17 years. He was a lieutenant colonel in the Army Medical Corps during World War II. He was affiliated with Wheeling Hospital, serving as president of the staff in 1951–52. He was a member of Alpha Omega Alpha and a past president of the Ohio County Medical Society. He is survived by his wife, Hazel Belle, a son, and a daughter.

Deonis M. Lupo '31 died March 27, 1994. He practiced gynecology at South Baltimore General Hospital, now renamed Harbor Hospital Center. He served as a major in the Army Medical Corps during World War II. In 1986, Harbor Hospital Center gave him the Trustees Award of Honor for his service at the hospital and named a new inpatient care center in honor of him and his late wife, Betty. He is survived by a son and two daughters.

Louis L. Praver '31 died August 15, 1994. At the time of his death he was retired and living in Pompano Beach, Florida.


Lester R. Eddy '33 died March 1, 1993 in Irvine, California, it has been ascertained. Before relocating to California, he practiced in Sussex, New Jersey.

Alfred F. Hammond '34 died August 18, 1993. He was in general practice in New Bern, North Carolina until retirement in 1976. He is survived by his wife, Lucy, and two daughters.

Clyde H. Ishii '34 died May 15, 1994 in Pacifica, California, it has been ascertained.

Merwin R. Chappel '35 died July 11, 1994. He was in general practice in Lynwood, California until retirement in 1981. He served as commanding officer of the Fifth Auxiliary Surgical Group during World War II.

Charles P. Hammond '35 died August 30, 1994. He was in family practice in Lancaster, Pennsylvania for 48 years. He served as a lieutenant colonel in the Army Medical Corps during World War II. He was on staff of St. Joseph's Hospital, Lancaster, Pennsylvania, was a past President of the Lancaster City and County Medical Society, past President of the City Board of Health, and Chief Medical Examiner of City Schools. He is survived by his wife, Anna, a son, and two daughters.

Alexander I. Kernish '35 died August 24, 1993 in Coral Gables, Florida, it has been ascertained. His son Richard C. Kernish graduated from Jefferson in '76.

Edgar W. Kline '35 died April 14, 1994. He maintained a general practice in Lansdale, Pennsylvania until retirement in 1986. He was on staff of North Penn, Abington Memorial, Montgomery, and Sacred Heart Hospitals. He was a delegate to the Pennsylvania Medical Society and a board member and censor for the Montgomery County Medical Society. He is survived by his wife, Faline.

J. Hallam Cope '36 died December 3, 1993. He practiced internal medicine in Oakland, California and was a former President of the Tuberculosis and Health Association of California. At the time of his death, he was living in Pleasanton, California.

Frederick A. Glass '36 died May 27, 1994. He practiced dermatology in Baltimore until retiring in 1987. He was a recognized industrial dermatologist, having lectured and published on the subject. He is survived by two sons and two daughters.

Francis A. Dineen '39 died April 7, 1994. He practiced internal medicine in Pittsburgh. He was on staff at St. Francis Medical Center and served as president of its medical staff in 1972. He is survived by his wife, Vera, a son, and three daughters.

James H. Ruetschin '39 died November 16, 1993, it has been ascertained. He was living in Elkins Park, Pennsylvania at the time of his death.

James D. Garnet '41 died September 10, 1994. He was a Clinical Professor of Obstetrics and Gynecology at the University of Pennsylvania and former Director of Obstetrics and Gynecology at both Pennsylvania and Lankenau Hospitals. He was a founding member of the American Laser Society. He is survived by his wife, Jessica, and three daughters.

Leslie W. Griffin '41 died April 16, 1994 in Hendersonville, North Carolina. He is survived by his wife, Helen.

William E. Grubbs '42 died July 31, 1994. He practiced family medicine in Torrance, California until retirement in 1982. He is survived by his wife, June, three sons, and a daughter.

Edwin M. Leach '42 died July 23, 1994. A pediatrician, he joined the Navy during World War II. His naval career of 35 years included assignments in the U.S. and overseas, and ended as head of the medical department at the Naval Weapon Station, Yorktown, Virginia. He is survived by his wife, Patricia, a son, and two daughters.

Stuart N. Orton '42 died June 23, 1994. He was a naval officer during World War II and served in three European Allied invasions. He practiced family medicine in Rahway, New Jersey for 35 years, retiring in 1980. He is survived by his wife, Joanna, and a daughter.

H. Logan Fisher '43 died May 29, 1994. He was a board certified pathologist in DeKalb, Illinois. He had served as Chief of Staff at both Kishwaukee Community and Sandwich Community Hospitals. He was President of the DeKalb Medical Society in 1970. He is survived by his wife, Mary Jane, two sons, and two daughters. His son Daniel is a 1980 Jefferson graduate.

John J. Kavanagh J'44 died June 10, 1994. He practiced internal medicine and
oncology as a United States Air Force medical officer. He is survived by his wife, Barbara, and sons John (Jefferson '75) and James (Jefferson '84).


George M. Kiebler S'44 died June 21, 1994. He was in general practice in the Palos Verdes Peninsula of California for 31 years. He was a former Chief of Staff at the Little Company of Mary Hospital in Torrance, California. He is survived by his wife, Irma, two sons, and two daughters.

Hilliard Mann S'44 died July 2, 1994. He was in general practice in Belleville, New Jersey for 33 years. Upon retirement, he moved to Boca Raton, Florida. He is survived by his wife, Hope, and four daughters.

Salvatore R. Carrabba '46 died July 15, 1994. He served as Clinical Associate Professor of Obstetrics and Gynecology at the University of Connecticut School of Medicine, and was President of the Staff at St. Francis Hospital in Hartford from 1984 to 1986. The recipient of many professional honors, he perfected the Murles Head Extractor which is used in difficult cesarian section births. He is survived by his wife, Gloria, two sons, and four daughters.

William S. Carter, Jr. '46 died August 1, 1994. He directed the Mental Health Center at Abington Memorial Hospital, Abington, Pennsylvania from 1953 to 1983 and chaired the hospital's Department of Psychiatry from 1965 to 1983. Upon retiring he moved to Winter Park, Florida. He is survived by his wife, Hettie, two sons, and two daughters.

Robert G. Stevens '46 died June 28, 1994. He was in general practice in Wellsboro, Pennsylvania from 1950 to 1954. After a fellowship in Physical Medicine and Rehabilitation at the Mayo Clinic, he relocated to Williamsport, Pennsylvania where he served as Chief of Physical Medicine and Rehabilitation at Williamsport Hospital from 1957 until retiring in 1986. He is survived by his wife, Mary, a son, and two daughters.

Peter H. Sherhin '47 died November 20, 1993, it has been ascertained. He practiced internal medicine. At the time of his death, he was living in Mahwah, New Jersey.

James H. Evans '48 died April 18, 1994. He served as a radiologist at Potomac Valley Hospital in Maryland, then at Allegheny General Hospital in Pittsburgh, and finally at Pennsylvania State Western Center in Canonsburg, Pennsylvania. He is survived by his wife, Alice, a son, and two daughters.

Robert C. Hastedt '48 died June 30, 1994. He joined the Navy upon graduation and served as a naval physician for 12 years. After finishing naval service, he was appointed pathologist at Union Hospital, Dover, Ohio. He is survived by his wife and five children.

Thomas Forker '50 died May 25, 1994. He practiced orthopaedic surgery at Lebanon Valley General and Good Samaritan Hospitals. He was a retired Air Force lieutenant colonel. He is survived by his wife, Connie, and two daughters.

Harold B. Furman '53 died June 15, 1994. He was a pediatrician and practiced at Bryn Mawr Hospital, Bryn Mawr, Pennsylvania and Sacred Heart Hospital, Norristown, Pennsylvania. He is survived by his wife, Flora, two sons, and a daughter.

John T. Lynn '53 died June 7, 1994. He was a Clinical Assistant Professor of Orthopaedic Surgery at Howard University School of Medicine. He was associated with Doctors, Southern Maryland, Providence, and Prince Georges Hospitals. He is survived by his wife, Vivian, two sons, and two daughters.

Glenn H. Hoffman '54 died August 31, 1994. After serving for three years in an Indonesian medical clinic, he joined a family practice in Palmyra, Pennsylvania. He also served as a member of the Department of Family Medicine at the Milton S. Hershey Medical Center, Hershey, Pennsylvania. He later practiced general medicine and psychiatry at Philhaven Hospital, Lebanon, Pennsylvania. He is survived by his wife, Faith, three sons, and three daughters.

Michael F. Fisher '55 died November 10, 1993, it has been ascertained. He practiced neurology and psychiatry, and held the position of Medical Director at Lewistown Hospital in Pennsylvania.

Bradford M. McCuskey '55 died May 5, 1994. He practiced urology at the Ohio Valley Medical Center and Wheeling Hospital in West Virginia before retiring in 1992. He was a Trustee of the Ohio Valley Medical Center. He is survived by his wife, Dee Dee, and three sons.

C. Robert Jackson '56 died May 25, 1994. He practiced in Madison, Wisconsin where he was on staff at University and Meriter-Madison General Hospitals and St. Mary's Medical Center. He was a Clinical Associate Professor of Obstetrics and Gynecology at the University of Wisconsin and won distinguished teaching awards in 1979 and 1991. Dr. Jackson was responsible for raising funds to install a wall clock on Scott Plaza at Jefferson. He is survived by his wife, Carol, a son, and two daughters.

Bernard Millrood '57 died May 2, 1994. He was in general practice in Wayne, Pennsylvania and was on staff at Bryn Mawr Hospital. He is survived by his wife, Sylvia, five sons, and two daughters.

Paul C. Schroy '57 died August 27, 1994. He obtained a Ph.D. in Anatomy from Jefferson in 1953 and his study of liver anatomy is credited with helping pave the way for successful liver transplant procedures. He was on the staff of Methodist Hospital in Philadelphia before relocating to New Jersey. He served as the first Chief of Surgery at Kessler Memorial Hospital in Hammonton, then as a surgeon at Underwood Memorial Hospital. He is survived by his wife, Rosemary, and three sons.
Nominations for Trustee and for Achievement Award

Readers are encouraged to submit nominations for either of two honors:

**Alumni Trustee of Thomas Jefferson University:** One is elected each year for a three-year term (he or she may be reelected for one additional term). Please submit names of worthy candidates to “Attention: Alumni Trustee Committee,” 1020 Locust Street, Suite M-41, Philadelphia, PA 19107.

**Alumni Achievement Award:** Although the award carries no monetary stipend, each recipient's name is permanently affixed to a plaque prominently displayed at the entrance to Jefferson Alumni Hall. The recipient is presented with a handsome silver tray, suitably engraved and bearing the seal of the medical college, as the highlight of the Alumni Banquet in June. The Achievement Award Committee of the Alumni Association is charged with the final selection; the committee’s decisions are not subject to review. Please direct curricula vitae and bibliographies of alumni whose professional activities are sufficiently outstanding to warrant consideration to “Attention: Achievement Award Committee,” 1020 Locust Street, Suite M-41, Philadelphia, PA 19107.

J'44

Dr. and Mrs. **George W. Plonk** got together in July with Dr. and Mrs. **Stacy L. Rollins, Jr.**, Dr. and Mrs. **James B. Leonard**, and Dr. and Mrs. **John R. Hoskins III** in Asheville, North Carolina. “Enjoyed reminiscing about our days at Jeff, particularly Dr. Hobart Reimann’s amazement at the answers we gave in class. Remember him exclaiming, ‘Preposterous! To think you’ve been in medical school three years and know no more than that!’ ”

S'44


'46

**Andrew W. Gaudielle** of Tucson is regrettably suffering from progressive supranuclear palsy, which greatly limits his actions, but he would enjoy hearing from classmates.

'47

**William J. Browning, Jr.** has retired as Chief of Medicine at the Sheridan, Wyoming V.A. Medical Center and now winters in Arizona.

'48

**Charles W. Anderson** retired from the private practice of dermatology but still works in a clinic in Norfolk, Virginia.

**Donald A. Cornely** was awarded the Ernest Lyman Stebbins Medal at the Convocation Ceremony of The Johns Hopkins University School of Hygiene and Public Health on May 25. He lives in Baltimore.

**Norman J. Quinn, Jr.** represented Jefferson at the inauguration of Linda M. Bevilacqua, Ph.D. as President of Gwynedd Mercy College. Dr. Quinn lives in Gwynedd Valley, Pennsylvania.

'49

**Walter E. Boyer** has retired after 42 years of family medical practice in Oil City, Pennsylvania.

'51

**Morton Schwimmer** represented Jefferson at the inauguration of Judith R. Shapiro as President of Barnard College in New York City.

'52

**John G. O’Hurley** of West Hartford, Connecticut has retired from otolaryngology.

'53

**Willard S. Krabill** was recently honored when the new student health center at Goshen College, Goshen, Indiana was named the Krabill Health Center after him.

**Robert Poole**, a family practitioner in West Chester, Pennsylvania, was a member of the search committee to select three finalists for the job of Ursinus College President.

'54

**Murray N. Silverstein** was honored in October with an international symposium on myeloproliferative disorders in tribute to him at the Mayo Clinic, Rochester, Minnesota, where he is a member of the faculty.

'55 40th Reunion June 9–11, 1995

**Francis J. Curran, Jr.** retired in July 1993 but is continuing to do limited consultation in Pulmonary Rehabilitation at Mediplax Rehab, Bristol Hospital in New Bedford, Massachusetts.

**William P. Henderson** suffered a severe fall on the racquetball court but is recovering. His temporary address while recuperating is 1025 E. Lincoln St., Bloomington, IL 61701.

'57

**Stephen J. Herceg** continues as Chief of Plastic Surgery at the Harrisburg Hospital and Polyclinic Medical Center in Harrisburg, Pennsylvania.

**Gerald Labriola** has retired after 32 years as a pediatrician in Naugatuck, Connecticut and is pursuing a political career.
George E. Hudock, Jr. has retired as Director of Pathology and Laboratory Medicine at Mercy Hospital in Wilkes-Barre, Pennsylvania, but continues as Coroner of Luzerne County.

James M. LaBraico has been elected Chairman of the Board of the Starfish Foundation for Children with AIDS. The Starfish Foundation was established to provide financial support to the Children's Hospital AIDS Program (CHAP), jointly operated by United Hospitals Medical Center/Children's Hospital of New Jersey and the University of Medicine and Dentistry of New Jersey-New Jersey Medical School.

Gino Mori of Scranton, Pennsylvania was honored as Alumnus of the Year by the Greater Penn State Club. He practices as a surgeon.

Albert C. Price, a pediatrician with Roseville Pediatrics, Lancaster, Pennsylvania, was presented with a Distinguished Service Award from the Lancaster City and County Medical Society for outstanding service to the community and the medical profession.

Raymond J. Schiffman has been appointed Assistant Professor of Pathology and Cell Biology at Jefferson.

Irwin Becker has been named Family Physician of the Year by the Pennsylvania Academy of Family Physicians. He practices in Philadelphia and is affiliated with the Medical Center Hospital of the Medical College of Pennsylvania, where he is an Assistant Clinical Professor, and Germantown Hospital, where he is on the Executive Committee, is Chief of the Section of Family Practice, and has been President of the Medical Staff.

Carl L. Reams of Danville, Pennsylvania has been elected Secretary-Treasurer of the Pennsylvania Academy of Otolaryngology-Head and Neck Surgery. He will serve a three-year term.

Francis P. Madden, an internist, has joined the medical staff of the James E. Van Zandt V.A. Medical Center in Altoona, Pennsylvania.

GEORGE E. HUDOCK, JR. has retired as Director of Pathology and Laboratory Medicine at Mercy Hospital in Wilkes-Barre, Pennsylvania, but continues as Coroner of Luzerne County.

James M. LaBraico has been elected Chairman of the Board of the Starfish Foundation for Children with AIDS. The Starfish Foundation was established to provide financial support to the Children's Hospital AIDS Program (CHAP), jointly operated by United Hospitals Medical Center/Children's Hospital of New Jersey and the University of Medicine and Dentistry of New Jersey-New Jersey Medical School.

Gino Mori of Scranton, Pennsylvania was honored as Alumnus of the Year by the Greater Penn State Club. He practices as a surgeon.

Albert C. Price, a pediatrician with Roseville Pediatrics, Lancaster, Pennsylvania, was presented with a Distinguished Service Award from the Lancaster City and County Medical Society for outstanding service to the community and the medical profession.

Raymond J. Schiffman has been appointed Assistant Professor of Pathology and Cell Biology at Jefferson.

Irwin Becker has been named Family Physician of the Year by the Pennsylvania Academy of Family Physicians. He practices in Philadelphia and is affiliated with the Medical Center Hospital of the Medical College of Pennsylvania, where he is an Assistant Clinical Professor, and Germantown Hospital, where he is on the Executive Committee, is Chief of the Section of Family Practice, and has been President of the Medical Staff.

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BOOKS

Basic Mechanisms of Physiologic and Aberrant Lymphoproliferation in the Skin, edited by W. Clark Lambert '70, has been published by Plenum Press of New York in the NATO Advanced Science Institutes series. Dr. Lambert's coeditors are Benvenuto Giannotti of the University of Florence in Italy and Willem A. van Vloten of University Hospital, Utrecht, The Netherlands. Lambert is a Professor of Pathology and Medicine at New Jersey Medical School in Newark. The 657-page book contains many illustrations.

Dr. Lambert received the Memorial Medal of Yokohama University for discovering a new lymphoma in his work as an invited specialist at the National Cancer Institute of Japan. This medal is the highest award given by the university, and rarely does it go to a non-Japanese. Lambert presented an abstract on the new lymphomas at the annual meeting of the American Dermatological Association.

Morton L. Rubin has joined the Department of Orthopaedics at Holy Spirit Hospital, Camp Hill, Pennsylvania.

Allan B. Wells has been appointed to the Board of Managers of Pennsylvania Hospital, where he is a senior attending psychiatrist.

Martin Schwartz has joined the obstetrics and gynecology staff of Fairview Hospital, Great Barrington, Massachusetts.

John A. Clement has been appointed Medical Director of Susquehanna Valley Cancer Treatment Center in Selinsgrove, Pennsylvania.

Kathleen C. Dudenhoefer, Chairman of the Department of Pediatrics at St. Vincent Health Center, Erie, Pennsylvania, was presented by two pharmaceutical companies with the first annual "Miracle Maker Award" honoring exceptional pediatricians in the United States.

25th Reunion June 9-II, 1995

Stephen E. Abram, who is Professor and Vice Chairman of Anesthesiology at the Medical College of Wisconsin, is listed in the 1994 Best Doctors in America directory published by Woodward/White Inc. of Aiken, South Carolina.

James M. Gerson, a pediatrician and general practitioner, has joined the Mt. Pocono Community Medical Care Center, Mt. Pocono, Pennsylvania.

Harvey B. Lefton was named Outstanding Volunteer Physician of the Year at the Medical College of Pennsylvania where he is a Clinical Professor of Medicine.

John F. Perry, an orthopaedist, has been named President of the Medical Staff at Jersey Shore Hospital, Jersey Shore, Pennsylvania.

Gertrude B. Brundage, an attending pediatric physician, has been elected staff Secretary/Treasurer at the Hospital Center at Orange, New Jersey.
Delvyn C. Case, Jr. is Assistant Director of Hematology and Associate Director of the Autologous Bone Marrow Transplantation Program at Maine Medical Center in Portland.

Steven A. Ager is specializing in psychiatric problems of lawyers. He practices in Cherry Hill, New Jersey.

Susan C. Judson has joined Geisinger Medical Center in Danville, Pennsylvania in the Department of Hematology and Oncology.

Norman W. Lindenmuth was named Medical Director at Geneva Regional Health System, Geneva, New York and Soldiers and Sailors Memorial Hospital in Penn Yan, New York.

Eric W. Blomain has been reelected President of the Board of Trustees of the Ivy Society of Plastic Surgeons (Pennsylvania's specialty society). He practices in Dunmore.

Jay S. Rosen, Medical Director of Riverfront Medical Center in Bridgeport, New Jersey, was named Health Care Entrepreneur of 1994 by the Southern New Jersey Development Council.

John P. Lubicky has been promoted to Professor of Orthopaedic Surgery at Rush Medical College in Chicago. He is Chief of Staff at Shriners Hospital for Crippled Children.

William M. Schulman was recently elected to the Society of Surgeons of New Jersey.

Bruce G. Silver has been installed as the 134th President of the Delaware County Medical Society, Delaware County, Pennsylvania. An internist and geriatrician, he practices at Lankenau Hospital in Wynnewood.

Angelo S. Agro of Voorhees, New Jersey has been named to the Camden County College Board of Trustees.

Jonathan L. Kates, an orthopaedic surgeon, has joined Frick Hospital and Community Health Center in Mount Pleasant, Pennsylvania.

Paul A. Piccini has joined the cardiology staff of Carlisle Hospital, Carlisle, Pennsylvania.

Jerry Salkowe has been named Capital Region Medical Director for Community Health Plan in New York.

Peter K. Marsh has completed his term as President of the Pierce County Medical Society and has begun a two-year term as Secretary/Treasurer of the Washington State Medical Society.

Robert C. Savage has been promoted to Assistant Clinical Professor of Surgery at Harvard Medical School.

Jeffrey B. Robin has joined the ophthalmology staff of the Cleveland Clinic in Cleveland, Ohio.

Victor A. Zachian has been appointed an Assistant Professor of Obstetrics and Gynecology at Jefferson.

James A. Solan was reelected as Secretary-Treasurer of the Medical Staff at Monongahela Valley Hospital in Pennsylvania.

William R. Leisner has been named Chief of Internal Medicine at Burdette Tomlin Memorial Hospital in Cape May, New Jersey.

Mark C. Norris has been promoted to Professor of Anesthesiology at Jefferson.

Christine K. Stabler has been elected to a one-year term on the Board of Directors of the Pennsylvania Academy of Family Physicians. She practices in Lancaster.

Peter A. Cognetti has been elected Vice President of the Pennsylvania Academy of Family Physicians. He practices in Scranton.

Eugene J. Hammell, Jr. has been named to the Board of Directors of Canonsburg General Hospital in Pennsylvania. He is a general surgeon.

Susan L. Cooley has joined the staff in ophthalmological surgery at Easton Hospital, Easton, Pennsylvania.

Paul M. Eberts II has joined the St. Francis Hospital Family Health Center in Hockessin, Delaware.

Jonathan L. Grindlinger has joined the psychiatry staff of Shenango Valley Medical Center, Shenango, Pennsylvania.

Stephen F. Penny is practicing neurology in Dover, Delaware.

William T. Felmly has joined the Moore Orthopaedic Clinic in Columbia, South Carolina.

Celeste M. Li and husband John C. Li '87 are the proud parents of Alexander Sean, now one year old. John is an ear, nose, and throat specialist in Jupiter, Florida, and Celeste is practicing family medicine.

Henry G. Yavorek, Jr. has been elected Chief of Surgery at Sunbury Community Hospital in Sunbury, Pennsylvania.

Glenn C. Campbell was inducted into the Plymouth-Whitemarsh High School Distinguished Graduates Organization, Plymouth Meeting, Pennsylvania.

David J. Eschelman is now an Assistant Professor in the Division of Vascular/Interventional Radiology at Yale University School of Medicine.
## Order from the Bookstore

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### Adults’ Clothing

- **A. Alumni Sweat**: cotton/poly; M, L, XL, XXL; wine, navy, gray | $26.95
- **B. T-Shirt**: cotton; M, L, XL, XXL | $11.95
- **C. Sweat Shirt**: cotton; M, L, XL; wine, beige | $34.95
- **D. Shorts**: cotton; S, M, L, XL; white, gray | $16.95
- **E. T-Shirt**: cotton; S, M, L, XL; white, gray | $12.95
- **F. Water Bottle Holder** | $6.99
- **G. Heavyweight Sweat**: cotton/poly; M, L, XL, XXL | $57.95
- **H. Winged Ox Sweatshirt**: cotton/poly; M, L, XL | $34.95
- **I. Baseball Cap**: wool/suede; one size; white/navy, cream/beige | $14.95
- **J. Caduceus Sweatshirt**: cotton/poly; M, L, XL, XXL | $39.95
- **K. Turtleneck**: cotton; S, M, L, XL; white, beige | $21.95
- **L. Heavyweight Sweat**: cotton/poly; M, L, XL, XXL | $57.95
- **M. Alumni T-Shirt**: cotton; M, L, XL, XXL; wine, navy, gray | $15.95
- **N. JMC Water Bottle 32oz** | $3.99
- **O. Postcards**: Winged Ox; Gross Clinic; Otter Fountain | $5.00

### Children’s Clothing

- **A. Hooded Jacket**: cotton/poly; 4T, 5, 6/8, 10/12 | $20.95
- **B. Baseball Jacket**: cotton/poly; 4T, 5, 6/8 | $28.95
- **C. Scrub Set**: cotton/poly; 2T, 4, 5/6, 7, 8/10; pink, green, navy | $14.95
- **D. T-Shirt**: cotton; 6M, 12M, 18M, 2T, 4T, 5; white, gray | $10.95
- **E. Baseball Cap**: cotton; one size toddler; navy, orange, cream | $8.95

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**USE ORDER FORM ON BACK OF PAGE**
Joseph K. Izes has been appointed a Clinical Assistant Professor of Urology at Temple University. He has privileges in urology at Doylestown Hospital as well as Abington Memorial Hospital. An insightful anecdote he described from PGY-1 medical clinic was published in the June 22 Journal of the American Medical Association.

Keith R. Superdock has been appointed Associate Medical Director of Transplantation at Lankenau Hospital, Wynnewood, Pennsylvania.

Mark L. Williams and family have moved to Scottsdale, Arizona—"have joined a large group practice that allows ample leisure time."

'87

Joseph P. Bannon has joined his father, Charles J. Bannon '62, in the practice of general surgery in Scranton, Pennsylvania.

Daniel J. Gelb has joined an obstetrics and gynecology practice in Peterborough and Keene, New Hampshire.

Mark W. Memolo has joined the diagnostic radiology staff at Gaston Memorial Hospital, Gaston, North Carolina.

Joseph P. Bering, a cardiologist, has joined the staff of Williamsport Hospital and Medical Center, Williamsport, Pennsylvania.

Christopher C. Dankmyer has joined the psychiatry staff of South Jersey Hospital System.

Michael A. Fox has joined the nuclear medicine division of Mid-South Imaging and Therapeutics of Memphis, Tennessee.

Robert N. Staffen has joined a practice of cardiology and critical care medicine in Latrobe, Pennsylvania.

Irvin D. Bough, Jr. has been appointed a Clinical Assistant Professor of Otolaryngology-Head and Neck Surgery at Jefferson.

Mark J. Garcia graduated from the medical residency program at St. Francis Medical Center in Pittsburgh, and has begun a fellowship in cardiovascular and interventional radiology at Jefferson.

Richard E. Gorman has joined the surgical department at Physician Care in Towanda, Pennsylvania.

Scott S. Katzman has opened his practice, which he calls the Advanced Orthopaedic Sports Medicine and Arthritis Center, in Fort Pierce, Florida.

Sotiere E. Savopoulos is practicing family medicine at the Terra Alta Family Practice Center in Terra Alta, West Virginia.

Martin A. Zurmuhl joined the Grand View Hospital, Sellersville, Pennsylvania as an emergency physician.

'T90 Fifth Reunion June 9-11, 1995

Theresa A. Donati has joined the internal medicine staff at Gettysburg Hospital, Gettysburg, Pennsylvania.

Leslie E. Everts has joined Jefferson's full-time faculty as an Instructor in Family Medicine.

Mary J. Frattali has joined the staff of Northeast Eye Institute at its office in Clarks Summit, Pennsylvania.

Timothy J. O'Brien has joined Seneca Eye Surgeons of Jamestown, New York.

Jennifer A. Clothier, an obstetrician-gynecologist, has joined Intermountain Health Care's Herefordshire Clinic in Roy, Utah.
Karl W. Holtzer, a pediatrician, has joined the staff of Meadville Medical Center, Meadville, Pennsylvania.

Terri A. Imundo and her husband are the proud parents of a daughter, Brianna Devlin, born August 19. They reside in Philadelphia.

Yelena M. Mirensky and husband Michael Frankel announce the birth of their first child, Alexandra Marie, on July 18. They live in Ellicott City, Maryland.

Alexandra S. Tate is Chief Resident in Obstetrics and Gynecology at the Medical College of Virginia in Richmond.

Richard S. Tate (who's married to Alexandra Tate) is an Instructor in Medicine at the Medical College of Virginia.

'92
William L. Joyner is Chief Resident in Family Medicine at Duke University, Durham, North Carolina.

Postgraduate Alumni
Joseph A. Riggs OBG'64 has been elected Vice President of the American College of Obstetricians and Gynecologists. He also recently received the prestigious Edward Ill Award from the Academy of Medicine of New Jersey. A past President of the Medical Society of New Jersey, he practices in Haddonfield.

David L. Miller PD'69 has been appointed to the pediatrics staff of Canonsburg General Hospital, Canonsburg, Pennsylvania.

Martin I. Gelman R'71 is proud to note that his daughter Stephanie is in the Class of '96 at Jefferson Medical College.

John H. Garofola R'75 is President of the Lancaster City and County Medical Society. He is in charge of mammography at Lancaster General Hospital.

Krishna K. Mohan PUD'79 has been promoted to Clinical Associate Professor of Medicine at Jefferson.

Glenn S. Merewitz IM'80 has joined the emergency department at Mercer Medical Center in Trenton, New Jersey.

Kenneth J. Neuberger IM'83 has been promoted to Clinical Assistant Professor, Department of Surgery (Emergency Medicine) at Jefferson.

Earl B. Bradley PD'86 has joined the pediatrics staff of Beebe Medical Center in Lewes, Delaware.

Katherine A. O'Hanlan GO'86 is national President of the American Association of Physicians for Human Rights, the lesbian and gay physicians' organization. Dr. O'Hanlan, a gynecologic oncologist, is an Assistant Professor at Stanford University School of Medicine. She and her spouse, Léonie Walker, live in Portola Valley.

Kathleen R. Noll A'86 has joined Jefferson's full-time faculty in anesthesiology.

Anne C. Bowen IM'88 has joined the Department of Medicine at Paoli Memorial Hospital, Paoli, Pennsylvania.

Shalla H. Khan Al'88 has opened an allergy and immunology practice in Germantown, Maryland.

Linda M. Graziano PDA'89 has been appointed to the allergy and immunology staff at West Jersey Health System.

Richard E. Landau U'89 spoke about prostate diseases on a recent radio program, "The Doctor's In," in the Allentown area of Pennsylvania. He practices at Grand View Hospital.

John H. Mahon HS0'90, a hand surgeon at South Bend Orthopaedic Surgery and Sports Medicine in Indiana, has been named a fellow of the American Society for Surgery of the Hand.

Jonathan D. Bell IM'91 has opened a gastroenterology practice in Berlin, Maryland.

Donald R. Archer PM'92 has been appointed an Instructor in Rehabilitation Medicine at Jefferson.

Sandra Zebrowski CHP'92 has joined the staff of Lancaster General Hospital in Pennsylvania, specializing in child and adolescent psychiatry.

John M. Zebrun P'92 has joined the psychiatric staff of Noble Hospital in Westfield, Massachusetts.

Angela C. Ranzini MFM'93, a maternal-fetal medicine specialist, has joined the staff of St. Francis Medical Center in Trenton, New Jersey.

Fred H. Schlesinger DR'93 has been appointed an Assistant Professor of Radiology at Jefferson.

Dawn Marie Rider-Foster PM'93 has been appointed an Instructor in Rehabilitation Medicine at Jefferson.

Daniel M. Golding R'93 has joined the radiology staff at Southern Ocean County Hospital, Manahawkin, New Jersey.

Kavita Nanda OBG'94 won the Residents' Bowl of the Philadelphia Obstetrical Society. Her competitors were graduating residents from the Delaware Valley's 19 residency programs in obstetrics and gynecology. Dr. Nanda has joined the faculty of the University of Pennsylvania School of Medicine.

A Century of Beauchamps in Medical School

Jennifer A. Beauchamp '94 feels right at home as a first-year resident in obstetrics and gynecology at Jefferson's affiliate, Pennsylvania Hospital, where her brother, Jeffrey T. '91, is Chief Resident in his fourth year of the same specialty. The family tradition began with two of their great-grandfathers who were doctors, as well as two great-uncles. Soon it became a Jefferson family, with Jennifer and Jeffrey's grandfather, Eugene W., entering the Class of '23. He had four physician sons: Jennifer and Jeffrey's father David T. '59 (who practices in Rahway, New Jersey), as well as Eugene W., Jr. '50, Charles J. '54, and Joseph O. '64. It was David who first went into obstetrics and gynecology; now his children are a sibling act in that residency, and Jeffrey expects to join his father's practice next June. Wait, there's more: he recently married Susan G. McFalls, a '91 classmate. Save some space in the Class of 2023!