Mark Your Calendar

April 2, Friday, 8:00 PM
Thomas Jefferson University Choir and Orchestra performing their 34th annual spring concert with a presentation of the rarely performed Part 2 of Handel's Messiah. First Baptist Church, 17th and Sansom Streets, Philadelphia. Robert T. Sataloff ’75, Director. Admission is free.

April 22, Thursday
Alumni Annual Business Meeting at Jefferson Alumni Hall

April 23, Friday
Alumni reception at the American College of Physicians meeting in New Orleans

May 3, Monday
Alumni reception at the American College of Obstetricians and Gynecologists meeting in Philadelphia

May 9, Sunday
Alumni reception at the American Urological Association meeting in San Francisco

June 3, Thursday
Alumni Association party for the Class of ’04

June 4, Friday
JMC Commencement at the Kimmel Center for the Performing Arts

June 12, Saturday
Alumni reception at the American Medical Association annual meeting in Chicago

October 22-23, 2004: Alumni Weekend 2004
October 22, Friday: CME Program
October 22, 6:00 PM: Alumni Banquet
October 23, Saturday: Clinic Presentations, Women’s Forum, Dean’s Luncheon, Reunion Parties

October 2005: Alumni Weekend 2005

Listening In: Lectures on Campus

March 18, Thursday, 4:00 PM, Connelly Conference Hall, Bluemle Life Science Building, 10th and Locust Streets: William Potter Lecture: Marlene Rabinovitch MD, the Dunlevie Professor in Pediatric Cardiology Research, Stanford University, will speak on "Biological Diversity and Commonality: The Link Between Cancer and Pulmonary Hypertension."

April 14, Wednesday, 11:00 AM, DePalma Auditorium, Thompson Building, 1025 Walnut Street: Biele Lecture: Vamik Volkan MD, the Erikson Scholar in Residence, Austen Riggs Center, Stockbridge, MA, will speak on "Transgenerational Transmission of Trauma and Resistance to Change in Individuals and Societies."

April 23, Friday, 5:00 PM, DePalma Auditorium, Thompson Building, 1025 Walnut Street: Clerf Lecture: Bert O'Malley Jr. MD, the Tucker Professor and Chair of Otorhinolaryngology - Head and Neck Surgery, University of Pennsylvania.

April 27, Tuesday, 5:00 PM, DePalma Auditorium, Thompson Building, 1025 Walnut Street: Lang Lecture: Mark Sherman MD, National Cancer Institute, Division of Cancer Epidemiology and Genetics, Bethesda, MD, will speak on "Current Issues in Gynecologic Neoplasia."

April 30, Friday, 9:00 AM, Connelly Conference Hall, Bluemle Life Science Building, 10th and Locust Streets: Paul C. Brucker MD Lecture: Edmund D. Pellegrino MD, Professor Emeritus of Medicine and Medical Ethics, Georgetown University, will speak on "Do Patients Still Need a Generalist?"

May 6, Thursday, 12:00 PM, DePalma Auditorium, Thompson Building, 1025 Walnut Street: Raymond C. Grandon ’45 Lecture: John Rowe MD, Chairman and CEO, Aetna, Incorporated, will speak on "Healthcare Costs: Why Are They Rising? What to Do?"

May 12, Wednesday, 4:00 PM, Connelly Conference Hall, Bluemle Life Science Building, 10th and Locust Streets: Luscombe Lecture: Richard Spiervogel MD, Clinical Professor of Dermatology, Pathology, and Laboratory Medicine, Drexel University College of Medicine, will speak on "Modern Dermatopathology for the Clinician."

May 25, Tuesday, 5:00 PM, Solis-Cohen Auditorium, Jefferson Alumni Hall, 1020 Locust Street: Hodes Lecture: N. Reed Dunnick MD, the Hodges Professor and Chair of Radiology, University of Michigan Health System.
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On the front cover: Walter Wrenn '74 will take office in April as President of the Alumni Association. He is a graduate of Cheyney University in Cheyney, Pennsylvania, near Philadelphia. After earning his MD at Jefferson, he did his internship and residency in internal medicine at Mercy Catholic Medical Center, in Darby.

The new Alumni President has a flourishing practice on Chestnut Street in West Philadelphia. He and his wife, Glenda, live in Voorhees, New Jersey, and have 8 children, including Glenda Wrenn Davis, who graduates from Jefferson Medical College this spring as a member of the Class of '04. In his spare time Dr. Wrenn is an instructor in karate and tae kwon do.  

Photo by Kelly & Massa
For medical students, winter on the campus is a time of hard work, and personal and professional growth through meeting the challenges of new material and previously unencountered situations. The novelty of the first year has worn off, and the freshmen are in the midst of conceptually rebuilding the human being after an autumn of dissecting the human body, and learning the molecular building blocks of life. The sophomores are immersed in the foundations of clinical medicine, an integrated organ system approach to the learning of pathology, pharmacology, and the introduction to clinical medicine. USMLE Step 1 looms at the end of the year, but their goal of entering the clinical environment full time is close at hand.

The third year students are busy with clinical rotations, arriving on a service as a neophyte, immersed in the care of patients in one of the core disciplines. Each day brings to life the material learned in the second year, and challenges them to learn in greater depth, and with more insight than they had imagined possible at the start of the year. Just as they begin to feel the confidence of mastery over the basic material, they switch rotations, and the cycle repeats. Step 2, as well as the new clinical skills examination, stand between them and the Match and graduation!

Fourth year students have submitted their NRMP match lists, and anxiously await the answer to the questions, “Where and what will I be when I grow up?” Real life choices, and balancing of family and professional needs are entering their lives in earnest.

In this life cycle of medical education, 2 things are striking if one stands back a little from the day-to-day aspects of the process. The first is the personal growth, maturation, sophistication, and confidence of the fourth year student. Lost is the occasionally cynical, sometimes immature or self-centered posturing of the premedical student who arrived on the campus 3 years ago. Found is the manifestation of their core values, now focused and understood, as they embark on their specialty training. Not only have they incorporated the knowledge and skills that the faculty have presented, they have seen and are learning the art of medicine. These values—respect, compassion, integrity, honesty, truth telling, and commitment to excellence and a life of learning—are now more than words to these young physicians. They recognize them as the touchstones of their personal and professional lives. The second is how this change takes place.

The process of personal and professional maturation is much more than the sum of the educational parts. While professional maturation occurs in the setting of the educational process, my observation is that as the student assimilates the information and develops the skills of the physician, there is a broader transformation that takes place. The influence of their patients on the students’ views of illness and wellness is tremendous. Indeed, challenges to their belief systems about aging, infirmity, and social settings are central to their maturation. At the same time that the student masters facts and skills, he or she flourishes through exposure to the quiet bravery of patients.

The final piece of the puzzle is provided by the mentor, the faculty or staff member who models the behaviors that bring professionalism to life. The mentor demonstrates how a physician actually lives the values the student has been taught. The most powerful teaching takes place when we aren’t teaching. Rather, it is the students’ observing us as we perform our day to day activities that is the most powerful modeling activity. Analogous to the unwritten curriculum, the students are learning to do “as we do.” When the mentor’s behaviors are identical with the articulated values of the profession and the institution, the student senses this consistency, and incorporates these behaviors into their portfolio of professional deportment.

Conversely, if the faculty member fails to manifest these values, or overtly manifests their opposite, the cognitive dissonance that the student observes may undermine their development of positive professional attributes. We at Jefferson are fortunate to have many examples of positive mentors, and unusually few of the negative variety.

These facts came into focus for me last night, at the 7th Annual JeffHOPE Charity Ball. Over 700 Jefferson medical, nursing, and health professional students participate annually in JeffHOPE, a student organized and operated medical care program for homeless men, women, and children in the City of Philadelphia (see page 7 of this issue). With more than 4,000 free care visits provided by
students in the evenings and on weekends, they have a significant positive impact on the lives of the most jeopardized of our fellow citizens. In turn, these homeless people have a tremendously positive impact on the students who provide them with care. In these efforts, their patient care activities are supervised by role models—physicians who donate their time and expertise to assure that quality care is rendered to these needy patients, and that the students learn in this setting.

The homeless population is a challenging one, filled with medical, psychological, and occasionally psychiatric challenges. In such a setting, both positive as well as negative behaviors could be manifest on the part of the care givers. I am pleased to report that there is little if any cognitive dissonance emanating from JeffHOPE. Rather, the opportunity for students, residents, faculty, and staff to exemplify all that is good in medicine is taken to its fullest advantage.

Each year the students recognize the contributions of a faculty member, a resident, and a non-physician for their efforts on behalf of JeffHOPE. This year James Studdiford MD, Assistant Professor of Family Medicine, Marc Altshuler MD, Chief Resident in Family Medicine, and Bill Balas, Director of the Apothecary at Thomas Jefferson University Hospital, were honored for their commitment to the patients of JeffHOPE, and the students who serve them. I was reminded that role models at JeffHOPE come in all ages. All 3 of the honorees are indeed individuals to be emulated.

On the way home from the ball, 2 things happened. The first was a personal recollection of my oldest son's experiences at JeffHOPE. Prior to my becoming dean, I had the privilege of precepting at a men's shelter, and had the occasion to have my (then) high school senior come to help. He is not destined to be a physician, but wanted to help out. He went off into the dormitory section with the medical students to see a man with a leg wound. He had never seen stasis wounds, and was clearly pained by the condition of the man's leg, and touched by the kindness and skill of the medical students.

He then had the occasion to sit and speak with a 29 year old man who had acquired a drug habit while serving in the armed forces. On the ride home, he spoke of how bright this man was, how he had gotten good grades in school and wanted to be a pilot, and how a few poor decisions had trapped him in a vicious life that had robbed him of his future. This man, in his difficult situation, had taught my son a lesson that I, with all my lecturing, could never have taught. He learned through this experience that there is value in each person, that humanity is common to all of us, and that kindness and caring are returned many times over. Our medical students and their patients had been his mentors that night.

These are lessons that each of our medical students is learning every day, from faculty such as Dr. Studdiford, and many others who go about doing what they do best, first caring for their patients as persons, then caring for their illness or infirmity. Our students are learning from their patients not only the signs and symptoms and natural history of the diseases they manifest, but most importantly they are learning to permit their patients to touch their soul—to help them grow not only as healers, but as the kind of people we call Jefferson doctors.

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The second thing that happened on the way home from the ball was that I received a compliment usually reserved for parents. As Jean and I left the ballroom and went to retrieve our coats, the elderly lady who was at the coat check table asked what group we were with. She went on to relate that this group of young people was the most polite, courteous group that the wait staff had seen. When dinners were brought, “thank you’s” were voiced. “Please” and other common courtesies had abounded throughout the evening.

I proudly told the coat check lady that these were young Jefferson doctors, and left thinking that their parents, the faculty, and each of these students should be proud: our students are in so many ways young Jefferson doctors, though their MD degrees are still "in process."

I salute all our mentors here at Jefferson, as well as those specifically honored last night at the JeffHOPE Charity Ball. And I remind each of us that our most powerful teaching occurs when we aren’t teaching.
The Medical College Has a New Honor Code, Established through Student Initiative

Jefferson Medical College now has a more comprehensive student honor code, thanks to the hard work of its students. Inspired by honor codes that are in place at selected other medical schools and colleges, they drafted one for Jefferson and then saw it through a rigorous review by faculty members, the Curriculum Committee, and the Dean’s Office. It was then officially adopted by the medical college, and published in the student handbook. While a number of medical schools around the country have honor codes, Jefferson’s is one of only a few that was written primarily by the students that it governs.

After making a presentation to the Dean’s Office, Seth Hollander ’04 was invited by the administration to serve as Co-Chair of the medical college’s Task Force on Professionalism. Inspired by the honor code at his undergraduate alma mater, Haverford College, Seth says, “I believed that Jefferson students could benefit not only from changes to exam policies, but also from having an honor code that was included in the medical college’s promotional literature, admissions procedure, first-year orientation—and the curriculum itself.”

“He gave a very inspiring presentation,” recounts Associate Dean Karen Glaser PhD, who, along with Hollander, co-chaired the task force that created the code. Jefferson Medical College already had a professional code of conduct, but the students were seeking a greater sense of community—one that was committed to supporting its members.

“The professional conduct code was a list of rules and regulations. We were seeking a promise from the student body to embrace the standards of a community, to deal openly and honestly with every one of its members, and to trust in one another in both academic and nonacademic situations,” explains Hollander. In the same way that Haverford College’s honor code reflected a philosophy of conduct rather than a list of rules, Jefferson’s new code expresses what sort of community the medical school aspires to be, but not a set of specific restrictions.

“I’m grateful that the administration allowed the task force the freedom that we needed for this project,” Seth says. “Off we went! The first thing I did was to get some help. I recruited 10 students to join the task force. Their undergraduate experiences were wide ranging, from a Haverford alum to a Naval Academy grad. A year later, I am happy to report that we have a ratified honor code (inspired by not only Haverford’s, but also those of Middlebury College and the University of Colorado), an admissions policy that includes interview questions about the code, communication training during orientation, and even our own version of honor code orientees (which we call the ‘big sib’ program) who have received training in conflict resolution and mediation.”

The final document was approved by over three-quarters of the student body, and was well received by the faculty. “There are aspects to medical education and training that make such an

The JMC Honor Code

As Jefferson students and future physicians, we seek to establish a community based on honor, integrity and awareness of others. Our commitment to this community begins with our matriculation to Jefferson Medical College when we sign a pledge to uphold the values and rules of the Honor Code that follows:

As medical students, we pledge to embrace the academic and social integrity on which Jefferson was founded, pursuing honesty, equality and fairness in all aspects of our lives. This includes not seeking an unfair advantage over our peers, teachers or any other member of the Thomas Jefferson University community. These goals are dependent on our personal concern for ourselves and one another, as well as our collective concern for the maintenance of the community standards that are reflected in the Code.

The Honor Code assumes that all students conduct themselves in an ethical and professional manner. Altruism, accountability, commitment to excellence, duty to serve, honor, integrity and respect for others are essential characteristics of a physician. In addition, the code is dependent on the collective desire of all members of the academic community to prevent and deter violations, rather than on proceedings to impose penalties after violations have occurred. If violations do occur within this system, each member of the community is expected to support and uphold all aspects of the code.

Community – A goal of each member of the college is to foster an environment of trust and cooperation with respect for the work and efforts of others. When we speak of community we imply the student body, the faculty, the staff, and the administration, each of which contributes to the combined concept of community.

Academic Integrity – We seek to enhance our knowledge of medicine and achieve excellence in our time spent at Jefferson but not at the cost of honesty, integrity and trust, all integral aspects to the development of a physician.

Social Integrity – Jefferson is dependent on equality among all its members, regardless of race, culture, religion, gender, or sexual orientation. Every individual should be treated with equal respect by their peers, faculty, and staff.

Responsibility – All members of the college must be willing to discuss with their peers and all members of the community any action or issue that appears to be unacceptable and take the necessary actions in a timely manner to address the situation. The failure to confront not only jeopardizes the strength of the code but also puts the observer in direct violation of the code.

Mediation – Resources exist for students, faculty and staff to meet with other people within the Jefferson community to work out any differences and disagreements with the help of a third party. If these efforts fail to reach a resolution, further resources through official college channels can be used to review any disagreement and determine the appropriate course of action.

The Honor Codes of the University of Colorado Medical School and Haverford College influenced portions of this Honor Code.
undertaking much more complex than it might be for an undergraduate, residential college,” Dr. Glaser adds. "We’re very proud of what Seth and his classmates accomplished. The fact that they spearheaded it makes the code that much more relevant.”

This year’s incoming class had the opportunity to discuss the new code at the time they took the Hippocratic oath during the first week of school. They adopted the code enthusiastically. Now Chris Coletti ’05 is serving as chairperson of the professionalism task force. Professionalism is a never-ending aspiration, and Jefferson students have taken up the challenge. JMC

Thanks to Haverford College Public Relations for some of the material in this article.

JeffHOPE

Spying the Light: A Student Reflects on His Experiences

Excerpts from a speech by Lino Miele ’05 at JeffHOPE’s annual orientation for new student volunteers in September 2002

Approximately one year ago, I stepped away from the realm of traditional medical education for an evening and into the arms of a body of students committed to the delivery of efficient health care for the homeless and underserved. What I encountered on that evening was a light at the end of the tunnel: a reminder that we will practice medicine in the not so distant future, and that it will be tremendously rewarding to us on a personal level.

This light is embodied in the residents of the shelters in which we students serve as volunteers. It is the countless stories of people in crisis who are in need of our assistance. It is the hands-on-instruction that our patients at the clinics give us, and the students who learn from students.

Who are these people? As a Patient Care Advocate, I have the privilege of interacting with most of the patients on a nightly basis. The patients look to us as an ear for their troubles and as a resource for ongoing care. The student clinicians and site directors look to us for information regarding where to find more appropriate care. There are several experiences I have encountered that come to mind.

The first is a man we have seen for some time at the Ridge Shelter. He is 51 years old and by coincidence we share the same birthday. From the first evening I met Sam, he seemed so open and outgoing. He was employed and had secured transitional housing away from the Ridge Shelter as the first step toward a new life. He is a recovering alcoholic and recovering cocaine and heroin addict. He is also a diabetic. He frequents the JeffHOPE Clinic every Tuesday night to get his insulin, blood pressure meds, and ibuprofen for his arthritis. His condition was being managed remarkably well. His blood sugar and blood pressure had stabilized and he had lost 15 pounds.

One night several months later, he came into the clinic and informed me that he had lost his job. This became a significant setback in his progress as he struggled to secure unemployment compensation and some form of medical insurance. After several difficult months, he was awarded unemployment compensation. Furthermore he was able to gain temporary medical assistance, which afforded us the opportunity to secure him a primary care provider at Jefferson who can better manage his care. He made his first visit to his PCP on September 17 and continues to see her in follow-up visits. Thus even the job loss was not an insurmountable blow.

On another evening, I was informed by the site director that there was a patient that needed immediate care. Jack was a 63 year old man who had spent the last several months at MCP-Hahnemann Hospital. He had been treated for antibiotic-resistant pneumonia. Jack also had a serious heart condition which required treatment with blood pressure medication as well as Coumadin, a blood thinner, and Digoxin. He was released with written instructions, which he could not read due to myopia. We were able to supply him with reading glasses, which he was ecstatic to receive. With that problem solved, we were able to tackle his medications and instructions together. He was totally compliant and he visited the clinic weekly to update his meds and check his blood pressure. We had no reason to believe he would not. After all Jack is a black belt in Jiu-Jitsu and has completed in numerous tournaments including several in Japan. He finished a six-month rehabilitation program at the shelter for alcohol dependence and has now moved on to a new life.

He wasn’t the only man of talent encountered at the clinic. Walter was a regular at the clinic for several weeks. While at the shelter, he had been having recurring back pain. He had been staying at the shelter until he was able to get back on his feet, or perhaps find a new gig. Intriguingly enough, Walter played bass guitar for many famous jazz musicians including none other than Miles Davis. Jake was once a special education teacher in the inner city. One night that came to an abrupt halt when a burglar robbed his house and shot him through the right eye and frontal lobe of his brain. Jake’s behavior completely changed after this incident: a modern day Phineas Gage. He tried to regain his teaching position but was dismissed for violent behavior and succumbed to life on the streets. That was until he checked into the Ridge Shelter where we were able to direct him to psychiatric care.

These are some of the patients I see when I go to the clinic. Our roles as Patient Care Advocates range from supplying shower shoes to prevent the spread of athlete’s foot, to juggling information about insurance (or lack of), to referring patients for dental and eye care. Perhaps most rewarding, however, is simple conversation. The process of listening intently to the patient’s needs and concerns and comforting the patient when the opportunity demands is enormously gratifying. It brings perspective to the scope of medicine particularly when the rigors of, say, renal pathophysiology loom in the coming morning.

It may seem a daunting task under our current health care system, but we have managed to find ways to treat these patients within the system. That’s a significant task, since it makes the light at the end of the tunnel get brighter each day. JMC
Nancy S. Czarnecki ’65 joined the University Board of Trustees as an Alumni Trustee on July 1, 2003, replacing Allen Chandler ’61 who completed his term of service. This past fall, Paul Brucker MD announced his retirement from the university's presidency, effective June 30, 2004. His replacement will be selected by a search committee appointed by the Board of Trustees. Ben Burke Howell Esq., who became Chairman of the University Board on January 1, 2004, is chairing that committee.

At the most recent board meeting, President Brucker summarized local and national issues that have had significant impact upon the university. The recent economic depression has decreased Jefferson’s investment income, trust income, and charitable contributions. Tuition at Jefferson Medical College now stands at $35,000 per year, and the average medical student is graduating with an indebtedness of $121,000. The continually rising costs of health care, prescription drugs, and health insurance continue to be major concerns. Jefferson pays $11,000 per year to cover 80 percent of each employee’s health care premium with Blue Cross Personal Choice, our local carrier.

The Pennsylvania budget crunch has led to cuts in the money allocated to Jefferson, which now receives 11 million dollars yearly from the Commonwealth. Thomas Jefferson University Hospital will be cut to 75 cents on the dollar for Medicaid spending. Jefferson now pays 39 million dollars for medical liability insurance for the hospital and 20 million dollars for the faculty practice foundation.

The average profit margin for hospitals in Pennsylvania now is 2.26 percent compared with a national average of 4.7 percent, and 4 out of 10 Pennsylvania hospitals are operating in the red. Thomas Jefferson University Hospital expects an operating margin of 8 million dollars, or one percent, for fiscal year 2003.

Pennsylvania now ranks 2nd in the country in the number of medical students it is educating, yet ranks 46th in the country in the retention of doctors. Doctor retention in our geographical area for Jefferson residents finishing in neurosurgery, orthopaedics, and obstetrics has decreased enormously from 80 percent to 20 percent.

Beginning with the Class of ’05, all medical students will have to pass a clinical skills test which is now required by the national boards. Senior students will give physical examinations to actors posing as patients who will mimic a standardized set of medical problems. This additional cost to students will range between $1,000 and $1,500.

The 80-hour workweek now is in effect for resident education hours. Residents now must have one 24-hour day free every 7 days.

Louis Weinstein MD, Professor and Chair of the Department of Obstetrics-Gynecology at the Medical College of Ohio, has been selected as the new chairman of Jefferson’s Department of Obstetrics-Gynecology. The Board of Trustees approved the recommendation that the Office of Health Policy be elevated to department status with David Nash MD MBA as department chairman.

The reconstruction of Barringer Hall, Orlowitz Hall, and the Victory Building for student housing is proceeding on schedule. The Victory Building is expected to be ready for occupancy in 2004. Civic delays continue to plague the planned construction of the new parking garage across from the hospital building. These delays have been caused by persisting zoning concerns raised by neighboring businesses. Jefferson authorities remain optimistic that they will prevail and that this much needed garage will be built during 2004.

The newly elected officers of the Medical Staff of Thomas Jefferson University Hospital are James Fox ’70 as President, and Lewis Rose ’81 as President-elect.

Respectfully submitted,
Stephen Slogoff ’67
Charles J. Stahl III ’56
Nancy S. Czarnecki ’65

William Keane MD Is the First Holder of the Herbert Kean MD Chair in Otolaryngology-Head and Neck Surgery

William M. Keane MD was invested as the first holder of the Herbert Kean MD Chair in Otolaryngology-Head and Neck Surgery in a ceremony on December 3. Dr. Keane is credited with having established a national reputation for Jefferson’s Otolaryngology Department, which he has headed since 1991. Herbert Kean OTO’60, whose generosity is responsible for the named chair, completed his residency in otolaryngology at Jefferson and rose through the ranks to become a Clinical Professor of Otolaryngology. He performed the first (1986) and the 50,000th (1998) outpatient procedures at the Jefferson Surgical Center.

In his remarks at the investiture ceremony, which was attended by 100 people, including administration, medical staff, family members, and friends, Paul C. Brucker MD, President of Thomas Jefferson University, pointed out the department’s proud legacy. In thanking Dr. Herbert Kean and congratulating Dr. William Keane, Dr. Brucker emphasized, “Endowed chairs are critical to our ability to recruit the best and brightest faculty and students, and allow the department chair the freedom to nurture and guide them. Equally important is the extent to which Dr. Herb Kean’s outstanding gift demonstrates his commitment to, and faith in, Jefferson.” JMC
Fifty years ago, Eugene Aserinsky discovered rapid eye movement and changed the way we think about sleep and dreaming. The next year, he joined the faculty at Jefferson Medical College, where he continued his investigations in neurophysiology.

Adapted from Smithsonian, October 2003, article by Chip Brown

Night after night Eugene Aserinsky had been working late. He dragged an ancient brain-wave machine, an Offner Dynograph, from the basement to the physiology lab on the second floor of Abbott Hall at the University of Chicago. He had tinkered with it long enough to think it might not be totally unreliable. And now, late one December evening in 1951, his 8-year-old son, Armond, came over to the lab and sat patiently on an Army cot while his father scrubbed his scalp and skin around his eyes with acetone, taped electrodes to the boy’s head and plugged the leads into a switch box over the bed. From the adjacent room, Aserinsky calibrated the machine, telling Armond to look left, right, up and down. The ink pens jumped in concert with the boy’s eyes. And then it was lights out, the sharp smell of acetone lingering in the darkness.

Armond fell asleep; his father tried not to. Sustained by pretzels and coffee, Aserinsky sat at a desk under the hellish red eyes of a gargoyle-shaped lamp. He was 30 years old, a trim, handsome man of medium height, with black hair, a mustache, blue eyes, and the mien of a bullfighter. When he was not in his lab coat, he usually wore a bow tie and a dark suit. He was a graduate student in physiology, and his future was riding on this research. He had nothing but a high school degree to fall back on. His wife, Sylvia, was pregnant with their second child. They lived on campus in a converted Army barracks heated by a kerosene stove.

The hours crept by in the spooky gray-stone gloom of Abbott Hall. While the long banner of graph paper unfurled, Aserinsky noticed that the pens tracking his son’s eye movement—as well as the pens registering brain activity—were swinging back and forth, suggesting Armond was alert and looking around. Aserinsky went in to check on his son, expecting to find him wide awake. But Armond’s eyes were closed; the boy was fast asleep.

What was going on? Yet another problem with the infernal machine? Aserinsky didn’t know what to think, standing in bewildered excitement, on the threshold of a great discovery.

The existence of rapid eye movement (REM) and its correlation with dreaming was announced 50 years ago in a brief, little noted report in the journal Science. The 2-page paper is a fine example of the maxim that the eye can see only what the mind knows: for thousands of years the physical clues of REM sleep were baldly visible to anyone who ever gazed at the eyelids of a napping child or studied the twitching paws of a sleeping dog.

But scientists had long been blinkered by preconceptions about the sleeping brain. It remains an astonishing anachronism in the history of science that Watson and Crick unraveled the structure of DNA before virtually anything was known about the physiological condition in which people spend one-third of their lives. As Tom Roth, the former editor of the journal Sleep, put it, “It’s analogous to going to Mars with a third of the Earth’s surface still unexplored.” The REM state is so important that some scientists have designated it a “third state of being” (after wakefulness and sleep), yet the phenomenon itself remained hidden in plain sight until September 1953, when the experiments conducted by Aserinsky were published.

His now-classic paper was less important for what it revealed than what it began. REM opened the terra incognita of the sleeping brain to scientific exploration. Before REM, it was assumed that sleep was a passive state; absent stimulation, the brain simply switched off at night like a desk lamp. After REM, scientists saw that the sleeping brain actually cycled between 2 distinct electrical and biochemical climates—one characterized by deep, slow-wave sleep, which is sometime called “quiet sleep” and is now known as non-REM or NREM sleep, and the other characterized by REM sleep, also sometimes called “active” or “paradoxical” sleep. The mind in REM sleep teems with vivid dreams; some brain structures consume oxygen and glucose at rates equal to or higher than in waking. The surprising implication is that the brain, which generates and evidently benefits from sleep, seems to be too busy to get any sleep itself.

The discovery of REM launched a new branch of medicine, leading to the diagnosis and treatment of sleep disorders that afflict tens of millions of people. It also changed the way we view our dreams and ourselves. It shifted scientists’ focus from the dreaming person to the dreaming brain, and inspired new models in which the chimerical dramas of the night were said to reflect random neural fireworks rather than the hidden intention of unconscious conflict or the escapades of disembodied souls. By showing that the brain cycles through various neurodynamic phases, the discovery of REM underscored the view that the “self” is not a fixed state but reflects fluctuating brain chemistry and electrical activity. Many researchers continue to hope that REM may yet provide a link between the physical activity of the brain during a dream and the experience of dreaming itself.

It’s hard to overestimate the importance of Aserinsky’s breakthrough, said Bert States, an Emeritus Professor at the University of California at Santa Barbara and the author of 3 books on dreams and dreaming: “The discovery of REM sleep was just about as significant to the study of cognition as the invention of the telescope was to the study of the stars.”

In 1950, when Aserinsky knocked on Nathaniel Kleitman’s office...
At home, Aserinsky was under considerable pressure. His daughter, Jill, was born in April 1952. Aserinsky couldn't even afford the rent on the typewriter he leased to draft his dissertation. "We were so poor my father once stole some potatoes so we would have something to eat," recalls Jill Buckley, now 51 and a lawyer in California for the American Society for the Prevention of Cruelty to Animals. "I think he saw himself as a kind of Don Quixote. Ninety percent of what drove him was curiosity—wanting to know."

After studying babies, Aserinsky set out to study sleeping adults. At the time, no scientist had ever made all-night continuous measurements of brain-wave activity. Given the thinking of the era—that sleep was a featureless neurological desert—it was pointless to squander thousands of feet of expensive graph paper making electroencephalogram (EEG) recordings. Aserinsky's decision to do so, combined with his adapting the balky Offner Dynograph machine to register eye movements during sleep, led to the breakthrough.

His son, Armond, liked to hang out at the lab because it meant spending time with his father. "I remember going into the lab for the night," Armond says. "The setup took such a long time."

Aserinsky did a second nightlong sleep study of Armond with the same results: again the pens traced sharp jerky lines previously associated only with eye movements during wakefulness. As Aserinsky recruited other subjects, he was growing confident that his machine was not fabricating these phenomena. But could it be picking up activity from the nearby muscles of the inner ear? Was it possible the sleeping subjects were waking up but just not opening their eyes?

"In one of the earliest sleep sessions, I went into the sleep chamber and directly observed the eyes through the lids at the time that the
sporadic eye movement deflections appeared on the polygraph record," he would recall in 1996 in the Journal of the History of the Neurosciences. "The eyes were moving vigorously but the subject did not respond to my vocalization. There was no doubt whatsoever that the subject was asleep, despite the EEG that suggested a waking state."

By the spring of 1952, a "flabbergasted" Aserinsky was certain he had stumbled onto something new and unknown. "The question was, what was triggering these eye movements? What did they mean?" he recalled in a 1992 interview with the Journal of NIH Research. In the fall of 1952, he began a series of studies with a more reliable EEG machine, running more that 50 sleep sessions on some 2 dozen subjects. The charts confirmed his initial findings.

Aserinsky went on to find that heart rates increased an average of 10 percent and respiration went up 20 percent during REM; the phase began in a certain amount of time after the onset of sleep; and sleepers could have multiple periods of REM during the night. He linked REM interludes with increased body movement and particular brain waves that appear in waking. Most amazingly, by rousing people from sleep during REM periods, he found that rapid eye movements were correlated with the recall of dreams—with, as he noted in his dissertation, "remarkably vivid visual imagery."

He later wrote, "The possibility that these eye movements might be associated with dreaming did not arise as a lightning stroke of insight … An association of the eyes with dreaming is deeply ingrained in the unscientific literature and can be categorized as common knowledge. It was Edgar Allan Poe who anthropomorphized the raven, 'and his eyes have all the seeming of a demon's that is dreaming.'"

Aserinsky had little patience for Freudian dream theory, but he wondered if the eyes moving during sleep were essentially watching dreams unfold. To test that possibility, he persuaded a blind undergraduate to come into the lab for the night. The young man brought his Seeing Eye dog. "As the hours passed I noticed at one point that the eye channels were a little more active than previously and that conceivably he was in a REM state," Aserinsky wrote. "It was imperative that I examine his eyes directly while he slept. Very carefully I opened the door to the darkened sleeping chamber so as not to awaken the subject. Suddenly, there was a low menacing growl from near the bed followed by a general commotion which instantaneously reminded me that I had completely forgotten about the dog. By this time the animal took on the proportions of a wolf, and I immediately terminated the session, foreclosing any further exploration along this avenue." (Other researchers would later confirm that blind people do indeed experience REM.)

In any event, Aserinsky wasn't much interested in the meaning of dreams, said his daughter Jill, adding: "He was a pure research scientist. It always irritated him when people wanted him to interpret their dreams."

But a future colleague of Aserinsky's was intrigued. William Dement was a medical student at Chicago, and in the fall of 1952 Kleitman assigned him to help Aserinsky with his overnight sleep studies.

Dement recounted his excitement in his 1999 book, The Promise of Sleep. "Aserinsky told me about what he had been seeing in the sleep lab and then he threw in the kicker that really hooked me: 'Dr. Kleitman and I think these eye movements might be related to dreaming.' For a student interested in psychiatry, this offhand comment by Aserinsky was more stunning than if he had just offered me a winning lottery ticket. It was as if he told me, 'We found this old map to something called the Fountain of Youth.'"

By Aserinsky's account, Dement ran 5 overnight sessions for him starting in January 1953. With a camera Kleitman had obtained, Dement and Aserinsky took 16-millimeter movie footage of subjects in REM sleep, one of whom was a young medical student named Faylon Brunemeier, today a retired ophthalmologist living in Northern California. They were paying 3 dollars a night, he recalled, "and that was a lot to an impecunious medical student."

Kleitman had barred women as sleep study subjects, fearing the possibility of scandal, but Dement wheedled permission to wire up his sweetheart, a student named Pamela Vickers. The only provision was that Aserinsky had to be on hand to "chaperon" the session. While the sleep-deprived Aserinsky passed out on the lab couch, Dement documented that Vickers, too, experienced REM. Next, Dement says he recruited 3 other female subjects, including Elaine May, then a student. Even if she had not become famous a few years later as part of the comedy team Nichols and May, and had not gone on to write Heaven Can Wait and other movies, she would still have a measure of fame, in the annals of sleep science.

From 1955 to 1957, Dement published studies with Kleitman establishing the correlation between REM sleep and dreaming. Dement went on to help organize the first sleep research society and start the world's first sleep clinic at Stanford in 1970. With a collaborator, Howard Roffwarg, a psychiatrist now at the University of Mississippi Medical Center, Dement showed that even a 7-month-old premature infant experiences REM, suggesting that REM may occur in the womb. Dement's colony of dogs with narcolepsy—a condition of uncontrollable sleep—shed light on the physiological basis of the disorder, which in people had long been attributed to psychological disturbances.

When Aserinsky left the University of Chicago, in 1953, he turned his back on sleep research. He went to the University of Washington in Seattle for a year. Then he landed a faculty position at Jefferson Medical College, where he explored high-frequency brain waves and studied animal respiration. In 1957, his wife's depression came to a tragic conclusion; while staying at a mental hospital in Pennsylvania, Sylvia committed suicide. Two years later, Aserinsky married Rita Roseman, a widow, and became stepfather to her young daughter, Iris; the couple remained together until Rita's death in 1994.

In the early 1960s, Armond Aserinsky urged his father, then in his 40s, to return to the field he had helped start. Aserinsky finally wrote to Kleitman, who had retired from the University of Chicago, Kleitman replied, "It was good to learn that you have renewed work on rapid eye movements during sleep. I believe that you have the ability and perseverance but have had … personal hard knocks to
contend with. Let us hope that things will be better for you in the future."

In March 1963, Aserinsky went home to Brooklyn to attend a meeting of sleep researchers. "People were shocked," his son recalled. "They looked at him and said, 'My God, you're Aserinsky!' "

Delving into the night again in an unused operating room at the Eastern Pennsylvania Psychiatric Institute in Philadelphia, Aserinsky worked on the physiology of REM and non-REM sleep, but he had prickly encounters with colleagues. In 1976, after more than 2 decades at Jefferson Medical College, Aserinsky was passed over for the chairmanship of the physiology department. He left, becoming chairman of physiology at Marshall University in Huntington, West Virginia. He retired in 1987. "He could be a deeply suspicious and impolitic person," Armond Aserinsky said.

Narrating his version of events in the Journal of the History of the Neurosciences, Aserinsky wrote, "I myself am extremely stubborn and have never taken kindly to working with others. This negative virtue carried on throughout my career as evidenced by my resume, which reveals that I was either the sole or senior author in my first 30 publications, encompassing a period of 25 years."

To younger sleep scientists, Aserinsky became only a name on a famous paper. And such he might have remained if not for a license plate and a chance encounter in 1989.

Peter Shiromani, then an Assistant Professor of Psychiatry at the University of California at San Diego, had just nosed his Datsun into the parking lot of a Target department store in Encinitas, California. His custom license plates advertised what had been his scientific obsession since his undergraduate days at City College in New York: REM SLEP.

"A woman walked up to me and said, 'I really love your plates! Did you know my father discovered REM sleep?' " Shiromani recalled. "I said, 'You must be Eugene Aserinsky's daughter!' She was very pleased. I think she felt a lot of pride in her father's accomplishment, and here was someone who recognized her father's name. We chatted briefly with much enthusiasm about REM sleep. Fortunately, I had the presence of mind to ask for her father's address."

Shiromani passed the address along to Jerry Siegel, a sleep researcher at UCLA and the Sepulveda Veterans Affairs medical center in suburban Los Angeles who invited Aserinsky to address the June 1995 meeting of the Associated Professional Sleep Societies in Nashville. Siegel was organizing a symposium in honor of Kleitman, who had recently turned 100. "It was very difficult to get Aserinsky to come," Siegel recalls. "People who knew him in the early days said, 'Don't invite him.' But my dealings with him were very pleasant."

It was Dement who introduced Aserinsky to the crowd of 2,000 people in the ballroom at the OpryLand Hotel. They gave him a standing ovation. And when he finished a witty, wide-ranging talk on the history of REM, the audience again rose to its feet. "It was one of the high points of his life," recalls his daughter Jill, who had accompanied her father to the meeting along with his stepdaughter, Iris Carter. "He wore a name tag, and people would stop and point and say, 'There's Aserinsky!' " says Carter.

One July day 3 years later, Aserinsky, driving down a hill in Carlsbad, California, collided with a tree and was killed. He was 77. An autopsy could not determine the cause of the accident. It's possible he fell asleep at the wheel.

Today it's well established that normal sleep in human adults includes between 4 and 6 REM periods a night. The first starts about 90 minutes after sleep begins; it usually lasts several minutes. Each subsequent REM period is longer. REM sleep is characterized by not only brain-wave activity typical of waking, but also a sort of muscle paralysis, which renders one incapable of acting on motor impulses. (Sleepwalking most often occurs during non-REM sleep.) In men and women, blood flow to the genitals is increased. Parts of the brain burn more energy. The heart may beat faster. Adults spend about 2 hours a night in REM, or 25 percent of their sleep. Newborns spend 50 percent of their sleep in REM, upwards of 8 hours a day, and they are more active than adults during REM sleep, sighing and smiling and grimacing.

After 50 years, researchers have learned a great deal about what REM isn't. For example, it was once thought that people prevented from dreaming would become psychotic. That proved not to be the case; patients with injuries to the brainstem, which controls REM, do not go nuts without it. Still, if you deprive a person of REM sleep, they'll recoup it at the first chance, plunging directly into the REM phase—a phenomenon called REM rebound.

Studies of animals have yielded insights into REM—sometimes. In the early 1960s, Michel Jouvet, a giant of sleep research and a neurophysiologist at the University Claude Bernard in Lyon, France, mapped the brain structures that generate REM sleep and produce the attendant muscle paralysis. Jouvet, who coined the term "paradoxical sleep" as a substitute for REM sleep, also discovered that cats with lesions in one part of the brainstem were "disinhibited" and would act out their dreams, as it were, jumping up and arching their backs. (More recently, University of Minnesota researchers have documented a not dissimilar condition in people: REM sleep behavior disorder, as it's called, mainly affects men over 50 who kick, punch, and otherwise act out aggressive dream scenarios while they sleep. Researchers believe that REM sleep disorder may be a harbinger of Parkinson's disease in some people.) Paradoxical sleep has been found in almost all mammals tested so far except for some marine mammals, including dolphins. Many bird species appear to have short bursts of paradoxical sleep, but reptiles, at least the few that have been assessed, do not. Jouvet was especially interested in penguins, because they stay awake for long periods during the brooding season. Hoping to learn more about their physiology, he went to great trouble to implant a costly radio-telemetry chip in an Emperor penguin in Antarctica. The prize research subject was released into the sea only to be promptly gobbled up by a killer whale.
In 1975, Harvard's Allan Hobson and Robert McCarley proposed that many properties of dreams—the vivid imagery, the bizarre events, the difficulty remembering them—could be explained by neurochemical conditions of the brain in REM sleep, including the ebb and flow of neurotransmitters. Their theory stunned proponents of the idea that dreams were rooted not in neurochemistry but psychology, and it has been a starting point of dream theorizing for the past 25 years.

The once-popular description of REM as "dream sleep" is now considered an oversimplification, and debate rages over questions of what can be properly claimed about the relation of dreaming to the physiology of REM sleep. (In 2000, an entire volume of the journal Behavioral and Brain Sciences was devoted to the debate.) To be sure, you can have REM without dreaming, and you can dream without experiencing REM. But most researchers say that dreaming is probably influenced and may be facilitated by REM. Still, dissenters, some of whom adhere to psychoanalytic theory, say that REM and dreaming have little connection with each other, as suggested by clinical evidence that different brain structures control the two phenomena. In the years to come, new approaches may help clarify these disagreements. In a sort of echo of Aserinsky's first efforts to probe the sleeping brain with EEG, some researchers have used powerful positron brain-scanning technology to focus on parts of the brain activated during REM.

This past June, more than 4,800 people attended the Associated Professional Sleep Societies' annual meeting in Chicago. The scientists took time out to mark REM's golden anniversary. With mock solemnity Dement echoed the Gettysburg Address in his lecture: "Two score and 10 years ago Aserinsky and Kleitman brought forth on this continent a new discipline conceived at night and dedicated to the proposition that sleep is equal to waking ..."

Aserinsky's discovery was a lyric moment in the history of science, a moment when, as Jouvet said, humanity came upon "a new continent in the brain." It's a continent that each of us will traverse tonight. JMC

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Root Is Named an Ellison Foundation New Scholar for His HIV Research

Michael Root MD PhD, an Assistant Professor of Microbiology and Immunology and a member of the Kimmel Cancer Center, has been named an Ellison Medical Foundation New Scholar in Global Infectious Disease. Dr. Root, whose research focuses on understanding the process by which the HIV virus infiltrates cells, will receive $200,000 over 4 years to study this aspect of the HIV infection, as well as to generalize his findings and apply them to other devastating infectious diseases.

The Ellison Medical Foundation, based in Bethesda, Maryland, established and supported by Lawrence J. Ellison, makes grants for research projects that stimulate new, creative research. The objective of the New Scholars Program is to support innovative investigators engaged in promising projects that study molecular and cellular mechanisms. Dr. Root has designed a new class of HIV-1 entry inhibitors.

“It is tremendously exciting to be able to take this research to the next level over a period of time,” says Dr. Root. “My goal is to conduct the investigations that will lead to better understanding of the infectious mechanisms of these potent viruses, and in so doing, help discover better treatment options. In this way, more patients will benefit from this research when it is applied to a wider range of illnesses such as SARS and the Ebola virus.”

A second one-year grant to Dr. Root from the American Foundation for AIDS Research (amfAR) also supports these objectives. The New York City based foundation awarded $84,000 to Dr. Root to support his continuing research on the inhibition of HIV-1 membrane fusion by 5-Helix. Since 1985, amfAR has funded grants to over 2,000 research teams worldwide, including more than $350,000 provided to Jefferson researchers since 1989.

Lupus Foundation Funds Research on Its Relationship to Cardiac Disease

The South Jersey Chapter of the Lupus Foundation of America has made a gift to Thomas Jefferson University to support research into the relationship between lupus and cardiac disease. The grant of $70,000 will fund the investigations of Raphael DeHoratius ’68, Professor of Medicine and Director of the Division of Rheumatology’s Lupus Study Center, which conducts research aimed at developing new diagnostic tests and treatment options.

“We are proud to give this grant to Dr. DeHoratius,” Fran Levy, president of the chapter, said. “The money was raised through a variety of fundraising activities, and we are thrilled to see it benefit vital research.” The recent gift follows an earlier grant to Dr. DeHoratius to fund an award in his name for fellows in rheumatology.

The Lupus Foundation of America estimates that more than 16,000 Americans develop the crippling disease each year, a figure that has risen over the past 2 decades according to the Centers for Disease Control and Prevention. The research that DeHoratius will conduct with this grant is targeted toward early detection of cardiac disease in patients diagnosed with lupus, so that intervention to prevent cardiac damage can slow the progression of a heart disorder. Although for many lupus patients the disease is fatal due to massive
Raymond G. Tronzo '57, 
Pioneer Hip Surgeon

Ray Tronzo '57, an orthopaedic surgeon who specialized in adult hip reconstruction, is truly a pioneer. He served as an Assistant Professor of Orthopaedic Surgery at the School of Medicine of the University of Pennsylvania, 1959-74, and as Clinical Professor of Orthopaedic Surgery at the University of Miami Medical School, 1976-81. While at Penn, he established the first clinic devoted to adult hip problems and, in 1972, he organized the first symposium on adult hip problems sponsored by the American Academy of Orthopaedic Surgeons, a symposium that mainly focused on the new emerging technology of total hip arthroplasty.

Dr. Tronzo made many useful improvements in the available total hip prostheses of his time. Because bone cement was not available in the United States until about 1970, Ray modified the leading available hip prosthesis in 1969 to have a stainless steel surface designed to stimulate bone ingrowth. This was the first noncemented biologic ingrowth hip prosthesis designed and used in American patients.

He also designed and published the Tronzo Classification for Intertrochanteric Hip Fractures, which continues to be used in the United States, Europe, and Asia. This classification system describes 5 different types of intertrochanteric hip fractures and has been of great help to all hip surgeons. Springer-Verlag published his Surgery of the Hip (2 volumes) in 1973, followed by a second edition in 1983.

His early research focused mainly on hip prostheses that embodied the principle of bone ingrowth rather than the need for bone cement. Today, both bone cement and bone ingrowth systems continue to be used in reconstructive hip surgery. The senior orthopaedic residents at Penn saluted Dr. Tronzo in 1974 as "a Great Surgeon and Teacher."

Raymond Tronzo’s inventive mind also led him to design and perfect different total hip prostheses and better instruments with which to place the prosthetic parts in the proper alignment with more accuracy. Dr. Tronzo successfully solved a vexing orthopedic dilemma: the adult patient with congenital hip dysplasia whose hip was either operated upon during childhood, or was left unreduced. He reported in Clinical Orthopaedics in 1975 the results that he had obtained in reconstructing 27 such hips in 19 patients, the vast majority of whom were markedly improved over their prior status by his surgical efforts. This was a landmark achievement at the time. Jefferson salutes Raymond Tronzo ’57 for his remarkable work in improving the functional status of so many previously disabled patients. JMC
IN MEMORIAM

John B. Alexander '39 died May 8, 2003. He was on staff at Pennsylvania Hospital and was an Assistant Professor of Medicine, School of Medicine, University of Pennsylvania.

Charles L. Cubberly Jr. '40 died October 16, 2003. He practiced in Wilson, NC and served as Chief of Staff at Wilson Memorial Hospital in 1967-68. He was President of the Wilson County Medical Society in 1960 and was a charter member of the American College of Family Physicians. He is survived by his wife, Catherine, a daughter and a son.

Frederick B. Wagner Jr. '41, a retired surgeon, former Trustee of Thomas Jefferson University, and the university's first official historian, died January 17, 2004. Dr. Wagner's abiding interest in Jefferson's history was legendary. Appointed University Historian in 1984 when he retired as a surgeon, he chronicled the institution's accomplishments for posterity in a trilogy of highly regarded volumes. The books Tradition and Heritage, published in 1989, A Chronological History and Alumni Directory (1992), and Legend and Lore (1995) are significant for the expansive and comprehensive narrative and permanent pictorial record they provide of one of the nation's first medical schools, Jefferson Medical College, and historic Thomas Jefferson University Hospital. Dr. Wagner remained the University Historian until 1998. His exhaustive research and encyclopedic knowledge as well as the rich anecdotal information make the 3 books complementary in tone and content, and taken together, the best account that currently exists of a venerable Philadelphia institution. Dr. Wagner worked closely on all 3 volumes with his colleague J. Woodrow Savacool '38, who was co-editor.

Wagner's student days at Jefferson Medical College had been marked by election to Alpha Omega Alpha Honorary Medical Society and the acquisition of many prizes, notable among them the Alumni Medal, signifying the highest academic average for the 4 years he attended. Dr. Wagner received his surgical training at Jefferson and upon completion joined Jefferson's surgical staff. He practiced surgery and taught generations of medical students and surgical residents from 1945 to 1983. He rose in academic stature to become Clinical Professor of Surgery in 1955. In 1977, he served as Acting Chairman of the Department of Surgery, working diligently to unify and strengthen the department during his one-year tenure. In 1978, Dr. Wagner's portrait was presented to the university by his colleagues and friends. That same year he was named the Grace Revere Osler Professor of Surgery.

An active alumnus and avid fundraiser, Dr. Wagner was President of the Jefferson Medical College Alumni Association in 1975. He led a strong and successful fight to ensure that Thomas Eakins's famous painting The Gross Clinic would remain at Jefferson. Dr. Wagner was an Alumni Trustee of Thomas Jefferson University, President of the Philadelphia Academy of Surgery, and President of the Meigs Medical Association, one of the oldest medical societies still holding meetings. He was honored with the Samuel D. Gross Distinguished Service Award from Jefferson's Department of Surgery, the Jefferson Medical College's Dean's Medal in 1987, and the Alumni Achievement Award in 1990. In 1996, he received an honorary degree of Doctor of Humane Letters from Thomas Jefferson University.

As a historian, Dr. Wagner lectured at Oxford University, the University of Dusseldorf, the Japanese Osler Society in Tokyo, and at yearly meetings of the American Osler Society. A prolific writer, he wrote 16 articles on the history of medicine. He also wrote 44 scientific articles as well as chapters in several books on clinical medicine.

Paul K. Perilstein '42 died October 27, 2003. A Clinical Assistant Professor of Medicine at Jefferson, he concentrated his efforts upon peripheral vascular disease problems. He is survived by 2 sons and a daughter, all of whom are physicians. Son Michael is Jeff '75 and grandson Philip is Jeff '01.

Richard Dixon Moore J'44 died June 24, 2003. He was Director of the Radiology Department at St. Francis Medical Center in Honolulu. He also served as Chairman of the Department of Radiology at the University of Hawaii School of Medicine. He is survived by his wife, Catherine, 3 daughters and 2 sons.

Burton L. Wellenbach J'44 died November 26, 2003. Beloved as a teacher, practitioner, and colleague, he was Clinical Professor of Obstetrics and Gynecology at Jefferson. He served Jefferson faithfully as President of the Alumni Association, as Chairman of Jefferson's 125th Anniversary Committee, and as Chairman of the Ethics Committee. Through Dr. Wagner had an enduring interest in music and languages, pursing both avocations throughout his life. He was fluent in French and German. An accomplished pianist and organist, he was the Thomas Jefferson University Organist from 1957 until 1996. Dr. Wagner is survived by his wife, Jean, and 2 sons.
his efforts, human sexuality courses were introduced into the medical curriculum. He was the recipient of the Leon Peris Award for excellence in clinical teaching and superb patient care. His portrait was presented to Jefferson in 1993 by his colleagues and friends. He is survived by 3 daughters and 2 sons.

T. Lane Stokes ’47 died November 29, 2003. He served as Chief of Surgery at DePaul Hospital in Norfolk, VA in 1962-63. He was passionate and knowledgeable about art and became a board member of the Chrysler Museum, Norfolk, VA in 1971. In 1977 he succeeded Walter Chrysler as President of the museum. He is survived by his wife, Martha Ann, 3 sons and a daughter.

Donald M. Blatchley ’48 died October 15, 2003. He practiced dermatology in Greensburg, PA, and was on staff at Westmoreland and Jeannette Hospitals in Greensburg. He served as President of the Westmoreland Hospital staff, and as President of the Pittsburgh Dermatological Society.

William E. Hart ’49 died November 10, 2003. He served as Director and Chairman, Department of Pediatrics, Saint Francis Hospital and Medical Center, Hartford, CT. He held an appointment as Associate Professor of Pediatrics at the University of Connecticut School of Medicine. He is survived by his wife, Kathleen, 5 daughters and 2 sons.

Eugene L. Grandon ’50 died December 6, 2003. He was an Associate Professor in Otolaryngology/Head and Neck Surgery and Facial Plastic Surgery at the University of Iowa School of Medicine, and held a staff appointment at Mercy Medical Center/St. Luke’s Hospital in Cedar Rapids. He served as President of the Iowa Academy of Otolaryngology-Head and Neck Surgery, and received the Teacher of the Year Award from the University of Iowa School of Medicine in 1980. His brother Raymond is Jefferson ‘45.

Frans J. Vossenberg ’50 died January 11, 2004. He practiced in King of Prussia, PA and held staff appointments at Sacred Heart and Montgomery Hospitals in Norristown. He served a term as President of the Pennsylvania Society of Internal Medicine in 1981-82. He is survived by his wife, Anne, 3 daughters and 2 sons. Son Frans III is Jefferson ’82.

Morton Schwimmer ’51 died December 4, 2003. His private practice of internal medicine was in New York City where he also served as an Assistant Clinical Professor of Medicine at Columbia University College of Physicians and Surgeons. He was an attending in medicine at the Beth Israel Medical Center, North Division, and an associate attending in medicine at St. Luke’s/Roosevelt Hospital. He served for many years as State Vice President for New York of the Jefferson Medical College Alumni Association. He is survived by his wife, Jacqueline, 2 sons and a daughter.

Robert Lewis Phillips ’52 died January 13, 2004. He practiced neurosurgery in Greensboro, NC. His historical research into the medical affairs of that region helped establish the Greensboro Medical Historical Library at Moses Cone Hospital in 1991, and the medical library at East Carolina University in the 1960s. He is survived by his wife, Linda.

Matthew F. Yenney ’54 died November 6, 2003. He was a member of the Alpha Omega Alpha Honor Medical Society and was a staff radiologist at Community, Heritage, Roanoke-Chowan, and Nash General Hospitals in and around Rocky Mount, NC. He is survived by his wife, Edna, 4 daughters and 2 sons.

Leopold (Lee) S. Loewenberg ’56 died January 12, 2004. He practiced obstetrics-gynecology from an office in Thomas Jefferson University Hospital for over 40 years, and was President of the Medical Staff at TJUH in 1989-91. He was a former District Chairman of the American College of Obstetricians and Gynecologists, and in 1993 received an outstanding achievement award from this organization. He was Honorary Clinical Associate Professor of Obstetrics-Gynecology at Jefferson. He is survived by his wife, Janet, and 2 daughters.

John P. Lesniak ’61 died July 5, 2003. A psychiatrist who was on staff at Mercy Community Medical Center in Scranton, PA, he was also Clinical Director of Child Development Services at Scranton Counseling Services, and was a past President of the Tri County Mental Health Association. He is survived by his wife, Madely, 3 daughters and 2 sons.

Thomas I. Phelan ’74 died December 17, 2003. He was a vascular surgeon and for 20 years was on staff at Chester County Hospital in West Chester, PA. He also held staff appointments at Fitzgerald Mercy Hospital in Darby and Misericordia Hospital in Philadelphia.

Carl J. Possanza ’84 died December 24, 2003. He was a member of North East Anesthesiologists, covering Mercy Hospital in Scranton, PA and Wilkes-Barre and Marian Community Hospitals in Carbondale, PA. He is survived by his wife, Lorraine.

Faculty

Allen J. Erslev MD,

Distinguished Professor Emeritus of Medicine, died November 12, 2003. Born in Copenhagen, Denmark, he studied medicine there before going to Sloan-Kettering Institute in New York to pursue his hematology research. He was an Associate Professor of Medicine at Harvard Medical School for a few years while conducting research in hematology at the Thorndike Memorial Laboratory in Boston. Dr. Erslev joined the Cardeza Foundation for Hematologic Research at Jefferson in 1959 and served as its director from 1963 to 1985.

Dr. Erslev’s research centered on the hormone erythropoietin. He was the first to prove that this natural hormone that produces red blood cells resides in the kidneys. It is now used to treat patients who need a boost in red blood cells, such as chemotherapy patients, those on kidney dialysis, and those with renal diseases. A prolific researcher and writer, he co-wrote the standard textbook Hematology, which has gone through numerous editions. A galaxy of accomplished researchers trained under his guidance. A widower, he is survived by 3 daughters and a son.
'50
Harry Harper of South Paris, ME has retired from family practice after 46 years of house calls, hospital admissions, and nursing home calls. "Loved it all — I thank Jefferson for a great education."

Jay MacMoran of Narberth, PA is still practicing radiology at Temple University and working overseas with Vellore Medical School in India.

'51
Harold Fishman is still practicing gastroenterology as the "founding father" of Digestive Specialists, a group of 11 practicing in the Dayton, OH area. In his free time, he raises thoroughbred horses.

'54
Warren Brubaker of Hershey, PA is now fully retired and busy with his church and charity boards. "There is much to be thankful for, including the privilege of having gone to Jefferson."

Revised report for the 55th Annual Giving Campaign: Alfred P. Spivack's generous gift of stock brings the donor total to 83 and the percent of class participation to 75 percent.

'55
John Marchesani of Cherry Hill, NJ was presented with Virtua Health's Lifetime Achievement Award. Dr. Marchesani, a pediatrician, began his career with Virtua Health in 1967. He has served as Chair of the West Jersey Perinatal Committee, Chair of the Infectious Disease Committee, Chair of the Quality Assurance Committee, and Chair of the Department of Pediatrics of West Jersey Hospitals for 12 years.

Pierre LeRoy of Newark, DE received the John C. Liebeskind Award this past September from the American Academy of Pain Management for his lifelong contributions to education and research in pain medicine. It was presented at the academy's 14th Annual Clinical Meeting in Denver. Dr. LeRoy is the Director of the Delaware Pain Clinic in Newark.

Noyes Yale recently retired after practicing internal medicine in northern New Jersey for 35 years. He now lives in Avon, CT.

'56
George Griggs has moved to Sun City, AZ to be near his daughter, whose medical practice is in nearby Scottsdale.

'59
Marvin Schwartz has left California after practicing obstetrics and gynecology for 34 years, and has retired to Nashville, TN.

Phillip Aronow of Haddonfield, NJ received Virtua Health’s Distinguished Career Award. After graduating from Jefferson, Dr. Aronow completed his residency in general surgery at Cooper Hospital. He began his career with Virtua Health in 1970 and was one of the founders of Garden State Community Hospital, now Virtua West Jersey Hospital Marlton. He has served as Chief of Surgery, President of the Medical Staff, and Chair of the Department of Surgery there.

'63
William Freeman of Shippenburg, PA has retired and closed the family practice which his dad, Albert Freeman '36, started 66 years ago. There is still a current patient who was seen in the office at age four in 1937. Son Jim Freeman '91 moved from family practice to emergency room work in Fulton County, PA.

'65
Robert Thompson of Zumbrota, MN published Remembering: The Death of a Child, in 2003. It is a help book for families who have experienced a child's death.

Barry Smith of Dallas, TX was honored with the Distinguished Member Award of the American Academy of Physical Medicine and Rehabilitation. He received the award at the academy's Annual Business Meeting in October. Dr. Smith is Medical Director, Chief of Service, and Residency Program Director in the PM&R program at Baylor University Medical Center in Dallas. He is also a Clinical Associate Professor at the University of Texas Southwestern Medical Center. Dr. Smith is currently a member of the Board of Directors of the American Board of Physical Medicine and Rehabilitation.

'70
Charles Schleifer of Bala Cynwyd, PA has been appointed Chairman of the West Jersey Perinatal Committee, Chair of the Infectious Disease Committee, Chair of the Quality Assurance Committee, and Chair of the Department of Pediatrics of West Jersey Hospitals for 12 years.

BOOKSHELF
Earl Wagner Wharton ’53 has published The Sword and the Scalpel, a novel based in the Civil War era. It is a fictional account of Jefferson educated doctors who served both the North and the South. Dr. Wharton, who lives in Mission Valley, MT with his wife Betty, enjoys painting in watercolors when he is not writing. His book is available online through civilwarsurgeons.com or Amazon.com.
of the Main Line Hospitals Bioethics Committee. He recently stepped down as Chief of Dialysis for the hospital system.

'Curtis Cummings' has retired from the U.S. Navy with the rank of Captain, and is now Associate Professor of Public Health at Drexel University. He and his wife, Coraee Thompson MD, and sons Elliott and Thomsen Ray are settled in Elkins Park, PA.

'Donald Parks' of Bryn Mawr, PA was honored by the American Heart Association at the Annual Edward S. Cooper MD Award Ceremony this past November. This award is presented each year to individuals whose contributions to the Philadelphia community exemplify the best of humankind. Dr. Parks is currently Professor of Medicine at Temple University Health System, and a member of its Board of Governors.

'Tom Gardner' recently was named the Turner Professor of Ophthalmology and Cellular and Molecular Physiology at the Penn State College of Medicine, and received the Mary Tyler Moore and S. Robert Levine MD Excellence in Clinical Research Award from the Juvenile Diabetes Research Foundation. He lives in Hummelstown, PA with wife Maureen and their 3 children.

'Jean Grem' has been appointed Professor of Medicine at the University of Nebraska Medical Center in the section of oncology/hematology, where she will head the gastrointestinal oncology and cancer drug development programs. She has also been appointed Associate Director for Translational Research at UNMC's Eppley Cancer Center. She previously worked at the National Cancer Institute from 1986 to 2003, where she was head of the Gastrointestinal Malignancies Section in the Center for Cancer Research.

'Richard Bruehlman' and Patricia McGuire '79 of Allison Park, PA are enjoying life in Pittsburgh. Both are on the faculty of the University of Pittsburgh / St. Margaret Family Practice Residency Program. In October, Rich and daughter traveled to Kyrgyzstan on a medical relief trip with "Physicians with Heart." Patty continues to work as a psychiatrist to an underserved population in Butler County.

'Alan Cohen' of Oakland, CA is working in community mental health in Alameda County in an outpatient clinic setting—"a welcome change from the isolation of private practice." He is still "gigging" on the bass with his band Blues Disaster.

'Rudy Dranove' is living in

'Verla Grace' and sons Elliott and Thomsen Ray are settled in Elkins Park, PA.

'Edward Williams' of Ardmore, PA is practicing internal medicine full time, with privileges at Bryn Mawr and Lankenau Hospitals. He is looking for associates so that he can cut back to part time and do more consulting. In his spare time he enjoys directing a scholarship foundation honoring his parents.

'Arthur Brown' was promoted to Chief and Medical Director of the Employee Health Service at Memorial Sloan-Kettering Cancer Center in New York in January 2002. Carolyn Crawford is still working part-time as a neonatologist. She is also doing consulting and humanitarian work in Cuba, visiting grandchildren in Paris, doing consulting work, and building condos in Ocean City and Sea Isle City where she lives. "Life is good."

'Paul Zamostien' of Bryn Mawr, PA continues his practice of obstetrics and gynecology at Crozer-Chester Medical Center in Upland, PA. For the third consecutive year, he received the Residency Teaching Award for outstanding contributions to resident education. In 2002, he received the Faculty Award for "exemplifying the ideals of high quality and humanitarian patient care." Paul recently ran and completed his first marathon.

'Arthur St. Andre' has, for a number of years, been Director of Surgical Critical Care at the Washington Hospital Center, a large tertiary care teaching hospital in Washington, DC. His career has included many projects with the Society of Critical Care Medicine.

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Marietta, GA with his wife and 2 children. He serves as medical director of a 14-physician oncology practice.

Edward Podgorski is senior neuroradiologist at South Jersey Radiology Associates in Voorhees. He and wife Polly live in Sweetwater, NJ.

'84
Jonathan Daitch has started a private-practice pain management group called Advanced Pain Management Specialists in Fort Myers, FL. He is currently building a 15,000 square foot building to house his new office. Married and the father of 3 teenage daughters, he enjoys boating, golfing, and playing string quartets.

Larry Pastor of Vienna, VA is teaching medical students at George Washington University, as well as psychology courses at American Military University, including "Psychology of Disasters," "Psychology of Combat," and "Post-Traumatic Stress Syndromes."

'89
After 13 years in Rochester, NY, Robert Weber and family have returned to Pennsylvania's Lehigh Valley. Rob has joined an ophthalmology practice in Bethlehem, and will be assuming most of the surgical responsibilities there. "Having left a busy, established practice, it has been strange becoming 'the new guy' again — much like leaving residency, but with more experience and less patience! But the practice is growing, and it has been good to see friends and fellow Jeffersonians."

'90
Howard Gabor is the Medical Director of the Emergency Department at Saint Vincent Hospital in Santa Fe, NM, which has 70,000 annual visits. He is also a professional whitewater kayaking guide and has kayaked in New Zealand, South America, and Asia, including stints for Outside magazine.

William Morrison has been appointed Director of the Division of Musculoskeletal Radiology and General Diagnostic Radiology at Jefferson. Thus far he has published 50 papers in peer reviewed journals, as well as 16 book chapters. He has delivered more than 125 scientific presentations or invited lectures, nationally and internationally, and for the past 2 years has been a visiting lecturer at the Armed Forces Institute of Pathology. Dr. Morrison has been named Teacher of the Year at Wilford Hall Medical Center, San Antonio, TX, and at Jefferson. He is a reviewer for the American Journal of Roentgenology and Radiology, and serves on the editorial board of Seminars in Musculoskeletal Radiology. Following his graduation from JMC, Dr. Morrison completed a medical internship at Pennsylvania Hospital, then returned to Jefferson to perform his radiology residency.

Catherine Florio Pipas of Lebanon, NH has been promoted to Associate Professor of Community and Family Medicine, as well as Assistant Dean of Medical Education, at Dartmouth Medical School.

'92
John MacKnight has been named Medical Director for Sports Medicine and Primary Care Team Physician at the University of Virginia, and also promoted to Associate Professor, Clinical Internal Medicine and Orthopaedic Surgery, University of Virginia Health System. He resides in Charlottesville with wife Melissa and their 4 children.

Daniel Westaewski and wife Joni of Bryn Mawr are pleased to announce the birth of daughter Alexis Devon on July 29, 2003. Daniel is in practice as a plastic and reconstructive surgeon in Bryn Mawr and is on staff at Jefferson Main Line Health hospitals as well as Children's Hospital of Philadelphia.

'93
Dave Adams and wife Mary of Danville, PA are pleased to announce the birth of their first child, Michael Christopher, born November 19, 2003.

'95
Timothy Curley is in his final year of a nephrology fellowship at Indiana University School of Medicine, and has accepted a position with Nephrology Associates of Tidewater in Virginia Beach. He and wife Aimee have one son, Jack.

James Harrop of Moorrestown, NJ, a spinal cord injury specialist, has joined the Department of Neurosurgery at Thomas Jefferson University Hospital. He has also been named Co-Associate Director for Acute Care for the Regional Spinal Cord Injury Center of the Delaware Valley at TJUH and Assistant Professor of Neurosurgery at JMC. Jim is currently collaborating with scientists at Jefferson and the Medical College of Pennsylvania on translational research projects involving spinal cord injury. Jim completed a combined neurosurgery and orthopaedic spinal fellowship at the Cleveland Clinic and served as a Clinical Instructor of Neurosurgery there. He is the author of more than a dozen publications and book chapters.

'96
Zacharia and Moneesha Isaac of Boston are pleased to announce the birth of their son, Sean Narula, born on July 10, 2003. Zac is Director of Interventional Radiology at Brigham and Women's Hospital in Boston and Moneesha is a pediatrician in a group practice in Brockton, MA.

Jeffrey Morrison will be opening a solo practice in NYC offering integrative and complementary medicine options to patients in the tri-state area.

Justin Nast and Elizabeth Durkin '97 announce the birth of their son, Justin Patrick, on November 2, 2003 in Phoenix.

Bret Sokoloff of Germantown, TN is one of 4 surgeons in the world using a new arthroscopic technique to repair dislocated collarbones with less pain and fewer stitches. This is done with two tiny incisions and an arthroscope, which allows him to watch his work from the inside. As he says, "There's no guesswork to it. It's not done by feel; it's done by direct visualization."

'01
Elizabeth Fagan is now chief resident in family practice at Overlook Hospital in Summit, NJ.

Peter Hulick is finishing up his internal medicine residency at the Mayo Clinic in Jacksonville, FL. In June, he will enter a medical genetics fellowship at Harvard Medical School with training at their 3 main hospitals: Children's, Brigham, and Mass General.
Alumni Spotlight: Ronald Burde ’64

Ronald M. Burde graduated from Jefferson Medical College in 1964 with a strong interest in neuro-ophthalmology. His original career choice of aeronautical engineering had led to his graduation from MIT in 1956. His increasing interest in neurophysiology took him to Jefferson. During his medical school years he became proficient in electron microscopy, succeeded in getting a small laboratory support grant, and was able to publish 2 articles. He remained at Jefferson as a straight medical intern and was recognized by his peers for “outstanding service.”

He took a residency in ophthalmology at the Washington University Medical Center, St. Louis, MO, from 1965 to 1968 and was board certified in 1970. He served as an Instructor in Ophthalmology and as a Fellow in Neuro-Ophthalmology and Glaucoma at the same institution, 1968-1970. This experience further stimulated his interest in neuro-ophthalmologic problems. He was promoted to Assistant Professor of Ophthalmology in 1970 and, in 1975, he became Professor of Ophthalmology, Neurology and Neurosurgical Surgery, Washington University School of Medicine. He was recruited to the Albert Einstein College of Medicine, Bronx, NY in 1988 as Professor and Chairman of Ophthalmology, a post he retained for the remainder of his active career. In 2001, he was named the Branna and Irving Sisenwein Professor of Ophthalmology, Albert Einstein College of Medicine.

Ronald Burde ’64 has fashioned a distinguished legacy. His funded research on selected areas of neuro-ophthalmology has produced 47 research papers. In addition, he has published 35 book chapters and 127 other articles relating to clinical areas of interest in neuro-ophthalmology. He was elected to the St. Louis, MO chapter of the Alpha Omega Alpha Honor Medical Society in 1985. He received the Senior Honor Award, American Academy of Ophthalmology in 1987 and the Alumnus of the Year Award from the Department of Ophthalmology, Washington University School of Medicine, in 1997.

Dr. Burde is a Fellow of the American Academy of Ophthalmology and of the American College of Surgeons. He has been elected to membership in the American Ophthalmological Society, the American Neurological Association, and the American Association of Neurological Surgeons. He served as President of the New York Society for Clinical Ophthalmology in 1994, and Chairman of the American Board of Ophthalmology in 1991-92. Currently he is Editor-in-Chief of the Journal of Neuro-Ophthalmology. In addition to these organizational duties, Dr. Burde has educated 33 fellows to date.

Ronald M. Burde ’64 tells the Alumni Bulletin, “Over the years I’ve seen a dichotomy develop wherein we produce 2 types of practitioners: 1) those who develop excellence in clinical science, and 2) those who take the same background and fill the interstices with humanistic characteristics. The combination of humanism with scientific excellence produces a caring physician.”

In addition to distinguishing himself as a clinician, teacher, and researcher, Dr. Burde has been in demand as a Visiting Professor. To date, he has served in that capacity at 57 institutions in this country and abroad.

Jefferson congratulations Ronald M. Burde ’64 for his distinguished career and thanks him for bringing distinction and honor to Jefferson Medical College.

Edouard John Trabulsi U’01 has joined the Department of Urology at Thomas Jefferson University Hospital and appointed Assistant Professor of Urology at JMC. His research and clinical interests include minimally invasive urologic oncology. Dr Trabulsi recently completed a fellowship in urologic oncology at Memorial Sloan-Kettering Cancer Center in New York. He is a recipient of the Pfizer Scholars in Urology Award and is the author of more than 25 abstracts and book chapters.

Kehua Li D’02 of Westmont, NJ, who was Jefferson’s Chief Resident in Dermatology in 2001-02, has been promoted to Assistant Professor in the department.

Bret Rogers and wife Julie of Durham, NC are proud to announce the arrival of their first child, Ainslee Blythe, born August 3, 2002. Bret is finishing his residency in internal medicine at Duke University this year and will be moving on to a cardiology fellowship at the Cleveland Clinic.

Jennifer Baron and Billy Magee MD of Portland, OR were married at her parents’ home in Santa Rosa, CA on August 9, 2003. "Billy is having a great year in orthopaedic surgery and I’m loving my dermatology residency.”

Juan March EM’92 of Greenville, NC was promoted to Professor at East Carolina University School of Medicine in the Department of Emergency Medicine, where he has taught for the past 11 years. For the past 3 he has been the principle investigator on an educational/research grant through the National Institute for Occupational Safety and Health. Called the Timber Medic Program, it is a training course for paramedics on forestry. This year has been especially busy with numerous publications including a letter to the editor of JAMA entitled "Corticosteroids for Patients with Septic Shock.”

John Briguglio CVIR’00 of Lancaster, PA, a partner in Lancaster Radiology Associates, and Section Chief of Angiography and Interventional Radiology at Lancaster General Hospital, has been honored locally as one of the region’s “40 outstanding business people under the age of 40.”
Jerome’s Story

by Albert Simpkins Jr. ’80
(special thanks to Bert Medley and Diane Medley-Smith)

It was a typical Philadelphia winter in 1972, gloomy and cold. Jerome A. Sherard and his longtime friend, Albert Simpkins Jr., were walking back to Alumni Hall at Thomas Jefferson University, where Jerome worked as an animal custodian, cleaning cages and feeding the animals, housed on the top floor of the building for medical research and basic science classes. Jerome noted that a renowned hand surgeon, James Hunter ’53, had housed some primates there for his tendon research. Perhaps the famed “Hunter rod” came from this work. Could it be that these primates Jerome helped take care of may have been a part of this important contribution to tendon reconstruction of the hand? That may have been Jerome’s first contribution to medicine without his knowing it. Upon entering the work area, I was immediately assaulted by the loud noises from various animals, and the pungent odor. As I watched Jerome diligently cleaning cages, and feeding the animals with compassion, I knew this would not be the end of his story.

During our junior and senior high school days, Jerome had spoken frequently of becoming a doctor. After high school, and one year of college, he returned to Philadelphia broke and disillusioned, and accepted this job at Thomas Jefferson University. After watching my friend for awhile, I recalled the conversations we had had of becoming doctors someday. I said, “Jerome, you are much smarter than what this job requires. Since Philadelphia is where we grew up, perhaps it has too many distractions.” I suggested we should consider going to college out of state to pursue our dreams. We chose Loma Linda University in Riverside, California because it would be warm, and significantly separate us from the distractions of our hometown. This would allow us to concentrate on our studies, and realize “the dream.”

In the fall of 1973, with another friend from inner city Philly, we boarded a TWA 747 bound for Los Angeles. Six hours later, we arrived in the “City of Angels,” and caught a dilapidated bus to Riverside.

Jerome studied long and hard in pursuit of his dream, and did well in his studies. During his junior year, he began the application process to medical school. Since he was a Pennsylvania resident, this naturally included mention of his old workplace—Thomas Jefferson University. When he received correspondence with the familiar TJU logo, he opened it with great anticipation. Jerome had been accepted! That summer, he left California to return to where it all began at 11th and Locust Streets. As they say, the rest is history. Jerome A. Sherard received his Doctor of Medicine degree with the Class of ’81. He completed his residency in pediatrics at the Wilmington Medical Center in Wilmington, Delaware. After a two year stint in the Public Health Service, Jerome established a private practice in Chattanooga, Tennessee. His practice has grown to one of the busiest and most successful in the entire state. Dr. Sherard is board certified by the American Board of Pediatrics, and is a member of the prestigious American Academy of Pediatrics. He has a clinical faculty appointment at the University of Tennessee. Dr. Sherard has been a philanthropist, and a pillar of his community, for nearly 20 years.

I do not know if Jerome ever revisited the top floor of Alumni Hall where he started out cleaning animal cages so many years ago. Perhaps at one time or another, he did so for motivation. There were many moments back at Jefferson when all of us needed motivation of some sort.

Jerome’s story is one of a modern day Horatio Alger: a young man from a troubled part of West Philadelphia, whose own parents could barely read, and who started out as an animal custodian for a medical school. Then, within only 8 years, he earned the highest degree that the university offered. Jerome became the consummate role model and inspiration for his family, friends, and church. His story provides a lesson for us all.
April 22, Thursday
*Alumni Annual Business Meeting* at Jefferson Alumni Hall

April 23, Friday
*Alumni reception* at the American College of Physicians meeting in New Orleans

May 3, Monday
*Alumni reception* at the American College of Obstetricians and Gynecologists meeting in Philadelphia

May 9, Sunday
*Alumni reception* at the American Urological Association meeting in San Francisco

June 3, Thursday
*Alumni Association party* for the Class of '04

June 4, Friday
*JMC Commencement* at the Kimmel Center for the Performing Arts

June 12, Saturday
*Alumni reception* at the American Medical Association annual meeting in Chicago

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Reunion Weekend 2004: October 22-23
Including CME Program
For More Information: E-mail JMC-Alumni.Office@Jefferson.edu