Straight Talk on Orthopaedics
Innovation at Jefferson

This year marks the 55th anniversary of John H. Gibbon, Jr.'27's groundbreaking successful surgery using the heart and lung machine, a watershed moment in the medical profession. For the first time, corrective operations could be performed inside of the human heart. Because of this innovation, thousands of successful heart surgeries are performed in the United States every day. While we celebrate this important landmark, it is essential to recall that this is only one example of the role Jefferson plays in medical innovation.

To this day, Jefferson continues to advance medicine and medical care. We're very excited about the national role we are playing in adopting electronic medical records. Electronic medical records, accessible by the patients themselves and by all members of their medical team, will enhance the patient experience and allow healthcare delivery teams full access to the patient's medical records. Everyone involved with patient care will have access to the same information, ensuring the coordination of services from the time patients arrive until they are discharged and beyond. Jefferson's adoption of this system will improve the economy and the quality of healthcare delivery, a hallmark of our mission.

In our research labs, new discoveries are bringing promise to once discouraging medical problems. The newly-formed Jefferson Stem Cell Biology and Regenerative Medicine Center offers new approaches to stem cell research. Bringing together researchers working in cardiovascular, neurological and cancer disciplines, the center will focus on the uses of adult stem cells for tissue regeneration in a variety of injuries and disease conditions. Another example is the work of surgeons at Jefferson Hospital for Neuroscience who are among the first in the United States using an FDA-approved liquid system for treating wide-necked brain aneurysms, which could eventually replace current treatments. Researchers at JHN were also the first to report that cigarette smokers who were treated for cerebral aneurysms with coil embolization are at greater risk of developing another aneurysm.

Exciting news in the prevention of cancer continues to come out of the Kimmel Cancer Center at Jefferson. Researchers there have shown that by blocking a signaling protein, they can prevent prostate cancer cells from metastatic dissemination. Even more promising, scientists have found a way to immunize mice against the development of metastatic disease, which may herald the development of a different kind of cancer vaccine. The Center for Translational Medicine is also shifting paradigms in medical science. Physician-researchers there have recently shown that Gi, a signaling protein, protects the heart and helps it to adapt during a heart attack. Jefferson remains at the forefront of translational science.

Academic medical centers play a critical role in advancing clinical care through the development of medical innovations. The more complicated cases that are referred to institutions like Jefferson demand that our physicians approach their work with great imagination and work on medicine's vanguard. This type of work is expensive, but with partnerships with the government, private industry, and support from grateful patients, friends and alumni, Jefferson will continue to move medical knowledge forward.

Sincerely,

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Thomas Jefferson University
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Pictured on cover (left to right): Greg D. Anderson, MD, Associate Professor of Orthopaedic Surgery, and Todd J. Albert, MD, Richard H. Rothman Professor and Chair of Orthopaedic Surgery

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Illustration: JeffGraphics, with assistance from Marja Nevalainen, MD, PhD.

Pictured on cover (left to right): Greg D. Anderson, MD, Associate Professor of Orthopaedic Surgery, and Todd J. Albert, MD, Richard H. Rothman Professor and Chair of Orthopaedic Surgery
This year for the first time, all incoming residents went through simulation training, maintaining Jefferson's position at the forefront of medical education. We wanted to be sure the incoming residents are adept at commonly performed procedures including phlebotomy, IV insertion, arterial blood gas (ABG) determination, arterial line (A-line) insertion, naso-gastric tube (NGT) insertion, feeding tube insertion, Foley catheter insertion for both male and female patients, and lumbar puncture, paracentesis, thoracentesis, chest tube insertion and central venous catheter (CVC) insertion, depending on specialty.

Proficiency in these procedures is required by individual resident review committees (RRC) or specialty boards. Any of these processes can cause significant complications and harm, and carry risk of infection. Because of this, we must be sure that everyone is ready to handle these procedures before they interact with patients.

Phase one included introducing standardized didactic materials and instruction. This was followed by simulator training on a selection of procedures that were chosen by individual program directors. Competency in each procedure was verified before the new residents were allowed to work in the hospital.

The second phase will see the new physicians perform these procedures with supervision. Their performance will continue to be monitored until each new physician has successfully completed a minimum number of procedures.

This year, the sessions occurred in the eight days prior to official intern start date. We experimented with different formats to see which would be most effective for the new physicians. Training sessions were “fit in” around other requirements. We are currently reviewing the procedures we used for training this year to improve the initial post-graduate education we offer.

Although these sessions were a challenge to orchestrate, Jefferson is pleased to be on the leading edge of medical education. It would be nearly impossible to have undertaken this project without the resources available in the Hamilton Building. We hope these measures will serve as an example to the community, and that more post-graduate education will begin with such evaluation.

Sincerely,

Michael J. Vergare, MD
Interim Dean, Jefferson Medical College

Over 200 gifts have been made by alumni, faculty members and friends to the Thomas J. Nasca, MD’75, MACP 101 Fund. These contributions are used to assist students in extreme circumstances with the Dean’s approval. Recently, students in off-campus housing experienced a tragic fire. Overnight they lost everything. Imagine students in the midst of preparing for their “Step 2” exams with no books or notes. Or our fourth years interviewing for residencies without a suit to wear. The Dean’s Office offered our help in a variety of ways from counseling students to replacing lost items. There was no way to plan for this sort of misfortune, but the “101 Fund” enabled us help replace stethoscopes, books and computers essential to completing the school year. We thank the alumni who have contributed to this fund, and remind everyone it is never too late to lend a helping hand to those in dire circumstances.
For students like Peter, the pride of becoming a doctor is mixed with the anxiety of the financial burden of a medical education.

Even though he graduated first in his college class and received numerous awards and grants, Peter was not sure how he would pay for medical school. Financial assistance in the form of a scholarship from the Eakins Legacy Fund lessened his fears.

“My family and I were overjoyed when we found out that I would be receiving an institutional scholarship. It provides the opportunity for me to pursue my dreams despite my lack of financial resources.”

The Eakins Legacy Fund matches gifts dollar for dollar to establish endowed scholarships for the brightest, most diverse and committed students. Join us in our efforts to fund scholarships for the next generation of healthcare professionals.

Find out more about the Eakins Legacy Fund, call 215-955-8733.
Prolina (Prl) (survival factor for prostate cancer cells) binds to its receptor and dimerizes.

Prolactin receptors are activated and dimerized.

Binding of Prolactin to its receptor activates JAK2.

In its dimerized state, Stat5 enters the nucleus, where it binds to response elements of target gene promoters (e.g., gamma activated sites or GAS elements). Once this occurs, transcription of these genes is initiated, where Stat5 promotes expression of genes crucial for prostate cancer cell viability, allowing the progression of prostate cancer.

When Stat5 function is inhibited by siRNA, antisense, or a dominant-negative form of Stat5, prostate cancer cells die by undergoing apoptosis.

Tyrosine phosphorylated Stat5 protein monomers dimerize into Stat5 dimer.

Portion of target gene promoter region in DNA

Illustration: JeffGraphics, with assistance from Marja Nevalainen, MS, PhD.
Blocking Growth Protein Inhibits Tumor Growth

Researchers at Jefferson’s Kimmel Cancer Center have shown that they can effectively kill prostate cancer cells in both the laboratory and in experimental animal models by blocking a signaling protein that is key to the cancer’s growth. The work proves that the protein, Stat5, is both vital to prostate cancer cell maintenance and a viable target for drug therapy.

The scientists, led by Marja Nevalainen, MD, PhD, associate professor of cancer biology, wanted to prove that Stat5 was indeed necessary for prostate cancer cells to be viable. They blocked the protein’s expression and function in several ways, including siRNA inhibition, antisense inhibition and adenoviral gene delivery of an inhibitory form of Stat5. All of these techniques killed the prostate cancer cells in cell cultures. The researchers also showed that when they transplanted such cancerous tissue into mice and blocked Stat5 expression, prostate tumors failed to grow.

“This provides the proof of principle that Stat5 is a therapeutic target protein for prostate cancer, and may be specifically useful for advanced prostate cancer, where there are no effective therapies,” Nevalainen says. “These results are very reproducible.” She and her team reported their findings March 1, 2008, in the journal “Clinical Cancer Research.”

Hormone-resistant prostate cancer is especially dangerous. Men with primary prostate cancer usually have either surgery or radiation, whereas subsequent disease is frequently treated by hormone therapy. But if the cancer recurs years later, it can be more aggressive and typically fails to respond to hormone treatment, often leaving few treatment options.

The findings, Nevalainen notes, are particularly relevant because her team worked with urologists to get human prostate cancer tissue specimens from surgeries, putting them into cell tissue cultures. That way, she says, the hypothesis could be tested in real human prostate cancer tissue specimens.

While she and her team continue to work on establishing Stat5 as a therapeutic target for hormone-resistant prostate cancer, they are also testing whether or not blocking Stat5 can make prostate cancer cells more sensitive to other treatments, such as radiation and chemotherapy. Another next step in the work, Nevalainen says, is to find pharmacological agents that inhibit the protein.

In work reported recently in “Cancer Research”, Nevalainen and her co-workers showed that Stat5 is turned on in nearly all recurrent prostate cancers that are resistant to hormone therapy. In addition, the researchers also showed that the convergence of Stat5 and androgen receptor could be responsible for making such prostate cancers especially dangerous.
Minimally Invasive Spine Surgery Expanded to Correct Major Deformities

Spine specialists at Thomas Jefferson University Hospitals are expanding the field of minimally invasive spine surgery (MISS) by refining new techniques to correct even complex spinal deformities such as scoliosis and kyphosis. Correction of these conditions using standard surgery historically required a recovery period of at least three to six months, and even up to a year. But with MISS, selected cases can be managed with recovery times as short as three to six weeks. Led by D. Greg Anderson, MD, OSS’01, Jefferson has the only team in the Philadelphia region who employs an MISS approach to treat patients with major multi-level deformities involving the lumbar and thoracolumbar spine.

The benefits of MISS for patients with complex spinal deformities such as scoliosis (a side-to-side curvature of the spine) and kyphosis (forward rounding of the spine) as well as other complicated problems such as spinal fractures, tumors and infections include: significantly smaller scars; decreased blood loss; reduced post-operative pain; and shorter hospital stays (average two to three days compared to a week or more). Also, since time in the hospital is decreased and patients are able to resume normal activities sooner, MISS is considerably more cost-effective.

“Minimally invasive spine surgery offers the benefits of traditional spine surgery, but with limited trauma to the body and an easier, faster recovery period,” says Anderson, spine specialist at the Rothman Institute at Jefferson and associate professor of orthopaedic surgery. “Today, we are successfully using these less invasive techniques to treat patients with complicated, multi-level spinal disorders—a feat that was not possible even five years ago.”

With traditional surgery for significant deformities, the spine is generally approached through sizeable incisions made on the front and back sides of the patient’s body. First, major organs must be mobilized and large blood vessels retracted to gain anterior access to the spine. From this position, the rigidity of the deformity is loosened, the angle of the curve is corrected (by filling the slanted space between vertebrae with structural bone grafts until it becomes parallel), and an anterior fusion is performed. The surgeon then reaches the spine posteriorly, stripping the back muscles away to make room to position screws and rods, and fuse the vertebrae again from behind. The anterior and posterior components of the procedure are often carried out on separate days, up to one week apart (allowing the patient time to recover from the stress of the first surgery).

In contrast, MISS is performed through very small incisions using special scopes, instrumentation and state-of-the-art, real-time imaging equipment to accomplish the complex components of these surgeries during only one procedure, in the least invasive manner. Working through narrow tubes placed under x-ray guidance, orthopaedic surgeons are able to correct and fuse the spine, from both the front and back, while avoiding unnecessary manipulation and injury to the surrounding soft tissue and organs.

Depending on the type of deformity and the number of vertebrae affected, a certain number of tiny incisions are made along the patient’s side, near the ribcage, to gain anterior access to the spine. From there, muscles and tissue are spread, rather than cut, to expand an operative channel. Football-shaped implants are then slid between the vertebrae to lift the deformed disc, making the vertebrae parallel. After obtaining most of the correction, the vertebrae are fused from the front. Next, small, puncture-like incisions are created on the patient’s back, at which time the spine is fused again from behind, and specially designed screws and rods are guided in place to correct and maintain the spine’s new position.

MISS is now being used to treat a wide variety of spinal conditions including trauma, tumors, infections and degenerative diseases.
How would Thomas Jefferson use an online community?

- upload a photo of his newly completed Monticello
- share news about his marriage to Martha Skelton
- to change his address after returning from France
- to learn about upcoming events at Jefferson

How will YOU use the online community?
Visit www.alumniconnections.com/olc/pub/JFDM and discover the possibilities.
Orthopaedics: Number One in Philadelphia

Ranked by *U.S. News and World Report* as Philadelphia’s leader for orthopaedics, Jefferson boasts one of the oldest orthopaedics departments in the country. Jefferson physicians treat some of the finest athletes in the world, including members of the Phillies, the Eagles and the U.S. women’s gymnastics team (see sidebar). But the Rothman Institute at Jefferson has won renown for far more than sports medicine.

Todd Albert, MD, the Richard Rothman Chair of Orthopaedic Surgery, calls orthopaedics at Jefferson “multiple specialties within a specialty.” The department has “super specialties” in sports, total joint replacement, spine, foot and ankle, shoulder and hand surgery. Albert says specialization allows surgeons to focus their skills, producing better outcomes for patients. “It also gives medical students a tremendous flavor of variety in orthopaedics in the office, in the operating room and on the ward,” he says.

While most people know the Rothman Institute at Jefferson through the very public practice of sports medicine, physicians and investigators know of the institute through the far less flashy but potentially more far-reaching work of the researchers. They oversee more than 80 projects ranging from joint replacement to spinal research and the development of the next generation of implants.
Focus on Joint Replacement Research

“Smart implants,” according to surgeon-investigator Javad Parvizi, will revolutionize patient care. Jefferson’s efforts to advance the field focus on creating a titanium implant coated with an antibiotic to head off infection, a frequent problem for joint-transplant patients. “It’s a new paradigm,” says Parvizi, MD, an assistant professor of orthopaedic surgery.

In the past several years, institute researchers have recorded success in isolating risk factors for complications after joint replacements, allowing them to implement strategies to minimize the complications. “That has really served us very well,” Parvizi says. One notable area involves heart attacks after joint replacements. Researchers studied 15 years of TJUH records to identify risk factors and then developed a protocol. “We have at-risk patients identified by cardiology colleagues and then intervention delivered before joint replacement,” Parvizi says. From 1995 to 2000, about 25 out of 1,000 patients suffered heart attacks; the number dropped to fewer than three in 1,000 with implementation of the protocol.

The joint replacement research team also noticed an increase in the number pulmonary embolisms after surgery and focused on identifying risks, finding diabetes particularly dangerous. “Knowing that allowed us to advocate better diabetes control for patients prior to surgery,” Parvizi says. After the study, Parvizi joined a group of other experts to develop the American Academy of Orthopaedic Surgeons’ clinical guideline on preventing embolisms in patients undergoing total hip or knee replacements.

Parvizi also is working with Maurizio Pacifici, PhD, the Anthony F. and Gertrude M. Depalma Professor of Orthopaedic Research, to determine whether genetics plays a role in hip dysplasia, a congenital malformation of one or both hips. Dysplasia patients need multiple hip replacements throughout their lives.

“The project is a huge undertaking; we have to bring in numerous individuals from around the country, X-ray their hips, determine whether they have dysplasia, take the swabs, run the DNA analysis to try to find the actual gene,” he says.

The scientists have nearly completed the first round of gene screens, in which they graft hundreds of thousands of markers to the genome. If the researchers identify a gene that causes dysplasia, they can transfer the gene to an animal to develop hip dysplasia. Once they confirm their theory with the animal model, the researchers can begin to find a cure. “One of the most important things we will discover is how bones form three-dimensionally. If you were to ask what is known about—what is really lacking in biology, a hole in our information—I would have no reservation to tell you that we really don’t know how nature designs in 3-D,” Pacifici says.

Spine Research Update

Alexander Vaccaro, MD, PhD, FACS, vice chairman of the department, can reel off a long list of research projects in the spine division: management of odontoid injuries in the elderly, the management of cervical myelopathy, the biomechanics of bioabsorbable and polymer implant technology, the reliability of advanced imaging studies in understanding soft tissue disruption in...
cervical and thoraco-lumbar spinal trauma and the benefit of motion sparing technology in cervical degenerative disc disease. And that's just for starters. The spine division published more than 40 manuscripts and presented at more than 100 meetings last year.

The most exciting developments in spine surgery involve minimally invasive surgery, motion preservation surgery and joint replacement in the spine. The next stage will focus on early intervention for disc degeneration.

Dr. Albert and Alan Hilibrand, MD, director of medical education for the department of orthopaedic surgery, are principal investigators in the Spine Research Outcomes Research Trial, the largest NIH-sponsored study looking at the benefits of non-surgical and surgical interventions in patient with a lumbar disc or lumbar degenerative spondylolisthesis with stenosis. The conclusions they have reached so far, published in JAMA and the New England Journal of Medicine, have allowed physicians to educate patients on the best treatment for their condition.

Additionally, the Rothman Institute at Jefferson is one of two lead clinical investigation sites involved in the Surgical Treatment for Acute Spinal Cord Injury Study. In this project, surgeons have proved that the earlier they remove pressure from the spinal cord after trauma, the more function patients regain. The 10 universities participating in the study also have created a novel classification system of thoracolumbar spinal trauma now being used throughout the world. Another aspect of the research has compared advanced imaging studies with what surgeons discover in the OR. “We have established that MRIs are extremely reliable in showing soft tissue disruption,” Vaccaro says. “Now we know that what we think we are seeing is really what we’re seeing.” These findings help prevent unnecessary surgery while putting patients needing surgery into the OR as quickly as possible.

Basic Science Research

In the institute’s basic science lab, bioengineers are developing the next generation of implants and scientists are exploring osseo-integration and seeking ways to curtail the complication of infection.
The Philadelphia Hand Center

In the 1970s, the chair of orthopaedic surgery asked the founder of the Philadelphia Hand Center, James Hunter, MD ’53, to allow the department to designate the center as the university’s division of hand surgery. Hand surgery remains essentially a private practice at Jefferson.

Today, the Philadelphia Hand Center is the only one in the country to train hand therapy fellows and has one of the largest hand fellowships of any institution in the country with six ACGME-approved fellows. The center also publishes the internationally best-selling textbook in hand surgery Rehabilitation of the Hand and Upper Extremity.

Hand surgery bridges plastic surgery and orthopedics and carries its own qualifications granted by the boards of plastic surgery, orthopedics and general surgery. “So we do cross disciplines and that’s why you need a hand fellowship,” A. Lee Osterman, MD, professor of orthopaedic surgery and hand surgery, says. “The fellowship amalgamates the best training of both disciplines.”

Through a partnership with the Defense Advanced Research Projects Agency, the center addresses injuries sustained by soldiers in Iraq. “Because of body armor, soldiers are surviving massive arm injuries that would have killed them before,” Osterman says. More than 9,000 soldiers have sustained upper extremity injuries.

The projects include development of upper extremity prosthetics—the Robocop or Six Million Dollar Man arm, as Osterman says. Upper extremity prosthetics are far more complex than lower extremity prosthetics, Osterman says. “You don’t eat with your feet,” he says. “The hand has to have some sort of sensory feedback; it has to have some ability to open, to close and to hold devices.” Some soldiers have lost both arms and legs, making adjusting prosthetics difficult. “We have to get the prosthesis on and implant electrodes which would hook to the prosthesis permanently (as opposed to something you put on like a tool or a glove). We have to wire it so that the patient can get some sensory feedback from it. We’ve implanted electrodes that run a virtual computer hand.”

In addition to helping soldiers, the surgeons joined a recent effort to rebuild the arm of an Iraqi citizen injured by a roadside bomb in 2005. The explosion left his right arm connected by only a nerve, and Iraqi surgeons wanted to amputate. At the patient’s insistence, surgeons in Iraq reattached the upper and lower portion but only by skin and nerve, leaving the man no mobility. After trying to get further treatment for two years, the Iraqi met Dean Winslow, MD ’76, who helped the patient get to the United States. With donations from surgeons, anesthetists, Methodist Hospital and the prosthetic manufacturer, the Iraqi’s arm is being rebuilt. “The manufacturer donated an early attempt at a bionic elbow that we will build muscles around and move muscles around to create an arm that has extension and flexion,” Osterman says. The implant and surgery to connect the bicep tendon was successful.

Osterman says the variety of cases keeps the work interesting. “It’s something different every day, whether you cut yourself on a mandoline slicer or whether you’re crushed in a machine or a farming implement, it involves a varied anatomy. While we have a lot of what we would call routine procedures—carpel tunnel, trigger finger or flexor tendon repair—there’s usually a wide-gamut of activities we use our hands for, whether people are musicians or pro sports players. The team at the Hand Center might treat a professional athlete one day and a child who has shattered his wrist falling off his skateboard the next and a senior citizen with arthritis the following day. So the field is wonderful in that you go from children to adults; it’s one of the things that makes hand surgery so exciting.”
According to Pacifici, the most exciting research here involves trying to figure out how the skeleton forms in the human embryo. “We are interested in genes that will be critical for the formation of the unique tissue articular cartilage, the shock absorber that allows us to walk and run,” he says. This tissue is destroyed by rheumatoid arthritis and osteoarthritis, becomes stiff in old people and can be damaged in an accident. Unlike bone, it has almost no regenerative capacity. Very little is known about how this tissue forms. “If we don’t know how it forms, we aren’t going to know how to fix it; we aren’t going to be able to regenerate it from scratch,” Pacifici says.

With outside funding, researchers are trying to identify the genes critical for the formation of this tissue. The next step would involve injecting the genes into stem cells. “Once we have the information from the genes to put into the stem cells, we will be able to regenerate such tissue,” Pacifici says.

Another important project is research on growth plates, which dictate the size, shape and form of bone growth. Every bone grows in a specific way. When you fracture a bone, in order to regenerate, “the bone plate remembers what it did 60 70 years ago,” Pacifici says. Scientists want to know how this small group of cells can do so much for such a long period of time. “What are the genes that regulate this group of cells?”

The lab also researches heterotopic ossification (HO), a condition where, basically, bone forms in the wrong way at the wrong time, leading to pain, decreased motion and ultimately paralysis. “Mild forms of the disease are widespread,” Pacifici says. “For people who have hip replacements, roughly 50 percent get it, but only 10 percent of the cases will be symptomatic.” HO can be caused by surgical intervention—such as hip or knee replacements—by other trauma to the body, burns or pressure caused by a neurological injury. Being bedridden can cause HO as well. Because soldiers in Iraq and Afghanistan are coming back with HO in very large numbers, the Army wants to find a cure, leading the federal government to finance the research at Jefferson.

“Current cures are too aggressive,” Pacifici says. “One current treatment is high doses of anti-inflammatory drugs, which have side-effects. A second one is to give radiation treatments, which can damage healthy tissue. The third treatment is surgical.” However, because surgical trauma can cause HO, the condition can return after an operation. “We have a couple of drugs which are miraculously effective in the laboratory. Hopefully at the end of this year we will enter phase II trials with one of these two drugs,” Pacifici says.

The Future

The advances in research and clinical care fill Albert with excitement.

“My biggest goal is something we are now achieving: a new orthopaedic hospital which will be a destination for quality orthopaedic care. The facility will be located above the ambulatory care center and connected to the hospital, which would give us ICU access and access to specialists.”

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Annenbergs Provide Critical Support

Thirty years ago, publishing magnate Walter H. Annenberg made an appointment with Richard Rothman, MD, PhD, ’65, for a hip replacement. After the surgery, Annenberg asked Rothman, “What do you see as the future of orthopaedics from your career point of view?”

The question led to a “long and meaningful relationship,” says Rothman, former president of the Rothman Institute at Jefferson and current James Edwards Professor of the department of orthopaedic surgery at Jefferson Medical College. “Whether it has been a research need or a capital campaign, the generosity of the Annenbergs has been tremendous.”

Since the death of her husband in 2002, Lenore Annenberg has carried on his tradition of supporting the Rothman Institute at Jefferson, endowing the Richard H. Rothman Chair of Orthopaedic Surgery at Jefferson Medical College this year. “The Annenbergs’ support has allowed our vision of the institute to become manifest. Our team had the energy and the talent, but it was the Annenberg Foundation’s financial support that enabled us to reach our goals.”

Todd J. Albert, MD, PhD, was named the first Richard H. Rothman Chair of Orthopaedic Surgery at an investiture ceremony last November. Besides endowing the chair in perpetuity, the gift also supports orthopaedic research and related endeavors.
OnCampus

People

Randall W. Culp, MD, of the Philadelphia Hand Center at Methodist, recently served as the only representative for the American Society for Surgery of the Hand at the American Academy of Orthopaedic Surgeons’ 2008 Research Capitol Hill Days. Culp was selected to join more than 115 orthopaedic surgeons, researchers and their patients from across the country to encourage members of Congress to appropriate $548 million to the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Cataldo Doria, MD, PhD, director of the division of transplantation at Jefferson and associate professor of surgery, has become a fellow of the American College of Surgeons (ACS). Convocation ceremonies took place at the college’s 93rd annual Clinical Congress. Doria is an internationally renowned multi-organ transplant specialist with extensive experience in liver, kidney, pancreas and small-bowel transplantation, as well as hepato-biliary-pancreatic surgery. His research interests include issues concerning liver transplantation and the use of artificial liver and liver resection techniques for cancer transplants.

Arthur M. Feldman, MD, PhD, chair, department of medicine, and Stephen Silberstein, MD, professor of neurology and director of the Jefferson Headache Center, were recently recognized as top-cited authors by Scopus, an international biomedical and science database that measures the effectiveness of posted articles from 26 different medical disciplines. As part of a new service, Scopus rates the articles according to the number of citations they receive over a given period of time, thereby measuring their effective influence in a specific field of study. Feldman’s article on medicine was ranked number 10 out of 20 and was among the top 20 for all disciplines. Silberstein’s article rated number 14 out of 20 on the neuroscience list.

Julia A. Haller, MD, has been appointed professor and chair of the department of ophthalmology at Jefferson and assumes the responsibilities of ophthalmologist-in-chief at Wills Eye Institute. She joins Jefferson from the Wilmer Eye Institute at Johns Hopkins University Hospital where she practiced for over 20 years. Her research interests have focused on age-related macular degeneration, complicated retinal detachments, diabetic retinopathy, macular edema, retinal venous occlusive disease and retinal infectious diseases. She serves on various editorial boards for ophthalmic publications and is president of the American Society of Retina Specialists and a member of the executive committee of the Retina Society.

Emeritus professor and chair of the department of radiology, David C. Levin, MD, was recently awarded the Gold Medal of the Association of University Radiologists, the organization’s highest honor. He has previously been awarded gold medals by the American College of Radiology, the American Roentgen Ray Society, and the Pennsylvania Radiological Society. Levin continues to do research and teach in the department, as well as work in its cardiac CT program.

The late Leah Lowenstein, MD, the first woman to become dean of Jefferson Medical College and also the first woman to be dean of a co-educational medical school in the United States, was honored in April when her portrait was presented to the university. Lowenstein served as dean from 1982–1983 when she resigned due to health reasons. She was a noted physician, investigator, educator, humanitarian, advocate for women's health and accomplished cellist. Among her many honors, she was a member of the National Academy of Sciences and the Royal Society of Medicine (U.K.).

Abdolmohamad Rostami, MD, chair of neurology at Jefferson, who recently attended the annual National Multiple Sclerosis (MS) Society’s Greater Delaware Valley Chapter’s conference, was cited in the Philadelphia Inquirer for his involvement in a regeneration process for multiple sclerosis (MS) patients. Rostami is currently working with a team of Jefferson researchers who have partially reversed nerve damage in mice. He is very optimistic. “I think a regeneration process may be available in the next five to 10 years.” Researchers at Jefferson are working with glucosamine, a dietary supplement for joints, and a compound derived from ordinary soy to help restore walking ability. They have had partial success in mice suffering from an MS-like disease.

Howard Rabinowitz, MD, the Ellen M. and Dale W. Garber Professor of Family Medicine in the department of family and community medicine, has been selected as the 2008 recipient of the Curtis Hames Research Award in Family Medicine. Rabinowitz is nationally and internationally known for his work related to the rural physician workforce – much of which relates to Jefferson’s rural Physician Shortage Area Program (PSAP). His research on increasing the supply and retention of rural physicians has resulted in five publications in the NEJM and JAMA over the past two decades.
**Headlines**

**International Influence: A Jefferson Partnership**

Jefferson Medical College and the Foundation for Advancement of International Medical Education and Research (FAIMER) have signed an agreement to develop an academic partnership. Under this agreement, the two entities will engage in projects in resource-limited countries, focusing on faculty development, undergraduate, graduate and continuing medical education of physicians and other health professionals, as well as research in medical education. Most of FAIMER’s activities are concentrated in South Asia, Africa and Latin America. The initial goal of the collaboration is to have Jefferson work with FAIMER staff and to meet and develop a relationship with the FAIMER Fellows while they are in Philadelphia. Ultimately, it is hoped that the collaboration will benefit health professions education in developing countries as well as provide opportunities for Jefferson faculty, residents and students to participate in international education and service with support from the FAIMER Fellows in their home countries. FAIMER Fellows will have access to Jefferson’s extensive medical education assets. Many fellows report a key obstacle in their continued education is access to current literature in healthcare and health education. The opportunity for fellows to receive faculty appointments at Jefferson would allow access to Jefferson’s library of educational resources.

**Stem Cell Biology and Regenerative Medicine Center Opens**

Headed by renowned cell biologist, Michael P. Lisanti, MD, PhD, the Margaret Q. Landenberger Professor of Breast Cancer Research at Jefferson, the Jefferson Stem Cell Biology and Regenerative Medicine Center will concentrate on the uses of adult stem cells for tissue regeneration in a variety of injuries and diseases, including neurological diseases and cancer stem cells both in solid tumors and blood cancers.

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**Beach Scholars Luncheon 2008**

The Beach Scholars Luncheon, which is held annually in the spring, brings together scholarship recipients with the Edward P. Beach Trust representatives. This year 16 scholarships were awarded totaling $185,000. The scholarship was established in 1991 by the estate of Edward P. Beach to honor his parents, James, an 1895 JMC graduate, and Jennie. Pictured are (Front row from left): Susan Batchelor McFadden (director of financial aid), Samantha Weed, Laura Ann Synder, Sadaf Hussain, Dorianne Lavery, and Kathleen Zendell. (Back row from left): Paul Hurd (assistant vice president of development and alumni relations), Justin Brandt, Brian Ostick, Brien Essenbreis, (Trust representative), Michael J. Vergare, MD (interim dean of JMC), Charles Pohl, MD (associate dean of student affairs), Shaji Philip, and Alexander Mericli.
In 2004, the U.S. Department of Health and Human Services called for the majority of healthcare providers to implement electronic medical records (eMR) within a decade. To facilitate this, they established the Office of the National Coordinator for Health Information Technology. If properly designed, this healthcare informatics will provide a comprehensive, streamlined records system that will be more responsive to both patient and staff needs, thereby improving the overall quality of patient care.

eMR implementation at Jefferson began after an extensive and thorough assessment of the Jefferson University Physicians (JUP) business objectives. The process involved re-examining and redefining the physicians’ workflow and practices from beginning to end to determine the best way to retool the existing system. Jefferson administrators evaluated products and consulted with other academic healthcare facilities during the electronic redesign. In April, the first steps toward integrating eMR into the multi-specialty practices at Jefferson began when the Department of Otolaryngology began alpha testing of Allscripts, JUP’s electronic medical record software. “ENT was chosen for alpha testing due to the fact that it is an efficiently run department, yet small enough to manage the initial EMR application,” says John Ogunkeye, MS, executive director of JUP (pictured far right). The Department of Family and Community Medicine will soon follow suit as a beta testing site due to its higher volume of patient care and similar level of efficiency. Other departments that are scheduled for beta testing this summer include anesthesiology, radiology and pathology.

The adoption rate is Jefferson’s biggest concern. According to Ogunkeye, it is difficult to convert the practices of the 500 physicians and standardize a fragmented system. “It is a cultural change for many physicians,” he adds. “They are used to doing things a certain way, says John Ogunkeye, MS, executive director of JUP (pictured far right). The Department of Family and Community Medicine will soon follow suit as a beta testing site due to its higher volume of patient care and similar level of efficiency. Other departments that are scheduled for beta testing this summer include anesthesiology, radiology and pathology.

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New Health Center Opens

Raymond C. Grandon’s (MD’45) belief in the importance of health policy education grew out of his long involvement with organized medicine at the state and national levels. His wife Doris shares his passion and has been a part of many health- and community-related activities. To honor her commitment and dedication, Grandon has established the Doris N. Grandon Center for Health and Economic Outcomes. “Doris has been a part of developing the center all along,” says Grandon. “She was so supportive of its development from the very beginning. She is the reason the center came to be.”

The ribbon-cutting ceremony was held on May 8. David B. Nash, MD, MBA, the Dr. Raymond C. and Doris N. Grandon Professor and Chair, Department of Health Policy, admits the gift couldn’t have come at a better time. “The department outgrew its current space three years ago. The center occupies the third floor of the Curtis Building and provides new office space and learning facilities for the Pharmacoconomics and Outcomes Research Division of the department,” says Nash. “The additional space will allow our department to continue to grow and develop.” The Grandons are no strangers to giving to Jefferson. “They don’t make people like the Grandons anymore. Jefferson and the Grandons have had a wonderful relationship over a long period of time,” says Nash, whose department title was endowed by the Grandons in 2000. Grandon also initiated and continues to sponsor the Doris N. and Raymond C. Grandon Health Policy Lecture, which is now in its 17th year. In addition, the Grandons funded a professorship in health policy, which was accomplished through a charitable lead trust. A renowned internist who maintains a practice in the downtown Harrisburg area, Grandon helped coordinate the nation’s first commercially successful cardiac rehabilitation program, opening numerous centers all over the country. He was responsible for the first televised heart operation performed in the United States. He is the former president of the Pennsylvania Medical Society, current president of the Pennsylvania Chapter of the JMC Alumni Association, and a member of the advisory board for Jefferson’s Department of Health Policy. He has been involved in numerous volunteer medical and community organizations and has served on several boards at the state level. Mrs. Grandon has also been an advocate for health and community activities, having served on several area boards and was the first Pennsylvania Medical Society Alliance representative to the Pennsylvania Medical Society Board.
The new center consists of seven programs: blood and immune cells; bone, cartilage and muscle; brain and nervous system; cancer; tissue and organ regeneration; reproduction and fertility; and skin. The center will set up collaborations across the university in both the basic and clinical sciences, encouraging more scientific relationships at Jefferson. Local and international collaborations are also underway.

**Former Surgeon General Speaks at Jefferson**

In April, Richard H. Carmona, MD, MPH, FACS, the 17th U.S. Surgeon General from 2002–2006, addressed the Jefferson community on the issue of fighting chronic disease and its health-related costs. Carmona is currently the national chair for the Partnership to Fight Chronic Disease (PFCD), a coalition committed to raising awareness of policies and practices that save lives and reduce health costs through effective prevention and management of chronic disease. Carmona was awarded an honorary degree from Jefferson Medical College in 2005.

**Annual Grandon Lecture Features Wal-Mart Executive**

John O. Agwunobi, MD, MBA, MPH, senior vice president, and president, Health and Wellness, Wal-Mart Stores Division, and former assistant secretary of health, U.S. Department of Health and Human Services, presented "Bridging the Worlds of Business and Public Health" at the 17th Annual Dr. Raymond C. Grandon Lecture held on May 8 at Jefferson. Agwunobi discussed the impact of specific disease states on public health in the U.S.; the role of retail medicine in addressing the issues of healthcare access and medication pricing; and business tenets to a new healthcare delivery model. A question and answer session followed the lecture.

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**Medical Frontiers**

**Signaling Protein Helps Limit Heart Attack Damage**

Scientists at Jefferson’s Center for Translational Medicine have shown that a specific signaling protein is crucial to protecting the heart and helping it to adapt during a heart attack. The protein, Gi, is known to have increased activity in the failing heart, but researchers are not sure if it was helping the heart adapt to damage or if it was actually causing more heart cells to die. The Jefferson team, led by Walter Koch, PhD, W.W. Smith Professor of Medicine and director of the Center for Translational Medicine, experimentally blocked the protein in hearts of genetically engineered mice experiencing heart attacks. As reported in the journal “Circulation,” they found that the animals had greater heart damage than did similar mice with a working protein. Gi is important in intracellular signaling, akin to a molecular switch, Koch notes, but points out that it is not a new drug target. Rather, Koch explains that the activation of some receptors that can also turn on Gi could be targets and developing a “class-specific Gi inhibitor” is an important step to understanding Gi’s role and behavior.

**Smokers and Brain Aneurysms**

Cigarette smokers who were treated for cerebral aneurysms with coil embolization (blocking of a blood vessel) are at greater risk of developing another aneurysm, this according to neurological surgeons at Jefferson Hospital for Neuroscience. This is the first-known study of its kind as reported in the “Journal for Neurosurgery.” The researchers found that there was an increased risk of recanalization, especially in low-grade aneurysmal subarachnoid hemorrhage patients with a history of smoking. In coiling, a catheter is inserted into an artery in the groin, then advanced into the affected artery in the brain. The surgeon then places one or more tiny coils through the catheter into the aneurysm. The body responds by forming a blood clot around the coil, blocking off the aneurysm. The authors of the study searched for any correlation among the location and size of the treated aneurysms, the incidence of coil compaction, and the history of smoking as factors for recurrence. But there was no significant indication that these factors were causing the higher risk. Erol Veznedaroglu, MD, associate professor of neurological surgery and director of the Division of Neurovascular Surgery and Endovascular Neurosurgery at Jefferson, believes that cigarette smoking is the only factor that has been consistently

but we need to redefine the process to better serve both physicians and patients.”

Nationwide, few providers have implemented EMR for numerous reasons. First, existing records need to be either scanned or transcribed, an expensive and time-consuming process. Interoperability, or the ability of different information technology systems and software applications to communicate and exchange data accurately, effectively and consistently, is also costly and laborious. Classifying the information into specific areas is difficult, since most physicians have their own process for identifying their patients’ information. Jefferson is experiencing similar complications. “We have concerns, but we are working through them,” Ogunkeye maintains. “We need to focus on what works best for the patient.”

While EMR integration is a slow and complicated task, Jefferson realizes that this technology is an exciting leap forward and more appropriate for today’s multi-disciplinary approach to healthcare delivery. According to Ogunkeye, “EMR implementation is taking Jefferson to the next level of healthcare delivery. It’s the wave of the future in order to minimize medical errors and enhance the delivery of patient care.”
Philadelphia Magazine has published its annual list of the region’s “Top Doctors” covering 55 specialties and sub-specialties. Once again, Jefferson physicians figure prominently on the list.

Anthony DiMarino, MD  
Gastroenterology

Paul DiMuzio, MD, GS’95  
Vascular Surgery

Karl Doghramji, MD’80  
Psychiatry

Bradley Fenton, MD  
Internal Medicine

Adam Flanders, MD, DR’89  
Neuroradiology

Neal Flomenberg, MD’76  
Medical Oncology

Scott Goldstein, MD  
Colon & Rectal Surgery

Leonard Gomella, MD  
Urology

Steven Greenbaum, MD  
Dermatology

Allen Ho, MD  
Ophthalmology

William Hozack, MD  
Orthopaedic Surgery

William Keane, MD  
Otolaryngology

Alfred Kurtz, MD, DR’78  
Diagnostic Radiology

Ralph Marino, MD’82  
Physical Medicine & Rehabilitation

A. Lee Osterman Jr., MD  
Hand Surgery

Robert Perkel, MD, FP’81  
Family Medicine

Lauren Plante, MD  
Obstetrics & Gynecology

Matthew Ramsey, MD, ORS’95  
Orthopaedic Surgery

Carl Regillo, MD  
Ophthalmology

Nancy Roberts, MD’76  
Maternal & Fetal Medicine

Anne Rosenberg, MD’81  
Surgery

Norman Rosenblum, MD’78  
Gynecologic Oncology

Robert Rosenwasser, MD  
Neurological Surgery

Barry Rovner, MD’80  
Geriatric Psychiatry

Peter Savino, MD  
Ophthalmology

Robert Sergott, MD  
Ophthalmology

Patrick Shenot, MD, US’97  
Urology

Carol Shields, MD  
Ophthalmology

Jerry Shields, MD  
Ophthalmology

Stephen Silberstein, MD  
Neurology

Michael Sperling, MD  
Neurology

Kevin Sullivan, MD, VIR’86  
Vascular & Interventional Radiology

Alexander Vaccaro, MD, OSS’92  
Orthopaedics Surgery

James Vander, MD  
Ophthalmology

Howard Weitz, MD’78  
Cardiovascular Disease

Richard Wender, MD, FP’82  
Family Medicine

In addition, the magazine publishes “Where to Get the Best Care,” a compilation of regional centers and practices of note. The following are affiliated with Jefferson: Jefferson Geriatric Health, Kimmel Cancer Center, Jefferson Diabetes Program, Jefferson Heart Institute, and The Rothman Institute.
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The year was 1953. Mathematical calculations were done with slide rules. Devices resembling CAT scans and magnetic resonance imaging were years away from being developed. Operating rooms were not equipped with devices today's physicians take for granted — blood pressure displays, respirators, electrocardiograms. So what happened on May 6, 1953, in a cramped operating room in Philadelphia, would not only impact the lives of thousands of patients, but revolutionize contemporary cardiac surgery. As Victor F. Greco, MD'51, a first-year surgical resident in 1953 and part of the team on May 6, notes, “What happened opened the last frontiers of surgery.”

A number of investigations in the early years of the 20th century involved an isolated animal heart support with oxygenated perfusion, but relatively little had been done to support the circulation. In the early 1930s, Alexis Carrel, MD, began exploring extracorporeal circulation. He concluded that it would be optimal to develop a machine that could stop the heart yet protect the brain while performing anastomosis. It was about this time that John Gibbon Jr., MD'27, conceived the idea of developing an extracorporeal apparatus for temporarily supporting the function of the heart and lungs. While working as a surgical fellow with Edward Churchill, MD, at Harvard Medical School, Gibbon was treating a patient who was dying from a pulmonary embolism. As he recorded the patient's waning vital signs prior to the procedure he thought: “If only we could remove the blood from her body by bypassing her lungs and oxygenate it, then return it to her heart, we could almost certainly save her life.” This dramatic clinical experience had a profound and lasting effect on Gibbon and determined his lifetime academic research interest.

Over the next two decades, Gibbon began research to create a device whose ultimate application was to maintain the cardiorespiratory functions of a patient during open cardiotomy for the repair of congenital diseases. The first prototype of the heart-lung machine appeared in 1935. This model was relatively unsuccessful in supporting the total cardiopulmonary bypass system in volumes large enough to support a human being. Engineers realized the size of the oxygenator and its ability to oxygenate larger volumes of blood were the main obstacles to overcome.

In 1946, Gibbon returned to Jefferson. Assembling a group of Jefferson surgeons, including Bernard J. Miller, MD'43, Frank F. Allbritten Jr., MD, Thomas F. Nelson Jr., MD, and John Y. Templeton, MD'41, Gibbon initiated an experimental program with Thomas Watson, chairman of the board of the International Business Machines Corporation (IBM), and the National Heart Institute, to help him conceptualize and construct the most efficient turbulent surface and geometric design for the oxygenator. Miller, who had just completed his surgical residency, became Gibbon's research associate in his surgical research lab located in Room 831 of the College Building on Walnut Street. Miller was responsible for the design of the electronic components within the extracorporeal circuitry and conducted the research program that made the heart-lung machine practical for human use. "Bernie was the mastermind behind the mechanics of the machine," says Greco. “He had a tremendous engineering mind. He even showed some circuit design ideas to the IBM engineers.” Herbert Cohn, MD'35, a second-year medical student at the time, concurs. "Bernie did a considerable amount of work on the circuitry of the machine. His services were invaluable."

Additional experiments were done with a new prototype in which the cardiorespiratory functions of medium-sized dogs were maintained for prolonged periods. Gibbon and his team realized they were getting closer to human application of the machine. As Gibbon noted: “After an extensive evaluation, the first IBM machine was determined to be unsuitable for human use. The resulting new extracorporeal circuit (heart-lung machine) contained an improved oxygenator capable of supporting the respiratory functions of an
average-sized human patient. The machine functioned reliably resulting in an excellent survival rate of a very large series of animal experiments. We believe that we now have available an apparatus by the aid of which many congenital defects of the heart may be successfully treated by surgical means. The survival rate of the medium-sized dogs was 80 percent and the period for complete total perfusion was extended to 100 minutes with prolonged survival. It was apparent that the heart-lung machine was completely feasible and warranted the next step – the use in human patients.

Greco remembers wheeling the pianosized device down the hall to the operating room on May 6, 1953, with his fellow surgical residents. "Having been in Gibbon's lab, we were responsible for getting the machine sterilized, safely taken to the OR, and set up and operational," Greco remembers. "It was not your typical day by any means."

The patient, 18-year-old Cecelia Bavolek, who was born with an interatrial septal defect, was connected to the pump oxygenator, which took over her circulatory and respiratory functions. The pumps substituted for the heart and moved deoxygenated blood into the oxygenator. The oxygenator, which took the place of the lungs, removed carbon dioxide and added oxygen to the blood, which was then pumped back into Bavolek's body. While
the blood was diverted, Gibbon closed the half-dollar-sized hole in Bavolek's heart.

The operation did have some anxious moments. Greco recalls, "During the operation we had some problems with blood building up in the lung section. It began frothing and foaming. I assisted Bernie in trying to correct it. I remember jumping on a chair to keep the top part of the artificial lung from exploding. We had to bypass the lung for a while. In the meantime, Dr. Gibbon hurried along with the surgery." Bavolek was connected to the pump oxygenator for 45 minutes and for 26 minutes of that period all respiratory and circulatory functions were maintained extracorporeally. Bavolek made an easy recovery and was discharged 13 days later.

After the surgery, Greco describes the mood of the surgeons: "We had such a feeling of jubilation and gratitude. Today's surgeons cannot understand the trepidation and complexity of the surgery at that time. They cannot understand the amount of work involved and take for granted the things we had to encounter." According to Greco, "Dr. Gibbon wanted no publicity at all. He was a true researcher. He felt if the information came out to the public it would be done through a qualified surgical journal." "Minnesota Medicine" was the only publication to initially feature the event until several weeks later when the general media carried the story.

A new age of cardiac surgery was underway. Improved versions were developed over the next several years. The mortality rate for intracardiac surgery dropped from 55 percent in 1955 to 20 percent in 1956 to 10 percent in 1957. The success of the May 6 operation made it possible for surgeons to perform operations previously considered too risky and heralded a new era in not only cardiac surgery but thoracic and transplant surgery as well. It has been said that there is no device that has had a greater impact on patients' lives and influenced the management of a disease more than the heart-lung machine.

Today, improved versions of the machine allow surgeons to repair heart defects and damaged valves and to perform bypass surgery and heart transplants. Advancements in technology have led to significantly smaller heart-lung machines, but the machine's basic use remains the same. Fifty-five years later, the medical community can still feel the profound impact this machine, its researchers and developers had on laying the basis for contemporary cardiac surgery.
The Man Behind the Machine

As a child, John H. Gibbon Jr., MD'27, loved to play chess with his father, John H. Sr., MD 1891. His father complained how every move the young Gibbon made was a strategic maneuver and would take “so infernally long to do.” That was Gibbon – most affectionately remembered by his family, friends and fellow physicians as a tenacious, competitive yet gentle manly individual. Herbert Cohn, MD'55, a professor of surgery at Jefferson, sums it up best. “Dr. Gibbon was the ultimate surgeon, teacher, researcher and mentor. I feel so fortunate to have had the opportunity to train in his residency program and practice with him until he retired.”

Born in Philadelphia in 1903, Gibbon was a fifth-generation physician. His father was not only a JMC graduate, but also a professor of surgery at Jefferson from 1907 to 1931. Gibbon was born into an influential, patrician Philadelphia family and was schooled at the finest educational institutions in the region. He graduated from Princeton University at the age of 19 and was accepted to JMC. During his first year at Jefferson, he contemplated leaving medicine to pursue his true passion — poetry. Fortunately, his father convinced him to complete medical school while simultaneously working on his writing.

From 1930–1935, he served as a resident and fellow in the lab of Edward Churchill, MD, at Harvard University. It was at this time he met his future wife, Mary Hopkinson, Churchill’s research assistant. Mary played an important part in the development the heart-lung machine, and their collaboration over the next 23 years helped propel the project into the final model used on May 6, 1953.

An unusual anecdote to the Gibbon legacy occurred when World War II erupted in Europe. Gibbon, who was married with four small children and in the midst of his heart-lung machine research, enlisted in the army for a four-year term. The abrupt departure from both his family and his work seemed puzzling to most, but Gibbon had a distinguished military heritage and a sense of destiny: his great-uncle, a graduate of West Point, led a brigade that withstood the Confederates at Gettysburg and was a commander at the Battle of Little Big Horn.

Upon his return after the war in 1946, Gibbon was appointed director of surgical research and a professor of surgery at Jefferson, and continued his heart-lung machine investigations. Cohn recalls his years with Gibbon: “The Gibbon years were highlighted by his famous lectures. He could answer any questions we threw at him. Several of us tried to stump him but never succeeded. He truly stimulated us to learn.” His lectures took place in what was then known as “The Pit” (now the Anthony F. DePalma Auditorium). His students remember him as the “quintessential academic surgeon,” always energetic, enthusiastic and exuding vitality.

Gibbon’s accomplished medical career spanned four decades. Among his many distinctions, he was editor of The Annals of Surgery and Surgery of the Chest. He wrote more than 90 clinical and research publications, was a member of 33 medical societies (president of six of them), and received numerous awards for his medical contributions. He retired from Jefferson in 1967 and devoted his remaining years to his family, gardening, painting and poetry. He died in 1973.

Cohn feels honored to have known Gibbon and says, “We stand on the shoulders of a giant. I feel so fortunate to have lived in that time of surgery.”
Mark Cooper, MD’77, MBA, always dreamed of getting to the National Baseball Hall of Fame. He played third base wearing #5, like his hero Brooks Robinson of the Baltimore Orioles. He studied and coached the game. He also kept orthopedic surgeon Phil Marone, MD’57, MPH’07, in business with nine injuries in nine seasons, including 12 weeks in a close-reduction hip cast, sustained while playing in several leagues. None of this dampened his passion for the game. Today, at 56, he mostly plays in pick up games, but this year, his dream came true: he’s being feted in the Hall of Fame.

Cooper’s collection of baseball board games is on display at the museum in Cooperstown, NY. “Home Games: A Century of Baseball Games from the Collection of Dr. Mark Cooper” features more than 50 games that span a 100 year period, 1860–1960.

The radiologist’s collection numbers over 500 games. A national authority on the subject, Cooper co-authored Baseball Games: Home Versions of the National Pastime, 1860s–1960s. Cooper’s collection begins with the oldest board game in existence from 1869, the first year of professional baseball, and stops at the point when games became electronic, between the 1960s and 70s. He amassed much of his collection before eBay, scouring flea markets, magazines and trade journals; attending baseball shows and toy exhibits; seeking game references at the Patent Office in Washington and the microfilm room at the Free Library. Tom Shieber, the Hall of Fame’s senior curator says, “We couldn’t display all of Dr. Cooper’s games; that’s how large [the collection] is. We had to make some hard choices. It is simply the best collection of baseball board games in the world.”

Among the games featured in the exhibit: “League Parlor Base Ball” (1884), the first baseball game to use dice; the “Professional Game of Base Ball” (1890), the first baseball game produced by Parker Brothers; and the “Champion Game of Base Ball” (1889), featuring the likenesses of Hall of Famers Dan Brouthers and John Clarkson. Other intriguing pieces in the collection include “Zimmer’s Base Ball Game” (1893), named for Cleveland catcher Chief Zimmer, which Cooper considers the “Mona Lisa” of baseball games for its beauty and rarity. His collection includes games that use dice, cards, spinners, miniature bats and complex charts, as well as a group of statistic-based games. He has games endorsed by everyone from Rube Waddell to Babe Ruth, Jackie Robinson to Willie Mays.

The games provide a cultural history of changes in baseball’s rules, equipment and uniforms. Today we’re familiar with the rules that call for four balls or three strikes to end an at bat. “In my games from the 19th century there could be six balls and four strikes,” Cooper explains. The shape of home plate changes from a square to a circle to the pentagon we know today. In the early period of baseball, a ball hit fair that rolled foul was considered fair. “The first and third basemen played in foul territory because of this. It’s a historical education to look at the games that are 120 to 140 years old. These board games were teaching citizens a game that had just been created; they’re an education for the population.”

His favorite games are “the 19th century games that have significant historic content related not only to baseball but also to American history at that time. In Chinese baseball, the game portrays stereotypical Chinese immigrants playing baseball on a field that has the United States as a backdrop. It’s a dexterity game, with the goal being to get different color balls into the holes on board. This was also the main idea of the Civil Service Act, to get the right man in the right position at the right time. Prior to the time the game was made, civil service was based on patronage. The act was a move toward meritocracy. So the game itself alludes to the Act. At the same time, it was Chinese immigrants playing our national pastime. At that time there was a belief that Chinese immigrants were taking our jobs. This led to the Chinese Exclusion Act. I’m interested in games that are not just for children to play, but had political overtones for adults.”

Does his collection have relevance to his career as a radiologist and medical educator? “Baseball in general, and board games as a reflection of baseball, has no clock. Because you’re not playing against a clock like in basketball or football, it’s more a matter of ‘you can’t give up’, which is like medicine. It’s never over until the 27th out. If things look bleak and uninspiring, if it looks like things aren’t going to work out, you have to grind it out. You never know when you’ll have a positive turn, when things will start going your way.”
Above: Mark Cooper’s games on display in the Hall of Fame through 2008. Photo: Milo Stewart Jr./National Baseball Hall of Fame Library.

Right: Cooper relaxes in his game room. He works at Methodist Hospital and teaches at Jefferson Medical College.
Maurice Abramson is still playing the violin with the Hallandralic Symphony Pops Orchestra at the age of 96. He has been playing with the group for six years and hopes to continue. "Good mental therapy." He sends his best regards to his classmates.

Randall M. McLaughlin retired in Arnold, MD, where he practiced for 45 years. He writes, "I pay social visits on one or two of my longtime friends and patients every day when I am home. I still do a fair amount of volunteer work he in Anne Arundel County. My health is good although I notice the subtle changes that accompany old age, which I accept grudgingly. I’m still searching for the fountain of youth."

Jerome J. Lebovitz regrets he was unable to attend his 55th JMC reunion in 2007 due to the event coinciding with his granddaughter’s graduation from Muhlenberg College. He proudly announces that his grandson will attend medical school this fall following in the family legacy of his great grandfather ’23, grandfather ’52, Uncle Mark ’79, and cousin ’60. Lebovitz lives in Pittsburgh, Pa.

Walter Dalsimer has retired to West Point, Ind. He has built a home on his daughter’s farm and remains active in local politics and playing tennis.

Norman Gladsden writes from Miami, Fla., that he is doing well. He is a "habitué" of the theatre, concert and opera halls, lectures and Dolphin Stadium. He is writing his memoirs, tending his garden, and maintaining his home. He sees his sons and grandson often. "Still viewing life as a glass half full!"

Milton R. Okun reports that his research group has accumulated evidence that non-mitotic cellular proliferation is critical in the genesis of malignancy. He adds that the group has shown that nucleoli can generate cells, either within other cells or independently showing that in certain malignancies, mitosis is minimal or absent, or that nucleoli from malignant cells cause the metastatic spread of malignancy via their entry into venous capillaries or lymphatics. Okun resides in Milton, Mass.

Donald N. Dubrow has been retired for five years and is a volunteer teacher at U.T. Southwestern Medical School. He is looking forward to his 50th reunion in September and hopes for a big turnout.

Hilbert Oskin is enjoying retirement and playing tennis. He and his wife, Jean, just celebrated their 50th wedding anniversary. The couple lives in Greensburg, Pa.

John P. Keefe has retired as of November 30, 2007. "I am just relaxing and enjoying life, spending time with my children, their spouses, and my grandchildren. It was time after all these years." He lives in Mayfield Heights, Ohio.

Franklyn Cook happily reports he has been cancer free for 14 years. His enjoys spending time with his seven granddaughters. He sends his best regards from sunny California to his fellow classmates.

Parents’ Day 2008
On March 7, 2008, sophomore students and their parents celebrated the annual Parents’ Day at JMC. The event, which began in 1964, is sponsored by the JMC Alumni Association and welcomes second-year students and their parents to a luncheon reception, which features faculty, staff and student presentations. The event was conceived over 40 years ago by then-president of the Alumni Association, Benjamin Haskel, MD’23, who wanted to celebrate Fathers’ Day with fellow alumni and their medical college children. In 1970, the male-only program changed its format to include both parents and female students, and the program became known as Parents’ Day. Over 400 parents, students, faculty and staff were in attendance at this year’s event. Pictured above with Interim Dean Michael Vergare, MD (back row, center), are (l-r): Francis Mohan, MD’81, with Elizabeth Mohan; Michael McGlaughlin, MD ’79, with Kelly McGlaughlin; Mark Krawitz, MD’80, with Steven Krawitz; Thomas DeGroat, MD’81, with Jonathan DeGroat; William Rosner, MD’75, with Andrew Rosner; Matthew V. DeCaro, MD’80, with Mark DeCaro; Ronald Souder, MD’73, with Emily Souder; Frederick Fellin, MD’79, with Emily Fellin; and Joseph P. Bering, MD’88 with Patrick Bering.
'67

Lockwood Young retired from an Ob-Gyn private practice in November 2007. He lives in Honolulu, Hawaii.

'72

Cynthia Young recently retired after 21 years as a staff radiologist at MD Anderson Cancer Center. She and her family are moving to Seattle, Wash., where her husband, Eli Estey, has accepted a position at the Fred Hutchinson Cancer Center and University of Washington. They have two daughters (ages 11 and 13), who are both adopted from China and look forward to attending the Northwest School.

'73

James T. Hag is currently speaker of the house of delegates of the California Medical Association. He enjoys working with his peers to improve the healthcare system and protect the medical profession. He adds, "It is always a challenge."

Joanna R. Johnson has retired from private practice and is working at developing the allergy department at Einstein Medical Center and St. Christopher's in Philadelphia. She will also be teaching in their residency programs.

'76

Larry Glazerman recently accepted a position at the University of South Florida Health, Tampa, Fla., as assistant professor, director of minimally invasive gynecological surgery. Glazerman was formerly employed at St. Luke's Center for Advanced Gynecologic Care as co-director, minimally invasive gynecological surgery. "I've been recruited by my former partner, Steve Klasko, vice president, USF Health and dean of the medical school, to develop a program in minimally invasive gynecological surgery and simulation for residents and medical students," says Glazerman.

Alumni Profile

For 47 years, Jay Nadel, MD ’53, a faculty member at the University of California, San Francisco (UCSF), has trained a cadre of pulmonary medicine physicians, spanning the globe from California to Kosovo with his uncompromising didactic standards and ebullient disposition. Yet with every experience, he does not consider what he does to be work. "I came to UCSF as one of the youngest professors and now I am one of the oldest (or the oldest) active research professors," he says. "Pure and simple, I love what I do."

George H. Caughey, MD, a professor of medicine at UCSF, believes Nadel’s influence is inspirational. "Jay Nadel has populated academic departments and the private sector the world over, including the United States, Canada, Western Europe, Asia and South America,” notes Caughey. “His 147 trainees, by current count, include world leaders in pulmonary medicine and research. Collectively they form a worldwide web of investigators with a bond and debt to Jay.” Leo Fabbri, MD, a professor of respiratory medicine at the University of Modena and Reggio Emilia in Italy and president of the European Respiratory Society, agrees. “The high profile and respect of the United States very much rely on academics like Jay Nadel, who have trained several young fellows to become prominent academics around the world.” He adds, “Not only did he train them in science but also in life, with a personal commitment to his fellow that has been second only to the members of his own family. I will always be respectful of and grateful to him.”

Nadel credits his professors at Jefferson for his devotion to academics. "I remember with admiration the many individuals at Jefferson who provided me with stimulation and guidance," recalls Nadel. In return, many of his students, past and present, attribute their successes in both medicine and life to Nadel. “Jay’s enthusiasm for research and his personal support were absolutely critical in my initial decision to pursue a research career,” affirms Dean Sheppard, MD, professor of medicine and associate chair for biomedical research at UCSF. Peter Barnes, DM, DSc, FRCPI, FRCP, FMedSci, FRSM, head of respiratory medicine at the National Heart and Lung Institute in London, says, “He inspired me by his great ability to link basic research to understanding the mechanisms and treatment of airway diseases. It has been both a privilege and an honor to have known Jay as a mentor, a colleague and a friend.”

Paul M. O’Byrne, MB, FRCPI, FRCP(C), professor and chair of the department of medicine at McMaster University in Ontario, shares in his colleagues’ admiration of Nadel. “It was a privilege to work with Jay at a time when I needed all the help I could get in developing a career as a clinical scientist. I would not have succeeded without his mentorship.” Pierangelo Geppetti, MD, a professor of clinical pharmacology at the University of Florence, Italy, considers his time with Nadel as a learning experience in many ways. “I had the privilege to work with Jay Nadel for three years and to learn from him, part science and the art to judge people and deal with friends or adversaries, to find the way to change a problem into a chance, to love style and elegance in thinking, and the pleasure of culture. I also learned that friendship and esteem between two colleagues may expand to the families and lasts for a very long time.”

One of Nadel’s most impressive contributions was his appointment to serve as a medical education advisor by the dean of the medical school in Kosovo (Pristina University) during Yugoslavia President Marshall Tito’s administration. It was at this time that he mentored a research fellow named Alushi Gashi, MD, who later became the dean of Pristina University. Gashi has recently been appointed Kosovo’s Minister to Health and has asked Nadel to work with him as a consultant. “It is my hope to assist in bringing back a first-rate medical school to Kosovo,” says Nadel. “In addition, I hope in some small way to assist in alleviating the serious health problems facing these courageous people.” He plans to return to Kosovo and meet with Gashi and the school’s administration this fall to begin the process.

The consummate teacher has garnered numerous awards and accolades worldwide. Among them are honorary degrees from the University of Ferrara (Italy), the University of Lund (Sweden) and Dickinson Law School (Pennsylvania). He has also received the JMC Alumni Achievement Award (1997), the René Descartes Medal and the President’s Medal from the University of Paris, the President’s Medal from the European Respiratory Society, and the Edward Livingstone Trudeau Medal from the American Lung Association. But for Nadel, his greatest reward is the long-lasting relationships that he has developed over the years. “I feel I have been helpful to the careers of many. I am excited by the possibilities.”

“it is reassuring to know that others consider my accomplishments worthwhile,” Nadel humbly admits. Nadel continues to work as a full-time professor of pulmonary and critical care medicine at UCSF’s School of Medicine.
Paul E. Pilgram reports that the triplets are 11 years old. He is in his 25th year with the Snowbird Ski Patrol. “Life continues to be good in Utah!”

William Messerschmidt is a professor and the director of cardiothoracic surgery at James H. Quillen College of Medicine at East Tennessee State University. He and his wife, Bonnie, live in Piney Flats, Tenn., with their three children: Will, Claire and Anna.

Henry F. Smith Jr. recently had a book of his photography published by the Pennsylvania Heritage Press. The book titled, “Pennsylvania Seasons,” also features the writings of many prominent Pennsylvania poets and is available online at www.glensummitimage.com. Smith comes from a family of JMC graduates; his father Henry Sr. is ’63, and sister Ellen, ’78.

Vivian Charneco CHP is a child, adolescent and adult psychiatrist whose practice is located in Kissimmee, Fla. She is the founder of Mindsite, Inc., where she provides a holistic treatment approach by incorporating traditional psychiatric practices with transpersonal psychotherapy and hypnosis as a means to integrate mind, body and spirit.

Edward Magargee and his wife Susan (PED’89) have six children: two in college, two in high school and two in elementary school. Ed is a cardiologist with Cardiology Consultants of Philadelphia in Norristown, Pa., and Susan is a pediatrician and founding member of KIDS FIRST in Havertford, Pa. They reside in Bryn Mawr, Pa.

Robert Solomon had the opportunity to work with fellow alumnus, Robert B. Walker ’85, while deployed with the U.S. Army Reserves in Heidelberg, Germany during the summer of 2007. Walker works at the U.S. Army Hospital in Heidelberg and Solomon is the associate director of the Montgomery Family Practice Residency Program in Norristown, Pa.

Thomas Londergan was recently elected president of the Wisconsin Urological Society for 2008–09. He practices at Gundersen Lutheran Medical Center and lives in LaCrosse, Wis., with his wife, Jean, and three children.

JMC Alumni at Phillies Spring Training Game in Clearwater, Fla.

To celebrate the arrival of baseball season, the Jefferson Foundation hosted its fourth annual JMC alumni reception in Clearwater, Fla. The event features tickets to a Philadelphia Phillies spring training game, which includes special stadium seating in suites and baseball “fare.” Over 60 alumni and their guests attended this year’s event. While the alumni enjoyed the game, the Phillies lost to the Cincinnati Reds by a score of 6-1.

Pictured are Herbert Kean, MD, OTO’60, and his wife, Joyce.
ALUMNI ASSOCIATION NEWS

New Alumni Trustee
William V. Harrer, MD’62, has been elected as an alumni trustee of the JMC Alumni Association and began his three-year tenure this summer. Harrer has been affiliated with the association for many years, having served in various capacities including president (1994) and currently as chair of the publications committee.

Correction

In the spring issue of the Bulletin, these two class notes were merged inadvertently. We regret the error.

‘87

David J. Cook became the 23rd American to swim the Strait of Gibraltar, a nine-mile course from Spain to the north coast of Africa. Cook is a professor of anesthesiology at the Mayo Medical School in Rochester, Minn.

Women’s Forum

The annual Women’s Forum, which is sponsored by the JMC Alumni Association, was held on March 5, 2008. The event is open to all JMC alumnae, postgraduate alumnae, faculty, residents, fellows and students, and features a panel discussion along with networking opportunities. This year’s forum, which was chaired by Marianne Ritchie, MD’80, had a nine-member panel: Vijay Rao, MD, R’78, radiology (pictured right); Carol Tavani, MD’79, psychiatry; Diane Gillum, MD ‘81, general surgery; Carol DeBakker, MD, PM’91, preventive medicine and rehabilitation; Sharon Lehman, MD’85, ophthalmology; Cynthia Hill, MD’87, pediatrics; Kathleen McNicholas, MD’73 surgery; Christina Mitchell, MD’05, internal medicine resident; and Negar Goleisorkhi, MD, surgery, chief resident.

‘87

David A. Horvath recently left the Cleveland Clinic Foundation in Cleveland, OH after nine years on staff of the plastic surgery department to return home, closer to family. He now practices at Abington Memorial Hospital.

Elizabeth Gallivan Snedden of Mountainview, Calif. works part-time as a glaucoma sub-specialist. Her sons, Robert and Patrick, are in first and second grade. “Life is good!”

‘94

Mary M. Stephens and her family have relocated to Wilmington, Del. She is currently part-time faculty with the department of family and community medicine of Christiana Care. “It is good to be working with colleagues and friends from Jefferson and teaching Jefferson medical students.”

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‘97

Ron Gazze was appointed medical director of FPL Group in 2007, where he still sees patients in the award-winning FPL-WELL Health Centers. He and his wife, Rena Amro, ’97, welcomed their daughter, Sophia Layla Amro Gazze, on January 17, 2007. Amro runs the Palm Orthopaedic Institute, Inc. and is a solo-practice orthopaedic surgeon in the West Palm Beach area. Gazze was fortunate to work with fellow alum, John “Jack” Hildreth ’65, who retired as medical director of FPL-WELL Health Centers in 2007.

Michael E. Pollack and wife Norma Joan Johnson-Villanueva ’96 have two daughters: Sofia (4) and Gabriella (2). They practice in Flemington, N.J., and are affiliated with the Hunterdon Medical Center. They live in Doylestown, Pa.

‘01

Nieta Shapiro practices internal medicine in Pottstown, Pa. She and her husband, Steve, have two children: Benjamin and Ian.

Upcoming Events

NOVEMBER 2
Association of American Medical Colleges Reception
Grand Hyatt San Antonio
San Antonio, Texas

NOVEMBER 9
American Medical Association Reception
Marriott
Orlando, FL

NOVEMBER 2
American Academy of Physical Medicine and Rehab Reception
San Diego Marriott
San Diego, CA

DECEMBER 1
Radiology Society of North America Reception
Hilton Chicago
Chicago, IL

For more information, please visit www.jefferson.edu/jmc/alumni and click on “events.”

‘94

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‘03

Amy B. (Bosanac) Wachter finished her fellowship in endocrinology at George Washington University in July. She will join an endocrinology practice at Christiana Hospital in August.

‘04

John Finley has just finished his first year as chief medical resident at Tufts Medical Center and begins a cardiology fellowship there in July.

‘07

Francesco Palazzo writes from San Francisco, Calif., that he graduated from the general surgery residency at the University of Catania in Italy last June.

PGA

Miguel De Leon GS ’82 is chief of the section of general surgery at Virtua West Jersey Hospital System and chair of the performance improvement committee in the department of surgery there.
'36

Gabriel E. DeCicco died April 23, 2007. He had a practice in family medicine in Youngstown, Ohio from 1937 until he retired in 1979. From 1979 through 1984 he served as a physician for the Advisor Utilization Review program at the former Youngstown Hospital Association. A World War II veteran of the army, he was president of the Mahoning County Medical Society in 1955. Although he was survived by his wife, Ruth, she died two weeks later. They are survived by a daughter and a son.

'36

Robert McLemore died February 14, 2008. He was a surgeon for 35 years in Springfield, Ohio. He co-founded the Springfield Surgical Associates in the early 1960s. A fellow of the American College of Surgeons, McLemore was chief of staff and director of the surgery department at Mercy Medical Center and Community Hospital and held faculty appointments at Ohio State University and Wright State University medical schools. He is survived by two sons and a daughter. Son William is MD’80.

'36

Vincent W. Ciacci died February 15, 2008. He entered the military and served from 1943 until 1946. He had a private practice in Phoenixelle, Pa., from 1949 to 1981 and served as the Phoenixelle school and sports team doctor. He served as staff president of Phoenixelle Hospital on two different occasions. Upon retirement in 1981, he was instrumental in building the Phoenixelle Nursing Manor where he served as medical director until 1991. He is survived by wife, Mary Ann, a stepdaughter and a stepson.

'36

Allen W. Jones died April 15, 2008. He served in World War II as a captain in the Army Medical Corps and worked at Walter Reed Hospital. Jones began his private medical practice in Broad Ripple, Ind., where he practiced for 57 years. The Indianapolis Medical Society recognized him for 50 years of distinction. He is survived by four daughters.

'36

Bernard Dodd (Barney) Sherer died March 4, 2008. Sherer was a general surgeon in private practice in Bellflower, Calif., for 33 years. He moved to California after more than 10 years as an active-duty medical officer in the U.S. Navy. Following graduation, he served as a medical officer aboard the USS New Jersey and the USS Midway. During the Korean conflict, he was assigned to the USS Haven, a hospital ship anchored in Inchon Harbor. Later, he was director of dependent services at the Great Lakes Naval Training Center in Ill. He retired in 1989. Sherer is survived by his wife, Josephine Smith, two daughters and a son.

'36

Benjamin R. Balin died March 4, 2008. A family physician who became an expert in weight control, Balin opened his practice in Chester, Pa., in 1947. He served in the Army in Texas. Upon his retirement in 1994, Balin donated his medical building to Widener University. He is survived by a daughter and two sons.

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In Memoriam

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George R. Pechstein died February 16, 2008. He was the chief of radiology at Pottstown Memorial Medical Center for a total of 38 years beginning in 1954 until he retired in 1993. He is survived by his companion Virginia R. Reichert, a son and three daughters.

Vincent J. McPeak Jr. died April 13, 2008. An obstetrician, he delivered more than 10,000 babies during his 40-year career. He served in the Army Medical Corps during the Korean War, performing front-line triage. He joined the staff of Holy Redeemer in 1959 and had a practice in Fox Chase, Pa. He retired from private practice in the 1990s and became medical director at Holy Redeemer for several years. He is survived by his wife, Cecilia, two daughters and two sons.

Francis W. Pedrotty Jr. died on April 24. Pedrotty served in the Army for 10 years and treated victims of a plane crash in Okinawa that killed 17 and injured 121. As a result of this experience, he presented papers and was published in the New England Journal of Medicine, addressing the issue of treating mass casualties. Many of his procedures were adopted by the military and are still used in hospital emergency rooms today. After his discharge, he joined the staff of Nazareth Hospital as served as chair of surgery until his retirement in 1991. For an additional five years after his retirement, he worked in the Nazareth Hospital emergency room. He is survived by his wife Veronica, four daughters, and four sons.

August F. Herff Jr. died February 16, 2008. A fellow of the American College of Surgery, he practiced general surgery for over 50 years, and served as chief of staff at the Northeast Baptist Hospital in San Antonio, Texas. He is survived by his wife, Cornelia, and a daughter.

Donald H. Foster died February 29, 2008. He practiced in Tampa, Fla., for more than 35 years. He served in the Army during World War II. He is survived by his wife, Donna, and his children.

John R. Loughead Jr. died Saturday, Feb. 23, 2008. He served in the U.S. Air Force and worked as an ob-gyn and surgeon for both the Reading and Evangelical Community hospitals, retiring in 2000. He is survived by his wife, Margaret, two daughters and five sons.

Ernest L. McKenna Jr. died February 6, 2008. The otolaryngologist maintained a practice in Wayne, and served on the staff of Bryn Mawr Hospital for 40 years, until the late 1990s. In the 1970s, he was among the first surgeons in the Philadelphia region to use laser technology to remove cancerous tumors in the throat and mouth. He was chief of Bryn Mawr Hospital’s department of otolaryngology service from 1969 until 1986 and president of its medical staff. In 1996, as chairman of the Medical Committee of Main Line Health, he oversaw the integration of the medical staffs of Bryn Mawr, Lankenau and Paoli Hospitals. In 1997, after being stricken with Guillain-Barré syndrome, the focus
of McKenna's medical interests shifted. From 1999 to 2005, he chaired the gift-giving committee of Bryn Mawr Rehab's Foundation Board. He is survived by wife, Hazel, three daughters, four sons and three stepsons.

Michael J. McNally died February 14, 2008. He served in the Navy from 1955 until 1958, interning at the Naval Hospital in Philadelphia. He served as a flight surgeon and group medical officer for Marine Air Group 11. He entered private practice in Colorado Springs, which later became Colorado Springs Neurological Associates. He retired in 1998. He is survived by his wife, Mary Ellen, two daughters and two sons.

Charles Steck died April 5, 2008. Steck practiced psychiatry in New Orleans, La. for 45 years and created a laboratory at DePaul Hospital in the mid-1970s devoted to biofeedback. He was a director of the Hypnosis Institute of New Orleans. He was a flight surgeon and medical examiner, and a lieutenant in the Naval Reserve. He taught part time at Tulane's and Louisiana State University's medical schools and was president of the medical staffs at both DePaul and Southern Baptist Hospital. He is survived by a daughter and two sons.

'56 Casimir “Casey” Gorczyca died March 22, 2008. He was trained in internal medicine and traveled the world as an Army medic, attaining the rank of colonel. While stationed in Jordan in 1966, he once treated King Hussein. At various times, he was stationed in Germany, Texas, Colorado and California where he settled in the 1970s. He is survived by his wife, Lorraine, a daughter and three sons.

Robert W. Smith died March 14, 2008. He practiced internal medicine and cardiology on the staff of Holy Redeemer and Abington Memorial Hospitals for more than 40 years. He is survived by his wife, Eugenia.

'D3 Daniel W. Horner Jr. died March 2, 2008. He was a cardiologist at Abington Memorial Hospital where he had served on the staff for 36 years. He is survived by his wife, Barbara, and two sons.

Faculty

Irving J. Olshin, MD, died on March 28. Olshin began teaching at Jefferson in 1961 and became a professor of pediatrics six years later, a position he held for the next 40 years. In 1969 he was awarded the Lindback Teaching Award and his portrait was presented to the university in 1972. Olshin retired from Jefferson in 1987 and became the school physician for the George School in Newtown, Pa., until 1997.

Contact Fritz Ruccius at 215-955-8733 or frederick.ruccius@jefferson.edu.
Match Day ’08

ANESTHESIOLOGY
Ahn, Yvonne
University of California-San Diego Medical Center, CA
Chai, Tong Saa
SUNY Health Science Center-Brooklyn, NY
Kolowski, Carin M.
Johns Hopkins University Hospital, MD
Leung, Dolan
Drexel University College of Medicine, PA
Moaven, Jubeen
B.I. Deaconess Medical Center, MA
Mude, Deepali A.
St. Vincent's Hospital, NY
Nadeau, Pascale
Hospital of the University of Pennsylvania, PA
Rubin, Benjamin L.
Hospital of the University of Pennsylvania, PA
Sanders, Jaime A.
Thomas Jefferson University Hospital, PA
Schwenk, Eric S.
Thomas Jefferson University Hospital, PA
Whitten, Ira
Yale-New Haven Hospital, CT

DERMATOLOGY
Benedetto, Paul X.
Cleveland Clinic Foundation, OH
Bognet, Rachel A.
Thomas Jefferson University Hospital, PA
Hussain, Sadaf H.
Thomas Jefferson University Hospital, PA

EMERGENCY MEDICINE
Bass, Amira M.
Stanford University Programs, CA
DeTrolio, John J.
UMDNJ-R.W. Johnson Medical Center-Camden, NJ
DiGiacomo, Philip J.
University of North Carolina Hospitals, NC
Eanes, Kevin
Christiana Care, DE
Lee, Cynthia
Christiana Care, DE
Nguyen, Theresa M.
Christiana Care, DE
Oliveira, Brian M.
Thomas Jefferson University Hospital, PA
Ostick, Brian J.
Christiana Care, DE
Portale, Joseph V.
Thomas Jefferson University Hospital, PA
Scheer, Diane L.
SUNY Health Science Center-Brooklyn, NY
Stransky, Kristina L.
Christiana Care, DE
Swierzbinski, Matthew J.
Drexel University College of Medicine, PA
Trotter, Michael G.
Christiana Care, DE
Wang, Dorothy Y.
University of Michigan Hospitals-Ann Arbor, MI

FAMILY PRACTICE
Anacius, Elisabeth
Hunterdon Medical Center, NJ
Brothers, Elizabeth
SUNY Health Science Center-Brooklyn, NY
DeTolio, John J.
UMDNJ-R.W. Johnson Medical Center-Camden, NJ
DiGiacomo, Philip J.
University of North Carolina Hospitals, NC
Eanes, Kevin
Christiana Care, DE
Hartke, Amy K.
University of Pittsburgh Medical Center Medical Education Programs, PA
Khojasteh, Artemis
Christiana Care, DE
Lee, Cynthia
Christiana Care, DE
Nguyen, Theresa M.
Christiana Care, DE
Oliveira, Brian M.
Thomas Jefferson University Hospital, PA
Ostick, Brian J.
Christiana Care, DE
Portale, Joseph V.
Thomas Jefferson University Hospital, PA
Scheer, Diane L.
SUNY Health Science Center-Brooklyn, NY
Stransky, Kristina L.
Christiana Care, DE
Swierzbinski, Matthew J.
Drexel University College of Medicine, PA
Trotter, Michael G.
Christiana Care, DE
Wang, Dorothy Y.
University of Michigan Hospitals-Ann Arbor, MI

INTERNAL MEDICINE
Aggarwal, Nisha
Johns Hopkins University Hospital, MD
Carson, John M.
Thomas Jefferson University Hospital, PA
Chen, Kevin Y.
Rush University Medical Center, IL
Cherian, Dinu
Temple University Hospital, PA
Clough, Jeffrey
Duke University Medical Center, NC
Cohen, Sarah E.
Lankenau Hospital, PA
Cook, Brianna L.
Oregon Health & Science University, OR
Dhillon, Ranvir
Brigham & Women's Hospital, MA
Foy, Andrew J.
Thomas Jefferson University Hospital, PA
Gerber, Susan M.
Mayo School of Graduate Medical Education, MN
Gottam, Nithin R.
EMERGENCY MEDICINE
Hawthorne, Katie M.
Massachusetts General Hospital, MA
Hu, Carol T.
Thomas Jefferson University Hospital, PA
Jackson, Gavin
Scripps Mercy Hospital-San Diego, CA

Jaffe, Brian C.
Thomas Jefferson University Hospital, PA
Kedika, Ramalinga
University of Texas SW Medical School-Dallas, TX
Kirtane, Sameer M.
Barnes-Jewish Hospital, MO
Klein, Melissa I.
Thomas Jefferson University Hospital, PA
Leung, Yiu Tak
Thomas Jefferson University Hospital, PA
Linek, Julie A.
Einstein/Montefiore Medical Center, NY
Lobur, David M.
University of Pittsburgh Medical Center Presbytarian Shadyside, PA
Low, Li Shien
Thomas Jefferson University Hospital, PA
Madaline, Theresa F.
Mt. Sinai Hospital, NY
Mahoney, Nicholas A.
University of Pittsburgh Medical Center Education Programs, PA
Matro, Rebecca A.
Thomas Jefferson University Hospital, PA
Matthews, Andrew T.
University of Massachusetts Medical School, MA
McIntyre, Peter Z.
National Naval Medical Center, MD
McLaughlin, Joseph F.
Thomas Jefferson University Hospital, PA
Mehta, Chirag P.
University of Chicago Medical Center, IL
Melville, Brian J.
New England Medical Center, MA
Mucci, Tania  
Mt. Sinai Medical Center, NY

Neuman, Jennifer I.  
Mt. Sinai Medical Center, NY

Raab, Claire M.  
Thomas Jefferson University Hospital, PA

Rana, Sameera  
Greenwich Hospital, CT

Ritch de Hererra, Thaddeus D.  
University of New Mexico School of Medicine, NM

Saksena, Rujuta S.  
UMDNJ-R.W. Johnson Medical Center-Piscataway, NJ

Shah, Tina R.  
Thomas Jefferson University Hospital, PA

Sher, Kathleen  
Oregon Health & Science University, OR

Singer, Esme F.  
Thomas Jefferson University Hospital, PA

Soinski, Rebecca E.  
Brown University, RI

Sunderlin, Elaine M.  
University of North Carolina Hospitals, NC

Sunny, Joseph K.  
St. Louis University School of Medicine, MO

Talarek, Chad G.  
University of Pittsburgh Medical Center Education Programs, PA

Toto, Erin L.  
Northwestern McGaw/NMH/VA, IL

Vemuri, Srinath S.  
Baylor College of Medicine-Houston, TX

Wilson, Melissa A.  
Hospital of the University of Pennsylvania, PA

Yu, David K.  
Temple University Hospital, PA

MEDICINE: PEDIATRICS

Roth, Howard L.  
Advocate Illinois Masonic Medical Center, IL

Saad, Jaime A.  
UMDNJ-R.W. Johnson Medical Center-Camden, NJ

Schwartz, Daniel P.  
UMDNJ-R.W. Johnson Medical Center-Camden, NJ

Schwenk, Eric S.  
Drexel University College of Medicine, PA

Vijayaraghavan, Swathi  
Thomas Jefferson University Hospital, PA

MEDICINE: PRIMARY

Rehman, Amanda R.  
Hospital of the University of Pennsylvania, PA

Neurology

Gardecki, Michelle K.  
Thomas Jefferson University Hospital, PA

Minen, Mia T.  
New York Presbyterian Hospital-Columbia Medical Center, NY

Ngo, Ly T.  
Thomas Jefferson University Hospital, PA

Schwartz, Daniel P.  
Einstein/Montefiore Medical Center, NY

Vijayaraghavan, Swathi  
Thomas Jefferson University Hospital, PA

Neurological Surgery

Snyder, Laura A.  
Barrow Neurological Institute, AZ

Obstetrics/Gynecology

Au, Angela K.  
Temple University, PA

Barmettler, Anne  
New York Presbyterian Hospital, NY

Orthopaedics

Axe, Jeremie M.  
New England Medical Center, MA

Baratz, Michael D.  
Massachusetts General Hospital/Harvard Combined, MA

Goldstein, Daniel T.  
Albert Einstein Medical Center, PA

Gray, Chancellor, F.  
Hospital of the University of Pennsylvania, PA

Haytmanek, Craig T.  
Duke University Medical Center, NC

Massey, Patrick A.  
Louisiana State University Health Services Center-Shreveport, LA

Norheim, Elizabeth  
Habor-UCLA Medical Center, CA
Osterman, Meredith N.
Thomas Jefferson University
Hospital, PA

Patel, Deepan N.
New York University School of
Medicine, NY

Schweitzer, Karl M.
Duke University Medical
Center, NC

OTOLARYNGOLOGY
Gordon, Eli
Thomas Jefferson University
Hospital, PA

Newbrough, Bryan S.
Thomas Jefferson University
Hospital, PA

PATHOLOGY
Davidson, Christian J.
Brigham & Women’s Hospital,
MA

Baptiste, Vanessa
North Shore-Long Island
Jewish Health System, NY

Czuchna, Tiffany L.
University of Arizona
Affiliated Hospitals, AZ

Johnson, Jaime B.
St. Christopher’s Hospital, PA

Kwon, Soo Hyun
St. Christopher’s Hospital, PA

Leyton, Aimee
University of Michigan
Hospitals-Ann Arbor, MI

Lockwood, Katie
Children’s Hospital of
Philadelphia, PA

Mahboubi, Mona
Children’s Hospital of
Philadelphia, PA

McMullen, Jamie L.
Children’s Hospital of
Philadelphia, PA

Milligan, Erin C.
St. Christopher’s Hospital, PA

Ruggiero, Gina M.
Thomas Jefferson University/
duPont Children’s Hospital, PA

PEDIATRIC/PSYCHIATRY
Wassenaar, Elizabeth S.
Cincinnati Children’s Hospital
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PSYCHIATRY
Ainslie, Eleanor R.
Hospital of the University of
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Canino, Michael J.
Thomas Jefferson University
Hospital, PA

Hornbaker, Michelle B.
Tripler Army Medical
Center, HI

Milburn, Christopher A.
Thomas Jefferson University
Hospital, PA

Previdi, Bianca M.
Hospital of the University of
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Slusher, Corinne
Wright-Patterson Air Force
Base, OH

RADIATION ONCOLOGY
Champ, Colin E.
Thomas Jefferson University
Hospital, PA

SURGERY
Bedway, Joseph J.
Orlando Regional
Healthcare, FL

Belin, Laurence J.
New York Presbyterian
Hospital-Weill Cornell Medical
Center, NY

Dempsey, Anthony F.
University of Louisville School
of Medicine, KY

Durkan, Brandice T.
Cedars-Sinai Medical
Center, CA

Guthrie, Evan L.
Christiana Care, DE

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Muhm, Leah L.
Kaiser Permanente-Southern
California Region, CA

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Roth, Howard L.
UMDNJ-R.W. Johnson
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Skrzypczak, Jan L.
Morristown Memorial
Hospital, NJ

Thornburg, Bartley G.
Thomas Jefferson University
Hospital, PA

Winter, Rebecca C.
Thomas Jefferson University
Hospital, PA

Wrigley, Clinton W.
Christiana Care, DE

RADIOLoGY:
DIAGNOSTIC
Berry, Gerard T.
Mercy Hospital-Pittsburgh, PA

Booty, Jordan O.
Ohio State University Medical
Center, OH

Bradbury, Nicholas C.
Mercy Catholic Medical
Center, PA

Chiang, David S.
UMDNJ-R.W. Johnson
Medical Center-Camden, NJ

Daignault, Cory P.
University of Minnesota
Medical School, MN

 Franck, Bryan
Christiana Care, DE

Grandfield, Kathryn L.
Rhode Island Hospital/Brown
University, RI

Rebecca C.
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Slusher, Corinne
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RADIOLoGY:
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Booty, Jordan O.
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Center, OH

Bradbury, Nicholas C.
Mercy Catholic Medical
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Franck, Bryan
Christiana Care, DE

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Rhode Island Hospital/Brown
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RESEARCH
Philip, Shaji M.
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SURGERY
Bedway, Joseph J.
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Hospital-Weill Cornell Medical
Center, NY

Dempsey, Anthony F.
University of Louisville School
of Medicine, KY

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Cedars-Sinai Medical
Center, CA

Guthrie, Evan L.
Christiana Care, DE
Henning, Justin R.  
New York University School of Medicine, NY

Kumar, Gajal  
Nassau University Medical Center, NY

Pineda, Danielle M.  
Thomas Jefferson University Hospital, PA

Relles, Daniel M.  
Thomas Jefferson University Hospital, PA

Rosenberger, Laura H.  
University of Virginia, VA

Seshadri, Deepthi  
University of Illinois-Chicago/Metro Group Hospitals, IL

Stein, Louis H.  
Yale-New Haven Hospital, CT

Terizzi, Joseph P.  
St. Vincent’s Hospital, NY

Walls, Jason D.  
Thomas Jefferson University Hospital, PA

Watt, John M.  
University of Arizona Affiliated Hospitals, AZ

**SURGERY: PRELIMINARY**

Ahn, Yvonne  
Harbor-UCLA Medical Center, CA

Goldhammer, Jordan E.  
Thomas Jefferson University Hospital, PA

Housock, Carrie A.  
Thomas Jefferson University Hospital, PA

Hsieh, Kuang-Chun  
University of California-San Francisco, CA

Mock, Stephen  
Mt. Sinai Medical Center, NY

Pagnani, Christopher J.  
University of Kentucky Medical Center, KY

Snyder, Laura A.  
St. Joseph’s Hospital, AZ

Sohn, Andrew M.  
Mercy Hospital-Pittsburgh, PA

Sterious, Steven N.  
Temple University, PA

Tan, Benedict C.  
University of Vermont-Fletcher Allen Health Care, VT

Thomer, Marguerite  
University of Rochester/Strong Memorial Hospital, NY

Yingling, Christopher T.  
Georgetown University, DC

**SURGERY: VASCULAR**

Meisner, Robert J.  
Stony Brook Teaching Hospitals, NY

Simone, Thomas A.  
Dartmouth-Hitchcock Medical Center, NH

**TRANSITIONAL**

Au, Angela K.  
Crozer-Chester Medical Center, PA

Barmettler, Anne  
Crozer-Chester Medical Center, PA

Bogner, Rachel A.  
Lehigh Valley Hospital, PA

Booty, Jordan O.  
Riverside Methodist Hospital, OH

Champ, Colin E.  
Crozer-Chester Medical Center, PA

Chan, Audrey A.  
Lemuel Shattuck Hospital, MA

Chiang, David S.  
Lehigh Valley Hospital, PA

Grandfield, Kathryn L.  
Christiana Care, DE

Hussain, Sadaf H.  
Albert Einstein Medical Center, PA

McGowan, Christina B.  
Albert Einstein Medical Center, PA

Neavyn, Lisa N.  
Crozer-Chester Medical Center, PA

Petruzzi, Nicholas J.  
Albert Einstein Medical Center, PA

Rubin, Benjamin L.  
Lehigh Valley Hospital, PA

Simpson, Holly C.  
Albert Einstein Medical Center, PA

Skrzypczak, Jan L.  
Lehigh Valley Hospital, PA

Thornburg, Bartley G.  
Albert Einstein Medical Center, PA

Whitten, Ira  
Newton-Wellesley Hospital, MA

Winter, Rebecca C.  
Lehigh Valley Hospital, PA

**UROLOGY**

Mock, Stephen  
Mt. Sinai Medical Center, NY

Sterious, Steven N.  
Temple University, PA

Thomer, Marguerite  
University of Rochester, NY

Yingling, Christopher T.  
Georgetown University, DC

**OTHER**

Kelly, James C.  
Residency Pending

Schrimsher, John P.  
Residency Pending

Tran, Tam X.  
Residency Deferred
Listed below are a few historical Jefferson sites, which still line the streets of Philadelphia. We invite you to explore Jefferson’s past and present and join us in understanding our heritage and its significance to Philadelphia and the world.

1729 Mount Vernon Street
Thomas Eakins House (A).

1025 Walnut Street
JMC College Building (B)
Location of the surgical research lab of John H. Gibbon Jr., MD’27.

810 Locust Street
Music Fund Hall (C)
Site of JMC commencements from 1839-1869.

1524 Walnut Street
S. Weir Mitchell (MD 1850)
House Home of the Father of American Neurology

19 South 22nd Street
Mütter Museum (D)
Thomas Dent Mütter administered the first anesthetic in Philadelphia for his removal of a tumor of the cheek. He was a professor of surgery at Jefferson from 1841–1856.

11th and Clinton Streets
Daniel Baugh Institute of Anatomy (E)
Formerly the Pennsylvania Dental College, this site was used by Jefferson students from 1911-1968. Baugh was a prominent Philadelphia businessman and served on Jefferson’s board of trustees.

4000 Woodland Avenue
Woodland Cemetery (F)
National historic landmark and burial site of James Aitken Meigs (MD 1851) for whom the Meigs Medical Association is named and James Hill Brinton (MD 1852), personal physician for Ulysses S. Grant.