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Science Issue:
The Evolution in Scientific Disciplines
The Rb2/p130 Gene and Endometrial Cancer
Gene Therapy Trial for Glioblastoma
Ovarian Cancer Vaccine
Uric Acid and Multiple Sclerosis
Upcoming Events

April 1, Wednesday
Reception and Dinner in Wilmington, Delaware

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

April 16, Thursday
Alumni Annual Business Meeting—see pages 14–15

April 17, Friday, 8:00 p.m., First Baptist Church, 17th and Sansom Streets: Thomas Jefferson University Choir and Orchestra directed by Robert T. Sataloff M.D. '75, D.M.A.—program will feature Part II of Handel's Messiah

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—see inside back cover

June 5, Friday, Alumni Banquet

June 6, Saturday, Clinic Presentations, Reunion Parties

June 7, Sunday, Farewell Brunch

June 7–11
Trip to Bermuda

Lectures on Campus

March 26, Thursday, 4:00 P.M., Solis-Cohen Auditorium, 1020 Locust Street: William Potter Lecture: Ferid Murad, M.D., Ph.D., Professor and Chairman of Integrative Biology, Pharmacology, and Physiology, University of Texas Medical School, will speak on "Cell Signalling with Nitric Oxide and Cyclic GMP"

April 22, Wednesday, 4:00 P.M., Connelly Conference Room, Blumle Building, 10th and Locust Streets: Luscombe Lecture: Luis Diaz, M.D., Professor and Chairman of the Department of Dermatology at Medical College of Wisconsin, will speak on "Bullous Pemphigoid and Hemidesmosomes: From Walter Lever to the Present"

May 1, Friday, 5:00 P.M., Solis-Cohen Auditorium, 1020 Locust Street: Clerf Lecture: Robin T. Cotton, M.D., Director of Pediatric Otolaryngology at Children's Hospital Medical Center and Professor of Department of Otolaryngology/Head and Neck Surgery at University of Cincinnati College of Medicine, will speak on "The Development of Laryngotracheal Resection in Children"

May 1, Friday, 9:00 A.M., Connelly Conference Room, Blumle Building, 10th and Locust Streets: Paul C. Brucker Lecture

May 12, Tuesday, 5:00 P.M., Solis-Cohen Auditorium, 1020 Locust Street: Hodes Lecture: Elias Zerhouni, M.D., Martin Donner Professor and Chairman of Radiology and Radiological Sciences, Johns Hopkins, will speak on "The Relationship Between Research and Entrepreneurship for Academic Physicians"

May 13, Wednesday, 10:30 A.M., DePalma Auditorium, 1025 Walnut Street: Biele Lecture: Bressel A. van der Kolk, M.D., Professor of Psychiatry, Boston University School of Medicine and Professor of Medicine, Harvard University, will speak on "Social and Neurobiological Dimensions of Compulsions to Forget and Repeat Psychological Trauma"

May 14, Thursday, 8:00 A.M., DePalma Auditorium, 1025 Walnut Street: Raymond C. Grandon Lecture: Woodrow A. Myers Jr., M.D., M.B.A., Director of Health Care Management, Ford Motor Company, will speak on "Academic Medical Centers and Purchasers of Care: The Future," with panelists Elizabeth White, M.D., Barry Rabner, Marc L. Schwartz IM'81

Continuing Medical Education

For information call 1-888-JEFF-CME

New Developments in Prevention and Treatment of Hepatitis
Program Director: Barbara A. Konkle, M.D.
March 27–29
Location: Philadelphia Marriott Hotel

Fifth Annual Cardiovascular Radiology Review
Program Director: Robert M. Steiner '64
March 28–29
Location: Solis-Cohen Auditorium, Jefferson Medical College
AMA Category One Credit Hours: 14.5

Second Annual Jefferson Cytology Review Course
Program Director: Patricia F. Reyes, M.D.
April 17–19
Location: Blumle Building, Jefferson Medical College
AMA Category One Credit Hours: 22

Intravenous Antiarrhythmic Drugs: Renaissance in Arrhythmia Management
Program Director: Dr. Peter R. Kowey
May 6
Location: San Diego Marriott, 333 W. Harbor Drive, San Diego

Update in Neurology
Program Director: Patricia F. Reyes, M.D.
May 7–9
Location: Blumle Building, Jefferson Medical College

Seventh Annual Program in High Risk and Critical Care Obstetrics
Program Director: Nan H. Troiano, R.N., M.S.N.; L. Weiner, M.D.
June 1–6
Location: Jefferson Alumni Hall, 1020 Locust Street

21st Annual Eastern Shore Medical Symposium
Program Director: Richard C. Wender FP'82
June 21–26
Location: Rehoboth Beach, DE

AMS Bi-Annual Meeting and Postgraduate Course
Program Director: Dr. Satish Rattan
August 19–22
Location: Sheraton Society Hill, Philadelphia

Seventh Annual Program in High Risk and Critical Care Obstetrics
Program Director: Nan H. Troiano, R.N., M.S.N.; L. Weiner, M.D.
October 12–17
Location: Jefferson Alumni Hall, 1020 Locust Street
Department Restructurings Respond to the Evolution in Scientific Disciplines 4
The Rb2/p130 Gene and Endometrial Cancer 7
Gene Therapy Trial for Glioblastoma 8
Ovarian Cancer Vaccine is Promising in First Tests 9
Transgenic Mouse for Study of Photoaging 10
Uric Acid Reduces MS Symptoms in Mice 11
Albert Einstein Healthcare Network Will Join Jefferson Health System by July 12
Proosed Amendments to Alumni Association Bylaws 14
Joseph Seltzer '71, the Next Alumni President 15
Wallace Miller '56 Receives RSNA Gold Medal 21

On the cover: Joseph L. Seltzer '71, Chairman of Anesthesiology and the next Alumni President, with second-year residents Savitha V. Vonah '95 and Julius S. Heyman M.D. '95, Ph.D., going over equipment in the operating room at Thomas Jefferson University Hospital (see page 15) photo by Chris Leaman

At the podium for the plenary session at Career Day for the sophomore medical students: Richard L. Allman '69, James M. Delaplane '64, and Allen E. Chandler '61
Jefferson Medical College is about the business of making tomorrows—tomorrow's best doctors and best clinical and basic scientists, tomorrow's clinical and scientific advances, and tomorrow's better health care for patients. To do its business effectively, Jefferson's teaching programs must not only provide students with current information, but also must correlate this information with its clinical relevance. Jefferson also must have a strong basic science presence, and a strong basic and clinical research capability so a more enlightened knowledge base can strengthen teaching and benefit patient care. Unprecedented advances in scientific knowledge over the past 35 years have challenged medical schools to keep pace educationally, and have stimulated them to strengthen their basic science departments and their research capabilities so they can play a more active role in contributing to the expanding knowledge base.

From their founding, most U.S. medical schools recognized anatomy, pathology, and physiology as the basic elements of a good medical education. In earlier times, anatomy, regarded as the study of the body's structures, was taught by surgeon-anatomists. Physiology was regarded as the study of the body's functions, and pathology was regarded simply as a stepping stone to clinical medicine. Continuing scientific advances during the mid and late nineteenth century acted as stimuli for identifying and differentiating new basic science disciplines. As each basic science discipline grew and developed, its own research efforts added to the accumulating store of scientific information which, occasionally, resulted in changing both the name of the discipline and the focus of its teaching and research. These gradual changes in basic science knowledge and teaching represent an educational evolution brought about by exciting advances in human knowledge over the past century and a half. To illustrate how Jefferson goes about its business of making tomorrows, this article examines the evolution and the changes in basic science departments at Jefferson Medical College, their roles in medical education and research, their responses to new scientific information, and their readiness for the 21st century.

The period 1860-1900 saw the establishment of pathology as a specific discipline following the application of microscopy to the study of diseased tissue, following Schwann's description of cell structure, and following notable discoveries in infectious diseases. The use of anesthesia allowed the humane use of animals for student demonstrations and for animal research in physiology and in other basic sciences. This period also saw the development of accurate methods of quantitative analysis and an increasing understanding of organic chemistry, and what was then called physiological chemistry. The status of biochemistry as an independent department in medical schools dates from 1880. At Jefferson, however, biochemistry was called Medical Chemistry and Toxicology from 1884 until 1912, then called Physiological Chemistry and Toxicology until 1945 when it finally became the Department of Biochemistry.

The period 1900-1960 saw the Anatomy Department introduce courses in histology, embryology, and neuroanatomy. Pharmacology attained department status at Jefferson in 1932, the last basic science discipline of the time to become an independent department. Before attaining department status, pharmacology was taught as Materia Medica and Therapeutics in the Department of Medicine. As specific discoveries during the latter half of the nineteenth century confirmed the role of microorganisms in disease, the need to present this new information to Jefferson medical students in a more organized fashion became apparent. This new science of bacteriology originally was taught to Jefferson students by the Pathology Department until 1909, when the Department of Bacteriology and Hygiene was formed. Reflecting the continuing growth of scientific information in this new field, this department was renamed Preventive Medicine and Bacteriology in 1925, and changed again to Bacteriology and Immunology in 1941. The early concepts of molecular biology introduced during the latter half of this period forced another name change in 1939 when the department was renamed Microbiology, and areas of expertise in virology, microbial pathogenesis, and cellular immunology were added. This period also saw the growth of clinical laboratories within hospitals, increased emphasis on neuropathology, gynecologic pathology, and bacteriology in hospital laboratories, and the application of this new information to medical student teaching and to patient care. However, the most significant scientific advance during this period, at least in its potential for improving patient care, was the description of the double helical structure of DNA by Watson and Crick in 1953 which, interestingly, was almost entirely ignored by medical educators of the time.

The period 1960-1980 saw Anatomy shift its focus more toward developmental biology, neuroscience, and teratology. In keeping with evolving scientific information, Biochemistry increased its efforts in immunochemistry and in molecular biology. Physiology increased its emphasis on cellular physiology and biophysics, and on
integrated teaching which integrates biochemistry with elements of histology and genetics, anatomy and physiology. Pharmacology emphasized clinical pharmacology, clinical toxicology, psychopharmacology and neuropharmacology. The major focus of Microbiology shifted to immunology, molecular genetics, virology and the pathogenesis of infectious diseases at the molecular level. An interesting aspect of this period in microbiology was a gradual decrease in interest in the study of bacteria and a gradual increase in interest in the study of viruses, molecules, and prions.

The major scientific breakthrough during this period, however, was the breaking of the genetic code. This code, embodied in the double helix of DNA, is the molecular basis for genetic expression and defines the relationship between DNA structure and protein structure. The flow of genetic information from chromosomes goes from DNA to RNA to protein, which is the fundamental unit of cellular structure. Human genetics, by means of the human genome initiative, is in transition now from learning about DNA sequences to learning about gene function in health and in disease. The information provided to date by this emerging human genetic map has given investigators the resources to identify disease specific genes, and is providing leads for new understanding of many diseases, and for therapeutic opportunities. Rapidly expanding genetic knowledge has allowed the understanding of many disease states to progress from descriptive pathologic anatomy to identification of specifically involved genes and precise mutations. Defective genes, or mutations, now are known to be the basic cause of many human diseases and malignancies. Progress in mapping the human genome and in recombinant DNA technology now have provided investigators with a potentially definitive cure for the genetic abnormalities behind the majority of human diseases. Integrating knowledge of biologic events at the molecular level with human physiology and disease now is believed to be key to understanding disease processes in subcellular and molecular terms.

As the subcellular and molecular environments, mechanisms of action and abnormalities yielded their secrets, the rigidly held distinctions between specific basic science disciplines, which had held firm for years, became more and more blurred. For example, biochemistry now is viewed as the chemistry of life when considered from a molecular approach, while physiology is viewed as the chemistry of life when viewed from an organ approach. Pharmacology and biochemistry now are seen as having similar roots, with pharmacology considered the biochemistry of drug action. At present, teachers and researchers consider molecular pharmacology virtually indistinguishable from biochemistry. New cellular and molecular biological details underlying many human disease states and malignancies are being identified almost daily, and this new information must be correlated with its clinical relevance for transfer to medical students. For example, the Physiology Department gives correlation conferences which relate this new information to clinical medicine, and also which reinforce the students' need to know physiology. This flood of subcellular and molecular information tells us that a new breed of doctors will practice medicine in the 21st century. These doctors will bring this new subcellular and molecular biology to their patient care efforts, will understand and appreciate the molecular mechanisms underlying human disease, will know how to make use of molecular technology, and will practice molecular medicine.

The period 1980 to the present at Jefferson has been characterized not only by progressive blurring of distinctions between basic science disciplines, but also by a major emphasis on research. From its founding in 1824, Jefferson Medical College has earned an envious reputation for clinical excellence, and for producing good doctors. However, prior to 1980, except for a few bright spots like the Cardeza Foundation, sponsored research was not a prominent activity at Jefferson. In fact, an interest in research was not encouraged in Jefferson's earlier faculty members because such an interest was considered too time consuming and detracted from the faculty's major duty of teaching medical students. When Virgil H. Moon, M.D. was appointed Chairman of Pathology in 1927, he received a letter from Dean Ross V. Patterson '04 which said, in part, "Dr. Moon, you will be expected to devote your talents and energies to the teaching of pathology. You will not be expected to do research. In fact, I may say you will be expected NOT to do research work." Looking back from today's perspective, it is worth noting that Dr. Moon did not follow Dean Patterson's advice. Moon is now remembered as the faculty member who first brought respectability to basic medical research at Jefferson, mainly through his landmark work on shock which is credited with saving the lives of many battle casualties during World War II.

During the early 1980s, the Board of Trustees of Thomas Jefferson University recommended that the base for Jefferson's excellence be

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broadened by increasing the research effort, and provided extra funds for accomplishing this objective. At the time this recommendation was made, only 20 percent of Jefferson's faculty were engaged in sponsored research. There is general agreement among medical research institutions that success in an institution's research mission is measured best by its share of research dollars obtained through competitive awards from the National Institutes of Health (NIH). In 1985, Jefferson obtained only five million dollars in NIH funding, and ranked 78th in research funding awards among U.S. medical schools. This recommendation from the Board of Trustees, and the additional financial support, presented Dean Joseph S. Gonnella, M.D. with a mandate to recruit more research-oriented faculty, while, at the same time, to maintain Jefferson's deserved reputation for clinical excellence. This initiative, begun during the 1980s to increase and strengthen the research presence and effort at Jefferson, has resulted in an investment in outstanding scientific talent, and in modern research facilities that contribute to Jefferson's being recognized now as a medical research center, as well as a center of clinical excellence. By 1995 nearly 50 percent of faculty members were engaged in sponsored research. Jefferson had increased its amount of NIH funding to 49 million dollars, and its research ranking among U.S. medical schools had risen from the 78th position to the 36th position.

The changes initiated by this explosion in new scientific information over the past 35 years have resulted in a stronger and better balanced Jefferson Medical College, and in an institution better equipped to carry out its mission of education, research, and patient care than at any time in its 174-year history. Jefferson is well positioned now to go about its business of producing good doctors and scientists who will be fully prepared for the molecular medicine of the 21st century. Strengthening Jefferson's research capability has been accompanied by the development of an infrastructure at Jefferson in which teams of basic scientists with outstanding reputations complement Jefferson's acclaimed clinical faculty. Innovative clinical research performed at academic health centers like Jefferson must involve collaboration between basic scientists and clinicians. This collaboration enables Jefferson to take research breakthroughs about the pathogenesis and treatment of many disease states and malignancies from the laboratory and quickly translate them into patient care benefits.

Rapid expansion of the scientific database, the blurring of previously held distinctions between different basic science disciplines, and information that several basic science disciplines have similar roots led Dean Gonnella in 1995 to review the structure of Jefferson's basic science departments. If departments are considered to be administrative units built around specific disciplines, it seemed reasonable to consider combining similar disciplines into a single department. The dean was convinced that consolidation would result in better educational and research efforts because people with similar interests would work together in teams and, not insignificantly, consolidation would lower administrative costs to the medical college. The dean appointed a faculty task force in 1995 to consider consolidating Anatomy and Pathology into a single department. He charged the task force to consider the effect of consolidation on the education of medical and graduate students, on the research programs of the two existing departments, and on faculty development within the departments. The task force reported favorably on consolidating Anatomy and Pathology into a single department. Among the positive aspects pointed out by the task force were: 1) research programs are not defined by departments, therefore no problems in this regard are anticipated, 2) teaching responsibilities for medical students under the current curriculum are identified departmentally, and educational assignments have maintained their distinctions among disciplinary interests of the faculty. Teaching of medical students is expected to be improved by access to the resources of a larger department, and 3) because graduate programs historically have been interdisciplinary, no effect on graduate education is expected as a result of change in department structure.

The dean took the task force's recommendation to consolidate Anatomy and Pathology into one administrative unit to the Executive Council of the Faculty who approved the change. Following approval of the Scientific and Academic Affairs Committee of the Board of Trustees, and approval of the Board of Trustees of Thomas Jefferson University, the new department of Pathology, Anatomy, and Cell Biology was organized with Emanuel Rubin, M.D., the Gonzalo E. Aponte Professor of Pathology and Cell Biology, as Chairman. In 1996, another task force appointed by the dean recommended consolidating Biochemistry and Pharmacology into a single department. After receiving faculty and Board of Trustees approval, the new department of Biochemistry and Molecular Pharmacology was organized with Gerald Litwack, Ph.D. as Chairman. The other basic science departments are Microbiology and Immunology with Carlo M. Croce, M.D. as Chairman, and Physiology with Allan M. Lefer, Ph.D. as Chairman.

Interviewed basic scientists agree that blurring between basic science disciplines has had a positive effect on medical student teaching and on research at Jefferson. Investigators from different disciplines now use the same research techniques and share information, equipment, and facilities, so their departments of origin are of little relevance to their research projects. Medical student teaching, however, remains departmentally based, but department realignment makes more resources available to the teaching mission so that information now can be presented in a more sequential fashion. Physiology, for example, integrates new subcellular and molecular information uncovered by other basic science disciplines with human organ systems as part of their teaching responsibility. There is expectation among basic faculty members that traditional medical student laboratory exercises gradually will be eliminated over the next few years in favor of laboratory exercises performed by computer simulation. They agree that better clinical correlations with diseases for students now are possible because of the new information about subcellular and molecular environments and abnormalities.

The present method of teaching gross anatomy to first-year students is an example of the new collaborative teaching at Jefferson. Anatomy is taught as a sequence of structural studies of normal anatomy, progressing from gross anatomy to histology to cell biology. Pathologists present seminars during the anatomy course...
which acquaint students with some consequences of abnormal anatomy as the result of disease processes to prepare them for the study of pathology in the second year. There is structural correlation now between anatomy and pathology teaching because anatomy teaches relevance of body structure to health, while pathology teaches relevance of body structure to disease states, thus serving as a sequential learning experience for students.

An expanding database about gene abnormalities has made cancer research an active and productive effort at Jefferson. The gamma-smooth muscle isoactin gene, whose absence correlates with uterine malignancies, was identified by Jefferson researchers. These investigators now have developed a genetic test using reverse transcriptase-polymerase chain reaction (RT-PCR) to identify uterine tumors as malignant or benign. Jefferson researchers are gathering additional evidence that damage to the human retinoblastoma gene Rb-2/p130, a powerful tumor suppressor gene, not only may lead to lung cancer, but also that levels of the protein correlate with tumor aggressiveness. They are hopeful their work will help clinicians move a step closer to diagnostic molecular tests, not only for lung cancer, but for other cancers as well (see adjacent article).

Jefferson scientists believe that continuing evolution of computers and computer software holds the key to future research at the molecular level. Gene mutations will be identified by an automated gene chip, and bioinformatics will allow comparison of genes with known functions with other genes. Completion of the human genome project will allow more in depth study of the causes of diseases such as hypertension, Type 2 diabetes, and atherosclerosis. Computers will design drugs such as antibiotics to combat well entrenched resistant bacterial strains, and cancer chemotherapeutic agents which target cancer cells only and do not harm normal tissue. More emphasis can be expected on neuropharmacology in response to mental health needs and cognitive problems associated with aging. Pharmacokinetic and pharmacodynamic mathematical modeling will be used to determine optimal drug treatment doses in clinical trials which will speed up the process by allowing trials to be completed faster and with fewer patients.

These structural changes within basic science departments at Jefferson have had a positive effect on medical student education, have improved lines of communication between researchers and other faculty, and have reduced administrative costs to the medical college. These basic science realignments have contributed to making Jefferson Medical College stronger and better balanced. It is impossible to predict if further realignment of the basic science disciplines will occur at Jefferson. Additional changes may prove necessary at some future time because of new scientific advances, or because of further blurring of distinctions between individual basic science disciplines. Alumni can be assured that contemplated changes will be reviewed carefully by the faculty and by the administration. Decisions will be based solely on the potential for improving the educational programs and research capabilities of Jefferson Medical College, so the institution can continue its business of making tomorrows, and do so with confidence and pride.

The Rb2/p130 Gene and Endometrial Cancer

Scientists at Jefferson Medical College, extending their previous discoveries about the "protective" gene Rb2/p130, have found that the less it is present in endometrial cancer cells, the more aggressive the disease will be, and the greater the likelihood the woman will die from the disease. The finding may eventually lead to a test that can predict disease severity and help guide treatment.

Antonio Giordano, M.D., Ph.D., Associate Professor of Pathology, Anatomy, and Cell Biology, and his colleagues at Jefferson and the University of Florence and the Second University of Naples examined the cancer tissues of 100 patients who underwent surgery for endometrial cancer. The patients had no prior radiation or chemotherapy.

They found that five years after surgery, lower levels of the tumor suppressor gene Rb2/p130 correlated with a higher risk than normal of returning disease. The women were also more likely to die of the cancer. They report their findings in the March issue of the Journal of Clinical Oncology.

"We measured Rb2/p130 status in relation to the length of disease-free survival and disease-specific survival in 100 endometrial cancer patients who had surgery to remove the tumor," explains Dr. Giordano, who also is president of the Sharro Institute for Cancer Research and Molecular Medicine, which is affiliated with Jefferson Medical College. "We found a decreased level of pRb2 in endometrial cancer significantly associated with decreased probability of remaining disease-free.

"We found that the risk of dying from endometrial cancer was four and a half times more likely in women with these lower levels of the gene," he points out. "In patients with endometrial cancer, and who haven't had chemotherapy or radiation before surgery, the presence of Rb2 is associated with a higher risk of dying independent of the stage of the disease.

"This is the first report that Rb2/p130 levels have been associated with survival with endometrial cancer." A diagnostic test could be developed within a few years, he suggests.

"These findings lend further support to the idea that pRb2 is a strong factor that protects normal cells from turning cancerous," he notes. The gene has also been linked to other cancers, such as lung, bladder, osteosarcoma, breast, and cervical. Dr. Giordano and his colleagues suspected an Rb2-endometrial cancer link because they had seen similar mechanisms in lung cancer. "If this mechanism is common in lung and endometrial cancers," he notes, "it may be involved in some way in other cancers. These additional results put Rb2 in a selected group of identified genes vital to the normal function of cells in our body."

Dr. Giordano thinks the findings may someday help doctors identify which women are at greater risk of recurring disease. As a result, they may be better able to select which endometrial cancer patients should have less aggressive surgery, and which individuals may be at higher risk for recurrence, perhaps requiring more treatment. "Lower pRb2 levels may indicate the need for more aggressive treatment for potentially recurrent disease," he explains. "A high level may indicate less aggressive therapy is needed. Rb2 may be useful as a prognostic indicator to help set the course of therapy. Our results may influence the selection of candidates for less aggressive surgical treatment. They may also be helpful in identifying high-risk patients to whom every surgery effort should be attempted.

"We need to follow large groups of patients and randomize them, including patients who have had chemotherapy and/or radiation either pre- or postoperatively. The findings may allow physicians to intervene in a more appropriate manner."

He explains that pRb2 is involved in the regulation and control of the cell cycle and differentiation. "We know that when it doesn't function properly, cell division goes awry." Further prospective studies are needed before a potential test is ready for clinical use, he adds. Endometrial cancer is the most common cancer of the female reproductive tract. As with many cancers, endometrial cancer is much more treatable when caught in its earliest stage. The American Cancer Society estimates that roughly 36,000 new cases of endometrial cancer will be diagnosed in the United States during 1998. Some 6,300 U.S. women will die from the disease this year.
Gene Therapy Trial for Glioblastoma

Researchers here are studying whether gene therapy will be safe and effective in treating glioblastoma, a form of brain cancer. Jefferson is among 40 centers worldwide participating in what is believed to be the first organized international gene therapy trial of any kind. The trial is designed to see if gene therapy can not only delay disease progression, but also improve patients' quality of life.

David Andrews, M.D., Associate Professor of Neurosurgery, and his colleagues have already treated three patients, and are hoping to recruit several more. Glioblastoma multiforme afflicts approximately 6,500 people a year in the United States, and is the most common and deadliest type of brain tumor. Most patients who receive standard treatment—surgery and radiation, and sometimes chemotherapy—live for only about a year.

This is the first time researchers are studying a new treatment for newly diagnosed glioblastomas. Earlier studies were on recurrent tumors, which proved resistant to long-term therapy. “Because cancer is a genetic aberration,” explains Andrews, “gene therapy is the treatment of the future for cancer.”

The treatment involves inserting a gene derived from a herpes simplex virus into glioblastoma tumor cells. When introduced during brain surgery, the therapy incorporates the gene for an enzyme, thymidine kinase (TK), into the DNA of actively dividing tumor cells. Patients are subsequently given the antiviral agent, gancyclovir. The combination of the enzyme and virus destroys cancer cells.

The treatment has tremendous appeal, Dr. Andrews notes. “Primary brain cancers are very resistant to treatment, even palliation. Biological therapies have shown some promise. Theoretically, it is a strategy upon which we can build. Traditional therapies—surgery, chemotherapy, and radiation—are limited in effectiveness. They are designed to reduce symptoms, rather than cure the disease.”

In the new treatment, mouse cells are transfected in the lab with a genetically engineered mouse leukemia virus that includes the herpes simplex gene for thymidine kinase. This genetically engineered “composite” virus will infect nearby dividing cells, but has been rendered incapable of dividing itself. During surgery, after the tumor is resected, surgeons inject mouse cells containing the virus into the brain cavity. The virus—actually a retrovirus—then infects only surrounding cancer cells. The TK gene is incorporated into the host cells’ DNA, where it is transcribed and translated, producing the TK enzyme. This process occurs over two weeks, after which the patient is given gancyclovir. The drug is activated by the TK enzyme by a process called phosphorylation. The activated drug then kills the host cancer cell by shutting down its ability to replicate its DNA. It may take several months for researchers to see any effects from the treatment, Dr. Andrews says.

The glioblastoma gene therapy protocol was developed by Genetic Therapy, Inc., a subsidiary of Novartis Pharmaceuticals Ltd., East Hanover, New Jersey.

New Digital X-Ray May Cut Costs and Improve Care

A new digital X-ray technology being studied at Jefferson has the potential to replace the current film X-ray technology, reducing health care costs and improving patient care, says Gary S. Shaber, M.D., Research Professor of Radiology.

Dr. Shaber has spent more than a year extensively studying the DirectRay digital radiography technology designed by Sterling Diagnostic Imaging of Newark, Delaware. DirectRay, which is being reviewed by the U.S. Food and Drug Administration, was unveiled at the Scientific Assembly and Meeting of the Radiological Society of North America. Dr. Shaber presented two major papers on the technology at the meeting.

Shaber, who has been the primary investigator of the technology, says the images produced by digital radiography are equivalent to those produced by film-based radiography. The technology has also been studied at the Cleveland Clinic Foundation. “In my opinion, digital radiography is the wave of the future,” says Dr. Shaber.

Currently, an estimated 70 percent of all diagnostic exams are performed using conventional film-based radiography because of its functionality and high image quality.

Film-based systems, however, can be indirect because fluorescent materials must first absorb the X-ray energy and convert it into light during the exposure process, Dr. Shaber explains. Then the light must be converted to electronic signals. During this second step, the emitted light scatters and can reduce the sharpness of the image.
With digital radiography technology, X-ray energy is captured and converted into electronic signals that form a precise digital image on a video screen. These images can be duplicated and transmitted electronically with no loss of quality.

Furthermore, there is software available that allows a radiologist to focus on or enhance a specific area of interest on the digital X-ray. This new technology can result in reducing the cost of processing, storing and transporting images, so radiologists will be able to process and review more X-rays. The X-rays can also be stored in the computer for easy and quick access by physicians.

Digital X-ray technology would also allow hospital radiology departments to see more patients and cut down on repeat examinations.

In time, hospitals could have totally filmless radiology departments, Dr. Shaber notes. “This should increase productivity,” he says.

Patients can greatly benefit from this technology. With digital radiography, a patient spends less time waiting for X-rays to be developed and read, and the results can quickly be communicated to the primary care physician, often while the patient is in the doctor’s office.

Digital technology also offers a significantly lower dose of radiation than conventional imaging.

Ovarian Cancer Vaccine Looks Promising in First Tests

Jefferson researchers have created what they believe may prove to be an effective ovarian cancer vaccine made from a patient’s own cancer cells. After testing the vaccine on 11 patients, each with advanced disease, the scientists are encouraged after seeing an initial immune reaction. That tells them that the vaccine is effectively stimulating the immune system into action.

Charles J. Dunton, M.D., Associate Professor of Obstetrics and Gynecology in the Division of Gynecologic Oncology, and David A. Berd ’68, Professor of Medicine, presented the team’s results in February at the Society of Gynecologic Oncologists meeting in Orlando.

Whether or not the vaccine ultimately is an effective treatment against ovarian cancer has yet to be determined. “We looked for an immune reaction, with the idea that such a reaction might mean the vaccine would prove potentially beneficial,” notes Dr. Dunton, who is also a member of Jefferson’s Kimmel Cancer Center. “To our surprise, a majority of the patients developed an immune response to their own ovarian cancer cells after receiving the vaccine.”

Coauthor Dr. Berd created the vaccine technology. 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. Before being injected, the cells are inactivated and treated with a chemical, dinitrophenyl, which chemically modifies them. The modified cells apparently appear foreign to the body’s immune system, causing a reaction against them.

The treatment has been safe in this initial group of patients with no significant side effects noted, Dr. Dunton says. The next step in the research, he notes, would be a randomized clinical trial with many more ovarian cancer patients to compare standard surgery and chemotherapy to standard treatment plus the vaccine.

AVAX Technologies, Inc. of Kansas City, Missouri is currently developing a Phase III trial to test the effectiveness of an autologous malignant melanoma vaccine on patients with disease that has spread to the lymph nodes. The five-year trial will compare the effectiveness of the melanoma vaccine to the standard treatment, which is alpha interferon. The trial will involve 250 patients seen at institutions in several major cities.

The scientists explain that many labs are working on generic cancer vaccines, but few have attempted autologous vaccines because of the technical difficulty involved in producing a vaccine for each individual patient. “We expect to show that our autologous cancer vaccine is not only effective, but also practical and applicable to large numbers of patients at sites throughout the country,” Dr. Berd says.

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

AVAX, which has exclusive rights to the Jefferson-based vaccine against malignant melanoma and other cancers, has built 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.

Ovarian cancer accounts for 4 percent of cancer cases in women. Of those, only 46 percent live for five years or more. The National Cancer Institute estimates some 27,000 women in the country will be diagnosed with ovarian cancer this year. Approximately 14,000 will die of it.
Researchers at Jefferson have developed the first transgenic mouse used to study the causes and effects of photoaging on human skin. The mouse line, developed by microinjecting fertilized mouse eggs with human elastin promoter DNA (the material which produces skin fibers that promote elasticity) has enabled the researchers to learn more about how the ultraviolet light rays UVA and UVB cause skin aging and wrinkling.

Study results have also led to new ideas for how sunscreen formulations and other compounds may be designed to block the skin from the dangers of UVB, which many already do, and UVA, which causes skin aging and may play a role in skin cancer but is not blocked as well by traditional sunscreens. These findings were presented by Jouni J. Uitto, M.D., Ph.D., Chairman of Dermatology and Cutaneous Biology, at the 1998 American Association for the Advancement of Science meeting in Philadelphia in February.

Dr. Uitto’s presentation was part of a larger seminar organized by Francis Gasparro, Ph.D., Research Professor of Dermatology and Cutaneous Biology. Dr. Gasparro, author of the newly released book Sunscreen Photobiology: Molecular, Cellular, and Physiological Aspects, recognizes the new transgenic mouse line as one step in understanding that most sunscreens currently on the market are not completely protecting consumers’ skin from sun damage.

“We wanted to develop a more rapid and sensitive means of studying photoaging and compounds that might protect against sun damage in living tissue,” explains Dr. Uitto. “When we exposed the mice to controlled solar simulating irradiation in the lab we learned from the CAT reporter gene that the light acts as a switch, resulting in up to a 30-fold increase in elastin promoter activity indicating photodamage.”

Drs. Uitto and Bernstein were able to detect this increase in elastin as early as 24 to 48 hours after irradiating the mice. “Our transgenic mouse is a huge advance because of the rapidity and sensitivity with which we are able to measure results,” says Dr. Bernstein. “Other mouse models have taken at least six months to a year to show effects of photodamage caused by irradiation.”

The researchers were also able to apply sunscreens and related compounds to the skin of the mice and found a correlational relationship between the sun protection factor (SPF) and the degree to which elastin promoter activity was reduced. “The higher the SPF we applied to the skin of the mice, the lower the percentage of elastin promoter activity, or photodamage, that we measured,” explains Dr. Uitto. “We saw the highest reduction in photodamage when we applied compounds that protected against UVB and UVA rays.”

“The transgenic model adds a molecular component to the evaluation of sunscreen efficacy,” adds Dr. Gasparro. “Prior to this look at molecular assay, efficacy was based solely on physiological responses. Molecular assays are important because they can provide information about the possible fate of a cell.”

The transgenic mice do not have any physical differences that would visually distinguish them from other mice, and they can be bred since they pass along the human elastin promoter linked to the CAT gene to their young. Cell cultures can also be made from tissue biopsies of their skin, which has allowed the researchers to examine the molecular changes caused by photodamage.

“This model has given us a clearer picture of what happens to skin when exposed to different forms of ultraviolet light,” says Dr. Bernstein. “Our research has piqued the interest of sunscreen developers who are creating new formulations that protect against UVB and UVA radiation, as well as those interested in free-radical scavengers. The latter are compounds, specifically Vitamin C and Vitamin E, that protect against chronic skin inflammation resulting from sun exposure.”
Placental Leptin is a Possible New Growth Factor in Intrauterine and Newborn Development

Scientists from the duPont Hospital for Children, a close affiliate of Thomas Jefferson University, have identified the presence of leptin, a protein linked with obesity, in placental tissues and cells and at elevated levels in the blood of newborns, suggesting that leptin aids in intrauterine and neonatal growth and development. These findings appeared in the July 1997 issue of Pediatrics.

The study, led by Sandra Hassink, M.D., builds upon previous studies conducted at Jefferson. Dr. Hassink and her team extended the body of research explaining how the human counterpart of the mouse obesity gene, or ob gene, can be cloned and sequenced to investigate the body's system of energy regulation. Earlier studies showed that increased blood leptin concentrations correlated with obesity in children and adults.

"Using the previous research as a guide, our team hypothesized that since leptin is directly linked to the storing of fat in children and adults, it may play a vital role in the dynamic energy needs for growth and development in the fetus and neonate," explains Dr. Hassink.

The researchers enrolled 100 mother/newborn pairs in the study, taking blood samples from the mothers and cord blood specimens from the newborns immediately after birth. The team obtained placental tissue from five mothers and studied two human placental cell lines.

"The newborns had higher leptin concentrations than those common among children at puberty, who typically have elevated levels that precede their rapid growth. Further, we found that 13 percent of the newborns had higher leptin concentrations than their mothers," says Dr. Hassink. "Leptin was also present in large amounts in each placenta and cell line studied."

These findings suggest that leptin has a role in intrauterine and neonatal development and that the placenta provides a source of leptin for the growing fetus. This is apparently the first study to suggest that the placenta is a significant source of leptin, providing a new twist to leptin and obesity research.

Alan R. Spitzer, M.D., Chairman of Pediatrics at duPont and Jefferson, adds, "Discovering that leptin may play an important part in placental function adds to our understanding of fetal growth and development, allowing us to better assess and ultimately improve birth outcomes."

Uric Acid Reduces Multiple Sclerosis Symptoms in Mice

Scientists at the Biotechnology Foundation Laboratories at Jefferson Medical College have shown that a common metabolic product, uric acid, may lessen symptoms of a mouse disease that is considered a model for multiple sclerosis in humans.

Hilary Koprowski, M.D., Professor of Microbiology and Immunology, and D. Craig Hooper, Ph.D., Assistant Professor, and their co-workers found that uric acid lessened weakness and paralysis and prolonged survival in animals with experimental allergic encephalomyelitis.

Uric acid inactivates—"scavenges"—a toxic compound, peroxynitrite, which has been implicated in the progressive central nervous system damage that characterizes multiple sclerosis, according to Dr. Koprowski.

Several other findings add further proof that uric acid may indeed play a role in multiple sclerosis, he points out. The scientists found significantly lower levels of uric acid in the blood of multiple sclerosis patients than in age-matched controls with other neurological diseases. And in a review of records of 20 million outpatients in 1995 by the Department of Health and Human Services, the frequency of those suffering from both gout, a condition marked by excessive levels of uric acid, and multiple sclerosis, is far less than what would be statistically predicted. Dr. Koprowski notes that a review of patient records shows that "gout and multiple sclerosis are almost mutually exclusive."

Dr. Koprowski and his co-workers reported their findings in the January 20 issue of Proceedings of the National Academy of Sciences.

The next step is to test the effectiveness of uric acid treatments on patients, he says. He and his colleagues have begun planning a clinical trial to see how well uric acid may halt symptoms of multiple sclerosis in those who have progressive disease. "We hope that uric acid will arrest disease progression," he says. "How much better a patient may get depends on how much damage has been done by the disease already."

The research was supported by the Commonwealth of Pennsylvania through funding to the Biotechnology Foundation, Inc.
Albert Einstein Healthcare Network Signs Definitive Agreement to Join Jefferson Health System

Albert Einstein Healthcare Network has signed a definitive agreement with Jefferson Health System to become the system's third founding member. The transaction will become effective by July 1.

Einstein Healthcare Network, a 1,300-bed integrated delivery system serving northwest, north central, and northeast Philadelphia and lower Bucks and southeastern Montgomery Counties, will add broad geographic coverage to Jefferson Health System.

"Einstein and JHS have many common objectives—continuing our tradition of providing excellent care to our communities, maintaining a strong primary care network, creating regional opportunities for our specialists, strengthening and coordinating our academic programs, and positioning our organizations for the challenges of managed care," says Douglas S. Peters, President and CEO of Jefferson Health System.

The agreement states that JHS is the sole corporate member of Albert Einstein Healthcare Network. As a founding member, Einstein's representation on the JHS governing board will equal that of each of the original members of JHS—Thomas Jefferson University Hospital and Main Line Health System. The Einstein identity will be preserved and used along with JHS identification.

Albert Einstein Healthcare Network includes Albert Einstein Medical Center, Germantown Hospital and Community Health Services, MossRehab, Willowcrest Center for Subacute Care, Belmont Behavioral Health, and a number of outpatient and satellite locations. Einstein also operates a primary care network, Einstein Neighborhood Healthcare.

Einstein is considered one of the strongest independent health systems in the Philadelphia market, according to health care analysts. It ended the fiscal year June 30, 1997 with a strong balance sheet, increasing its net assets by $28 million.

The newly expanded Jefferson Health System will include more than 3,000 active medical staff.

Mercy Hospital of Pittsburgh Will Provide Medical Education

Beginning July 1, Mercy Hospital of Pittsburgh will affiliate with Jefferson Medical College to provide education to medical students.

Mercy Hospital previously had an affiliation agreement with the University of Pittsburgh. Medical students at the University of Pittsburgh will continue to have the opportunity to choose Mercy Hospital for elective training during their fourth year. "Due to the significant changes which are occurring in our region's health care community, Mercy Hospital has decided to pursue an academic affiliation which is unencumbered by the pressures of local competitive relationships," says Joan V. Narduzzi, M.D., Vice President of Academic Affairs at Mercy Hospital of Pittsburgh.

"We believe this collaboration between Mercy and Jefferson will be a positive move for both institutions, which share a mutual vision in educating medical students. We are equally confident our affiliation will be of enormous benefit to the physicians of tomorrow," Dr. Narduzzi continued.

Joseph F. Rodgers '57, Associate Dean, Residency and Affiliated Hospital Programs at Jefferson Medical College, says the affiliation will allow Jefferson to have a presence in western Pennsylvania that could have many benefits.

"Mercy is a very good place and I'm optimistic about the educational experiences that can be afforded to our students," Dr. Rodgers says. "Many of our students are from that part of the state, so they would have an opportunity to learn closer to home."

Dr. Rodgers notes that Thomas J. Nasca '75, Associate Dean for Education and Research at Jefferson, who was a former Chairman of the Department of Medicine at Mercy Hospital of Pittsburgh, was instrumental in negotiating the affiliation.

Through the affiliation, approximately 132 third-year students will complete six-week clinical rotations in internal medicine, family medicine, and pediatrics at Mercy Hospital, a tertiary care hospital.

Mercy Hospital of Pittsburgh, a Catholic-sponsored teaching and general referral hospital with 506 licensed beds, is located in the Uptown section of Pittsburgh.

Mrs. Samuel M. V. Hamilton Gives $3 Million to the University

Mrs. Samuel M. V. Hamilton, a member of the Board of Trustees of Thomas Jefferson University, has given $3 million to the university to honor three physicians who cared for her late husband.

In making the gift, Mrs. Hamilton said, "My family is grateful for both the skill in treatment and the caring attitude exhibited by Jefferson physicians and staff." Mrs. Hamilton's gift is designated in honor of Drs. Robert L. Capizzi, the Magee Professor and Chairman of Medicine, Anthony J. DiMarino Jr., the William Rorer Professor of Medicine and Chief of Gastroenterology and Hepatology, and Gregory C. Kane '87, Assistant Professor of Medicine and Program Director of the Internal Medicine Residency at Jefferson.

A portion of the gift will be used to establish the Robert L. Capizzi Professorship in Medicine at Jefferson Medical College. The professorship will be held by the new Director of Medical Oncology, who will be appointed soon. The remainder of the gift will support continuing medical research in pulmonary medicine, digestive diseases, and cancer as well as education initiatives in the Department of Medicine. This will include research in the Division of Gastroenterology and Hepatology under the direction of Dr. DiMarino, and educational programs guided by
Report from the Alumni Trustees

Allen E. Chandler '61 was elected to the board in July 1997 as an Alumni Trustee to replace Norman J. Quinn Jr. '48 who completed his term of service.

The Board of Trustees of Thomas Jefferson University presented their prestigious Cornerstone Award to the Alumni Association of Jefferson Medical College at the President's Club dinner on October 3, 1997. The award was given to honor the steadfast and enthusiastic support and loyalty of the alumni.

Drexel University and Thomas Jefferson University formed an educational and research partnership called the Drexel-Jefferson Academic Alliance. This will create joint educational programs to prepare students of each institution for future challenges and opportunities, and enable students to engage in research that will contribute to the fundamental and applied knowledge base in biomedical science and engineering, medicine, and health systems. Joint faculty appointments and cross-educational enrollment are expected to enhance the growth of the shared educational programs.

The board confirmed the appointment of Ronald Bolognese, M.D., previously Chief of Obstetrics and Gynecology at Pennsylvania Hospital, as the Paul A. and Eloise B. Bowers Professor of Obstetrics and Gynecology and Chairman of the Department, Jefferson Medical College.

Increased research productivity at Jefferson over the past few years has resulted in several flourishing start-up companies which have brought additional revenue to the university. Licensing fees from technologies licensed to start-up companies and royalties on devices with niche markets have increased steadily each year. In a survey conducted in 1995 by the Association of University Technology Managers, Thomas Jefferson University ranked first in the country in licenses with equity, fourth in start-up companies, and ninth in new research funds.

The Jefferson Health System, formed in 1996 by Thomas Jefferson University and the Main Line Health System to provide a continuum of care for residents of the Delaware Valley region, is showing a profit on its operations, and is growing. At present, members are Bryn Mawr and Lankenau Hospitals, Methodist Hospital, Paoli Memorial Hospital, duPont Hospital for Children, Bryn Mawr Rehabilitation Hospital, Community Health Associates, and Thomas Jefferson University Hospital. The Albert Einstein Healthcare Network and Frankford Hospital in Philadelphia are joining the Jefferson Health System as partners. This partnership will give Jefferson a stronger presence in northeast Philadelphia, lower Bucks County, and eastern Montgomery County where Frankford Hospital is the premier community hospital. Magee Rehabilitation Hospital also will join the Jefferson Health System pending regulatory approval.

The Mercy Health System, Riddle Memorial Hospital, and Jefferson Health System have formed an alliance for patient care and educational purposes. In addition, Atlantic City Medical Center agreed to establish a strategic alliance with the Jefferson Health System. A Memorandum of Understanding has been signed forming a strategic collaboration between Underwood Memorial Hospital, Woodbury, New Jersey and the Jefferson Health System. Christiana Care Health System of Delaware, a two-hospital Wilmington-based organization formerly known as the Medical Center of Delaware, also has signed a Memorandum of Understanding for a strategic alliance with the Jefferson Health System.

Both Jefferson Medical College and Thomas Jefferson University appear to be strong and well positioned for the long term.

Respectfully submitted,

Robert Poole III '53
John J. Gartland '44
Allen E. Chandler '61
Proposed Amendments to the Constitution and Bylaws of the Jefferson Medical College Alumni Association

To Be Voted On at the Annual Meeting, April 16, 1998

**Bold italics** = revisions/additions

( ) = deletions

Throughout all sections: change gender-specific pronouns ("he") to non-gender-specific.

### Article III

**Members**

Section 3.
Honorary Membership shall be elected from (consist of) persons not eligible for Active Membership. Trustees of the College, graduates of other accredited medical institutions who have particularly honored Jefferson, non-medical graduates who may be serving the College as Chairmen of Departments, or persons who have given exception service to or have singularly honored Jefferson may be recommended by the Executive Committee for Honorary Membership and elected by a two-thirds vote of the members present and voting at any Annual Meeting of the Association. Honorary Members shall have the right to attend meetings and other functions and to speak, but not to make motions, or vote, or hold office.

### Article V

**Duties of the Officers**

Section 1.
The President shall preside at all meetings of the Executive Committee and at all meetings of the Association. The President (He) shall appoint all Standing Committees and any Special Committees and the Chairs of such Committees as appropriate. The President (He) shall appoint an Auditor who shall periodically examine and audit the records of the Treasurer, and shall report the (his) findings to the Executive Committee at the Annual Meeting. The President (He) shall have the power to call special meetings of the Executive Committee. The President (He) must call a meeting of the Executive Committee at the written request of 20 members of the Executive Committee. The President and Executive Committee (He) also shall have the power to call special meetings of the Association. The President (He) must call a meeting of the Association at the written request of 40 of its members. The President (He) shall be a member, ex-officio, of all committees.

### Article VI

**The Executive Committee**

Section 2.
Members of the Executive Committee shall be nominated according to the procedure prescribed by these Bylaws and shall be elected by a majority of the members present and voting at the Annual Meeting. Those elected shall serve a term of three years. They may be nominated to serve an additional term(s). A member of the Executive Committee may be removed from the Committee by a majority vote of Executive Committee members present at any meeting.

(D DELETE: Section 6.
It shall be the duty of the Executive Committee to determine the qualifications of active and honorary members and it shall have the power to reprimand, suspend, or expel any members who, in its opinion, have been guilty of violation, in spirit or in letter, of the Code of Ethics as adopted by the American Medical Association.)

### Article VII

**Standing Committees**

Section 1.
Standing committees will be appointed by the President as needed, including: (and shall include):
- Alumni Achievement Award
- Alumni Annual Giving Fund
- Alumni Trustees
- Nominating
- State and Regional Affairs
- Student Affairs
- Career Day
- Parents’ Day
- Art and History
- Entertainment
- Reunion Program
- Publication
- Seminar-/Travel Program
- Women’s Forum

### Article VIII

**Duties of the Standing Committees**

Section 4.
The Nominating Committee shall consist of five to seven members including at least two past Presidents. The chairman of the committee shall be the immediate past President and all members shall be members of the Executive Committee. The duty of the Committee shall be to nominate a slate of officers of the Association for election at the Annual Business Meeting, to nominate new members of the Executive Committee, and to nominate State and Regional Vice Presidents. The committee may nominate Honorary Members.

Section 9.
The Art and History Committee shall assume responsibility for the role of the Alumni Association as it pertains to the preservation and expansion of the art collection of Thomas Jefferson University and shall relate to the appropriate University Committee. It shall also assume responsibility for the role of the Alumni Association as it pertains to the preservation and expansion of the historic collection of the Thomas Jefferson University archives.

Section 14.
The Women’s Forum Committee shall develop a program that will address issues unique to women in medicine.

### Article IX

**Election**

Section 1.
The names of the nominees for officers and the Executive Committee shall be presented as nominees to the Association at the Annual Meeting, which is held at a date selected by the Executive Committee. A majority vote of those members present and voting is necessary for election. In the case of a tie or dispute the presiding officer is authorized to decide how to resolve it.
Joseph L. Seltzer '71, a Leader at Jeff and in National Organizations, is the Next Alumni President

A Jefferson department chair and nationally known academic anesthesiologist, Joseph L. Seltzer '71, will take office as President of the Alumni Association at the Annual Business Meeting on April 16.

Dr. Seltzer has served as Professor and Chairman of Anesthesiology at Jefferson Medical College and Thomas Jefferson University Hospital since 1984. He also has a hands-on understanding of Jefferson's expanding relationships with other hospitals and its experience with managed care. He serves on three key boards: the Jefferson Faculty Foundation (the single, organized, not-for-profit multispecialty group practice); the JeffCARE physician-hospital organization; and the Jefferson Health Network (an entity formed for negotiating managed care contracts, creating a “single signature” contracting capability for the Jefferson Health System).

Currently President of the Society of Academic Anesthesia Chairs, Dr. Seltzer is also a past President and member of the Board of Directors of the Pennsylvania Society of Anesthesiologists. Nationally he is a Senior Associate Examiner for the American Board of Anesthesiology and a Site Visitor for the Residency Review Committee for Anesthesiology.

“Being active on these national committees as well as teaching at Jeff, I am impressed by the students and residents that Jefferson possesses,” he says. “Jeff takes pride in training outstanding clinicians at the medical student level and the house staff level. And I'm pleased to be able to say frankly that Jefferson-trained physicians are among the best nationwide.”

During Dr. Seltzer's tenure, Jefferson's anesthesiology faculty has tripled in size, and has greatly increased its research activity and scholarly publications. The department now garners well over a half-million dollars annually in research funding. In 1991, in the journal Anesthesia and Analgesia, Jefferson was recognized as one of 17 major contributors to the peer-reviewed literature in this specialty.

Dr. Seltzer himself is author or co-author of 60 journal articles, 80 abstracts, one book, and four book chapters. Nevertheless, he considers the teaching of medical students and house staff to be the paramount role of the academic anesthesiologist.

Dr. Seltzer had begun his career with a straight surgical internship at the University of Kentucky Chandler Medical Center, plus a year of general surgery residency. He returned to Jefferson as an anesthesiology resident, followed by two years as a Major at Wright-Patterson Air Force Base in Dayton, Ohio. Upon his discharge from the Air Force, he received an academic position at the State University of New York Health Science Center at Syracuse. He came back to Jefferson in 1980 as an Associate Professor of Anesthesiology, and was appointed Chairman four years later.

Dr. Seltzer has served the Jefferson Medical College Alumni Association as a Vice President, and has chaired the Publication Committee since 1996. Also a member of the Association's Seminar Travel Committee, he has organized alumni/faculty ski trips that have become an annual event.

Dr. Seltzer and his wife, Suzanne F. Seltzer, Ph.D., have two daughters and two sons.

—Malcolm Clendenin

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**Joseph W. Sokolowski Jr. ’62, President of the Jefferson Medical College Alumni Association, Cordially Invites Alumni, Postgraduate Alumni, & Current Faculty to Attend the Annual Business Meeting & Dinner & Installation of the New President Joseph L. Seltzer ’71 Thursday, April 16, 1998 at six o'clock The Union League, Meade Room Broad and Sansom Streets, Philadelphia $73.00 per person, payable to JMC Alumni Association JMC Alumni Office, 1020 Locust Street, Suite M-41, Philadelphia, PA 19107 215-955-7750 Fax 215-923-9916 Email jmcalums@jeffin.tju.edu**
Dr. Richard D. Klausner, Director of the National Cancer Institute (at right in photo) described the nation's cancer research program in this year's Simon Kramer Lecture. With him are Walter Curran Jr., M.D., Chairman of Radiation Oncology at Jefferson and Clinical Director of the Kimmel Cancer Center, and Dr. and Mrs. Kramer.

Joseph W. Sokolowski Jr.'62 (center), the 1997-98 Alumni President, welcomed University President Paul C. Brucker, M.D. and Senior Vice President and Dean Joseph S. Gonnella, M.D., the speakers in a presentation for the alumni on "The State of the University."

President Brucker described the past successes of managed care in metropolitan Philadelphia which recently culminated in competition between major health care institutions. This has strained these institutions financially, as reflected in the high percentage of below-investment-grade bonds they have issued (Jefferson's have higher ratings). The Jefferson Health System is a symbiotic relationship of fiscally sound institutions. It and the university depend on each other for mutual success. The integration of physicians with the system remains a challenge.

Dean Gonnella explained the need in the medical college for balancing faculty development with quality undergraduate education. We must take risks, he said, in order to reach a higher level of research endeavor.

The audience responded enthusiastically: "A great amount of information ... this would be helpful to everyone in the university."

Nobel laureate Gertrude Elion, D.Sc. talked with Jefferson students when she was on campus in January to deliver the Martin Rehfuss Lecture. Elion received the 1988 Nobel Prize for Physiology or Medicine for her work in the synthesis and co-development of two of the first successful drugs (thioguanine and mercaptopurine) for the treatment of leukemia, as well as azathioprine, which is effective in treating kidney transplant rejection. She also played a vital role in the development of allopurinol for the treatment of gout, and of acyclovir, the first selective antiviral against herpes virus infection. She is a past President of the American Association for Cancer Research.

Nancy Dickey, M.D. (fourth from left), President-Elect of the American Medical Association and the first woman in this role, spoke with Jefferson students and residents who attended a leadership seminar for women physicians sponsored by the Pennsylvania Medical Society. Dean Joseph S. Gonnella, M.D. and Associate Dean Clara A. Callahan PD'82 provided funding for six Jeff students to attend. Also involved was Patricia A. Graham '92.
Merli is Appointed the Kind Professor of Medicine

Cgeno J. Merli '75 has been appointed the Ludwig Kind Clinical Professor of Medicine. He already held the posts of Vice Chairman for Primary Care in the Department of Medicine, and Director of General Internal Medicine.

Dr. Merli has earned praise over the past five years for his contributions to the development of Jefferson's primary care network, Jefferson HealthCARE. His numerous awards have included the Lindback Award for Distinguished Teaching and the Alpha Omega Alpha House Staff Teaching Award.

John H. Hodges '39, Emeritus Trustee, was the first Ludwig Kind Professor of Medicine. Mr. and Mrs. Kind, who established the chair, had been patients of Dr. Hodges.

Cohn is Appointed the Narducci Professor of Surgery

Herbert E. Cohn '55 has been appointed the first occupant of the Anthony E. Narducci Professorship of Surgery. This chair was established by a bequest of Dr. Narducci '29 of Erie, Pennsylvania.

Dr. Cohn, a thoracic surgeon and longtime member of Jefferson's faculty, is Vice Chairman of the Department of Surgery and Director of Graduate Education. He received the Lindback Award for Distinguished Teaching in 1980, and his portrait was presented to the university in 1990. He was President of the Medical Staff at Thomas Jefferson University Hospital in 1986.

Dr. Narducci, a graduate of the University of Chicago, interned at St. Agnes Hospital. He soon moved to Erie and began a long career as a general surgeon. His munificence to Jefferson will strengthen the training of future Jefferson surgeons.

Paskin Joins Surgery Team

David L. Paskin '64 has joined the Department of Surgery at Jefferson. This move comes after 32 years at Pennsylvania Hospital, the last seven years as Chairman of its Department of Surgery. He has been a Professor of Surgery at Jeff since 1994.

Dr. Paskin was a member of the Board of Managers of Pennsylvania Hospital from 1995 to 1997 and served as President of the hospital's professional staff. "It is an honor to welcome someone with Dr. Paskin's clinical experience to our surgical team," says Francis E. Rosato, M.D., Jefferson's Samuel D. Gross Professor and Chairman of Surgery.

Edward K. Chung, M.D., Professor of Medicine, has published three pocket guides on cardiovascular disease for cardiologists and students, one of them supplemented in CD-ROM format. Dr. Chung has published an astonishing 90 titles during his 25-year career at Jeff. One-third of these have been translated into 10 languages, particularly Italian, Portuguese, and Spanish. He has published 600 scientific articles. Moreover, Dr. Chung himself does all the illustrations for his books and articles.

Dr. Chung's three most recent titles are Pocket Guides from the Blackwell Science publishing company. They are ECG Diagnosis, Cardiovascular Disease, and Stress Testing. Coauthor of the last is Dennis A. Tighe Jr. CD'93, who is an Assistant Professor of Medicine at Tufts University School of Medicine and Associate Director of Noninvasive Cardiology at Baystate Medical Center in Springfield, Massachusetts.

Dr. Chung's publisher, Blackwell, has put out the CD-ROM ECG Diagnosis and Self-Assessment, an expanded and interactive version of the guide ECG Diagnosis.

This past October, Dr. Chung received the highest award from his alma mater, Seoul National University College of Medicine, in recognition of his outstanding academic achievements in electrocardiography and cardiac arrhythmias.

John B. Lloyd, Ph.D., Director of Developmental Biology at the duPont Hospital for Children (a close affiliate of Jefferson) and Robert W. Mason, Ph.D., Senior Research Scientist at the hospital, have published Biology of the Lysosome (400 pages, Plenum Press, New York and London).

Lysosomes are tiny particles found in almost all living cells, their activity being to degrade and recycle worn-out or damaged cell constituents. Many inherited diseases of children are caused by defective lysosome function.

Ronald N. Turco '66 has published Closely Watched Shadows, a book about his involvement in solving a crime in Vancouver, Washington. Dr. Turco has a private psychiatry practice in the Portland area, is an Associate Clinical Professor at Oregon Health Sciences University, and has a special interest in the criminal mind. When the mutilated bodies of three young boys were found in Vancouver, police consulted him for help in "profiling" the type of killer in order to sharpen their investigation. Dr. Turco's book was published by BookPartners of Wilsonville, Oregon. Dr. Turco is also mentioned in a recent book published by Simon & Schuster, Dead by Sunset by Ann Rule.
Alumni Present Career Day for Sophomore Students

Pauline K. Park '82, an academic surgeon, was one of more than 40 alumni speakers at Career Day. Over 300 second-year students came to presentations on 36 different specialties and subspecialties. Said one student, "Career Day changed my whole idea of medicine."

Robert S. Dudnick GE'91 described his practice of gastroenterology.

Gordon J. Ostrum '76 explained the subspecialties within obstetrics/gynecology.

Robert T. Sataloff '75 and Robert B. Belafsky OTO '77 spoke about careers in otolaryngology.

CLASS NOTES

'46
Louis F. LaNoce of Philadelphia, PA retired from his practice of family medicine after 50 successful years.

Randall M. McLaughlin of Arnold, MD is active in volunteer work, both medical and nonmedical.

'47
Laurence A. Mosier of Pomona, CA was regrettably in poor health this past fall.

'49
Edward A. Schauer of Farmingdale, NJ has retired from family practice. He is now the Mayor of his community after five years as a councilman.

'50
Donald P. Franks of Palm Desert, CA and his wife are visited each spring by Robert E. Karns '50 of Cleveland.

Charles R. Henkelmann of Bonita, CA retired from the practice of radiation oncology in November 1997.

Paul W. Layden Jr. of Fairview, PA retired from his practice of orthopaedics but does independent medical exams "to keep mentally active."

Richard L. Murland of Carmel, CA continues in his practice of thoracic and vascular surgery.

David J. Lieberman of Monroe, MI received the Michigan State Medical Society Community Service Award for his role as Chief Medical Examiner in the recovery and identification of the 29 victims of the Comair Flight 3252 crash in Monroe on January 9, 1997. He also received a letter of commendation from Governor John Engler.

'52
DeWitt T. Dabback of Royersford, PA retired from family practice on September 15.

'53 45th Reunion June 6
Irwin S. Jacobs of Orlando, FL is looking forward to his Reunion Dinner with his classmates.

Dana M. Wheelock of Fredonia, NY has fully retired.

'54
Robert A. Hinrichs of Corona Del Mar, CA has retired from his surgical practice and his associate, Lincoln M. Snyder '84, was joined by other surgeons from the University of Chicago. Robert's youngest son, Brad '91, passed his ENT Boards and is now on staff with the Palo Alto Clinic in California.

'55
Robert E. Berry of Roanoke, VA serves on the Virginia State Board of Medicine and is Chairman of the Development Committee of American College of Surgeons. He is Education Editor of Current Surgery.

Carl W. Boyer Jr. along with his wife, Marge, of Kailua, HI now run a bed-and-breakfast in Kailua. Their son, John '92, is practicing in Texas at the Texas Heart Institute.

John T. Schwartz of Sandy Spring, MD has retired to tree farming.

Charles T. H. Storm of Media, PA is happily retired and spends part of his time in Florida.

William C. Weintraub of Annapolis, MD continues to do locum tenens. He is the Chairman of the County Medical Board and a member of the State Medical Board.

Bernard S. Yurick of Hendersonville, NC and his wife, Pat, have finally built their dream house.

'56
William Dudson Bacon of Brier, WA has returned to his original specialty of research in ophthal-
mology as he investigates a new treatment for age-related macular disease.

John M. Bender of Ogden, UT has retired from his practice of rehabilitation medicine and plans to go to Nepal in March 1998 to teach this specialty.

Gerald Labriola of Naugatuck, CT has retired from his private practice of pediatrics and has written two novels.

John S. Mest of Manhattan, MT is fully retired. He and his wife, Eleanor, are instructors for the Eagle Mount Program for Disabled Children and Adults. They teach the disabled how to ski and bowl.

Harold S. Orchow of Las Vegas, NV writes that although he remains active in the practice of psychiatry and psychoanalysis, he has retired as the Medical Director of the Montevista Hospital in Las Vegas.

Barry L. Altman of Wayne, NJ has retired from his urology practice and now enjoys painting and writing short stories.

Bertram D. Hurowitz of Fort Lauderdale, FL is the Director of Regional Health Care for the Department of Corrections in Florida.

Jay A. Kern of West Allenhurst, NJ retired from his private practice in 1994. He is very excited in his new career as Director of Palliative Care for Monmouth Medical Center and St. Barnabas Health Care System.

James M. LaBraico of Charlestown, RI is dividing his time between an apartment in Boston and a home at the Rhode Island shore. He keeps busy with consulting work in the pharmaceutical industry and volunteer work at the Museum of Science in Boston, where he is on the volunteers' Board of Directors.

Jack Lubin of Miami, FL is proud to report that his son Thomas has been accepted by Jefferson Medical College.

Emanuel Sufkin '35 died December 5, 1997. He practiced pulmonary medicine in Camden, NJ, and was a Fellow of the American College of Chest Physicians. He served as Medical Director, Camden County Hospital for Chest Diseases, Lakeland, NJ, 1956-1971. He was an Honorary Clinical Assistant Professor of Medicine, Jefferson Medical College. He is survived by his wife, Elsie, a son and a daughter.

Benjamin F. Martin '36 died July 26, 1997. He practiced general and gastrointestinal medicine in Winston-Salem, NC. We have no further information at press time.

Melvin C. Ferriero '40 died October 20, 1997. He practiced general medicine and obstetrics in Philipsburg, PA until 1976. He was a charter member of the American Academy of Family Practice, and a past President of the Clearfield and Center County Medical Society. He was on staff at the Philipsburg State General Hospital. He is survived by his wife, Rhoda, a son and a daughter.

James M. Sams '41 died in July, 1997. He was a board certified otolaryngologist and practiced in Johnson City, TN. He served as the Alumni Association State Vice President for Tennessee. We have no further information at press time.

Harold E. Brown '42 died October 31, 1997. A board certified urologist, he was Chief of Urology at Geisinger Medical Center, Danville, PA from 1958 to 1991, and author of many scientific articles in his field. A Fellow of the American Urologic Association, he also was Chairman of the organization's Professional Relations Committee. He was past President of the Pennsylvania Urological Society and the Montour County Medical Society. He is survived by his wife, Louise, two daughters and son John who is Jefferson '74.

Lawrence K. Boggs '49 died October 31, 1997. A board certified urologist, he practiced in Charlotte, NC where he was known not only for his urologic prowess but also for his musical talent and skills. A Fellow of the American Urologic Association, he was Chief of Urology at Presbyterian Hospital, Charlotte, NC and former President of the Medical Staff. He served as President of the Mecklenburg County Medical Society 1970-1971. He is survived by his wife, Jean, two sons and a daughter.

Mark O. Camp '50 died November 6, 1997. He practiced family medicine in Ridley Park, PA. He held staff appointments at Taylor Hospital, Ridley Park, and Presbyterian Hospital, Philadelphia. He is survived by three sons and two daughters. Daughter Nancy is Jefferson '95.

Emil Capito '50 died October 24, 1997. He was in general practice in Weirton, WV until retirement in 1987. He is survived by his wife, Evelina, two daughters and eight sons, five of whom are physicians.

James C. Hutchison '52 died November 29, 1997. Board certified in family medicine, he practiced internal medicine, with a special interest in hypertension, in Abington, PA. He was on staff at Abington Memorial Hospital, Abington, PA, where he also was Director of clinical research in hypertension. He was a Fellow of the American College of Angiology and a past President of the Philadelphia Medical Club. He is survived by his wife, Norma, a son and a daughter.

James E. Brennan '53 died December 3, 1997. Board certified in otolaryngology, he practiced in Cherry Hill and Camden, NJ until retirement in 1986. He was on staff at Cooper Hospital and Camden Division, West Jersey Health System, Camden, NJ. He held the rank of Clinical Assistant Professor of Otolaryngology, Jefferson Medical College. He is survived by his wife, Nancy, three daughters and a son.

Daniel Hickey Jr. '53 died July 27, 1997. He lived and practiced general medicine in East Petersburg, PA. He is survived by his wife, Betty. We have no further information at press time.

Francis J. Nash '54 died October 25, 1997. Board certified in obstetrics-gynecology, he practiced in West Roxbury, MA. He held staff appointments at St. Margaret's Hospital, Boston, MA, St. Elizabeth's Hospital, Brighton, MA and Milton Hospital, Milton, MA. A Fellow of the American College of Obstetricians and Gynecologists, he was a Senior Instructor in Obstetrics and Gynecology at Tufts University Medical School. He is survived by six sons.

Faculty

Vickie D. Bennett, Ph.D. died January 3, 1998. She was an Associate Professor of Orthopaedic Surgery and held a secondary appointment as Assistant Professor of Biochemistry and Molecular Pharmacology. She was a Research Scientist in collagen and cartilage development and repair, and an NIH grantee in cartilage research. She had many publications in the major journals of her field of interest. She was a member of the American Society of Cell Biology, the American Society of Microbiology, and the Orthopaedic Research Society. She is survived by her husband, Howard, and two sons.
James R. Wiant of St. Louis, MO retired from pulmonology in February 1998.

William H. Mahood of Flourtown, PA was again elected to the Board of Trustees of the AMA.

William F. Hushion of Naples, FL is using his three decades of experience as a volunteer teacher specializing in addiction in schools in Florida, Pennsylvania, and New Jersey.

Donald Smith '65 Will Be State Society's President-Elect

The Pennsylvania Medical Society has elected Donald H. Smith '65 as its new Vice President. Smith is a surgeon who practiced in Easton for the past 27 years and now resides in Eagles Mere.

In October, Smith will become President-Elect of the Society and, in October 1999, will become its President.

Smith has had an extensive career serving organized medicine. In addition to his private general and oncology surgery practice in Easton, he was a founder and served as President of the American Society of General Surgeons. On the state level he founded the Pennsylvania Chapter of the American Society of General Surgeons and was its secretary. He was the director of Surgical Education for residents and medical students at Easton Hospital and, in 1995, was named Surgical Residency Teacher of the Year. He has a faculty affiliation as an Assistant Professor of Surgery for Allegheny University of the Health Sciences.

Donald also served Easton Hospital as President of the Medical Staff.

In the community, Smith has served on the boards of the United Way of Northampton County and the Easton area Chamber of Commerce. He was President of the Weller Center for Health Education and was a member of the board of the Easton Rotary Club, serving as the chair of its Student Exchange Program.

Dr. Smith is well known for his 20 years of service to the Pennsylvania Medical Society. He was the vice speaker of the Society’s House of Delegates and a delegate to the American Medical Association. He has been President of the Northampton County Medical Society.

His son, Eric, is a second-year student at Jefferson Medical College.

Eugene Shuster of Elkins Park, PA is stepping down as Chairman of the Department of Obstetrics and Gynecology at Nazareth Hospital and is becoming part of the Allegheny Health Care System as director of an outpatient office in Northeast Philadelphia.

Charles J. Bannon of Clarks Green, PA was named to the Board of Directors of the Northeast Regional Cancer Institute.

Robert Morris Davis of Felton, PA completed his five years on the York Hospital Board of Directors. He recently traveled to South India and to Dong Hoi, North Vietnam with Operation Smile.

E. Donald Kotchick of Dalton, PA has assumed the role of Vice President of Medical Affairs at Mercy Hospital-Scranton Northeast.

James L. Conrad of Perkasie, PA continues to practice family medicine full-time. Three years ago his practice merged with five other primary care practices to form Tri-Valley Primary Care. They serve as preceptors for fourth-year students from Jefferson.

Louis E. Criden of Wallingford, PA proudly announces that his son, Marc, is a first-year medical student at Jeff.

Nathan B. Hirsch of Miami, FL was elected Chairman of the Department of Obstetrics and Gynecology at Baptist South Miami Hospital.

Thomas J. Schneider of Palm Beach Gardens, FL is still active in his practice of gastroenterology.


Arthur N. Triester of Huntingdon Valley, PA proudly announces that his son Stuart will graduate in May from Jefferson Medical College.

William B. Wood of Mankato, MN is continuing his full-time practice of anesthesiology at Immanuel St. Joseph-Mayo Health System in Mankato, MN. He was elected President of the Medical Staff there for the coming year.

Franklyn R. Cook of Carmichael, CA is retired after a bout with lung cancer. He has celebrated his third year free of cancer and is feeling great after having a right pneumonectomy. Dr. Cook volunteers for the American Red Cross.

Enjoying time together in California: members of the Class of '49 Rinard Z. Hart (upper right, from Claremont), George R. Farrell (lower right, from San Diego), and John E. Mills (Pasadena) and their spouses.
Cancer Society to speak to sixth-grade students, urging them to not start smoking.

Frances Pincus Freed of Studio City, CA retired in December 1997. He is pursuing a second career as an antiques dealer and studying to be an appraiser of collectibles.

Carl L. Reams of Danville, PA is President-Elect of the Pennsylvania Academy of Otolaryngology/Head and Neck Surgery. He will assume the presidency in June 1998.

'68 30th Reunion June 6

Carl J. Pergam of Omaha, NE has retired and is now pursuing a career in the antiques business.

'69

Jesse H. Wright of Louisville, KY was awarded a grant from the National Institute of Mental Health for a randomized, controlled trial of computer-assisted cognitive therapy of depression. He coauthored the multimedia computer program with his son, Andrew S. Wright, and Aaron T. Beck, M.D. from the University of Pennsylvania.

'70

Richard D. Davenport of Brookfield, WI is happy to have Christine E. P. Bartos '87 as an associate in his practice. He states, "She has been an excellent and welcomed addition."


Sarah S. Long of Gladwyne, PA is President-Elect of the Pediatric Infectious Disease Society, a member of the Board of Directors of the America Board of Pediatrics, and Associate Editor of The Journal of Pediatrics.

Neil Thompson of Thailand reports that he and his family have returned to Manorom Christian Hospital nestled among the paddy fields of central Thailand after a year at home in Baltimore where he practiced at the V.A. Hospital. He has been busy with surgery and administrative work as the hospital's Acting Director.

71

David R. Cooper of Shavertown, PA recently married Melissa Scartell, Esq.

John F. Motley of Lansdale, PA proudly announces that his son, Cliff, is now a first-year medical student at Jefferson.

Jeffrey S. Rakoff of Del Mar, CA is celebrating his 18th year as Director of the Fertility Center.

J. Stanley Smith of Harrisburg, PA is a Professor of Surgery at Penn State College of Medicine. He recently presented at the Vienna Shock Forum. He is also Chairman of the Pennsylvania Committee on Trauma of the American College of Surgeons.

'72

Stephen P. Flynn of Bay Village, OH accepted a position as Chairman of the Department of Family Practice and Program

Wallace Miller ’56
Receives RSNA’s Gold Medal

Wallace T. Miller ’56 was honored with the Gold Medal of the Radiological Society of North America at its scientific assembly in December.

After graduating from Jefferson, Dr. Miller interned at Akron City Hospital in Ohio. Next, he was a radiology resident from 1957 to 1960 at the Hospital of the University of Pennsylvania. He subsequently moved up the academic ranks at Penn from instructor to full professor. Concurrent professional appointments have included Chief of Diagnostic Radiology, Vice Chairman of the Department, and Chief of the Chest Division.

He has served as Chairman of the Program Committee and the Committee on Education for the Pennsylvania Radiological Society. He was also on that organization’s Board of Directors. In addition, he has been President of the Philadelphia Roentgen Ray Society and was Chairman of that association’s Technicians’ Advisory Committee. For the University of Pennsylvania, he has served on the Committee on Appointments and Promotions, the Student Standards Committee, and the Medical Faculty Senate Steering Committee, and has chaired the Committee on Academic Freedom and Responsibility. Currently, he is on the Admissions Committee for the medical school. He was chairman of the RSNA Audiovisual Committee from 1981 to 1983. In addition, he is the Editor of Seminars in Roentgenology, Associate Editor of Contemporary Internal Medicine, and a consulting reviewer for the National Institute of Public Health’s Cancergram and Diagnostic Radiology.

As early as 1968, Dr. Miller began receiving the first of many teaching awards. He received the Medical Student Government Teaching Award at the University of Pennsylvania three times. Two years ago, he was given the Outstanding Educator Award from the Philadelphia Roentgen Ray Society. Also that year, he received the First Annual Wallace T. Miller Award for Excellence in Radiology Residency Education from the Hospital of the University of Pennsylvania.

In presenting its Gold Medal, the RSNA committee wrote, “Dr. Miller has served as a mentor to a generation of radiologists and as a role model to all of us as teachers and educators.”
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Director of Development for Trusts and Estates
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Philadelphia, PA 19107-5127
215-955-7990 Fax 215-923-5164
email: frederick.ruccius@mail.tju.edu

Director of the Family Practice Residency at Fairview Hospital in Cleveland.

Richard R. P. McCurdy of Wallingford, PA is delighted to say that his son, Richard Jr., will be in the Class of 2002 at Jefferson.

Williams J. Thomas Jr. of Gig Harbour, WA writes, "My oldest daughter Suzanne—one of the original Orlowitz Residence Hall 'rug rats'—is now in her second year of veterinary school."

'73 25th Reunion June 6

Arthur W. Colbourn of Wilmington, DE writes, "Friendships formed as Jefferson students nearly 30 years ago have translated into a two-week vacation at our beach house in Bethany Beach every year. This year's included Geoff Burbidge '76, Fred Dudenhofer '69, Kathy Dudenhofer '69, and Brian Dudenhofer '2000 (their son)."

Milton Packer of Briarcliff Manor, NY continues as the Dickinson Richards Professor of Medicine at Columbia University College of Physicians and Surgeons, as well as Chief of the Division of Circulatory Physiology at Columbia-Presbyterian Medical Center and Director of its Heart Failure Center. Dr. Packer is internationally recognized as an authority on the pathophysiology and treatment of heart failure. He moved from Mount Sinai School of Medicine in 1992 in order to join the Columbia faculty and establish the first multidisciplinary center devoted to heart failure. He and his wife Beth have a young daughter and son.

Mark S. Pascal of Hackensack, NJ has been reappointed Chief of Oncology at Holy Names Hospital in Teaneck, NJ. He also continues as State Representative from the Oncology Society of New Jersey to the Clinical Practice Committee of the American Society of Clinical Oncology.

'74

Albert L. Blumberg of Baltimore, MD is now serving in the AMA House of Delegates as a delegate for the American College of Radiology.

John J. Brooks Jr. of Buffalo, NY is currently Chair of Pathology at Roswell Park Cancer Institute in Buffalo. In 1997 he was appointed President of the Medical Staff at Roswell and also has served as a Deputy Commissioner of the American Society of Clinical Pathologists.

Michael A. Kutcher of Winston-Salem, NC has been appointed Associate Professor of Medicine at Wake Forest University School of Medicine and Director of Interventional Cardiology.

David Karasich of Gladwyne, PA has been appointed Editor-in-Chief of a new publication entitled Seminars in Musculoskeletal Radiology. The first issue is on MR imaging of sports injuries. Both he and his twin brother, Stephen Karasich, are Professors of Radiology at Jeff.

Irwin S. Goldstein of Bala Cynwyd, PA continues his practice of urology at Presbyterian Hospital in Philadelphia.

Joseph J. Korey Jr. of Reading, PA is in his fifth year as Director of the Department of Obsetrics and Gynecology at St. Joseph's Medical Center in Reading.

Ira Brenner of Narberth, PA has opened another office in Bala
Cynwyd. He is President-Elect of the Philadelphia Psychoanalytic Society.

Monica Morrow of Chicago, Professor of Surgery at Northwestern University School of Medicine, was quoted as an expert in the February 1, 1998 issue of Woman's Day, and so was Carolyn D. Runowicz '77 of New York, Professor and Director of the Division of Gynecologic Oncology at Albert Einstein College of Medicine and Montefiore Medical Center.

Margaret M. Dunn of Beaver Creek, OH has been elected to the Board of Governors of the American College of Surgeons as a Governor-at-Large from Ohio.

Robert C. Savage of Wellesley, MA completed the Falmouth Road Race (7.1 miles) this August and did not require the services of his brother, Michael P. Savage '80, of Jefferson's cardiology catheter team. Robert is also the Vice President and Program Chairman of the New England Society of Reconstructive Surgeons, and an Assistant Clinical Professor of Surgery at Harvard Medical School, and has his own private practice in plastic surgery in Boston, Cambridge, and the suburbs. His wife, Diane, who worked at Jefferson Hospital in the 1970s, received her J.D. four years ago. They have two daughters, Kristin, 18, and Stephanie, 15.

Have You Worked or Studied Abroad?

The International Medicine Society is a student-run organization dedicated to helping students find opportunities to take a rotation or an elective in a country other than the U.S. They are looking for alumni who have gone abroad as medical students, residents, or attending physicians. They are creating a database of contacts for students interested in going to another country. Please contact: Jennifer Ju phone 215 413 1807 jul@jefflin.tju.edu
Joann Kim phone 215 493 4752 kim@jefflin.tju.edu
Suba Sundaram phone 215 625 0744 sundara1@jefflin.tju.edu

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.Clendenin@mail.tju.edu
World Wide Web site:
http://jeffline.tju.edu/CWIS/JMC/alumni/bulletin.html

To contact the Alumni Office electronically:
Send information such as address changes or personal and professional changes to: jmcalums@jefflin.tju.edu

Readers are encouraged to submit nominations for the 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.

humanitarianism. He is a Board member of the American Foundation for Negro Affairs. He has been appointed Associate Chair for Community Medicine at Temple University School of Medicine.

Paul E. Pilgram of Salt Lake City, UT and his wife, Christine, joyfully announce the birth of triplets. The two boys and one girl were born December 13, 1996 each weighing one pound, three ounces, and spent five months in the neonatal intensive care unit. They are doing very well.

John M. Berardis of Marina Del Ray, CA and wife Allyn were blessed with the birth of Nicholas on March 16, 1997.

James B. Lam of Morgan City, LA is Chief of Staff at Lakewood Medical Center.

Max C. Rudansky of Huntington, NY has been named Chief of Neurology at Huntington Hospital. He has had a private neurology practice for 14 years and has also developed the Stroke Unit at Huntington Hospital.

Samuel S. Laucks of Dallastown, PA continues in the active practice of colorectal and general surgery and has also been reelected Chairman of the Board of South Central Preferred, a provider-sponsored P.P.O. which serves south-central Pennsylvania.

Barbara M. Swan of Sewickley, PA has left private practice to accept a position at the Allegheny General Back Institute in Pittsburgh. This allows her more time to spend with her sons. Her husband continues working for University Family Practice which is a subsidiary of the University of Pittsburgh Medical Center.

Judd W. Moul of Bethesda, MD was the keynote speaker at the Italian
Bartley Griffith '74 Utilizes Rare Pediatric Heterotopic Heart Transplant

Surgeons at Children's Hospital of Pittsburgh led by Bartley P. Griffith '74 performed a heterotopic (or "piggyback") heart transplant on a seven-year-old boy in October. A donor heart was placed adjacent to the boy's own heart in the seven-hour procedure. Dr. Griffith is the Henry Bahnson Professor of Surgery and Chief of Cardiothoracic Surgery at the University of Pittsburgh.

The boy suffered from restrictive cardiomyopathy, a rare condition wherein the walls of the pumping chamber thicken and become stiff, decreasing the heart's ability to move blood to the body and lungs. It caused high pressures in the boy's heart, which in turn created high blood pressure in his lungs, complicating his condition.

During the operation, surgeons placed the donor heart in the right side of Christopher's chest along the right side of his own heart. The donor heart was then connected to the vessels of Christopher's heart, allowing blood to flow into both hearts consecutively. The atria of the two hearts were stitched together to form common chambers. The ventricles remain separate but pump blood into arteries that are interconnected. As both hearts continue to function, the donor heart will slowly generate a greater output thus providing adequate blood flow.

The procedure, which is slightly more common in adults, has only been performed on approximately 20 pediatric patients throughout the world. The recipient could also have had a heart and lung transplant, but rejection and infection are more common with lung transplants, and the boy's lungs were not diseased or in need of replacement.

The last time Children's Hospital of Pittsburgh performed this procedure was in 1987 on a 16-year-old boy. The boy survived for nearly two years.
YOUNG INVESTIGATOR

Graziani Uses Clinical Investigator Award to Improve the Rehabilitation of Spinal Cord Injury

Rehabilitation medicine physicians have questioned for years whether a spinal cord injury patient's gait or walking can be improved by eliminating the muscle tightness and spasms that may be experienced during recovery from a spinal cord injury.

Virginia Graziani '86, Assistant Professor of Rehabilitation Medicine and a staff member of Jefferson's Regional Spinal Cord Injury Center, is seeking an answer to that quandary through a $300,000, five-year National Institutes of Health Clinical Investigator Development Award.

Dr. Graziani, one of a few rehabilitation medicine physicians nationwide conducting this kind of spinal cord injury research, is analyzing the gait of about 20 spinal cord injury patients with partial injuries to find a means of improving such a patient's ability to walk.

Following injury, a patient may experience spasticity and involuntary tightening of muscles and, in patients who have the ability to move in some fashion, these side effects often impair their ability to move and walk, Dr. Graziani explains. Physicians, however, can reduce the muscle spasms and tightness by surgically administering baclofen, an FDA-approved drug, directly into a patient's spine.

In some cases, however, decreasing spasticity may not improve a patient's walking ability.

“A question for a long time has been, which patients will walk better and which patients are you going to make worse? But no one has the answer to that question.”

Dr. Graziani said there is much controversy over taking away the muscle tightness and spasms since, in some cases, the spasticity actually helps a patient because it makes his muscles tight so he can stand.

“For the patients who have some movement, when you take away the muscle tightness, they may actually be weaker, or limp so that they can't walk.”

Dr. Graziani's research utilizes gait analysis in which electrodes are attached to a patient's muscles to examine how his limbs move during walking.

“We study how forces and muscle activities change with the baclofen treatment in different patients," she says.

Through her research grant, Dr. Graziani has also been studying the body's ability to regenerate spinal cord tissue. She has been doing basic science research to study whether embryonic spinal cord tissue can be transplanted into a spinal cord injury to repair the damage. "There may be a reduced chance of tissue rejection using the fetal tissue," she says.

“The fetal tissue may also have the potential to grow or to act as spinal cord tissue in the injured area.”

Dr. Graziani notes that University of Florida researchers recently performed the nation's first nerve tissue transplant, using human embryonic spinal cord cells, on a paralyzed male patient to slow the progression of spinal cord damage.

Jefferson, in affiliation with Magee Rehabilitation Hospital, is designated as one of the nation's 18 regional Research Spinal Cord Injury Centers, and the only one in the Delaware Valley.

The center, which has treated more than 2,000 patients, provides for the multidisciplinary coordination of emergency and acute medical/surgical care, rehabilitation beginning at the onset of acute care, vocational evaluation and training, and lifetime follow-up care of spinal cord injured persons. With over 70 percent of persons with spinal cord injury admitted within three days of injury, the Regional Spinal Cord Injury Center has demonstrated a mortality rate of five percent and has significantly reduced the severe secondary complications of traumatic spinal cord injury.
Nye, Active in Physicians for Peace, Speaks at Jefferson

Glenn C. Nye '72 continues to be very active in Physicians for Peace. Dr. Nye serves on the Board of Trustees of this organization, which is based in Norfolk, Virginia. He is an Associate Professor of Medicine at Eastern Virginia Medical School in Norfolk.

Founded in 1984, Physicians for Peace assembles teams of doctors, dentists, nurses, and technicians to volunteer their services in host countries. The goal is "to promote international friendships and peace through medicine as an apolitical, secular, nonprofit organization dedicated to improving international health care through continuing medical and nursing education." They have conducted over 100 missions, from 10 days to six weeks in length, in 26 nations.

Dr. Nye spoke about the organization at Jefferson this past June. Since 1990 he has himself participated in 10 missions abroad. "Medicine is a way to reach out to other cultures, because it is a common denominator among all people," he says.

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For more information, please contact the JEFFLINE Alumni Connection Liaisons: Barbara Laynor (215) 503-9684, Gail Leone (215) 503-9741, or E-mail liaisons@jefflin.tju.edu
John A. Osborne M.D.'90, Ph.D.'90 and his wife, Karen, of Dallas, TX are pleased to announce the February 16 birth of Katherine Marie, who joins two-year-old brother John Samuel. Last June, Dr. Osborne finished his cardiology training at Brigham and Women's Hospital and Harvard Medical School. He currently is Director of Research for Cardiothoracic Specialty Associates of North Texas, a 60-person single-specialty group practice, and also Medical Director of CDM, a single-specialty cardiovascular IPA (independent practice association) covering North Texas and Oklahoma.

Edward A. Trout of Hockessin, DE has been appointed Medical Director of Delaware's first Donor Egg Program at The Center for Human Reproduction-Delaware.

Sanjiv Saxena of Youngstown, OH is a full-time faculty member at Western Reserve Health Care in family practice.

Wayne B. Bauerle of Myrtle Beach, SC received active staff privileges in orthopaedic surgery at Grand Strand Regional Medical Center.

John A. Andrilli of New York, NY has been appointed an Assistant Professor of Clinical Medicine at New York Medical College and St. Vincent's Hospital and Medical Center.

Barbara A. Carter and her husband, David, of Elizabeth City, NC proudly announce the birth of their son, Andrew Jeremiah, on August 13, 1997.

Manal M. Solomon of Tampa, FL has completed his fellowship in child and adolescent psychiatry at the University of South Florida.

George R. Zupko of Wilmington, DE and wife, Lani, proudly announce the birth of their second son, Tyler Joseph, on July 16, 1997. Their first son, Gian, is now four years old. George is attending medical college at the Medical Center of Delaware.

Timothy M. Carley has been chosen to serve as Chief Resident in Internal Medicine next year at Wright-Patterson Air Force Base in Dayton, OH.

Amanda Grant Smith of Tampa, FL married Samuel Ellis Smith in October 1997.

Postgraduate Alumni

Albert L. Pizzica PD'78 of Wayne, PA is Associate Director of the Intensive Care Nursery at Methodist Hospital.

Clement C. Au FP'85 of North Wales, PA, faculty member in family medicine who practices at Jefferson's Chinatown satellite, received the 181 Points of Light Award on September 27, 1997. This is presented by the Commonwealth of Pennsylvania House of Representatives for unselfish service to the community.

Harry A. Cooperman R'85 of Voorhees, NJ has been appointed Clinical Associate Professor, Department of Radiologic Sciences at the Allegheny University of the Health Sciences, MCP/Hahnemann School of Medicine.

Valerie A. Arkoosh AN'90 of Philadelphia has been appointed Service Chief and Director of Obstetrical Anesthesia at Allegheny University Hospital for Women. She also serves as Associate Professor of Anesthesiology at Allegheny University of the Health Sciences.

Ellen L. Pichney Smith EM'92 and husband, Jeffrey, of Damascus, MD are proud parents of Danny, Benny, and nine-month-old Sarah. Ellen is enjoying her practice of emergency medicine with colleague Peter M. Fahney '64.

Jerzy W. Kolaczynski IM'96 of Philadelphia has been appointed Assistant Professor of Medicine at Jefferson.

Burt Cagir CRS'97 of Philadelphia has been appointed Instructor in Surgery at Jeff.

Jackeline Rodriguez ID'97 of Pensacola, FL has joined West Florida Medical Center. She is a member of the Infectious Disease Society of America.

Your diploma is from Jefferson Medical College of Thomas Jefferson University—please refer to your degree in this way.

Reunion Weekend '98

June 5, Friday Alumni Banquet, at the Union League of Philadelphia, with presentation of the Alumni Achievement Awards

June 6, Saturday Women's Forum Breakfast, Clinic Presentations (list below), Dean's Luncheon Joe Henry Coley Lecture, to be delivered by Jay A. Nadel '53

Reunion Class Parties (list below)

June 7, Sunday Farewell Brunch

Clinic Presentations Saturday morning

Joseph A. Iacono '93 To be announced '88

To be announced '83

Howard H. Weitz '78

Peter C. Amadio '73

Bonnie L. Ashby '68

Edward A. Jaeger OP'H64 (Postgraduate Alumnus)

Joseph C. Flanagan '63

To be announced '58

John M. Levinson '53

Clermont S. Powell '48

Davis G. Durham '43

Reunion Class Parties Saturday evening

38 60th Park Hyatt Philadelphia at the Bellevue: Wine Hall

43 55th The Union League of Philadelphia: Gettysburg Room

48 50th The College of Physicians of Philadelphia: Mitchell Hall

53 45th Park Hyatt Philadelphia at the Bellevue: The Conservatory

58 40th Park Hyatt Philadelphia at the Bellevue: Cliveden Room

63 35th Pyramid Club: Fairmount Room

68 30th The College of Physicians of Philadelphia: Thomson Room

73 25th Park Hyatt Philadelphia at the Bellevue: Rosegarden

78 20th Park Hyatt Philadelphia at the Bellevue: Red Room

83 15th Park Hyatt Philadelphia at the Bellevue: Clover Room

88 10th Pyramid Club: William Penn Room

93 5th The Union League of Philadelphia: McMichael Room