Upcoming Events

January 8, Thursday, 4:00 P.M.
The Rehfuss Lecture: Nobel laureate Gertrude Elion, D.Sc. will speak on “Challenges and Rewards of Pharmaceutical Research” Connelly Conference Hall, Bluemle Building

January 21, Wednesday
“Beef and Brew” to greet first-year students

January 22, Thursday
Alumni Executive Committee Meeting

January 31–February 7
Ski Meeting, Big Sky, Montana

February 5, Thursday
State of the University and Medical College Presentation at 5:00 P.M.—see page 31

February 26, Thursday
Alumni Executive Committee Meeting

March 1, Sunday
Alumni Reception at the meeting of the American Academy of Dermatology, Orlando, Florida

March 13, Friday
Parents’ Day for the sophomore class and their families

March 20, Friday
Alumni Reception at the meeting of the American Academy of Orthopaedic Surgeons, New Orleans

April 3, Friday
Alumni Reception at the meeting of the American College of Physicians, San Diego

May 10, Sunday
Alumni Reception at the meeting of the American College of Obstetricians and Gynecologists, New Orleans

May 28, Thursday
Commencement

May 31, Sunday
Alumni Reception at the meeting of the American Psychiatric Association, Toronto

June 1, Monday
Alumni Reception at the meeting of the American Urological Association, San Diego

Reunion Weekend ’98
June 5, Friday, Alumni Banquet
June 6, Saturday, Clinic Presentations, Reunion Parties
June 7, Sunday, Farewell Brunch

June 7–11
Trip to Bermuda—see page 30
Annual Giving Celebrates a Half-Century of Strengthening Jefferson

Screening for Breast Cancer: A Continuing Dilemma

The McClellan House: A Link to the University’s Past

The Bulletin Reaches its 75th Year

Landmark Breast Cancer Meeting at Jefferson

University and SmithKline Beecham Link Clinical Research

Missing Cancer-Suppressor Genes May Have Deadly Effects

Goldstein is Vice President for Research at JDFI

Brezinski Develops Noninvasive Method to Detect Early Signs of Cancer and Heart Attacks

This issue of the Bulletin heralds two anniversaries: the 50th Annual Giving Campaign (see page 4) and the 75th year of the Bulletin itself (see page 17).

On the back cover: the first page of the inaugural issue, December 1922.

On the front cover: the calligraphic Cornerstone Award presented to the Alumni Association (see page 6) and the Thomas Jefferson statuette given in recognition of the award (a replica of the university’s life-size statue sculpted by Lloyd Lillie).
As Jefferson Medical College celebrates the 50th anniversary of its Alumni Annual Giving Campaign, a fund raising effort that has been recognized repeatedly as one of the finest institutional campaigns in the country, it seems timely to not only recall how this effort came into being, but also to record and celebrate its growth and significance for Jefferson. Money contributed in the Alumni Annual Giving Campaigns gives the Dean access to indispensable discretionary funds which allow him to take advantage of academic opportunities and to meet academic emergencies. This additional money allows the Dean to recruit and retain the best faculty, and to support research by young investigators while they are competing for major National Institutes of Health grant funding. Annual Giving also provides additional student financial aid and emergency funds for students. Since 1988, contributors to Alumni Annual Giving have donated $2,425,443 to student financial aid.

Annual Giving provides the Dean with over one million dollars in unrestricted funds. In describing the academic opportunities and academic emergencies for which these funds are needed, Dean Joseph S. Gonnella says “Some of these unanticipated situations include the programs of the Kimmel Cancer Center, support for the development of our pool of primary care physicians, the recruitment of department chairs and faculty, the remodeling of research space and the purchase of specialized equipment needs for researchers, support for the Professorship in Family Medicine, emergency funds for medical students and for providing specialized transportation needs for students to implement new curricular projects, the refurbishing of educational facilities, such as providing classroom audiovisual support and computer facilities, and support for students to work with faculty in the development of computer assisted materials.”

The original stimulus for Jefferson to initiate Alumni Annual Giving can be traced to Samuel D. Gross, Class of 1828. In a March 11, 1871 address to the fledgling Alumni Association of Jefferson Medical College on its first anniversary, Dr. Gross, Professor of Surgery and President of the newly formed Alumni Association stated “Measures should be adopted to endow scholarships and professorships. Some of our alumni are men of large means and they could therefore well afford to aid in such a praiseworthy enterprise.” Although a formalized yearly Annual Giving Campaign did not begin at Jefferson for an additional 77 years, Gross’s challenge to the alumni of Jefferson Medical College immediately bore fruit. In 1872, a committee of the Alumni Association was appointed to secure funds to purchase a site on which to build Jefferson’s first definitive hospital. During a time when a monetary panic was sweeping the country, this original alumni fund raising effort totalled just over $350,000. Five years later the hospital was ready for occupancy. It was one of the first hospitals in America to be part of a medical college for the teaching of clinical skills to medical students at the bedside.

Following a few unsuccessful attempts at alumni fund raising prior to 1948, Gross’s sage advice finally was acted upon in an organized fashion in 1948 with the launching of Jefferson’s first Alumni Annual Giving Campaign under the chairmanship of Louis H. Clerf ’12. Dr. Clerf is credited with envisioning a class agent system which would provide ongoing communication with the medical college through classmate/colleague direct mail solicitation. The first Alumni Annual Giving Campaign in 1948 raised $108,313 for Jefferson from 3060 contributors. Much of the success of this initial Jefferson fund raising effort was credited to the skill, imagination, hard work and personal generosity of the class agents representing each class. During this initial fund raising campaign the Alumni Association agreed that an award would be presented to the class raising the largest amount of money, to the class with the highest percent participation and to the class with the highest number of contributors. The class agent system has proven to be a very successful device and has remained the core strength of Jefferson’s Alumni Annual Giving effort.

Louis H. Clerf ’12 served as Chairman of the Alumni Annual Giving Program from 1948 to 1951. He was followed as Chairman by Theodore R. Fetter ’26 who served from 1952 to 1955. Next came John H. Gibbon Jr. ’27 who served from 1956 to 1959. He was followed by Carroll R. Mullen ’26 (1960-1961) and Kenneth E. Fry ’31 (1961-1964). J. Wallace Davis ’42 became Chairman of the Alumni Annual Giving Campaign Committee in 1965 and has led this effort since as the longest serving Chairman. He has proven to be an innovative and successful leader, instituting initiatives such as the President’s Club and other categories for giving such as the Nongraduate Faculty and the Postgraduate Alumni. His efforts on behalf of Annual Giving and the Alumni Association were recognized at the President’s Club Dinner in 1978 when he was presented with the Board of Trustees prestigious Cornerstone Award. He received Jefferson Medical College’s Alumni Achievement Award in 1991.

Alumni Annual Giving surpassed $1,000,000 for the first time during the 1983 Campaign. The total amount raised during the recently completed 49th Campaign was an all-time high of $1,761,935 from 4000 contributors. The goal for the 50th Campaign is to surpass $2,000,000. From its inception in 1948 to the present, loyal Jeffersonians have contributed a grand total of $31,235,758 for the medical college and its programs. This magnificent expression of loyalty and support for the medical college and its programs by the Alumni Association was recognized by the Thomas Jefferson University Board of Trustees who, at the President’s Club dinner on October 3, 1997, presented their Cornerstone Award to the Alumni Association of Jefferson Medical College. Over the years Jefferson’s Alumni Annual Giving Campaign has been recognized as one of the finest institutional fund raising efforts in the country. The American Alumni Council in 1962 awarded a trophy, together with a check for $1000 from the United States Steel Foundation, to Jefferson for placing first among Professional Schools for outstanding sustained performance in Annual Giving. Jefferson won the award again in 1965. and again in 1970. Jefferson’s Alumni Annual Giving record of achievement also was a positive factor in helping the Alumni Association win a national prize from the Association of American Medical Colleges in 1995 during the 125th Anniversary Celebration of the founding of the Alumni Association of Jefferson Medical College. The AAMC’s Award for Excellence in Public Affairs was presented to Jefferson for this multifaceted celebration of the history and the future of Jefferson Medical College.

The President’s Club, established in 1971, grants membership to alumni and others who contribute gifts of $1,000 or more. Benjamin Bacharach ’56, Clinical Professor of Surgery, Vice-Chairman of the Department and Associate Dean for Admissions has chaired the President’s Club Committee since 1977. In addition, he has chaired the Student Financial Aid Drive since 1988 which, at this writing, totals $2,425,443.
In the 49th Campaign, 587 members of the President's Club contributed $1,132,253 or 64.2 percent of the total amount raised in that Campaign. Other categories for giving established since 1948 are the Nongraduate Faculty and the Postgraduate Alumni. In the 49th Campaign these two groups combined to contribute $246,461. Although not a part of Alumni Annual Giving, the University maintains a Development Office to work with large contributors in developing charitable trusts, bequests for buildings or endowed professorships. Under certain circumstances, alumni who give large gifts through the Development Office may have their gifts credited to their class.


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Friends of Jefferson Medical College have been equally supportive. In 1910, Maria Gross Horwitz, daughter of Samuel D. Gross of the Class of 1828, established the Samuel D. Gross Professorship of Surgery. In 1946, Henry Reed Hatfield, son of Nathan Lewis Hatfield of the Class of 1826, established the Nathan Lewis Hatfield Professorship of Urology. Beatrice Wilson, daughter of James C. Wilson of the Class of 1869, established the James C. Wilson Professorship of Medicine in 1973. In 1992, Dorrance H. (Mrs. Samuel M. V.) Hamilton, a term Trustee of the Board of Trustees of Thomas Jefferson University, established the Dorrance H. Hamilton Professorship of Medicine, and the Samuel M. V. Hamilton Family Professorship of Medicine. In addition, alumni friendships with community leaders frequently result in unexpected funding sources. An alumnus introduced his friend, Sidney Kimmel, to Jefferson Medical College a few years back. Sidney Kimmel, Chairman and CEO of Jones Apparel Group, is very much involved with philanthropy through the Sidney Kimmel Foundation. In 1991, he donated funds to Jefferson Medical College to establish the Kimmel Cancer Center which now has achieved designation as a Clinical Cancer Center by the National Cancer Institute.

Much of Jefferson's success in Alumni Annual Giving can be credited to how the effort has been structured. From the beginning, each alumni class has been solicited individually by a class agent, a classmate chosen specifically for this role. Class agents write the multiple solicitation letters sent to their classmates during each campaign, make telephone calls and otherwise encourage their classmates to contribute. These efforts are in addition to the efforts made by the Chairman and members of the Annual Giving Fund Committee. The class agent effort has been coordinated successfully for many years by Joan E. Schott in the Alumni Office. Class agents send their newly written class letters to Joan Schott who then has them individualized by an outside secretarial service. They are returned then to each class agent for personal signature and mailing. The class agent strategy stimulates class loyalty and engenders friendly competition among and between the classes.

During the recently completed 49th Campaign, nine classes reached or exceeded a class participation rate of 50 percent. Mary Montcith, executive director of the Jefferson Medical College Alumni Association, says "The class agents are the real backbone of Annual Giving. Jefferson's continuing success in Alumni Annual Giving largely is due to their interest, their loyalty, and their hard work. Our class agent system is the envy of many medical schools."

At the completion of the 49th Campaign, the Class of 1971 led by class agents James E. Barone and Terrence S. Carden Jr. raised $48,237 to win the prize for the amount raised. The Class of 1968, led by Lawrence V. Hofmann and Harold A. Yocum, was second with $45,680, and the Class of 1969, led by M. Dean Kinsey, took third with $42,030. The Class of 1978, led by class agent Duncan Salmon, took top honors in the number of contributors category with 103 classmates making a gift to Annual Giving. The Class of 1971, led by class agents James E. Barone and Terrence S. Carden Jr. took second place with 89 contributors, followed by the Class of 1984, led by class agent Guy M. Stofman, with 88 contributors. The Class of 1947, celebrating its 50th reunion and led by class agent Martin M. Mandel, checked in with an amazing participation rate of 70 percent to win the top award in the participation category. The Class of 1954, led by class agent John R. Patterson, was second with a participation rate of 68 percent. The 40th reunion Class of 1957, led by class agents Phillip J. Marone and Bronson J. McNierney finished third with a participation rate of 65.2 percent. Other frequent award winners over the years have been the Class of 1946, led by class agent James V. Mackell, and the Class of 1956, led by class agent Eugene F. Bonacci. In addition, to celebrate its 35th reunion in 1991, the Class of 1956 donated a large commemorative clock which is displayed now on the west wall of Scott Plaza. The Nongraduate Faculty, led by Robert L. Brent, The Distinguished Professor and the Louis and Bess Stein Professor Emeritus of Pediatrics, contributed $163,312. The Postgraduate Alumni, led by Francis X. Keeley, IM'60 and Lorraine C. King, REN'77, contributed $83,149.

Jefferson approaches the 50th Alumni Annual Giving Campaign pleased with the growth of the program since 1948, but not complacent about its results. The Alumni Association approaches the 50th Campaign with confidence built by a half century of experience, and with the expectation that the two million dollar goal will not only be reached, but also that it will be surpassed. This confidence is bolstered by the conviction that the alumni of Jefferson Medical College believe strongly in the support of medical education. J. Wallace Davis '42, present Chairman of the Annual Giving Fund Committee, best expressed the belief of the Alumni Association about Jefferson Medical College alumni and Annual Giving when he wrote "I never cease to be impressed by the loyalty and generosity of Jefferson's alumni, faculty and friends." If Samuel D. Gross, Class of 1828 and the first president of the Alumni Association of Jefferson Medical College, could see what has resulted from his prophetic exhortation of 1871, it is certain he would be extremely gratified.
University Presents Cornerstone Award to the Alumni Association

The Alumni Association of Jefferson Medical College was the recipient of the university's Cornerstone Award at the President's Club Dinner held in the landmark Crystal Tea Room at the Wanamaker Building.

Jack Farber, Chairman of the Board of Trustees, presented the Alumni Association with the award for its "steadfast and enthusiastic" support of Jefferson for a half-century. The association, the largest group of living alumni of any medical school in the nation, has donated more than one million dollars to its alma mater for 14 consecutive years, and more than $31 million in total since its formation.

University President Paul C. Brucker, M.D. also announced at the dinner that J. Wallace Davis '42, the longtime Chairman of Annual Giving, and his wife Gail have established a new trust to benefit Jefferson Medical College. Dr. Brucker said that the Davises' "outstanding generosity and commitment to Jefferson continue to astonish and encourage all of us."
Annual Giving Chairman Dr. Davis (center) with Alumni Presidents (back row) Vernick, Poole, Funk, Sokolowski, Smullens, Bacharach, (front row) Gartland, Wagner, Baltzell, McGehee

Dr. and Mrs. James J. Kelly '39

Mr. and Mrs. Joseph Field, Dr. and Mrs. Stanton N. Smullens '61, and Stephen L. Schwartz, M.D.

Mrs. Samuel M.V. Hamilton, Chairman of the Jefferson 2000 Campaign, with John M. Levinson '53 and President Brucker
Screening for Breast Cancer

Gerald D. Dodd '47

The past five years have been confusing ones for women and physicians regarding recommendations for breast cancer screening in the United States. In 1989, the American Cancer Society (ACS), the National Cancer Institute (NCI), and 10 other national organizations had established consensus guidelines on breast cancer screening. These included specific recommendations for the screening of asymptomatic women: mammography every one to two years for women ages 40 to 49, and annually for those 50 and older. The American College of Physicians, the American Academy of Family Practice, and the U.S. Preventive Services Task Force declined to endorse the guidelines, concluding that the available evidence was insufficient to support a recommendation for screening in the younger group. Nevertheless, the consensus was widely accepted and it seemed possible to proceed with the nationwide screening of women over 40.

In late 1992, the preliminary results of the Canadian National Breast Screening Study were leaked. These showed no benefit at seven years of follow-up for the study groups who were offered screening mammography. In fact, the 40- to 49-year-old screened group had a higher mortality rate than the controls, a finding which received extensive press coverage. Although this amount was not statistically significant, both the NCI and the ACS initiated a review of their guidelines.

In February 1993, separate meetings were held to analyze the new and existing data, particularly with regard to women ages 40 to 49. Whereas the ACS concluded that there was insufficient new data to change the consensus guidelines, the NCI's International Workshop on Screening for Breast Cancer laid the groundwork for the NCI's unilateral withdrawal of support in September 1993. It is of interest that this action was taken despite a National Cancer Advisory Board (NCAB) vote of 14 to one against withdrawal.

Between 1993 and 1996, several updated results were presented or published from the eight randomized controlled trials (RCTs) that included women 40 to 49 years of age. These data prompted both the NCI and the ACS to once again re-examine the question of screening younger women. A consensus conference was held in January 1997 under the auspices of the NIH, but with guidance from the same individuals who had organized the 1993 NCI international workshop. Again, after two and one-half days of sometimes acrimonious debate, the consensus panel reached a preliminary conclusion that the newer information did not have sufficient impact to warrant a recommendation for the screening of those 40 to 49 years of age.

The ACS meeting followed in February and reached an opposite conclusion. Not only did the ACS feel that screening of younger women was appropriate, but due to information regarding growth rates and sojourn time (time from when tumor is first evident radiographically to time when clinically palpable) in this age group, the ACS recommended that screening be carried out at annual intervals beginning at age 40.

These conflicting positions added to the confusion that had followed the 1993 international workshop and led to Congressional hearings. The Director of the NCI stated that he was "shocked" by the panel's statement and referred the question to the NCAB for guidance and advice. The NCAB subsequently voted 17 to one in favor of screening those 40 to 49 years of age, a recommendation which was promptly accepted by the NCI. In April 1997, the NCI issued a formal statement advocating the examination of women in their forties at one- to two-year intervals, a position which the ACS had abandoned in February.

Seemingly overlooked in the academic dispute is the fact that there are 18 million women age 40 to 49, 33,400 of whom will develop breast cancer each year. The solution must not depend entirely upon inexact statistical methods.

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The consensus conference panel has refused to budge from its position and its final report states that there is insufficient evidence to warrant screening of younger women. It should be noted, however, that not all of the panel were in agreement and a minority report favoring screening of this group is also being published. Dr. Suzanne Fletcher, Chairman of the NCI's 1993 International Workshop on Screening for Breast Cancer, has publicly commented in reference to the conflicting positions that major health care decisions are increasingly being made for political reasons and that scientific evidence has become secondary to other interests.

Dr. Dodd, past national President of both the American Cancer Society and the American College of Radiology, is the Singleton Professor of Radiology at St. Luke's Episcopal Hospital, Houston, and from 1966 to 1992 was Head of the Division of Diagnostic Imaging at the University of Texas M. D. Anderson Cancer Center. M. D. Anderson inaugurated an endowed chair in his name, and in November presented a symposium on "New Directions in GI and Breast Imaging" in his honor.
Seemingly overlooked in this academic dispute is the fact that there are 18 million women age 40 to 49, of whom 33,400 will develop breast cancer each year. This is a significant problem whose solution cannot depend entirely upon inexact statistical methods and RCTs performed with outdated technology. A pragmatic approach to all of the evidence for and against screening is warranted.

RISKS AND COSTS

A number of risks have been attributed to mammography, particularly with respect to the younger age group. These include discomfort and possible trauma from compression of the breast, and increased false-positive and false-negative rates in younger women due to the radiographic density of premenopausal breasts. But few tests are performed without transient discomfort, and properly performed mammography does not traumatize the breast. Varying degrees of anxiety are experienced by most individuals facing medical tests and their outcome; they are not peculiar to mammography and certainly do not offer a valid reason for not recommending the examination.

Considerations that are pertinent are radiation exposure and costs of the examination.

Although there is no doubt that high doses of ionizing radiation have a carcinogenic potential, at clinical diagnostic levels this assumption is theoretical and obtained by extrapolation from higher values. Using the data developed by the National Academy of Science on the biological effects of ionizing radiation, 150 radiogenic carcinomas can theoretically be anticipated per one million women who undergo annual screening mammography between the ages of 40 and 75 years. During the same period, 93,000 spontaneous cancers will occur. This is a ratio of 650 to one. Since mammography is capable of imaging the majority of breast cancers, including those of radiogenic origin, the risk, when compared with the potential benefits of early diagnosis, is minimal.

Assuming that annual mammographic screening is elected by 70 percent of women age 40 to 49 at the present Medicare reimbursement rate of 55 dollars, the cost per annum comes to approximately 700 million dollars. This will be increased to a variable degree by supplemental diagnostic procedures. Overall, mammography has a true-positive rate of 85 to 90 percent and, if confined to those in the 40- to 49-year age group, sensitivity decreases slightly. However, with experienced mammographers the difference is minimal and, with those of average experience, between 75 and 80 percent of cancers in young women will be detected.

In this regard, it should be noted that there has been a significant improvement in the training of technologists and radiologists in the performance and interpretation of mammograms. Formal examination in the subspecialty is now required by the American Board of Radiology, and Congress has mandated strict quality control via the Mammography Quality Assurance Act of 1992.

Of greater concern are the costs resulting from false-positive or indeterminant interpretations that require tissue biopsy to exclude cancer. The costs of open biopsy are high (three to five thousand dollars), but stereotactic core biopsies or ultrasonically guided fine-needle cytologic studies have the potential of replacing the majority of open biopsies at approximately one-third the cost. Moreover, the bulk of initially questionable studies are resolved by supplementary imaging techniques; the rate of biopsy following mammography can be anticipated as about one to two percent when the mammographers are experienced.

BENEFIT ESTIMATES

The major objection to the routine screening of women 40 to 49 years of age centers about the supposedly marginal evidence of benefits derived from RCTs. Many factors enter into their design and evaluation. The various types of bias are well known and have been controlled to some extent in the screening studies. However, with the exception of the Canadian National Breast Screening Study (CNBSS), none of the trials has been specifically designed to detect the effectiveness of mammography in women 40 to 49 years of age. In each the number of women in this age group equalled one-third or less of the total study cohort; the effect of screening on a particular age group was determined by retrospective stratification.

Considerable variability also occurred in the equipment employed, quality control procedures, the type and number of mammographic projections, and the interpretive experience of the radiologists.

And the follow-up periods on the study populations also differed markedly, a factor of great importance in younger women. The original Health Insurance Plan of New York
screening trial showed no benefit to women 40 to 49 years of age at the end of five years, but at eight years the survival rate of the study group began to diverge from that of the controls. At 10 years a 23 percent decrease in mortality could be demonstrated and this has remained relatively constant through the ensuing 10 years.

Recognition of the limited statistical power in individual RCT, especially among women ages 40 to 49 years, has led some investigators to perform meta-analyses of the results of these trials. Meta-analyses combine the results from different studies, thereby increasing the total number of deaths and women-years (the number of women times the number of years of follow-up) in the collective study and control groups. Meta-analyses, however, are not panaceas. They provide a mathematical methodology for combining similar data (e.g., mortality data) from different trials, but are blind to potential differences in design, conduct, quality, and completeness of data among the studies.

The evaluation of an individual RCT benefits from more complete follow-up data that covers a longer duration, and the same is true of a meta-analysis. An analysis presented by Elwood et al. at the 1993 international workshop found no significant benefit from screening mammography in younger women, and was used as a reference point by the NCI when it withdrew its recommendation for routine screening for this group in 1993. However, only those data from seven years of follow-up were used, despite the fact that additional years were available.

The Canadian trial, although well-structured in many respects, has been subjected to a number of criticisms. The relative merits of these can be debated, but the most pertinent appears to be the randomization process. Exactly what occurred is not clear, but an excess of advanced cases was assigned to the study group. Although this imbalance may be resolved with time, the initial relative risk of 1.36 percent significantly affects the results of a meta-analysis.

The Swedish trials, considered as a group, yield a 29 percent mortality reduction. Inexplicably, these data were not included in the preliminary statement issued by the NCI's consensus conference panel in January 1997.

The new data from two of the five Swedish trials, Gothenburg and Malmö, demonstrated for the first time statistically significant benefits from individual trials for the subgroup of women under age 50 at entry. The Gothenburg trial demonstrated a 44 percent mortality reduction among women 39 to 49, and the Malmö trial a 36 percent reduction among women 45 to 49. All five Swedish trials, when considered as a group, yield a 29 percent mortality reduction. All are statistically significant at the 95 and 99 percent confidence levels. Inexplicably, these data were not included of the preliminary statement issued by the NCI's consensus conference panel in January 1997.

The recommendations by the American College of Physicians, the American Academy of Family Practice, and the Preventive Services Task Force will have a significant impact upon acceptance of the guidelines.

Also worthy of note is the quality of mammography through at least half the Canadian trial. This was judged substandard by outside observers during the first two and one-half to three years, and average during the last two years of the trial.

In 1995, Hendrick et al. performed a meta-analysis using more current evidence. The analysis showed a 14 percent decrease in mortality if the Canadian study was included. This number is not statistically significant; however, if the CNBSS is excluded there is a 24 percent decrease—a highly significant statistical figure.

In 1997, a meta-analysis by the same investigators showed an 18 percent decrease in mortality when the Canadian study was included. This number is statistically significant. The incremental differences between 1993 and 1997 indicate the importance of long-term follow-up when calculating benefits in younger women.

The recommendations by the American College of Physicians, the American Academy of Family Practice, and the Preventive Services Task Force will have a significant impact upon acceptance of the guidelines.
involvement, and lesions less than two cm in diameter (stages zero and one). The overall death rates and adjusted survival rates in these groups are essentially identical. Given the established benefit of mammography among women over age 50, the similarity in survival and mortality pattern in all BCDDP age groups provides indirect evidence of the potential benefit of mammographic screening of women age 40 to 49.

The BCDDP data was presented at both the 1993 and 1997 NCI-NIH conferences. It was, however, essentially ignored in the conclusions reached by the panels. Also overlooked was the work of Tabar and his associates in Sweden who demonstrated that there was no significant difference in survival rates between the younger and older age groups provided that the diagnosis was made before a given tumor had exceeded 10 to 15 mm in diameter. These observations support the survival rates found in the BCDDP and indicate that screening at more frequent intervals may be necessary in younger women if maximum benefit is to be achieved.

**EFFECTIVENESS OF SCREENING**

To be effective a screening procedure should, over an appropriate period of time, show:

1) an absolute increase in the number of early cases,
2) an absolute decrease in the number of advanced cases, and
3) an absolute decrease in mortality.

Indications that these criteria are being met by mammography screening may be found in data gathered by the American College of Surgeons National Cancer Data Bank (NCDB) and in recent statistics compiled by the Surveillance, Epidemiology, and End Results (SEER) Program of the NCI.

Between 1972 and 1988 the number of in situ cases reported to the NCDB rose from 1.9 to 12.9 percent. During the same period, regional cancers dropped from 42 to 27.8 percent, and patients with distant metastases decreased from 6.8 to 4.4 percent. Correspondingly, the number of patients treated by partial mastectomy and radiation rose from three percent to 34 percent, and the use of radical mastectomy declined from 50.4 percent to two percent.

Recent SEER figures show that the mortality rate of breast cancer, which had remained essentially unchanged since 1950, now shows a decline of 6.3 percent. This decrease is apparent in all age groups, varying from 9.3 percent in women 50 to 59 years of age to 3.4 percent in those 70 to 79. Pertinent to this discussion is an 8.1 percent decrease in women 40 to 49 years of age. Undoubtedly adjuvant therapy played a part in this decline, but it is probable that the major factor is the detection of earlier stage disease due to the increasing use of mammography. A poll conducted by the Jacobs Institute in 1993 indicated that 74 percent of women over 40 years of age have had at least one mammogram during adulthood.

Given these results, it does not appear unwarranted to conclude that the effectiveness of screening, including women in the 40 to 49 year age group, is now becoming apparent. It is also probable that the delayed appearance of benefit in younger women can be expected to result in a continuing decline in the mortality rate. However, as noted, not all agree with these conclusions.

As of this date, the American College of Physicians, the American Academy of Family Practice, and the Preventive Services Task Force have not changed their positions. Obviously, their recommendations to their membership will have a significant impact upon acceptance of the present guidelines. Judging by Dr. Fletcher's recent statement, continued opposition can be expected in other quarters and a group of NCI staffers remain unconvinced that the statistics support the recommendation to screen younger women.

In the face of these continuing disagreements, what should be the stance of practicing physicians? The annual rate of 34,000 new cancers in women 40 to 49 is too large to be neglected. Be that as it may, only about half of women in all age groups follow the guidelines promulgated prior to 1997. The reasons for this vary greatly, but the outstanding factor is physician recommendation. Many women are reluctant to initiate this practice on their own; their doctor must recommend it at appropriate intervals. There is also the matter of cost, and strenuous efforts are being made to require insurance coverage for screening procedures.

Although mammography is somewhat less effective in the dense breasts of younger women, this is less of a barrier than generally indicated in the lay press. There is no question that subclinical cancers can be detected. One of only three screening techniques capable of diagnosing cancers in the preclinical state, mammography has had a demonstrable effect on treatment patterns and survival rates. Cost-benefit ratios notwithstanding, the human element must be considered. It is prudent to screen all women over 40 until a superior detection method becomes available.
University Celebrates a Link to its Past: the McClellan House

Recent research by Dan Flanagan, Archives Technician, Thomas Jefferson University, and Frederick B. Wagner Jr. '41, The Grace Revere Osler Professor Emeritus of Surgery and University Historian, unearthed the fact that Jefferson's founder, Dr. George McClellan, lived at 912 Walnut Street from 1832 until his death in 1847. His son, General George B. McClellan, also lived there until 1842 when he left to attend West Point. Elizabeth Brinton McClellan, Dr. McClellan's widow, sold the home in 1853, but the McClellan-Jefferson connection continued. Between 1853 and 1913, two McClellans graduated from Jefferson, and the founder's grandson filled the chair of Applied and Topographical Anatomy from 1905 to 1913. The founder's brother, Dr. Samuel McClellan (1800-1854), was a faculty member and served as Dean from 1830 to 1834. Samuel's father-in-law, Reverend Ezra Stiles Ely, was a member of the original Board of Trustees and Jefferson's first major benefactor.

No pertinent information can be found about 912 Walnut Street between 1853 and the turn of the century. However, the Alumni Bulletin of October 1956 pays tribute to a local institution which loomed large in the hearts of many Jefferson students and faculty. The article states, "Almost as much a part of Jefferson as its laboratories and classrooms, is a small barber shop at 912 Walnut Street, presided over by J. Monroe Dean. Mr. Dean has been friend and confidante, as well as barber, to many of Jefferson's 'greats,' and has been serving Jefferson men since he began his business in 1910."

Unfortunately, because the connection between 912 Walnut Street and the McClellan family was unknown at the time, the house at 912 Walnut Street was demolished in 1974 to make way for Barringer Residence Hall.

The archival research proving the connection between 912 Walnut Street and Jefferson was sufficient to persuade the Pennsylvania Historical and Museum Commission to allow the preparation of a curb site marker to signify the importance of the place. A dedication and unveiling ceremony, moderated by John J. Gartland S'44, was held October 14 in Connelly Hall of the Bluemle Building. The Reverend Edward C. Bradley, S.J., M.D.'55 opened the program with an invocation. The story behind the marker was told by Dan Flanagan and Frederick B. Wagner '41, and the Pennsylvania Historical and Museum Commission was thanked for making the celebration possible.

The high point of the ceremony was the attendance of Mr. George Ely McClellan, second great-grand-nephew of Dr. George McClellan, and his family who came from Lacey's Spring, Alabama for the ceremony. Mr. McClellan presented the university with two rare medical books that came from the library of the founder, Dr. George McClellan, and were inscribed by him. The attendees applauded as Mr. McClellan unveiled the marker which stands at 912 Walnut Street as a perpetual reminder of the bond between Dr. George McClellan and Jefferson Medical College.

In December 1956 the Jefferson Medical College Alumni Bulletin paid tribute to a local institution which loomed large in the hearts of many students and faculty members:

"Almost as much a part of Jefferson as its laboratories and classrooms, is a small barber shop at 912 Walnut Street, presided over by J. Monroe Dean. Mr. Dean has been friend and confidante, as well as barber, to many of Jefferson's "greats," and has been serving Jefferson men since he began his business in 1910.

The names of Dean's clientele form a veritable who's who in the history of Jefferson Medical College. John Chalmers DaCosta '1885, John H. Gibbon Jr. '27, and J. Woodrow Savacoil '38 are only a few of the names on record as having patronized this establishment.

According to the article the barbershop provided a sanctuary for many overworked Jeffersonians:

"In Mr. Dean's shop students have poured out their troubles. Busy, tired, and harassed doctors have relaxed and, for a short time, forgotten the pressures of duties. Unbeknown to Mr. Dean and his customers, Jefferson students and faculty members were paying visits to this building long before the shop opened in 1910. By a strange coincidence, the barber shop was situated in the basement of a house that once belonged to Dr. George McClellan, the founder of Jefferson Medical College. Dr. McClellan purchased the house in 1832 and occupied it until his death, which occurred on the premises in 1847. Dr. McClellan inspired fierce loyalty and devotion among the students,
many of whom supplemented their education by obtaining McClellan's private instruction. McClellan routinely carried out their training in his home medical office. Though McClellan often exhibited the characteristics of a stern taskmaster he would, nevertheless, go out of his way to make up for any injury done to a student's feelings.

Washington Atlee '1829 provided a glimpse of what this relationship was like in an 1873 address before the Alumni Association:

I matriculated in the fall of 1826, and immediately entered the office of Professor McClellan. He had a large class of private students, and was in the habit of quizzing them every night on the lectures of the preceding day. His manner was earnest, his questions minute, and he expected prompt and correct answers. If he failed in getting such a reply, he often became highly indignant. On one occasion, while examining on the anatomy of the heart, a question went from one to another unanswered, until it reached the youngest member of the class—a first course student. McClellan could scarcely control himself, and after exhibiting his disappointment, he exclaimed: "I lay my life . . . the youngest student here will answer it!" The young gentleman knew the question, but having been placed in such an invidious position, declined to answer. The excitement increased: "I insist upon it, you know it, and you must answer." The reply was quietly given. "There, now," said McClellan, "are you not ashamed of yourselves, gentlemen, some of you second and third course students, not to be able to answer a simple question like that?" When that young man left McClellan's office, it was with the intention of never returning to it again. Two weeks passed by and he did not return, although he was regular in attendance on McClellan's lectures. One Saturday, as he was entering the lecture room, the Janitor placed a note in his hand, which he at once recognized as McClellan's writing. It read thus: "Do you never intend to show the light of your countenance in my office again? I shall be most happy to see you there this evening." The student kept his resolution, and did not go. Next morning, soon after breakfast, the servant summoned him from his room, by announcing that a gentleman wished to see him in the parlor. He went down, and who was it but McClellan! "Come, come," said he, "put on your hat and coat; I want you to ride with me this morning." The invitation was gladly accepted, the thing talked over, explanations were made, and promises on both sides given, and after dining together at his own house, they parted friends, and always remained so.

Soon after Dr. McClellan's death an event took place which helped to conceal the whereabouts of his last residence. All of the published accounts, in city directories, college announcements, and obituary notices, indicated that Dr. McClellan's last address was at 248 Walnut Street. In 1850, or thereabouts, the City of Philadelphia introduced a new numbering system which changed the street address of McClellan's former residence to 912 Walnut Street. Fortunately for us, one of the older city directories contained a copy of a fire insurance survey, prepared for Mr. Griffith, that had the old and new street numbers written on it. Moreover, this home inspection was recorded only six months after Elizabeth McClellan sold the property. Presumably, the condition of the house hadn't changed much since her husband's death.

DeSilver's Philadelphia Directory and Stranger's Guide for 1833 contains the following listing: "McClellan, Geo., M.D., Professor of Surgery, 248 Walnut St. abv. 9th."

Once it was known that the McClellan residence stood above Ninth Street, a visit to the Philadelphia Historical Commission led to the discovery of a document which listed George McClellan as the owner of a house in that vicinity. This document, a brief of title for 912 Walnut Street, indicated that Dr. McClellan purchased the property on October 12, 1832 and that his widow, Elizabeth Brinton McClellan, sold it to a gentleman named William Griffith in 1833. The file also contained a copy of a fire insurance survey, prepared for Mr. Griffith, that had the old and new street numbers written on it. Moreover, this home inspection was recorded only six months after Elizabeth McClellan sold the property. Presumably, the condition of the house hadn't changed much since her husband's death.

The survey describes a three-story dwelling with a rear extension. The house featured up-to-date conveniences on the second floor.

The description of the basement, where the barber shop eventually opened, deserves particular attention:

The basement story divided into kitchen, dining rooms, short passage . . . large pantry closet, kitchen, range & boiler, stone sink with hot and cold water and a dresser with doors and drawers, one plain marble mantle . . . [and] a furnace in the kitchen for warming the house which appears safe.

During the 1960s and '70s, the neighborhood around McClellan's old home underwent a series of dramatic transformations while many of today's familiar landmarks were built, such as Scott Library, Alumni Hall, the Gibbon Building, and the Orlowitz and Barringer Residence Halls. Needless to say, the scale of this construction activity made it necessary to demolish dozens of buildings. Eventually, McClellan's forgotten home became one of the casualties. In 1974 the Philadelphia Historical Commission granted permission to the Redevelopment Authority to tear down the structure. The space was incorporated into a lot which was soon utilized for the construction of the Barringer Residence Hall. Today, one of Barringer Hall's street-level shops, the Wawa food market, has the distinction of being located at 912 Walnut Street, and, as they've been doing for over a century, Jeffersonians are still constantly visiting this site.

The close proximity of 912 Walnut Street to Wills Eye Hospital (its immediate neighbor to the east) constitutes the last historical irony in this tale, given the fact that George McClellan established Philadelphia's first eye hospital in 1821. McClellan's "Institution for the Diseases of the Eye and Ear" lasted for approximately four years. It was superseded, in 1825, by the creation of the Wills Eye Hospital, which benefited from a Philadelphia merchant's hundred thousand dollar legacy. It has been speculated that McClellan diverted his energies from his fledgling eye clinic to the establishment of Jefferson Medical College as a result of his knowledge about the legacy, and his realization that it would be impossible to compete financially with such a rival. Wills Eye Hospital relocated to its present location from its previous home at 16th and Spring Garden in 1980.
Bolognese Appointed Chair of Obstetrics and Gynecology

Ronald J. Bolognese, M.D. has been appointed the Paul A. and Eloise B. Bowers Professor and Chairman of Obstetrics and Gynecology. He comes to Jefferson after 26 years at Pennsylvania Hospital, the last 11 of them as Chairman of Obstetrics and Gynecology.

Dr. Bolognese brings years of experience in general obstetrics and gynecology and a specialized interest in maternal-fetal medicine. He has studied the identification and treatment of premature labor and premature membrane rupture, which account for well over 50 percent of pregnancy losses. He has also researched the use of ultrasound to identify cervical changes that often predict the onset of premature labor.

Jefferson’s department boasts particular strength in maternal-fetal medicine, high-risk obstetrics, and gynecologic oncology.

One of Dr. Bolognese’s primary goals will be to integrate the services of the department of obstetrics and gynecology throughout the Jefferson Health System. In addition, he plans to help build a research division within the department that will seek additional grant support for clinical research from national and international sources. Ultimately, Dr. Bolognese hopes to develop a center that will emphasize women’s and children’s health services throughout JHS.

Mancall is Interim Chair of Neurology

Elliott Mancall, M.D. has been named Interim Chairman of Neurology. Dr. Mancall has been a Professor of Neurology at Jefferson since 1995, and also taught here from 1958 to 1965; he was Chairman of Neurology at Hahnemann University from 1976 to 1994.

Dr. Mancall has received numerous awards for his teaching ability, including the 1997 Baker Award from the American Academy of Neurology. He has published on neurological complications of chronic alcoholism, malnutrition, and systemic malignancy.

Neurology Options Expand with Headache Center, Stroke Center, and Epilepsy Center

The Department of Neurology is expanding its state-of-the-art services with the establishment of a Headache Center in addition to the new Comprehensive Epilepsy Center and the Stroke Center.

The Headache Center, formerly located at Germantown Hospital, provides the latest in comprehensive care and research. Its Director is Stephen D. Silberstein, M.D., and Co-Director is William B. Young, M.D. Also on staff is Jeffrey M. Dayno, M.D., who is Associate Director of the Jefferson Stroke Center. The Stroke Center is directed by Rodney D. Bell, M.D., and Andrew Freese, M.D.

Neurosurgery Research

Andrew Freese, M.D., Ph.D. has been appointed Associate Professor of Neurosurgery and Director of Neurosurgery Research. He brings to Jefferson and Wills Eye Hospitals added experience in general and...
functional neurosurgery, including contemporary surgical approaches to spine disorders and brain tumors. He will be performing functional surgery for epilepsy, Parkinson’s disease and other movement disorders, and pain.

As director of neurosurgery research at Jefferson, Dr. Freese also supervises a large research program, including several initiatives for the development of gene therapy for Parkinson’s disease, epilepsy, cerebrovascular disorders, and pituitary tumors. He is co-founder and Executive Director of the Parkinson’s Disease Gene Therapy Consortium. Dr. Freese has performed basic studies on the biochemistry of Huntington’s and Alzheimer’s diseases, and developed new drug delivery systems for neurological disorders. He has contributed to more than 100 scientific publications, has edited several books and journals, and has organized international scientific conferences on gene therapy for neurological disorders.

Freese comes to Jefferson and Wills Eye from the University of Pennsylvania, where he was a member of the Institute for Human Gene Therapy. He was also Director of the Laboratory of Molecular Neurosurgery at Graduate Hospital. He received his Ph.D. from the Massachusetts Institute of Technology, and did his surgical and neurosurgical training at the University of Pennsylvania.

AtlantiCare Health System Announces Exclusive Partnership with Jefferson and duPont Hospital

AtlantiCare Health System and Atlantic City Medical Center (ACMC) will join forces with duPont Hospital for Children, the pediatric affiliate of Thomas Jefferson University, to collaborate on an exclusive pediatric affiliation. This agreement, once completed, will be the first of its kind in southeastern New Jersey and is the initial step in the development of a comprehensive regional children’s program.

The agreement will link duPont’s and Jefferson’s renowned clinical services, specialty care, and teaching programs with the AtlantiCare Health System. These services will be available at ACMC and at the new AtlantiCare Healthpark in the English Creek section of Egg Harbor Township.

The duPont Hospital for Children is located in Wilmington, Delaware. Together, duPont and Jefferson provide pediatric care for close to 200,000 from across the country annually.

The affiliation represents a significant expansion of duPont and Jefferson’s presence outside the Philadelphia region and will bring renowned pediatric specialists from both duPont and Jefferson to this region. The duPont and Jefferson doctors will collaborate with local southeastern New Jersey primary care pediatric physicians in building a world-class pediatric program for the residents of southeastern New Jersey.

According to AtlantiCare President and CEO George Lynn, the agreement is a result of an extensive planning process, which included local physicians, ACMC, duPont, and Jefferson.

“We are delighted that this affiliation will bring the expertise of not one, but two outstanding partners to the community that we serve,” says Lynn. “Our goal at AtlantiCare is to give area children the very best possible care. And together, AtlantiCare, duPont, and Jefferson will make that a reality by combining their expertise with that of our area’s primary care pediatri-cians,” added Lynn. “This will complement our other initiatives focusing on children, such as Success By 6® and AtlantiCare Kids.”

The agreement calls for duPont and Jefferson to assist in the management and operation of inpatient pediatric units in both the City and Mainland Divisions of ACMC, including the Neonatal Intensive Care Unit at the City Division. They will also support the pediatric services provided in ACMC’s emergency departments and provide pediatric subspecialties and pediatric surgery at AtlantiCare facilities. At these locations, duPont and Jefferson will assist AtlantiCare in coordinating specialty care for children, including cardiology, neurology, and gastroenterology.

Long-term plans may include duPont surgeons performing surgery at the new AtlantiCare Surgery Center in AtlantiCare HealthPark.

“Together we are building a new model for the delivery of world-class pediatric care,” says ACMC President David Tilton. “As we move forward, we'll be evaluating the most effective and efficient ways to deliver that care, including the appropriate access points.”

Commenting on the duPont/Jefferson expansion into southeastern New Jersey, Paul C. Brucker, M.D., President, Thomas Jefferson University, says, “We are looking forward to bringing our expertise to the shore region, and we are especially pleased that we will be able to do so in partnership with one of the region's leading health care providers.”

AtlantiCare Health System is an integrated network of services with a vision of improving health outcomes and health status and reducing costs for people who live and work in southeastern New Jersey. AtlantiCare is composed of Atlantic City Medical Center, AtlantiCare Foundation, AtlantiCare Health Plans, AtlantiCare Behavioral Health, AtlantiCare Health Services, and InfoShare, an information technology company.
Women’s Liaison Task Force Begins Array of Activities

Women’s Liaison Task Force has formed at Jefferson, and already has several activities to foster networking and address issues pertinent to women in medicine.

Part of the spark to organize the task force came from the Association of American Medical Colleges, which established a nationwide system of Women’s Liaison Officers appointed by deans of medical schools. Jefferson’s officer is Karen D. Novielli ’87, a faculty member in Family Medicine.

Dr. Novielli, in turn, organized Jefferson’s Women’s Liaison Task Force which meets monthly. Each department has appointed a representative, and there is a house staff representative and a medical student representative.

To promote communication, the task force distributes a newsletter (for information, contact Susan Parks, M.D. at parks1@jeffln.tju.edu or via voice mail 215 955 5266 ext. 91529).

In October the task force hosted its first annual reception. The speaker was Loretta Finnegan, M.D., who was a member of Jefferson’s faculty prior to her appointment as Director of the National Institutes of Health’s Women’s Health Initiative, a multicentered trial enrolling 164,000 women. As a way to promote networking and socializing, many faculty members sponsored a medical student to attend the reception as well.

The 31st annual James L. A. Roth Visiting Professorship was delivered by (at left) Albert J. Czaja Jr., M.D., Professor of Medicine at the Mayo Clinic. Following his lecture, “Evolving Concepts and Treatment of Autoimmune Hepatitis,” Dr. Czaja poses with (at center) James L. A. Roth, M.D., for whom the visiting professorship is named. Dr. Roth is a past Chief of Gastroenterology at Presbyterian Medical Center and Editor of the fourth edition of Bockus’s Gastroenterology. At right is Anthony J. DiMarino Jr., M.D., the Rorer Professor of Medicine and Director of Gastroenterology and Hepatology.
This Magazine, One of the Oldest of its Kind, Reaches its 75th Year

With this issue, the Jefferson Medical College Alumni Bulletin has seen 75 years of continuous publication under the same name. It's always had the same mission: news about the college and about its alumni.

One of Jefferson's strengths is its exceptional stability, and this has been reflected in the magazine. Other medical schools may have superb, big-budget publications, but almost none is as enduring as ours. Even the Harvard Medical Alumni Bulletin, though it was founded in 1892, ceased at certain points and has only been continuous since 1927. The Bulletin of the University of Maryland School of Medicine does have a slight edge on us, having started in 1916. Yale's medical alumni publication began in the forties, and those of the University of Pennsylvania, Dartmouth, and Johns Hopkins are positively youngsters.

In December 1922, when the first issue of the Jefferson Medical College Alumni Bulletin came off the press, the college occupied a structure located where the Curtis Building (itself historic-looking to modern eyes) now stands. The hospital was simply what we call "Old Main"—even Thompson had not been built. W. W. Keen '1862, world-renowned neurosurgeon, was still participating in consultations, and J. Chalmers DaCosta '1885, author of a surgery text used at most medical schools, was a Co-Chairman of Surgery. John H. Gibbon Jr. '27, later to become famous for the heart-lung machine, was not even a student yet.


—Malcolm Clendenin

The Class of 2001 at a Glance

- 223 students matriculated this fall at Jefferson Medical College (350 were accepted out of approximately 10,000 total applicants)
- 90 are female, 133 are male
- 12 are members of minorities
- They come from 27 different states and the Virgin Islands, and attended 98 different colleges
- 26 are in the DIMER (Delaware Institute of Medical Education and Research) program for students from Delaware
- 18 are in the six-year, accelerated B.S./M.D. program with Pennsylvania State University
- 10 are participating in the Physician Shortage Area Program which funnels graduates to practice in underserved areas
Patrick V. Acevedo '98 was selected a National Medical Fellow, an honor accorded 35 minority students displaying the knowledge, skills, and experience needed for a career in academic medicine. He is involved in intercellular research on prostate cancer under the guidance of faculty mentor W. Edward Mercer, Ph.D., Professor of Microbiology and Immunology. Previously Patrick had been awarded the Sandoz Pharmaceuticals Prize for Research in Immunology and Oncology in 1992 and 1994.

Robert L. Brent, M.D., Ph.D., the Distinguished Professor of Pediatrics, has been elected to membership in the Institute of Medicine of the National Academy of Sciences. He was given this honor on the basis of his research achievement and his involvement with critical issues affecting the public's health, in particular the causes and prevention of birth defects. Dr. Brent is Jefferson's first pediatrician to be elected to the academy. Thomas Jefferson University honored him in 1996 by creating the Brent Professorship which is held by the Chairman of Pediatrics, and by the naming of the Lillian and Robert Brent Auditorium.

Steven J. DiBiase, M.D., Resident in Radiation Oncology, has been selected as an American Society for Therapeutic Radiology and Oncology (ASTRO) Research Fellow for 1997-98. Dr. DiBiase is conducting basic research with George Iliakis, Ph.D., Professor of Radiation Oncology, evaluating p53 mutations and their effects on cell radiosensitivity and DNA repair.

Stephen A. Feig, M.D., Professor of Radiology, was elected Vice President of the Society of Breast Imaging at its annual meeting in April 1997. The SBI membership consists of 1,700 radiologists from the United States and abroad who subspecialize in breast imaging.

Kelly Herbert, Class of 2000, was recently awarded a $3,000 scholarship by the Alpha Omega Alpha Honor Medical Society for her study of how chemotherapy can sensitize cancer cells to respond to lower levels of radiation treatment so that nearby healthy cells are less affected. She was one of 40 AOA National Research Award Scholarship winners for 1997.

Ronald P. Jensch, Ph.D., Professor of Pathology, Anatomy, and Cell Biology, received the Bucknell University Alumni Award for outstanding achievement in a profession. Dr. Jensch's research focuses on preventing birth defects, and applying innovative technology to biomedical education.

Evelyn J. Mackin, P.T., Director of the Hand Rehabilitation Foundation, was honored in San Diego in September at the annual meeting of the American Society of Hand Therapists. She is the founder and past President of the American Society of Hand Therapists, Founder and first President of the International Federation of Societies of Hand Therapists, as well as the Founder and first Editor-In-Chief of the Journal of Hand Therapy which has a worldwide readership. With James M. Hunter '53 and Anne D. Callahan, O.T., Mrs. Mackin is coeditor of the book Surgery and Rehabilitation of the Hand. It is in its fourth edition, and is considered the bible of hand rehabilitation. Mrs. Mackin has been with the Philadelphia Hand Center, an affiliate of Jefferson, for 30 years. The annual hand surgery symposium co-sponsored by Thomas Jefferson University, which she also co-chairs, will have its 23rd anniversary in March 1998.

S. Grant Mulholland, M.D., The Nathan Lewis Hatfield Professor and Chairman of Urology, is the recipient of the 1997 Alumni Achievement Award from the Temple University School of Medicine. Dr. Muholland has served on the editorial boards of the Journal of Investigative Urology and Ostomy/Wound Management. He has published more than 120 articles in leading journals. Dr. Mulholland is past President of the Mid-Atlantic Section of the American Urological Association.

David B. Nash, M.D., M.B.A., Associate Dean for Health Policy and Director of Health Policy and Clinical Outcomes, has been named the 1997 individual Health Care Hero by the Philadelphia Business Journal for his contributions regionally and nationally toward improving health care quality and lowering costs. Among other activities, Dr. Nash serves as Associate Director of Partnerships for Quality Education, a national Pew Charitable Trusts program to bring together academic medical centers and managed care organizations. He also serves on the National Performance Council of the Joint Commission on Accreditation of Healthcare Organizations, and is Vice Chairman of the American Medical Association's Physician Measurement Advisory Committee.

Mark K. Ono RO'97, Chief Resident in Radiation Oncology this past year, received a 1997 American Radium Society Visiting Oncologist Award. Dr. Ono used the award to enhance his Jefferson residency education by participating in a subspecialized elective rotation at the University of California, San Francisco.

Charlene J. Williams, Ph.D., Research Associate Professor, Division of Rheumatology, Department of Medicine, has been awarded a four-year grant of $936,884 from the National Institutes of Health entitled "Molecular Characterization of Familial Chondrocalcinosis."
Dr. Carol Artlett Earns Awards for Scleroderma Research

Are women who have been pregnant more vulnerable to certain autoimmune diseases such as scleroderma? For her study of this question, Carol Artlett, Ph.D., postdoctoral fellow in rheumatology, has received two grants and The Pennsylvania State University’s Finkelstein Award.

Along with J. Bruce Smith, M.D., Professor of Medicine, and Sergio A. Jimenez, M.D., the Dorrance H. Hamilton Professor of Medicine, Dr. Artlett investigates the connection between scleroderma and fetal cells found in systemic sclerosis patients.

Recently, it was discovered that fetal cells which pass from the fetus to the mother can survive in the maternal circulation for many years after the birth of the child. Dr. Artlett identified the presence of fetal cells in the affected skin of patients with scleroderma and hypothesized that these cells are inducing a response similar to Graft-Versus-Host Disease (GVHD) in these patients. Her research team proposed to identify and characterize the cells to gain a better understanding of the involvement that these fetal cells have in scleroderma, and to test the hypothesis that GVHD induced by these fetal cells may cause scleroderma in some patients. This work could possibly lead to novel therapeutic methods to target these foreign cells and ultimately to cure the disease.

For this project, Dr. Artlett received a postdoctoral fellowship award from the American College of Rheumatology, and also was one of nine investigators nationwide to receive a scleroderma research grant funded jointly by the Scleroderma Foundation and the United Scleroderma Foundation.

The Finkelstein Award, established in 1974 by The Pennsylvania State University’s Hershey Medical Center, recognizes a researcher in training from among the Commonwealth’s six medical schools for the most original work in a scientific paper. Additional criteria are clinical importance, effort expended, and clarity of presentation.

Botulism Vaccine Developed by Environmental Medicine Faculty

Molecular biologists at Jefferson have created an oral vaccine against botulism. The researchers believe that such a vaccine could be used as a prototype in developing future vaccines for other diseases such as diphtheria, whooping cough and tetanus. Eventually, they say, their discovery may lead to a range of oral vaccines that could be inserted into common foods.

Lance Simpson, Ph.D., professor of medicine, Jefferson Medical College, and director of the Jefferson Clinical Center for Occupational and Environmental Medicine, and his colleagues, Nikita Kiyatkin, Ph.D., and Andrew Maksymowycz, Ph.D., used the sophisticated tools of molecular biology to create a modified and non-toxic version of botulinum toxin, which is nature’s deadliest poison. The toxin, which is the cause of the disease botulism, is ordinarily encountered as a form of food poisoning. When someone ingests the toxin, it survives the harsh conditions of the gastrointestinal system and moves into the general circulation. It is eventually delivered to the central nervous system and causes paralysis.

The researchers have created a novel form of the toxin that retains the ability to survive the GI system and enter the general circulation, yet no longer can poison nerves. As a result, the novel molecule is an effective oral vaccine against botulism. The scientists, reporting in November in the journal Infection and Immunity, detail the results of experiments in which they successfully immunized mice against botulism.

One immediate use of a botulism vaccine, Dr. Simpson notes, would be in veterinary medicine. Animals such as racehorses and farmyard chickens are susceptible to the disease, making such a vaccine of interest to the pharmaceutical industry.

According to Dr. Simpson, there may be far greater applications of the work in both veterinary and human medicine.

“The very properties that this molecule possesses are the ones that would be essential for all oral vaccines,” he explains. “The molecule could be used as a carrier to transport other potential vaccines from the gastrointestinal system into the general circulation, where they would evoke antibodies. If this were to work, the novel carrier molecule could be the critical element needed to create a host of new oral vaccines.”

One use of this vaccine technology would be for common diseases such as diphtheria and tetanus. Dr. Simpson sees a possibility for an even more intriguing use.

“There are Third World countries in which injectable or even oral vaccines are still not practical; the health systems and finances are inadequate,” he explains. “What might be a more practical solution is to put the genes for the carrier-vaccines into a plant such as a banana. As the banana grows, it would automatically synthesize the oral vaccines. Whenever a person ate the banana, that person would also be consuming oral vaccines. This might be a way to combat illnesses that are endemic to some parts of the developing world.”

Dr. Simpson and his colleagues are now constructing the genes that will encode the carrier-vaccine molecules. They will test the ability of the molecules to act as oral vaccines in the laboratory. If the work is successful, the next step will be to conduct human trials.

Via Jefferson’s Public Relations office, this discovery gained attention on the ScienceNOW Website of the American Association for the Advancement of Science, as well as WHYY-FM, the Philadelphia affiliate of National Public Radio.
Genetic Test Identifies Uterine Tumors as Malignant or Benign

Researchers at Jefferson have developed a new genetic test that uses reverse transcriptase-polymerase chain reaction (RT-PCR) to identify uterine tumors as malignant or benign. The test, which is more definitive than the routine tests currently in use, looks for the presence or absence of the gamma-smooth muscle isoactin gene. This gene, whose absence correlates positive with malignancy, represents a unique molecular marker of uterine cancer. These findings appear in the July issue of Cancer.

The study, led by Kirk McHugh, Ph.D., Associate Professor of Pathology, Anatomy, and Cell Biology, and the person who first identified the gamma-smooth muscle isoactin gene, lends new hope to women with uterine fibroid tumors whose diagnosis is inconclusive. "Uterine fibroids account for one-third of gynecologic hospital admissions," explained Dr. McHugh. "Most are diagnosed as benign leiomyomas, but four to five percent are malignant leiomyosarcomas. Some other tumors fall into a so-called grey zone, with test results proving inconclusive." According to Dr. McHugh, current tests cannot conclusively identify these grey zone tumors, or "tumors of uncertain malignant potential," as benign or malignant. "To err on the side of caution, many times women with tumors of this type undergo hysterectomies to protect against the chance that cancer is present. Our test provides a definitive answer that may spare these women unnecessary surgery and loss of their reproductive organs.

RT-PCR is a highly sensitive, diagnostic test that identifies a tumor as benign if the gamma-smooth isoactin gene is present, and malignant if the gene is not present. "There is no grey zone with this test," says McHugh. "It gives a clear yes or no answer, providing a definitive diagnosis of cancer, lending protection against potentially unnecessary surgery and follow-up radiation therapy as well as providing peace of mind for those women diagnosed with benign tumors."

The new genetic test is not part of the standard battery of pathologic tests recommended for uterine tumor tissue biopsies, but is currently under experimental use at Jefferson. The test acts as a definitive second opinion, especially important for women of child-bearing age who have been told that they may have cancer and should probably have a hysterectomy. "Undergoing a hysterectomy is an unsettling experience for women of any age, but can be especially devastating for a young woman who is hoping to bear children," explains Dr. McHugh. "For this small population of women, a definitive diagnosis of benign versus malignant is critical."

Novel Facility is Established for Cancer Vaccine Processing

Jefferson Medical College is now home to a unique cancer vaccine processing facility. It is the only one of its kind in Philadelphia, and possibly the nation.

AVAX Technologies, Inc., of Kansas City, Missouri—which has exclusive rights to a Jefferson-based vaccine against malignant melanoma—is building the vaccine laboratory to increase quantities of the vaccine for future testing and use. The lab is a so-called "clean lab," which means it meets strict federal Food and Drug Administration standards.

"If a company wants to produce a vaccine to market, the work must be done in an approved facility. It's called a Good Medical Practices lab," explains Professor of Medicine David A. Berd ’68, who created the vaccine technology. "It essentially will be an industrial lab in an academic facility."

Dr. Berd and his colleagues are hoping that the $200,000 laboratory will help step up the production of the potentially life-saving cancer vaccine.

The current vaccine is autologous, meaning that it's prepared from a patient's own cancer cells. Each vaccine is custom-made for the patient. The vaccine treatment appears to be effective in prolonging the survival of patients with malignant melanoma. In the June 1997 issue of the Journal of Clinical Oncology, Dr. Berd reported the results of treatments on patients with melanoma spread to a single lymph node site (stage III disease). The vaccine treatments were started after the lymph nodes had been removed. Of 62 patients, 36 were still alive after a median follow-up time of 55 months. The projected five-year relapse-free and overall survival rates for these patients were 45 percent and 58 percent respectively. This compares favorably with the 15- to 25-percent survival rates reported in patients treated with surgery alone.

Dr. Berd and his colleagues will participate in a Phase III trial to test the effectiveness of the vaccine on patients with disease that has spread to the lymph nodes. The five-year trial, already underway, will compare the effectiveness of an autologous melanoma vaccine to the standard treatment, which is alpha interferon. The trial will involve 250 patients seen at institutions in several major cities. If the trial is successful, then AVAX will ask the FDA for approval to allow it to market the vaccine.

The new lab will not be limited to vaccines for melanoma. Dr. Berd currently continues at right
Breast Cancer Specialists, Meeting at Jefferson,
Agree on Means for Classifying Controversial Early Stage Cancer

In a very unusual move, three medical journals are concurrently publishing the findings of 20 breast cancer specialists from Jefferson and around the world. They have designed a system for classifying ductal carcinoma in situ (DCIS), a controversial malignancy found in the breast, as a first step toward improving patient treatment for this type of early breast cancer. DCIS currently represents 20 to 25 percent of all breast cancers diagnosed.

In a paper to be published concurrently by Cancer, Human Pathology, and The Breast Journal, the international Consensus Conference Committee outlines a classification system for DCIS that takes into account how the cancer’s cells appear under the microscope (nuclear grade), the amount of necrosis, the cells’ arrangement (polarization), and their physical shape (architecture).

The conference also concluded that the size and distribution of the DCIS should also be taken into account in classifying the cancer. As part of their report, the breast cancer specialists recommended a process for removing and evaluating breast tissue for DCIS, and recommended that a radiologist, surgeon, and pathologist work as a unified team in this effort. The conferees suggested that the traditional surgical procedure involving a needle-guided localization be employed in removal of the tissue sample. It is also recommended that metallic clips be placed on the tissue specimen near the site of the DCIS if the flakes shown on the mammogram are faint or within a very small area of the specimen.

It was also recommended by the conferees that biologic markers such as estrogen and proestrogen receptors or nuclear proliferation antigen Ki-67, for example, be determined in each case, although these markers are not currently used to determine treatment.

Dr. Schwartz notes that Jefferson is in the forefront in the use of these biologic markers. Now that the conference has determined a means for better identifying DCIS, the next step is to determine a universally acceptable clinical use for the classification system, the conference report states. The conferees hope to meet again in the near future to map out that strategy.
Jefferson and SmithKline Beecham Link Clinical Research Efforts

Thomas Jefferson University and SmithKline Beecham (SKB) have entered into a contractual relationship aimed to enhance the future of clinically based research.

“The positive implications of Jefferson’s agreement with SmithKline Beecham are many, and they are vast,” says Joseph S. Gonnella, M.D., Senior Vice President for Academic Affairs and Dean. “Not only is there an immediate benefit of significant dollar amounts committed to Jefferson research efforts, but there are huge potential long-term benefits for both patients and physicians,” says Dean Gonnella.

Jefferson already have a track record of very successful completion of clinical trials with SKB and other companies. The new SKB program offers the opportunity to broaden the base of these investigators at Jefferson.

Many investigators at Jefferson have found that treating the common reclosure of vein grafts in post-bypass patients with stents instead of angioplasty lowers the risk of death, heart attack, and the need for repeat bypass surgery or angioplasty. These findings may point to a new standard of care for the hundreds of thousands of patients who undergo coronary-artery bypass surgery each year—501,000 such procedures were performed in the United States in 1994 alone—and later experience complications associated with the reclosure of the vein grafts used to construct the bypass.

Cardiologists at Jefferson have found that treating the common reclosure of vein grafts in post-bypass patients with stents instead of angioplasty lowers the risk of death, heart attack, and the need for repeat bypass surgery or angioplasty. These findings may point to a new standard of care for the hundreds of thousands of patients who undergo coronary-artery bypass surgery each year. The study appeared in the September 11 New England Journal of Medicine.

Coronary-artery bypass surgery uses veins from the leg to channel blood from the aorta to branches of the coronary arteries, increasing blood flow beyond the obstruction. “The physical nature of a vein graft makes it prone to reclosure. Within 10 years of surgery, nearly half of all bypass grafts are obstructed setting the stage for recurrent angina or heart attack,” explains principal investigator Michael P. Savage ’80, Associate Professor of Medicine.

Traditionally, balloon angioplasty had been used as an alternative to repeat surgery to reopen the vein grafts that clog with plaque. The long-term outcome of this procedure is poor, resulting in high rates of restenosis, heart attack and death. Fifty percent of patients treated with balloon angioplasty reclose within six months. “The poor long-term outcomes of angioplasty in these patients led us to investigate the use of coronary stents to reopen clogged vein grafts in our multicenter study,” says Dr. Savage.

The trial consisted of 220 patients with obstructed bypass vein grafts randomized into two groups. One group received angioplasty to remove the obstruction, the other received Palmaz-Schatz stents. Six months after their procedure, patients underwent a follow-up angiogram. “Our follow-up demonstrated that the patients who received stents had better long-term clinical results,” says Dr. Savage. “Stents had a greater procedural success.
Two Missing Cancer-Suppressor Genes May Have Deadly Effects

Cancer geneticists at Jefferson, studying specially bred "knockout" mice, have found that two genes that normally protect against cancer may play a greater role than previously suspected in female development.

In the September issue of Nature Genetics, Richard Fishel, Ph.D., and postdoctoral fellows Aaron Cranston, Ph.D. and Tina Bocker, M.D. report that female mice that lack a pair of tumor-suppressor genes, p53 and MSH2, stop growing and die a little more than a week after conception.

Fishel, Professor of Microbiology and Immunology and co-discoverer of the human MSH2 colon cancer gene, thinks the answer lies with the X chromosome. Somehow, he theorizes, the missing genes throw off normal cell proliferation and development. He believes that by getting a better handle on the mechanisms by which these genes actually can affect female development, scientists may better understand the genes' roles in both normal and cancerous development, leading to important new therapeutic strategies.

"The observation goes to the heart of how tumors develop," he points out. "It was previously found that this particular combination of altered genes is significantly lower in human tumors—our results may suggest why that is the case. These are two of the most commonly altered genes in colorectal cancer, and understanding their mechanism in carcinogenesis is crucial to the development of therapeutic strategies."

When one tumor suppressor gene is missing, the subject is much more likely than normal to develop cancer. When two such genes are absent or defective, the thinking goes, the likelihood of cancer development would be greater still.

P53 is the most common known genetic defect in human cancers. It may contribute to the development of several cancers, including breast, colon, and lung. Normally, p53 is a kind of genetic guardian. If genes become damaged, p53 shuts down everything until the damage can be fixed. MSH2 is a gene that helps cells' DNA spell-check and repair itself during replication. In 1993, Fishel and colleague Richard Kolodner showed that when MSH2 is altered, it accounts for about half of all cases of genetically linked hereditary non-polyposis colorectal cancer (HNPCC)—one of the most common human cancer predisposition syndromes (Fishel R et al., Cell, 74:1027, 1993).

Knockout mice lack a working gene or genes and are used as models to study the effects of cancer gene alterations, often helping scientists understand cancer mechanisms and develop effective therapies.

The researchers found that male knockout mice died from cancer at an average of 273 days—two to three times as quickly as they might die with only one missing gene. They expected that. But they didn't expect to find that the combination of missing genes was lethal to the female mouse embryos. By day 9.5 of gestation the female mice stopped developing and died.

"The embryo was undergoing global apoptosis," he says. "These embryos are self-destructing. As many as 60 to 90 percent of the cells underwent apoptosis."

During normal embryonic development, certain genes of one of the X chromosomes may be turned off, a process called X-inactivation. Normally, there is some damage to the X and other chromosomes when cells duplicate and go through a "cell cycle." Cells have an innate repair mechanism to fix the problem; both p53 and MSH2 are involved in regulating this cycle as well as controlling the genetic repair mechanism. Without these two genes, the result is global, catastrophic cell death in developing females.

One mystery that remains is the precise role of the two genes in preventing such mass cell death and allowing normal development. The p53 gene has been thought to have a critical role in apoptosis.

Fishel sees several possibilities. "The interesting observation is that they are undergoing global apoptosis independent of p53," he notes. "Many studies suggest that cells that decide to undergo apoptosis do it in a p53-dependent pathway. That presents two intriguing questions: what is this p53-independent pathway, and why are the cells dying? The only differences between males and females is the extra X versus Y chromosome. It might be that one of the X chromosomes is damaged beyond repair or that the Y chromosome provides protection," he said. "At the moment we favor the 'excessive X chromosome damage' argument since both MSH2 and p53 are involved in managing DNA repair."
Jefferson University Hospitals, survived by his wife, Maria, and a stepson.

William T. Hunt Jr. '27 died August 24, 1997. A board certified ophthalmologist, he was on staff at Wills Eye, Methodist and Thomas Jefferson University Hospitals, Philadelphia, PA. He served as a Clinical Professor of Ophthalmology at Jefferson. He was a Fellow of the American Ophthalmological Association and the College of Physicians of Philadelphia. He is survived by two daughters.

James H. Wall '27 died June 13, 1997. A psychiatrist, he was on staff at the New York Hospital, Westchester Division, White Plains, NY. A Clinical Professor of Psychiatry at Cornell Medical School, he was credited with improving the diagnosis and treatment of mental disorders and alcoholism in Westchester County, NY. From 1936-1946 he served as Assistant Medical Director, New York Hospital, Westchester Division, White Plains, NY, and from 1946-1965 he served as its Medical Director. At the time of his death he resided in Freeport, ME. He is survived by a son.

Robert E. McCade '29 died April 12, 1997. He was in family practice in Juniata Park, PA. After retirement, he moved to Pennsville, NJ. He is survived by his wife, Lucille, and a son.

Richard V. Hawver '31 died June 26, 1997. A board certified general surgeon, he received the Legion of Merit medal for service to wounded soldiers during combat in World War II. He practiced in Dayton, OH and was on staff at Miami Valley, Good Samaritan, Kettering Memorial and Greene Memorial Hospitals, Dayton, OH. He was a Fellow of the American Urological Association and the American College of Surgeons. He is survived by his wife, Maria, and a stepson.

Nathan Heiligman '33 died August 4, 1997. He was a General Practitioner with a special interest in pulmonary diseases and practiced in Allentown, PA. He was on staff at Sacred Heart and Allentown General Hospitals, Allentown, PA, and Palmerton Hospital, Palmerton, PA. He is survived by two daughters and a son.

William N. Eames '35 died December 31, 1996. He was in a general medical practice in Trenton, NJ. He held a staff appointment at Mercer Hospital, Trenton, NJ. He is survived by his wife, Grace.

Nathan Sussman '35 died February 25, 1996. A recognized authority on care and rehabilitation of the elderly, he was Chief of the Arthritis Clinic and the Department of Physical Medicine and Rehabilitation, Harrisburg Hospital, Harrisburg, PA, where he served also as President of the Medical Staff. He served as President of the Pennsylvania Academy of Physical Medicine and Rehabilitation, 1960-61. He is survived by his wife, Hannah, a son and a daughter.

Oscar H. Cohen '36 died February 16, 1996. Board certified in radiology and nuclear medicine, he was a Fellow of the American College of Nuclear Medicine, and a past President of the Radiological Society of New Jersey. He was Chief of Radiology, All Souls Hospital, Morristown, NJ, 1951-56, and Chief of Radiology, Riverside Hospital, Boonton, NJ, 1956-75. At the time of his death he resided in Sun City, AZ. He is survived by his wife, Roslyn, two daughters and a son.

Morton W. Levenson '37 died June 8, 1997. After serving for eleven years as a medical officer in the Foreign Service of the Department of State, he became a General Practitioner in Littitz, PA. He was on staff at St. Joseph's Hospital, Lancaster, PA. He is survived by his wife, Rhoda, a son and a daughter.

Gerald Krosnick '38 died September 3, 1997. Board certified in obstetrics and gynecology, he practiced in New Haven, CT, and was on staff at Yale-New Haven and St. Raphael's Hospitals, New Haven, CT. A member of Alpha Omega Alpha Honor Medical Society, the Society of Sigma Xi and a Fellow of the American College of Obstetricians and Gynecologists, he was a Clinical Associate Professor of Obstetrics and Gynecology at Yale Medical School. He is survived by his wife, Helen, and a daughter.

Victor P. Satinsky '38 died September 7, 1997. He was a Cardiovascular Surgeon on staff at Allegheny University Hospitals/Hahnemann, Philadelphia, PA. An innovative surgeon, he helped develop coronary bypass surgery and other medical innovations, including instruments for use in heart surgery. Later in his career, he developed and directed educational programs for young people. A bachelor, he is survived by a brother and two sisters.

J. Bainbridge Hanley '39 died August 10, 1997. He was a Flight Surgeon during World War II and was awarded two Bronze Star decorations. He practiced internal medicine, with a special interest in diabetes, in Bristol, CT. He held a staff appointment at Bristol Hospital, Bristol CT. He is survived by his wife, Frances, three sons and six daughters.

Lewis Lehner '39 died August 15, 1997. Board certified in anesthesiology, he worked at Kensington, Albert Einstein Medical Center and Philadelphia General Hospitals, Philadelphia, PA. From 1967-1980 he was Chief Anesthesiologist at Underwood Memorial Hospital, Woodbury NJ. He is survived by his wife, Eleanor, two sons and daughter Luisa, Jefferson '86.

James J. Quiney Jr. '39 died July 9, 1997. He was in general practice in Bethlehem, PA. We have no further information at press time.

Michael H. Lauria '40 died June 14, 1997. He was in general practice in Ephrata, PA. He held staff appointments at Ephrata Community Hospital, Ephrata PA, Lancaster General Hospital, Lancaster, PA and Reading Medical Center and St. Joseph's Hospital, Reading PA. He served as President of the Medical Staff and member, Board of Directors, Ephrata Community Hospital, Ephrata, PA. His wife and son predeceased him.

William J. Snape '40 died September 21, 1997. Board certified in gastroenterology, he practiced in Camden, NJ and was on staff at Cooper Medical Center, Camden, NJ. From 1952-1980 he was Medical Director of the Camden County Psychiatric Hospital, Lakeland, NJ. A frequent contributor to the literature of his specialty, he was a Section Editor for the fifth edition of Bockus's Gastroenterology. He was a Fellow of the American College of Gastroenterology. At the time of his death he resided in Palos Verdes, CA. He is survived by a son.

Ander M. Munford '41 died June 10, 1997. After 13 years in general practice in Wintervile, NC, he took a residency in otorhinolaryngology at Duke Medical Center, Durham, NC. He practiced otorhinolaryngology in Greenville, NC from 1962-1982. He was on staff at Pitt County Memorial Hospital, Greenville, NC, where he served as Chief of Staff, 1965-66. He is survived by his wife, Bedie, and a daughter.

Frederick A. Robinson Jr. '41 died September 30, 1997. He practiced internal medicine in Lansdowne, PA. He held staff appointments at Delaware County Memorial Hospital, Drexel Hill, PA, Bryn Mawr Hospital, Bryn Mawr, PA, and Philadelphia General and Pennsylvania Hospitals, Philadelphia, PA. He is survived by two sons and a daughter.

J. Robert Fox '43 died August 7, 1997. Board certified in ophthalmology and otorhinolaryngology, he practiced in Dover, DE. He was on staff at Kent General Hospital, Dover, DE and served on the hospitals' Board of Directors. He was a Fellow of the American Academy of Ophthalmology and Otorhinolaryngology, and the American College of Surgeons. He is survived by his wife, Jane, two sons and a daughter.
Mon Q. Kwong '45 died April 25, 1997. Board certified in dermatology, he practiced in Los Angeles, CA. He held a staff appointment at Hollywood Presbyterian Hospital, Los Angeles, CA., and was a Fellow of the American Academy of Dermatology. He was an Instructor in Dermatology at the University of Southern California School of Medicine, Los Angeles, CA. He is survived by his wife, Henrietta, and two daughters.

Allen H. Lee '46 died July 2, 1997. He was in general practice in Selma, NC. At the time of his death he was Selma's sole practicing physician. He is survived by his wife, Claudia, a son and two daughters.

John R. Helff '47 died September 30, 1997. Board certified in radiology and nuclear medicine, he was Chairman of Radiology, Middlesex General Hospital, New Brunswick, NJ, 1952-69; Cheshire Hospital, Keene, NH, 1969-81; and Memorial Hospital, North Conway, NH, 1981-94. He was a member of Alpha Omega Alpha Honor Medical Society and a Fellow of the American College of Radiology. He is survived by his wife, Claudia, a son and two daughters.

Charles S. Ryan '48 died October 4, 1997. He practiced occupational medicine in Valley Forge, PA., and was Director of Health and Safety for the Sun Oil Company. He also was Chairman of the Greater Delaware Valley Health Care Foundation and of the American Petroleum Institute's Epidemiology Research on Petrochemical Workers. He is survived by his wife, Laura, three sons and three daughters.

Daniel L. Shaw Jr. '48 died August 16, 1997. He was a specialist in clinical pharmacology and, after two years in the Navy, began working at Wyeth Laboratories, Radnor, PA. On retirement in 1987, he was Vice President of Medical Affairs at Wyeth Laboratories. Highly regarded both in the Philadelphia medical and corporate communities, he was President of the College of Physicians of Philadelphia 1990-92. He is survived by his wife, Arlene, two daughters and a son.

H. Phelps Potter Jr. '49 died July 17, 1997. Board certified in internal medicine, he served as Acting Chairman, Department of Medicine, Medical College of Pennsylvania, Philadelphia, PA, 1961-69. He then moved to Paoli Memorial Hospital, Paoli, PA where he served as Chair of the Department of Medicine, Chief of the Gastrointestinal Section, and president of the Medical Staff. He was a member of Alpha Omega Alpha Honor Medical Society and a Fellow of the American College of Physicians. He is survived by his wife, Beverly, and two daughters.

Robert W. Mclaughlin '51 died March 20, 1997. He practiced general medicine, obstetrics and anesthesiology in Penn Yan, NY. He was on staff at Soldiers and Sailors Hospital, Penn Yan, NY. He was twice President of the Geneva (NY) County Medical Society. He is survived by his wife, Joan, a daughter and three sons. Son Scott is Jefferson '95.

Robert B. Cahan '54 died July 29, 1997. Board certified in both neurology and psychiatry, he practiced general and forensic psychiatry in San Francisco, CA. A Fellow of the American Psychiatric Association, he served as a Clinical Associate Professor of Psychiatry, University of California, San Francisco. He is survived by his wife, Bernice, and a son.

Carl W. Hassler '62 died June 19, 1997. He was in family practice in Reading, PA. He held a staff appointment at Reading Hospital and Medical Center, Reading, PA. A former star football player, he served as team physician for the football team of Wilson High School, Reading PA. He is survived by his wife, Elizabeth, and two daughters.

Jack W.P. Love Jr. '62 died October 25, 1997. Originally in general practice in Woodbury, NJ, he later switched to emergency medicine and became board certified. He was appointed Chief of Emergency Medicine, Underwood Memorial Hospital, Woodbury, NJ in 1974. During his long and productive tenure at Underwood Memorial Hospital, he served as President of the Medical Staff and a member of the hospital's Board of Trustees. He is survived by his wife, Sally, three sons and two daughters. Son Thomas is Jefferson 2000.

Laurence R. LeWinn '66 died July 17, 1997. Board certified in plastic and reconstructive surgery, he practiced in Palm Desert, CA. He was Chief of Plastic Surgery at the Eisenhower Medical Center, Rancho Mirage, CA. He is survived by his wife, Maja, a son and a daughter.

John P. Manges Jr. '68 died June 1, 1997. Board certified in internal medicine, he served in the United States Public Health Service on the Wind River Reservation in Wyoming, and as a member of the Indian Health Service in Santa Fe, NM. He then practiced general and addiction medicine in St. Johnsbury, VT. He held a staff appointment at Northeastern Vermont Regional Hospital, St. Johnsbury, VT. He served for several years as President of the Society for Re-Introduction of Values into New England. In February 1997, he relocated to Boulder, CO to work as an internist with Kaiser Permanente. He is survived by his wife, Jeanne, and two sons.

Donna Price '83 died April 21, 1997. Board certified in otolaryngology, she practiced in Syracuse, NY. She was a Clinical Professor of Otolaryngology, State University of New York at Syracuse. She is survived by her parents.

K. Kalman Faber PD '49 died October 20, 1997. Charismatic, enthusiastic, and courageous, "Kuddie" Faber became Jefferson's first pediatric resident in 1947. In the book Thomas Jefferson University: Tradition and Heritage, he is described as the doctor whose growth virtually paralleled the development of the Department of Pediatrics into a modern pediatric facility, and the man who was elected by acclamation chairman of the board of Doc Watson's Pub across the street from the medical college. He lived and practiced pediatrics with gusto, and clearly was Jefferson's most popular pediatrician as evidenced by the number of his colleagues' families, students, nurses, and hospital employees who became his patients. He was a Clinical Associate Professor of Pediatrics, and was in private practice for 50 years. In 1993 Jefferson recognized his lifetime contributions to pediatrics and to Jefferson by awarding him the Leon A. Peris Memorial Award, given to a member of the volunteer faculty for excellence in clinical teaching and superior patient care. He is survived by his wife, Elaine, two sons, and two daughters.

Staff

Jack R. Schott died July 27 at age 59. He was the husband of Joan E. Schott, a 36-year employee in the JMC Alumni Office (currently Associate Director of Annual Giving). Jack Schott was one of the Philadelphia Flyers' earliest and most loyal fans, and President of the Flyers Fan Club from 1985 to 1992. He was a dispatcher for Core Trucking Company in Bensalem. Our thoughts are with Joan and their son Kenneth.
Can You Host a Student Interviewing in Your Area?

Students will be contacting alumni during November, December, and January requesting housing while they are interviewing for residencies. Alumni have found that this is a fun way to catch up on what's happening at Jeff, and to meet physicians-to-be who may soon be practicing in their region. If you would be willing to host a student interviewing in your area, please return the form below to JMC Alumni Office, 1020 Locust Street M-41, Philadelphia, PA 19107.

Name ___________________________ Class Year or Jeff Affiliation ____________

Mailing Address _____________________________________________________________

City ___________________________ State _________ Zip _____________________________

Daytime Phone ____________________________

I would be willing to host a student interviewing in my area.

Co-authors of Thomas Jefferson University: Legend and Lore, Frederick B. Wagner Jr. ’41. The Grace Revere Osler Professor Emeritus of Surgery and University Historian, and J. Woodrow Savacool ’38, Honorary Clinical Associate Professor of Medicine, received praise in the January 15, 1997 Journal of the American Medical Association. Dr. Howard Spiro of Yale University School of Medicine applauded the editors’ efforts “in finding old pictures and other details that embellish every article” and encouraged anyone “curious about the ways of doctors” to read the book. It’s available through the Jefferson Bookstore. (215) 955 7922.

Herbert A. Luscombe, who from 1959 to 1986 chaired the Dermatology Department, has now fully retired from practice.

Stephen F. Balshi of Bethlehem, PA is still working part-time as an otolaryngologist, as well as traveling extensively.

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Goldstein Appointed Vice President for Research at Juvenile Diabetes Foundation

Robert A. Goldstein, M.D.'66, Ph.D., M.B.A. has been appointed Vice President for Research of the Juvenile Diabetes Foundation International (JDFI). Dr. Goldstein will work out of both New York City and Washington, D.C. and will be responsible for the world's largest private, nonprofit program in diabetes research. In addition, a major responsibility over the next months will be to continue the work of JDFI's Research Task Force (which Dr. Goldstein has been co-chairing) and to develop the Task Force's final reports and the plans and programs to implement its recommendations.

In a typical year JDFI provides over $30 million to basic and clinical research for a cure for diabetes and the ability to prevent the disease and its complications. A wide variety of research programs are being supported through funds provided by the donations of individuals, foundations, and corporations. These include hundreds of investigator-initiated research grants, career development awards, and postdoctoral fellowships and 26 Diabetes Interdisciplinary Research Programs throughout the world.

Dr. Goldstein is a physician, clinician-investigator, basic scientist, and research administrator with several years of experience as a senior administrator at the National Institutes of Health.

Dr. Goldstein completed his internship in internal medicine at Philadelphia General Hospital, and a residency in internal medicine and fellowship in pulmonary disease at the Veterans Administration Medical Center in Washington, D.C. He earned a Ph.D. in microbiology/immunology at George Washington University, and subsequently served as Acting Director of the Pulmonary Disease Division of George Washington University Medical Center.

In 1978, Dr. Goldstein joined the National Institute of Allergy and Infectious Disease (NIAID) and served successively for a decade as Chief of Allergy and Clinical Immunology and then Chief of Clinical Immunology and Immunopathology.

In 1988, Dr. Goldstein became Director of the Division of Allergy, Immunology, and Transplantation, one of the three extramural divisions of the NIAID. His responsibilities in this position included management of a research portfolio of over 1000 grants, contracts, and fellowships amounting to approximately $216 million in fiscal year 1997. In addition, he was responsible for relating NIAID not only to other NIH institutes, but also to other governmental agencies such as the Veterans Administration and the Food and Drug Administration, to the pharmaceutical and biotechnology industries, and to a variety of private nonprofit constituency-based volunteer organizations. He has also been serving as Director of the World Health Organization's Collaborating Centre for Allergic Diseases at NIAID.

In 1992, Dr. Goldstein received a M.B.A. degree from New York University's Stern School of Business.

Dr. Goldstein has published numerous journal articles relating to cell-mediated immunity and pulmonary diseases and has served as a reviewer for the Annals of Internal Medicine and the New England Journal of Medicine.

In 1997, Dr. Goldstein was awarded the Pennsylvania Bar Association's Liberty Bell Award. It is given annually to a Pennsylvanian who is neither a lawyer nor a judge and has demonstrated a commitment to community service. Dr. Plumb received the award for his efforts as the faculty advisor for JeffHOPE, the student-run, four-site medical clinic for homeless and underserved Philadelphians.

Irwin S. Goldstein of Bala Cynwyd, PA has been appointed an Instructor of Dermatology and Cutaneous Biology at Jefferson.

Janine A. Matsho of Philadelphia was recently promoted to Attending Surgeon on the Cataract and Primary Care Services at Wills Eye Hospital. She serves as President of the Ophthalmologic Club of Philadelphia.

Kurtis D. Jens of Lancaster, PA and David E. Nutter '76 have recently formed Mid-Atlantic Psychiatric Physicians in Lancaster. Dr. Jens has been installed as President of the Lancaster City and County Medical Society.
Do you own stock in any of these companies?
Abbott Labs  Disney  McDonald's Corp.
American Int'l Group  Gillette  Microsoft
Archer-Daniels-Midland  Hewlett-Packard  Motorola
Boeing Co.  Intel  Oracle
Campbell Soup  IBM  Procter & Gamble
Coca-Cola  Johnson & Johnson  Sherwin-Williams
Compaq  Lucent Technologies  or other appreciated stocks

If so, you can increase your income by making a gift of your appreciated shares to a Jefferson Life Income Fund. Historically, these (and many other stocks) have been excellent long-term investments. However, they all currently pay less than two percent annually. By making a gift of appreciated stocks to Jefferson, rather than selling them, you can achieve:

✓ A significant increase in your income
✓ An immediate income tax deduction
✓ Freedom from capital gains liability
✓ Diversification of your portfolio
✓ Free gift management by Jefferson
✓ The satisfaction of investing in Jefferson's future

For more information on Jefferson's life income arrangements, please contact
Frederick "Fritz" Ruccius
Director of Development for Planned Giving
834 Chestnut Street, Suite 314
Philadelphia, PA 19107-5127
215-955-7990  Fax 215-923-5164
email: frederick.ruccius@mail.tju.edu

The Alumni at a Glance
✓ Total number of graduates living and deceased since the founding of Jefferson Medical College: 27,405
✓ Number of living alumni: 9,731
✓ Total number of postgraduate alumni living and deceased: 3,090
✓ Total number of living postgraduate alumni: 3,008
✓ Total number of Jefferson Medical College graduates who did part or all of their training at Jefferson: 1,397
✓ Total number of living Jefferson Medical College graduates who did part or all of their training at Jefferson: 1,347

School in New Brunswick. A good friend and classmate of his, John P. Sutyak '83, is a member of the same department as Louis; they have both achieved this milestone at the same time. Dr. D'Amelio states, “Many of our best residents are Jeff graduates.”

Timothy M. Heilmann and wife, Sue, of Williamsport, PA welcomed their seventh child, Jennifer, in April of 1997. Dr. Heilmann is currently an Associate Director of the Williamsport Hospital Family Practice Residency Program.

'88 10th Reunion June 6
Scott E. Olitsky of Buffalo, NY have been named Program Director of the Residency Program in Ophthalmology at The State University of New York at Buffalo where he is Assistant Professor in the division of Pediatric Ophthalmology.

'89
Herbert C. Conaway Jr. of Burlington, NJ served as a Captain in the Air Force medical corps from 1992 to 1996. He also earned
Brezinski Develops Noninvasive Method to Detect Early Signs of Cancer and Heart Attacks

Researchers at Massachusetts General Hospital led by Mark E. Brezinski '88, in conjunction with scientists at the Massachusetts Institute of Technology, have developed a noninvasive method of detecting early signs of cancer and heart attacks, which they reported in Science magazine, June 27, 1997.

The new method is known as optical coherence tomography (OCT). OCT produces a clear picture of a cross-section of bodily tissue without requiring surgical biopsy. Using laser light, OCT can magnify tissue to allow visualization of individual cells without damaging the tissue.

OCT is based on optical fiber technology, the same technology now used in telecommunications. An optical fiber is a string-like component which guides light waves, allowing a light beam to be controlled over long distances and around bends.

OCT can be compared to ultrasound, except that infrared light waves are used rather than acoustic waves. Ultrasound sends out waves of sound and interprets the echoes reflected back by structures to create a visual image. A ship’s sonar, for example, reveals the ragged terrain of the ocean far below it. Similarly, OCT shines a beam of infrared light into tissue structure, and its back-reflections, measured from different positions, form an image of the terrain within. Thanks to OCT’s high resolution—10 times higher than either clinical MRI or high frequency ultrasound—microscopic early signs of disruption in tissue terrain can be detected and treated.

The infrared light used in OCT is introduced to tissue by means of a small catheter, or endoscope, which can be used virtually anywhere in the body.

Dr. Brezinski, one of the two principal investigators, is a cardiologist at Massachusetts General Hospital, an Assistant Professor at Harvard Medical School, and a Research Affiliate in Electrical Engineering and Computer Science at MIT. Co-principal investigator is James G. Fujimoto, Ph.D., Professor in Electrical Engineering and Computer Science at MIT.

The program for developing OCT had two stages, the first of which involved imaging of transparent tissue. This began in 1991. OCT imaging of the retina provides a “very powerful tool for ophthalmic diagnostics, especially for conditions such as glaucoma and macular edema,” says Professor Fujimoto. To date, several thousand patients have been examined using OCT. The results suggest OCT may be a promising way to diagnose early-stage glaucoma.

In 1994, in a collaboration led by Professor Fujimoto and Dr. Brezinski, OCT imaging was developed for optical biopsy in nontransparent tissue which represents most of the tissue of the body.

Dr. Brezinski (left) with Prof. Fujimoto (right) and members of their research team

The key advance described in the article in Science is the demonstration of OCT for imaging nontransparent tissue in vivo. In the article, the researchers used OCT to image the esophagus of a living rabbit. “This advance opens up the possibility of an incredibly broad range of clinical applications,” adds Prof. Fujimoto.

Developing OCT to its current status required persistence and an effective collaboration among researchers. “Three and one-half years ago, I was told by many people that this project wouldn’t work, that light wouldn’t penetrate deeply enough. Now we are just about ready to test OCT in patients through a high-speed, high-resolution catheter/endoscope-based system,” says Dr. Brezinski.

“This could not have been accomplished by one or two individuals but represented the vertical integration of students, postdoctoral fellows, and investigators, a fact of which we are all very proud. If you compare this to other technologies like ultrasound and MRI, we have come a tremendous way in three and one-half years.”

The researchers suggest that OCT will replace conventional biopsy for many applications in the future. First, OCT can be used where conventional biopsy would be hazardous, the brain and coronary arteries being the most prominent examples.

Second, OCT could serve well where surgical biopsy misses the diagnosis, such as in early cancer detection in the colon, esophagus, and cervix. Third, they suggest OCT can be used to guide surgical and microsurgical procedures such as nerve repair or prostate surgery.

Now, Brezinski and colleagues are working directly with patients, increasing the resolution to allow OCT to be applied to early diagnosis of such disorders as cervical cancer, and exploring technologies to use with OCT, such as spectroscopy, which may allow biochemical as well as structural information to be gained from tissue.
Winthrop F. Whitcomb '89 is co-founder of the National Association of Inpatient Physicians, which has a data base on “over 1,000 hospitalists.” Dr. Whitcomb is also Course Director for the association’s first annual meeting to be held April 1, 1998 in San Diego. He is Medical Director of the Mercy Internal Medicine Service at Mercy Hospital, a 200-bed community hospital in Springfield, Massachusetts.

This service is fairly typical of the hospitalist concept. He explains, “It provides inpatient medical care for patients referred from outside physicians or those without physicians. Additionally, the service admits all internal medicine cases and handles all floor emergencies between 11 P.M. and seven A.M., allowing the on-call community interns to sleep at night. Currently our ‘hospitalist’ group employs six physicians full-time and several part-time. The first challenge in establishing the service was to gain acceptance by the hospital’s medical staff of community practitioners.

“The concept responds to the need to maximize efficiency of medical care. It eliminates the time formerly spent by outpatient physicians commuting to and from the hospital. Instead, the hospitalist is always on site. Most hospitalists are salaried employees of an HMO or hospital, but some work as their own practice in a fee-for-service model.”

The “hospitalist” concept was succinctly described by Wachter and Goldman in the New England Journal of Medicine, August 15, 1996, at page 514.

Whitcomb Active "Hospitalist"

As part of their 50th Reunion celebration the Class of ’48 is going to Bermuda June 7–11, 1998. They cordially invite other Jefferson alumni and friends to go with them.

For information and reservations kindly contact:

Gail Pensabene (Travel Agent)
Spring House Travel Village Center
Spring House, PA 19477
Phone: 215-643-7074 Fax: 215-643-6737
A $300 deposit is required by January 31 to hold a seat. It will be a wonderful trip! Hope you can come.

Bermuda in June 1998

Please submit news for Class Notes to:
Attention: Alumni Bulletin
Jefferson Medical College of Thomas Jefferson University
1020 Locust Street, Suite M-41
Philadelphia, PA 19107-6799
Fax: 215 923 9916 Attention: Alumni Bulletin
E-mail: Malcolm.relandin@mail.tju.edu
World Wide Web site:
http://jeffline.tju.edu/CWIS/JMC/alumni/bulletin.html

Would you like to contact the Alumni Office electronically? Send information such as address changes or personal and professional changes to: jmcalsm@jefflin.tju.edu

Readers are encouraged to submit nominations for:
1) 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.
2) 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 each 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.
Join the Alumni for a Jefferson Update

Plan to attend a presentation on
The State of Thomas Jefferson University
and Jefferson Medical College

by Paul C. Brucker, M.D.
President, Thomas Jefferson University
Joseph S. Gonnella, M.D.
Senior Vice President for Academic Affairs, Thomas Jefferson University, and Dean, Jefferson Medical College

Joseph W. Sokolowski Jr. '62
President, Jefferson Medical College Alumni Association

Thursday, February 5, 1998
Solis-Cohen Auditorium, Jefferson Alumni Hall
5:00 until 6:00
light collation immediately following

Berger Studies Possible Prion Disease from Squirrels

Joseph R. Berger ’74 received considerable media attention in September for his observation on a possible relationship between Creutzfeldt-Jakob disease (a prion disease in humans that is similar to “mad cow” disease) and eating squirrel brains, a not uncommon food in Kentucky. Dr. Berger is Professor and Chairman of Neurology at the University of Kentucky College of Medicine. In the August 30 issue of Lancet, Dr. Berger was the first of three authors on “Creutzfeldt-Jakob Disease and Eating Squirrel Brains.” The discovery made the pages of Newsweek and the Associated Press.

Prion diseases spread through the ingestion of infected tissue. Mad cow disease seems to have spread through British herds when cattle were fed protein supplements made from the ground-up body parts of other cattle that were infected.

As for the possible danger of infected squirrels, not only the brain but any part of a diseased animal could theoretically transmit a prion condition to a human who ate it.

Dr. Berger notes that the study is still preliminary; the researchers are currently increasing their epidemiologic survey.

'95
Susheel P. Patil of Shaker Heights, OH will become Chief Resident in internal medicine at the University of Cleveland. He plans to specialize in pulmonary/critical care medicine.

Paul R. Stauffer, a second-year surgical resident from York, PA, was part of the York Medical Mission which traveled to the poorest part of India, Chamba, in the foothills of the Himalayas. This was Dr. Stauffer’s third trip. He spent one year there studying the Hindi language, among other things.

A United Nations’ organization, Impact India, had arranged for patients to gather in Chamba. Many had traveled for days just to be treated by one of the health professionals.

The medical team was made up of nurses, an anesthesiologist, and eight doctors, including a plastic surgeon, a gynecologist, and an ear, nose, and throat specialist. The team had to bring much of their own supplies.

'96
Andrew Kwak and his wife, Gina, of Wynnewood, PA joyfully announce the birth of their daughter, Kyra Lee, on June 14, 1997. Andrew is a first-year radiology resident at Jefferson.

'97
Jennifer Jo Dischel of Ashland, MA is an Air Force captain, and was the only doctor on Air Force Two when it carried Vice President Al Gore to a day-long visit in Boston. Jennifer is serving an internship as a flight surgeon at Andrews Air Force Base, MD, where Air Force One and Two are based.

Postgraduate Alumni

Marc L. Schwartz IM'81 of Philadelphia was elected President of the Medical Staff at Jefferson for the July 1997 through June 1999 term.

Anne Marie C. Angeles D'91 of Merion, PA has been appointed Instructor in Dermatology and Cutaneous Biology at Jeff.

Todd J. Albert ORS'92 of Merion, PA has been appointed Associate Professor of Orthopaedic Surgery.
ANNOUNCEMENT

During the past few years Jefferson Alumni have repeatedly requested the publication of a bulletin to contain news of the College and Hospital and of the activities of graduates in various portions of the world. There can be no doubt that many things of interest are happening daily, and the alumni of Jefferson should know of these happenings. Moreover, alumni should be in closer touch with the College. This first edition of the Alumni Bulletin inaugurates the policy of acquainting the alumni with the latest news concerning Jefferson. If the interest and support on the part of the alumni are sufficiently encouraging, additional bulletins will be issued from time to time. Expressions of opinion concerning the desirability and future character of the Bulletin should be addressed to the Committee.

A Letter from the President of the Board of Trustees to the Corresponding Secretary of the Alumni Association

At a meeting of the Executive Committee of the Alumni Association on August 25, 1922, the opinion was expressed by several members present that there still existed an impression among certain of the alumni that Jefferson might ultimately merge with the University of Pennsylvania. The Executive Committee passed a resolution that the Alumni Bulletin should contain a statement from the Board of Trustees in regard to the matter of merger. A letter was addressed to Mr. Potter, President of the Board of Trustees, who replied as follows:

"Dear Dr. Funk:

"Yours of the 16th inst. received. It is indeed amazing that there should exist in the mind of any Jefferson alumnus, the thought that there might still be a merger with any friendly rival institution of medicine.

"The administration of Jefferson Medical College is unanimous that we continue as the great independent medical school of the United States, whose fame is national and international. The Jefferson doctor passes more State Boards, and the number of living graduates of Jefferson is greater than that of any other medical college.

"I can conceive of no change in this fixed policy unless unhappily the alumni of Jefferson should cease to continue a vital interest in their distinguished Alma Mater.

"The Jefferson Medical College possesses famous traditions and men who are "carrying on." One of our pressing needs now, however, is more and more money to keep abreast with friendly but formidable rivals. We have, in the past, with the spur of poverty back of us, kept abreast of this rivalry and God willing, if our large alumni, scattered all over the world, will add to their own interest, the interest of their friends, Jefferson will maintain her present most enviable position.

"Yours faithfully,

"WILLIAM POTTER,
"President, Board of Trustees."