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Haiti in Crisis
Jefferson Physicians Take Action
Many Americans reacted with puzzlement when Congress passed the “healthcare reform” in March: What happened to the promised cost controls?

The legislation included no black-and-white solutions, granted, but the problem of curbing escalating healthcare costs has no cookie-cutter answers. Instead, the legislation included hundreds of pages of pilot programs the government will organize to test methods to curb costs and increase quality. And it includes a mechanism to bypass the vitriolic partisanship of Washington and the persuasiveness of lobbyists to put proven methods into place.

Many of the pilots involve rewarding quality over quantity, holding hospitals and physicians accountable for their results and paying primary-care physicians to work with specialists and specialists to cooperate with each other to minimize unnecessary or conflicting care.

Almost universally, economists and healthcare professionals believe today’s fee-for-service system plays a major role in driving costs higher. One demonstration project under Medicare will test a “bundled-payment system,” which will provide a flat payment to cover all services needed by a patient heading for surgery. Another goes further, encouraging primary-care physicians, specialists, allied health professionals and hospitals to form “accountable care organizations” to take responsibility for all their patients’ needs, including prevention; the members will share in the savings they generate.

Accountable care organizations represent just one of several programs that will address the nation’s biggest threat – chronic conditions. Just 15 percent of Medicare patients – all suffering from multiple chronic conditions – account for 85 percent of the program’s costs. Several programs will focus on aggressive proactive care for patients with diabetes, asthma, heart conditions and depression through “patient-centered medical homes,” an area of expertise at Jefferson, where the Department of Family and Community Medicine has won the National Committee for Quality Assurance’s highest medical home ranking.

Many of these programs have already produced success in isolated cases. The Community Care of North Carolina – which provides care for state residents without significant insurance coverage – reports saving at least $160 million per year by using proactive care with patients suffering from chronic conditions. At the behest of the main insurer in town, physicians in Grand Junction, Colo., formed an accountable care organization years ago that eventually established a citywide system of electronic medical records; quality increased while costs plummeted. Halfway through a unique demonstration project in Pennsylvania, Independence Blue Cross increased payments significantly to patient-centered medical homes because of their success with diabetics and asthmatics.

Behind most of the successes lie large investments in information technology, profound culture changes in health care and revamped payment systems from insurance companies. What works in the homogeneous, relatively rural area covered by the model Geisinger Medical Center in Danville, Pa., might fail dramatically in the diverse and competitive environment of urban Philadelphia. The premise of the demonstration projects is to identify what works where and the resources – training and funds – that hospitals and healthcare professionals need for the transformations.

The Centers for Medicare and Medicaid Services and the new Independent Payment Advisory Board will drive the changes. The new law puts Medicare and Medicaid on a budget for the first time. If the federal insurance companies overspend, the healthcare professionals comprising the board have the power to institute reforms without congressional approval. Private insurance companies, if history serves as a guide, will quickly follow suit.

What will the practice of medicine look like a decade from now in the United States? With certainty we can say it will look different. Today, one-sixth of every dollar Americans earn goes to health care; any increase – and without change increase is inevitable – will bankrupt the country. Fortunately for physicians, the new law gives us a strong voice in determining our own future, and the future, if it embraces quality over quantity, holds benefits for physicians and patients alike.

Sincerely,

Robert L. Barchi, MD, PhD
President
Thomas Jefferson University
On cover: Second-year resident Loukas Koyonos, MD, and Javad Parvizi, MD, repair Haitian patient Wilner Pierre's femur.

Photo: Michael Bryant/Philadelphia Inquirer

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Managing Editor: Jana Moore
Design: JeffGraphics
Bulletin Committee
William V. Harrer, MD ’62 Chair
James Harrop, MD ’95
Cynthia Hill, MD ’87
Larry Kim, MD ’91
Phillip J. Marone, MD ’57, MS ’07
Joseph Sokolowski, MD ’62

Quarterly magazine published continuously since 1922
Address correspondence to:
Editor, Alumni Bulletin
Jefferson Medical College of Thomas Jefferson University
925 Chestnut Street, Suite 110
Philadelphia, PA 19107-4216
215-955-7920
Fax: 215-503-5084
www.jefferson.edu/jmc/alumni/bulletin.cfm
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The practice of medicine is in constant flux, with game-changing scientific discovery and shifting cultural attitudes making diagnostics and therapeutics of just a decade earlier seem quaint. At Jefferson, we infuse the same dynamism into the medical education enterprise itself.

As the medical school that pioneered clinical training at the patient's bedside, JMC has the impetus to stay at the forefront of medical education. We continually evaluate what we do and where we need to go, making changes large and small. This coming fall, we will initiate the first phase of a multi-year plan to reform our clinical curriculum, starting with changes that will instantly distinguish us among medical schools.

Starting with the Class of 2014, students will have the option to select among areas of concentration as part of a new "College within the College" track at JMC. Translational medicine and population health will be the first offerings, with more choices to follow in the years ahead. Through workshops and seminars laced throughout the four years, and buoyed by close relationships with faculty mentors, these students will gain insights and skills in cross-cutting domains that will enrich their clinical medicine training – and this without having to stay an additional year for a formal master's degree. The experience for each student will culminate in a capstone scholarly project. For example, in the case of population health, this could be tied to direct exposure to healthcare delivery in a third-world country or in an underserved area right in our backyard.

The second curriculum change addresses a quandary many fourth-year students face: declaring a specialty without having had any experience in the field that most interests them. Students now spend their entire third year in required clerkships, focusing on internal medicine, surgery, family medicine, pediatrics, psychiatry and obstetrics and gynecology. They are then asked to designate their chosen specialties for residency training early in the fourth year, often with key electives still down the road.

In July 2010, we will expand student choices of third-year "selectives" to include not only the surgical specialties but also new rotations in dermatology, geriatrics, rehabilitation medicine and radiation oncology. Starting in 2011, we will move four weeks of internal medicine into the fourth year, opening up a window of time for third-year students to do neurology. In years to come, we will look to expand the selective offerings. In addition, we are exploring the option of moving up the starting month for the clinical experience by shifting selected basic science topics into the clinical years.

Curriculum change represents but one facet of our striving for educational excellence. Coming from a different angle, we will establish this summer the Jefferson Medical College Academy of Distinguished Educators. The academy – comprising educators at the College who have received significant teaching awards – will allow us to honor a skill too often undervalued at medical schools, outstanding teaching. This community of scholars, constituting our "medical education brain trust," will implement professional development opportunities for other college faculty and will foster awareness and dialogue on campus regarding the latest trends in medical training.

Our focus on innovative education has distinguished Jefferson since the day George McClellan, MD, founded the college and set aside a series of rooms to receive patients in the school's first home, the old Tivoli Theater on Prune Street. Vigilance, imagination and a willingness to adapt will keep this tradition of innovation fresh in tune with advances in medical science and evolving societal norms.

Sincerely,

Mark L. Tykocinski, MD  
Anthony F. and Gertrude M. DePalma Dean  
Jefferson Medical College
As the medical school that pioneered clinical training at the patient’s bedside, JMC has the impetus to stay at the forefront of medical education.
Researchers Decode Powerful Tumor Suppressor

After a decade of study, Jefferson researchers have discovered how a powerful tumor suppressor called DACH1 works – a finding that explains why restoring its lost function in cancer cells pushes them to become normal again.

In the March 29 online early edition of the *Proceedings of the National Academy of Sciences*, the Kimmel Cancer Center researchers say DACH1 can shut down more than 1,500 genes – including some known to promote cancer – by binding to them. The absence of DACH1 leaves an empty “slot,” allowing a cancer-promoting protein, forkhead box, to slip in and activate the gene.

“While the study was conducted mainly in breast cancer cells, the beneficial function of DACH1 is missing in a wide variety of cancers, and restoring it might offer us a new clinical strategy for these cancers,” says Chenguang Wang, PhD, co-leader of the study and an assistant professor in the Department of Stem Cell Biology and Regenerative Medicine.

The study is remarkable not only because it describes the molecular function of DACH1 – a feat that took the research team 10 years to uncover – but because the scientists scanned the human genome to identify the genetic partners of DACH1, says study co-leader Richard Pestell, MD, PhD, director of the Kimmel Cancer Center and chairman of the Department of Cancer Biology.

Wang, Pestell and their laboratories previously discovered the DACH1 function was missing in human breast cancer as well as in prostate and endometrial cancers. They also showed that DACH1 represses tumor initiation and progression, and when DACH1 is put back into the cancer cell lines in animals, the cells revert to normal.

“When tumor cells begin to express this protein again, it not only reverses the cancer progression, but these cells begin to excrete molecules that stop surrounding tumor cells from growing as well,” Wang says. “It is really remarkable.”

In the new study, the scientists identified the DACH1 binding sequence and then used computers and lab work to identify 1,606 genes with matching sequences. “These genes are potentially regulated by DACH1,” Wang says.

More work established that DACH1 serves as a transcriptional “repressor,” meaning it inactivates genes when binding to them. Most tumor suppressors that scientists have identified activate genes instead.

The scientists also discovered that the DACH1 binding site resembles the binding site for FOXM1, a protein over-expressed in breast cancer. FOXM1 is a member of the FOX, or forkhead box, family of more than 100 transcription factors that regulate genes involved in cell growth and proliferation.

The absence of DACH1 gives forkhead proteins a berth, allowing them to latch on and activate the genes, the researchers say.

“If we can find a way to turn this protein back on in breast cancers, and potentially other cancer types, we may be able to reverse the cancer progression,” Wang says.

Co-authors of the study include researchers from the National Institutes of Health and Drexel University in Philadelphia. The work was financed by grants from the Susan Komen Breast Cancer Foundation, the National Institutes of Health and the Pennsylvania Department of Health.
Binding site on DNA for FOXM1, one of the transcription factors that activate genes to generate cancerous cells, initiating tumor growth.

Other transcription factors that regulate the production of proteins:

- ERα
- Cyclin D1
- Cyclin D1
- Cyclin D1

DACH1 increases tumor suppressors like p21CIP1

Nucleus

Amy Austin, MD’04 and Luke Austin, MD’04 with Riley

Get your Jefferson license plate today at www.jefferson.edu/license_plate or by calling 215-503-7709
Jefferson Physicians Respond to Haiti Earthquake
The first patient Deborah Witt, MD, examined after arriving in Haiti on Feb. 22 had been alive for mere hours. The baby’s mother had given birth alone at home and then elbowed through a crowd of hundreds in line to see Witt at a makeshift clinic.

“That my first patient was a healthy newborn set a tone of hope for the rest of the trip,” said Witt, assistant professor in Jefferson’s Department of Family and Community Medicine. “Through devastation, life goes on.”

The earthquake Jan. 12 destroyed the infrastructure necessary to respond to disaster, leveling hospitals and transportation facilities in and around Haitian capital Port-au-Prince and leaving millions without resources for health care. Jefferson physicians stepped in to help.

Witt has experience serving disadvantaged populations; three times a year, she travels with a faith-based nonprofit organization to Jamaica and runs free clinics in underserved communities. This winter, the group decided Haiti needed its services more urgently.

As the ministry’s medical director, Witt assembled a crew of medical personnel that included five others from Jefferson: two residents from the Department of Family and Community Medicine; two graduate students from the Jefferson School of Nursing; and a Jefferson nurse.

“We didn’t have any surgeons,” Witt said, “but those with major injuries are not the only ones who need medical attention. We went to provide general care.”

**Filling a Medical Void**
The team spent more than $400 in extra airline fees to cover hefty cases of medications, tools, tents, sleeping bags and even kitchen utensils. They settled in Croix-des-Bouquet, Haiti, home to more than 10,000 displaced citizens, and orchestrated a clinic in a dilapidated church. English-speaking Haitians served as translators. Anxious patients formed disorderly lines that wrapped completely around the building.

A few days later, the team set up additional clinics in two nearby cities and within a week had evaluated more than 700 patients with complaints ranging from upset stomach to rashes and chest pain to labor pains.

In addition to providing medical care, Witt and her group found the only open grocery store in the region and bought enough food to distribute to 200 families. They also supplied medication and money, much of it donated by churches and organizations in the United States, to Haitian families, orphanages and ministries.

“Nobody there is going to school. Nobody has a safe home or a job. Nobody has any income. It’s an emotional place to be,” Witt said. “But in the Haitian people I saw so much resilience and determination that it had a calming effect that just made me want to do more.” She hopes to coordinate another mission within six months.

**Providing Help at Jefferson**
Jefferson physicians have also provided care to earthquake survivors without leaving Philadelphia. Relief workers affiliated with a budding nonprofit, Doctors United for Haiti, called contacts throughout the United States seeking treatment for victims with the worst injuries. When the call for a spinal surgeon came in, Alexander Vaccaro, MD, PhD, answered.
Vaccaro, vice chairman of orthopaedic surgery and co-director of reconstructive spine services at Jefferson’s Rothman Institute, agreed to operate on Wilner Pierre, a 29-year-old who had been trapped under rubble for four hours. His broken back and badly fractured leg went untreated for more than two weeks and left him a paraplegic. The procedures he needed should have been performed immediately but were unavailable in Haiti; without them, he would die.

Doctors United for Haiti arranged a flight to Philadelphia. Vaccaro inserted titanium rods to straighten Pierre’s spine the day after he arrived. Javad Parvizi, MD, also of the Rothman Institute, and fellow Greg Gebauer, MD, repaired his cracked femur. After surgery, Jefferson’s trauma team treated him for infections, pneumonia and blood clots. Two weeks after surgery, Pierre was transferred to Magee Rehabilitation Hospital to work on regaining use of his legs.

Vaccaro has since accepted additional cases from Haiti, including a middle-aged man who suffered a dislocated cervical spine in a building collapse. After two operations by Vaccaro, he recovered fully. In May, Vaccaro treated a boy with a severe spinal deformity caused by advanced tuberculosis. The teen lost both his parents in the earthquake. Paralyzed from the waist down, the patient has begun walking on his own since his surgery, his condition fully corrected.

“Thomas Jefferson University Hospitals President Tom Lewis offered to cover expenses related to the care of Haitian patients, but the government granted them “humanitarian parole” – a policy allowing people otherwise inadmissible into the United States temporarily in cases of emergency. Humanitarian parole provides medical assistance and extends to one family member who can accompany the sick or injured. Many of these visitors have never accessed routine medical care – something Marc Altshuler, MD, wanted to change.

Extending Help to Families
Altshuler directs Jefferson’s Center for Refugee Health, a resident-staffed division of the Department of Family and Community Medicine that cares for refugees from all over the world. To ensure that family members accompanying injured Haitians remained healthy, Altshuler set up a special clinic for them – treating even those whose relatives were admitted at hospitals other than Jefferson. His team performed checkups and administered vaccinations and will serve as the primary care providers for Haitians in the Philadelphia area until they return home.

“The people at our clinic have been mostly healthy, but treating them is no less compelling than treating their injured children or spouses. The gratitude they show is incredibly moving,” Altshuler said. “They know that if they hadn’t gotten out of Haiti, their loved ones would have died.

“It doesn’t matter if someone is performing a lifesaving operation or giving a basic checkup. Everyone affected by the earthquake needs help, and, as doctors, that’s what we’re here for. To help people.”
It doesn’t matter if someone is performing a lifesaving operation or giving a basic checkup. Everyone affected by the earthquake needs help, and, as doctors, that’s what we’re here for. To help people.

– Marc Altshuler, MD
Student Blog: Exploring Health Care in Uganda
This winter, fourth-year JMC student Ellen Plumb traveled to Uganda through an elective that offers Jefferson students the chance to study abroad in one of dozens of programs. Plumb chose East Africa because as a teenager she traveled there extensively with her father; she also conducted research there as an undergraduate student at Boston University. Since the Uganda program began in 1992, 100 Jefferson students have visited.


**MONDAY, FEB. 8**
Arrived in Kampala, Uganda, late Saturday night. The drive in the darkness was an assault to the senses … dust and darkness punctuated by the lights of erratic taxis and the pulse of club music, the chaos of a Saturday night.

We are spending the first two weeks working at the Infectious Disease Institute (IDI) in Kampala and staying at the Makerere University Guest House with six other American medical students.

Today, our first day, we are almost immediately taken to the IDI clinic, where at least 80 patients are waiting on benches on each side of a long hallway. None of the patients is talking to each other – they all sit staring. It is a place of serious business.

**WEDNESDAY, FEB. 10**
We hop into van heading to Kawaala Health Center, an IDI clinic designed to improve access and tracking of antiretroviral therapy, or ART. Although research shows ART dramatically reduces death and suffering from HIV, questions about continued international aid for the program exist, and the Ministry of Health is refusing to distribute ART without a three-month supply of drugs. There are hundreds of patients waiting lists for free treatment.

I am slightly surprised to see at least 100 patients sitting on benches waiting for us to arrive. We set up space in a consultation room, a physician and I sitting on one side of a desk and the patients on the other. Our first patient is a 29-year-old woman in tears. She tells us her story – she lost her husband three months ago and was ostracized by his clan because of HIV. Her care was transferred to another part of the country, but she was having difficulty accessing her ART.

The physician looks at her with pity – there is not much he can do for her.

The clinic morning ends with a cold chapatti, a warm orange soda and a lot of questions about the feasibility of delivering ART in a clinic like Kawaala without a massive influx of foreign money.

**FRIDAY, FEB. 12**
Finish our first week at the IDI with an examination, truly my last medical school exam. The work is not as clinical as I had hoped, but I still think it has been a valuable week. For most of the week, we sat stuffed into a small examination room with four Ugandan medical students, learning the principles of ART. It was a crash course in antiretroviral drugs, side effects and management of side effects.

Yesterday, our instructor saw patients and taught us at the same time. The physician-patient interaction is very different here, and sometimes it is as if the patient were invisible.

After the exam today, the Ugandan medical students present cases from home visits with patients from the IDI clinic. I am quite impressed by the emphasis on the psycho-social and environmental determinants of health among HIV patients that are presented.

**MONDAY, FEB. 15**
Last Friday, we toured the wards of Mulago Hospital in Kampala. Mulago has more than 1,000 beds and is almost filled to capacity. You can see and smell death everywhere, and I wondered how patients emerge alive. I think that I found the gynecologic-oncology ward the most upsetting. Women, young and old, lying side by side – 90 percent of them dying of cervical cancer.
WEDNESDAY, FEB. 17
The pollution here is suffocating. I never remember there being so many people, so many cars, such bad smog in Kampala. What I do remember about Kampala from 15 years ago are all of the coffin shops that lined the roads – coffin shops that filled the needs of millions who were dying from AIDS. It was a much more sober city. Today, there is a chaotic, palpable energy.

THURSDAY, FEB. 18
Spending this morning in the Department of Family Medicine, interviewing a young family practice resident. It is refreshing and exciting to find that we speak the same language of medicine after a week with infectious disease physicians. There are 30 family medicine physicians in the country of Uganda – that is 30 family med docs for 30 million people. According to the resident I speak with, the “science” of family medicine is rooted in patient-centered and community-centered care with an emphasis on understanding how communities impact health. I am elated by his description of the science of family medicine and feel such a kinship with him as he describes his interest in qualitative, community-based research.

One of the things that really frustrate me is the global lack of recognition of the role of a family medicine physician in resource-poor settings.

THURSDAY, FEB. 25
The second part of my rotation is at the Rakai Health Sciences Program in Rakai, about 120 miles southwest of Kampala. Established in 1988, the Rakai program focuses on HIV/AIDS research and community services. We start by touring each department and learning about the many research studies, and then we travel to one of the local clinics where the project provides free ART. The clinic is quiet, with about 75 patients.

The morning starts with an education session about maternal-child transmission. We are then guided through the research paperwork that must be completed during each patient encounter – pages of paperwork that condense the life histories of these patients into a series of boxes and codes. It is a meticulous, impressive and I would argue somewhat dehumanizing process.

After lunch, we head out in the field with the education/community organizing team for a drama focused on the benefits of circumcision as a barrier to contracting HIV, voluntary HIV testing and ART. When we arrive, at least 100 villagers are gathered under a tree. Although we cannot understand a word of what is being said, the audience is captivated and engaged. The drama lasts for hours.

SUNDAY, MARCH 7
I feel I must write a brief goodbye post, but I will not try to process the ending of Uganda – not yet. I know that the meaning of the experience in Uganda will surface, revealing itself slowly and carefully.
Physicians Use Robotic System to Examine Patients from Afar

In the dead of night, a middle-aged man walks into a Philadelphia-area community hospital with classic stroke symptoms – numbness in his right arm, a loss of balance, confusion. In less than five minutes, one of the region’s top neuroscientists begins his evaluation and quickly orders the clot-busting drug tPA.

The rapid response spares the patient permanent damage.

Was the patient in the right place at the right time? Yes, but not because the local hospital had a top neuroscientist on duty. He was at the right place because the hospital is part of a network that allows Jefferson physicians to examine patients many miles away through a new robotic system.

Introduced this spring, Jefferson Expert Teleconsulting, or JET, involves robots that will be placed in more than two dozen community hospitals in Pennsylvania, Delaware and New Jersey. Through cameras and microphones attached to the robot and laptops operated by physicians from the Jefferson Hospital for Neuroscience, the patient and physician can talk as if they were in the same room. The patient sees the physician in the robot’s “face,” and the physician has the ability to focus on everything in the room down to a close-up of the patient’s pupils.

Logging in to JET takes about five minutes, less time than on-site physicians often need to get to a patient in person. Quick access to expertise is imperative because the effectiveness of the clot-busting medication tissue plasminogen activator, or tPA, wanes with time.

The American Stroke Association reports that 38 percent of eligible stroke patients fail to receive tPA within the critical timeframe – a figure Jefferson neuroscientists want to change.

“Many community hospitals want to provide high-end neurovascular care to stroke patients quickly and accurately,” said Pamela Kolb, vice president for neuroscience service at Jefferson. “JET puts a specialist at a patient’s bedside almost instantly, enabling most patients to remain in their own communities. The interaction is so personal that patients forget a robot is even in the room.”

Stroke is the third leading cause of death and the first cause of major disability in the United States, killing more than 137,000 people each year, according to the American Stroke Association. Physicians at JHN created the program, the Jefferson Neuroscience Network, as an effort to advance neurological care throughout the region. Jefferson provides the JET system to community hospitals without charge.

“JET serves as an educational program,” said Robert H. Rosenwasser, MD, chair of Jefferson’s Department of Neurological Surgery. “As a teaching center, JHN will use JET to share our clinical protocols with participating hospitals so that they can enhance stroke care within their communities.”

Eight JHN neuroscientists have been trained on the JET system by California-based InTouch Health, which manufactures the robots and provides technical support 24 hours a day. JHN has committed to placing 26 robots in Pennsylvania, New Jersey and Delaware.

“We hope to apply the system to other areas in the future; we see plenty of possible applications for time-critical diseases other than stroke,” Kolb said.
PENNSYLVANIA.—BODY-SNATCHING IN PHILADELPHIA—ARREST OF THE DEPREDATORS BY NEWSPAPERS.
Cries of rage outside the courthouse at 7th and Chestnut streets on Dec. 5, 1882, echoed for blocks as an irate mob waved razors and pistols in the air. Police held back the hordes as they rushed the building, demanding the execution of the four men facing charges inside.

Their crime? Stealing corpses from a local graveyard – reportedly for a professor at Jefferson Medical College.

The robbers implicated William S. Forbes, Jefferson’s chief of anatomy and a JMC alumnus, as the mastermind behind their operation. They claimed that Forbes had been paying them to steal and deliver bodies for more than three years. Authorities promptly detained him.

Forbes’ arrest jeopardized both his reputation and Jefferson’s. A prominent figure in the Jefferson community, Forbes was considered one of the most skilled anatomists and surgeons of his time. He devoted much of his career outside of the operating room to drafting bills giving scientists access to cadavers for dissection, but only after his arrest did he finally succeed in changing the ways medical schools obtained bodies.
SHORTAGE OF CADAVERS

Anatomy instruction became central to medical education in the early 1800s, and a shortage of cadavers left professors desperate. Religious beliefs kept people from willingly donating their bodies to science, and corpses of condemned murderers provided the only legal resource for human dissection.

By 1850, medical students were flocking to Philadelphia, which boasted four chartered medical schools and numerous private anatomy schools. More than 1,000 students needed cadavers in this city alone.

An anonymous tip on Dec. 4 led five news reporters and a private Pinkerton detective to intercept the four thieves late at night near South Philadelphia’s Lebanon Cemetery, where they had unearthed six bodies. Lebanon contained graves of African-American and low-income citizens, making the site an easy target with its absence of well-built coffins and security guards.

BODY-SNATCHING PROTESTS

Protesters rallied outside the school and swarmed Forbes following his release on bail. The protests came as no surprise – body snatching had caused furor throughout the United States for more than a century. As early as 1788, demonstrators held an anti-dissection rally in New York City, convinced that physicians and students were practicing on stolen bodies. In 1807, just before the founding of the University of Maryland School of Medicine, rioters destroyed a building where physicians taught anatomy. In 1824, a crowd pelted the Yale School of Medicine with rocks after a young woman’s body disappeared from a nearby grave. In 1852, when a woman’s body was found outside a medical clinic in Cleveland, her father led a mob in setting the clinic on fire.

Despite the anger of protesters in Philadelphia, many esteemed colleagues, friends and students testified on Forbes’ behalf and raised funds for his defense. Forbes admitted paying to receive corpses but insisted that he never questioned their source, saying he assumed his deliverymen had obtained them from a prison.

“It did not occur to me to inquire,” he said in an interview with the Philadelphia Press, then one of the city’s largest newspapers. He convinced jurors of his innocence, and they acquitted him.

The thieves had less luck with the legal system – all four received 10-year sentences.

After his release, Forbes set out to amend existing laws to give medical schools access to cadavers. He and his peers drafted a bill that required coroners to pass all unclaimed bodies to a board that would oversee distribution to medical institutions. The law passed in June 1883. While most schools today obtain bodies through willful donation programs, which became common in the early 20th century, anatomy students still use unclaimed bodies as well.

Forbes continued teaching anatomy and surgery at Jefferson until he died in 1905, less than a week after delivering his last lecture to students. Despite his 1882 arrest, Forbes is remembered primarily for his contributions to the field of anatomy and the legislation governing it.
A BODY-SNATCHING SENSATION IN PHILADELPHIA

The New York Times, Dec. 6, 1882

REFERENCES


A FUND FOR DR. FORBES

The Medical Profession Appealed to to Pay for His Trial.
The Philadelphia Press, Feb. 11, 1884

Keys to Jefferson Medical College used as evidence during the trial of the body snatchers. One was carrying them at the time of his arrest. (Courtesy of Thomas Jefferson University Archives)
Edouard Trabulsi, MD, considers minimizing stress for cancer patients his duty.

As director of the Genitourinary Multidisciplinary Cancer Center at the Kimmel Cancer Center, Trabulsi oversees an organization that allows patients with prostate, bladder, kidney or testicular cancer to consult with surgeons, radiation oncologists, radiologists, pathologists, medical oncologists, social workers and cancer nurses during a single visit—a rare convenience.

Trabulsi also serves as director of clinical trials in Jefferson’s Department of Urology as well as director of minimally invasive urologic oncology. His current research focuses on minimally invasive and robotic surgical procedures for patients with urologic cancers as well as improved diagnostics for prostate cancer detection.

The “luck of the match” brought Trabulsi to Jefferson for a surgical internship in 1995; he then completed residencies in general surgery and urology before leaving to pursue a fellowship in New York. He returned in 2004 when a position opened in Jefferson’s Department of Urology.

The author of nine book chapters, 31 manuscripts and close to 50 abstracts on urology and urologic oncology, Trabulsi travels nationally and internationally to speak. Last year, he presented at the Arab Health Congress 2nd Annual Middle East Urology Update in Dubai and the 21st Annual Saudi Urological Association Conference in Tabuk, Saudi Arabia.

Trabulsi recently shared his thoughts on Jefferson and his field.

Q: What drew you back to Jefferson?
A: I sincerely missed Jefferson after my residency and fellowship. The multidisciplinary focus of the Kimmel Cancer Center was a major draw. Cancer will be cured with a team approach, with experts in many disciplines contributing. The structure here is well-suited for professional development and academic growth; I learn something from colleagues outside of my field every day. My ability to rely on other specialists not only helps me, but it also helps my patients.

Q: How involved are you in teaching at Jefferson?
A: Very involved, though not necessarily in the classroom setting. For four years I co-directed the C.R. Bard Fellowship in Endourology and Minimally Invasive Urologic Oncology. I devote the majority of my time to direct patient care, and medical students, residents and fellows are right there beside me in the clinic and the operating room, so I am able to teach by example.
Q: What inspired you to choose urology?
A: I like the balance of surgery and continuing care. That’s a rarity in most surgical subspecialties; continuing care often falls to a non-surgeon. I enjoy seeing the same patients both inside and outside of the O.R. and forming a long-term relationship.

Q: Are there any current clinical trials you’re particularly excited about?
A: I’m working with primary investigator Ethan Halpern, MD, of the Jefferson Prostate Diagnostic Center – which I co-direct – on an NCI-funded phase III clinical trial aiming to improve prostate biopsy techniques by making biopsies more targeted. We’re investigating the use of contrast-enhanced ultrasound to visualize and target prostate areas with increased blood flow, which have shown increased likelihood of cancer. Diagnosing prostate cancer can be difficult, because standard methods can turn up false negatives, and screening studies can’t always determine a cancer’s exact location. Cancerous tissue often has more blood vessels than healthy tissue, and we think that we can target these areas of increased blood flow to diagnose cancer more accurately.

Q: What advances do you hope to see in your field over the next few years?
A: I hope to see a reduction in the urinary and sexual side effects that often result from prostate cancer treatment. These quality-of-life side effects are the biggest impediment to any of the common treatments for prostate cancer, be it surgery or radiotherapy.

Q: What has been your proudest achievement?
A: Professionally, I am most proud to lead the KCC’s Genitourinary Multidisciplinary Cancer Center. Traditionally, there is insufficient collaboration across disciplines in medicine – and sometimes even outright antagonism, especially when it comes to prostate cancer. The absence of competition among physicians here is not the case at every institution and benefits both patients and faculty members.

Personally, I am most proud to be a husband and father. I love my job but am just as passionate about going home to my wife, Karen, and my three sons, 6-year-old John and 17-month-old twins Marc and Michael. The only thing that could possibly make me as happy as they do would be the discovery of a cure for cancer.
Feldman Writes New Textbook
Arthur Feldman, MD, PhD, chair of Jefferson’s Department of Medicine, reviews the economic, demographic and cultural trends threatening academic medical centers and provides a framework for improvements in a new book, *Pursuing Excellence in Healthcare: Preserving America’s Academic Medical Centers*, published by Productivity Press.

“If academic medical centers are to fulfill their responsibilities to society, then they will need to restructure, because the current model is simply flawed,” Feldman said. “These changes are not going to be easy, but to continually ignore them puts the future of medical education, research and patient care at risk.”

Brody Receives Prestigious Grant
Jonathan Brody, PhD, assistant professor in the Department of Surgery, received a 2010 Pancreatic Cancer Action Network-American Association of Cancer Research Career Development Award. The two-year grant provides $200,000 for Brody’s study of a stress-response protein called Hu antigen R, which acts as a biomarker to determine whether a pancreatic cancer patient is likely to respond to treatment.

Gomella Appointed Journal Editor
Leonard Gomella, MD, chair of Jefferson’s Department of Urology and associate director for clinical affairs at the Kimmel Cancer Center, has been appointed editor-in-chief of *The Canadian Journal of Urology*. Gomella has significant editing experience: He has written or edited 54 editions of 17 books for medical students, residents and physicians and is editor-in-chief of the *Five-Minute Urology Consult* as well as laparoscopy section editor for *Glenn’s Urologic Surgery*. He also wrote *Recovering from Prostate Cancer*, the first book for the public dedicated to prostate cancer.

Pestell Honored by University of Melbourne
Richard G. Pestell, MD, PhD, director of the Kimmel Cancer Center, recently received the R. Douglas Wright Medallion and delivered the R. Douglas Wright Lecture at the University of Melbourne in Australia. The medallion is awarded for excellence in science, literature, economics or politics. In his talk, Pestell reviewed the two decades of work from his laboratory and outlined the history of the understanding of cancer.

Researchers Discover Weakness in Deadly Bacteria
Research at Jefferson has uncovered a strategy to protect humans against the deadly bacteria Francisella tularensis, which causes tularemia, also known as rabbit fever. The study, led by Emad Alnemri, PhD, a Thomas Eakins endowed professor in the Department of Biochemistry and Molecular Biology, and published online in *Nature Immunology*, pinpointed a single molecule, AIM2, that can sense the bacteria and elicit an immune response alerting the body to its presence. Found within specialized immune cells called macrophages, AIM2 also kills the infected macrophages to limit the spread of infection to other tissues.

Pituitary Hormone Blocks Aggressive Breast Cancer
Prolactin, a pituitary hormone that stimulates breast development and milk production, blocks an oncogene that makes breast cancer more aggressive, researchers from the Kimmel Cancer Center reported in *Cancer Research*.

Women with stories they want to tell about their years at Jefferson are encouraged to write the *Bulletin* editor, Jana Moore, at Jefferson Foundation; 925 Chestnut Street, Suite 110; Philadelphia, PA 19107; or at jana.moore@jefferson.edu.
differentiated breast cancer, which carries a grim prognosis. Prolactin's role in breast cancer is largely carried out by a protein pathway called Stat5. The findings may lead to better diagnostic tests and new treatments for breast cancer.

“We think that prolactin plays an important role in preventing aggressive breast cancers and that there is a connection between the loss of Stat5 and the increase of BCL6 in making breast cancer more aggressive,” Rui said.

Medical Frontiers

Jefferson Vascular Center Opens
Patients with vascular diseases and thrombotic disorders now have the convenience of getting diagnostic, surgical and clinical services at one location, the new Jefferson Vascular Center.

“This unification of surgery and medicine under one center will provide a much easier experience for our vascular patients,” said Geno Merli, MD, co-director of the center.

Rehabilitation Programs Accredited
The inpatient rehabilitation program and stroke specialty program of the Comprehensive Acute Rehabilitation Unit in Jefferson’s Department of Rehabilitation Medicine have received the highest level of accreditation available from the Commission on Accreditation of Rehabilitation Facilities International.

First Segal Professor
Before a standing-room-only crowd of relatives, friends and colleagues, Howard Weitz, MD ’78, director of cardiology (center), was invested as the first Bernard L. Segal Endowed Professor in Clinical Cardiology on April 13. A gift from Dr. Segal, who served as director of cardiology for a decade, and matching funds from the Thomas Eakins Fund financed the endowed professorship. The two men are pictured with University President Robert L. Barchi, MD, PhD.

New Facility Promotes Fitness
The Jefferson-Myrna Brind Center of Integrative Medicine has opened a fitness training center to offer a range of personalized programs to Jefferson patients and the general community. Services include one-on-one and group training sessions, sports massages and specialized classes, including yoga, Pilates and tai chi.
**ClassNotes**

'46  
**Harold Meyer** retired three years ago and is a volunteer at the Franklin Institute in Philadelphia, most recently working in the Body Worlds exhibit, where his knowledge of anatomy came in handy. He and his wife, Eleanor, live in Philadelphia.

'48  
**Clermont S. Powell** is clinical professor emeritus of pathology at the University of Washington School of Medicine, where he has been teaching on the volunteer faculty for more than 50 years. Powell lives in Seattle.

'50  
**William H. Winchell** has been retired for 20 years. He keeps busy with travel and medical conferences. He lives in Aptos, Calif.

'51  
**Andrew J. Barger** has been retired for 17 years. He and his wife live in Wheeling, W.Va.

'52  
**Robert A. Ebersole** and his wife spent a week this winter visiting in Florida with his classmate **John Grasse** and his wife in Orlando. Ebersole has been retired since 1996. He lives in Archbold, Ohio.

'53  
**Edward West** reports that he is still blessed with good health at the age of 84. He lives in State College, Pa., and continues to operate a general practice out of the home in which he was born.

'54  
**John M. Patterson** reports that his wife, Maxine, passed away on Jan. 4. Patterson lives in Pontotoc, Miss.

**Philip Woolcott Jr.** is retired after serving as professor of psychiatry at the University of Illinois Medical School, Chicago, for 25 years. He and his wife now live in northern Michigan.

**Alfred G. Scottololini** is still practicing medicine at least 20 hours per week at age 85. He believes they should call these years the “rusty years” instead of the “golden years.” Scottololini lives in Spokane, Wash.

'56  
**Stephen Kerr Williams** reports that his “Williams Maneuver,” an alternative to CPR, is close to being fully documented by the American Heart Association. In the Williams Maneuver, instead of pressing down hard on the sternum, you press on a spot about three to four inches to the left and eliminate mouth-to-mouth resuscitation. This squeezes a patient’s left ventricle to feed blood and oxygen to the brain. Williams lives in Lansdale, Pa.

'57  
**C. Theodore Rotz Jr.** is enjoying golf and retirement on the beach in Myrtle Beach, S.C.

'58  
**Marvin A. Rotman** is chair of the Department of Radiation Oncology at SUNY Downstate Medical Center in the New York City borough of Brooklyn. He lives in Kings Point, N.Y.

'59  
**James A. Lehman Jr.** has been volunteering as a surgeon in Chile for 12 years and was there during the major earthquake in February, which he reports was “a real adventure.” He made it home to Fairlawn, Ohio, safely.

'64  
**Lawrence Green** is medical director at the Crozer-Chester Medical Center’s School of Clinical Neurophysiology. He lives in Swarthmore, Pa.

**Leroy S. Clark** loves to golf but still works regular 10-hour days. He lives in Tarzana, Calif., and has seven grandchildren. Clark sends his best to all surviving members of the Class of 1964.

'66  
**Richard A. Ulrich** is still practicing ophthalmology four days a week. He and his wife, Angelia, live in Bonaire, Ga., and have four sons and nine grandchildren.

'67  
**Robert G. Mahan** practiced family medicine for 10 years, then worked in emergency medicine until June 2008, when he developed a slipped disk. He lives in Salisbury, N.C., and has 10-year-old twins.

'70  
**Sarah S. Long** is chief of infectious diseases at St. Christopher’s Hospital for Children. She lives in Gladwyne, Pa., and has five grandchildren.

**Richard L. Bernini** has spent 36 years practicing emergency medicine in the San Francisco Bay Area. He lives in Sonoma, Calif., and has two daughters and three grandchildren.

'72  
**Philip C. Hoffman** continues to practice hematology/oncology at the University of Chicago. He says teaching in the medical school is the highlight of his work.

**Robert E. Rinaldi** has retired from his obstetrics and gynecology practice in Boonton, N.J. He is enjoying a new medical endeavor in Naples, Fla., working at a weight-loss clinic. He and wife, Cindy, are enjoying their “new home in paradise.”

**Lawrence R. Schiller** is program director for the gastroenterology fellowship and chair of the institutional review board at Baylor University Medical Center in Dallas. He is a founding partner of Digestive Health Associates of Texas and serves as vice president of the American College of Gastroenterology. Schiller also works with the World Gastroenterology Organization. His greatest joy, though, is his 2-year-old granddaughter, Sasha.

'73  
**Philip S. B. Fuller** is board certified in pulmonary, critical care and sleep medicine and practices in Virginia. He serves as chief of medicine at Mary Washington Hospital and Stafford Hospital Center. He and wife Connie live in Fredericksburg, Va., and have three children and one grandchild.

'74  
**John J. Brooks Jr.** is chair of pathology at Pennsylvania Hospital in Philadelphia and enjoys being in Philadelphia and interacting with faculty in Jefferson’s Department of Pathology. He lives in Media, Pa.

**William J. Gibbons** is chair of the Department of Medicine at Holy Redeemer Hospital in Meadowbrook, Pa. He is excited about his daughter’s wedding in October. He lives in Southampton, Pa.

'85  
**Gary E. Fishbein** is in his sixth year as senior medical director at PharmaNet Development Group
JMC Plays Ball!

Dean Mark L. Tykocinski, MD, and Phillip J. Marone, MD ’57, MS ’07, associate dean for alumni relations and former team physician for the Phillies, hosted a spring training outing in Clearwater, Fla., for 60 alumni, friends and family March 13. A storm pounding the gulf coast just 24 hours earlier cleared for a perfect day, with the Phillies beating Minnesota 5-4. Herb Kean, MD, PG ’60, (pictured with his wife, Joyce, and the dean) threw out the first ball. Walter Conlan, MD ’92, and his wife, Kristin, also thoroughly enjoyed the day.

William J. West Jr. is celebrating the birth of his first granddaughter, Kensi, on Sept. 12. West lives in Carlisle, Pa.

David M. Johnson works as regional medical director for Premera Blue Cross in Washington State. He is co-founder and president of Vivacity, a subsidiary of Premera, encouraging employers to create and sustain a culture of worksite wellness. Johnson lives in Spokane, Wash.

Andrew Sirotnak was promoted to professor of pediatrics at the University of Colorado School of Medicine, where he also serves as interim section head and executive director of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. Sirotnak also was appointed to the American Board of Pediatrics, Child Abuse Pediatrics Sub-board for a six-year term. He lives in Denver.

Charles D. Tullius is hoping for a larger turnout for the next JMC reunion and wants to make classmates aware of the JMC Class of 1989 Facebook page. He practices anesthesiology in Pittsburgh, where he and his wife are raising two teenagers and two show dogs.

Catherine Florio Pipas is vice chair of community and family medicine at Dartmouth Medical School and is currently working on her master’s in public health at Dartmouth College. She lives in Lebanon, N.H., with her husband and two daughters.

Pamela T. Johnson (formerly Tecce) has relocated with her two children, ages 10 and 11, after “five cold years in Maine.” They now live in Baltimore, and she is on staff in the radiology department at Johns Hopkins.

Steven P. Woratyla is practicing vascular surgery in Lancaster, Pa. He and his wife, Elizabeth, live in Lititz, Pa., and have three sons. Woratyla would enjoy hearing from his JMC classmates.

Eileen R. Conti and her husband, Vincent J. Hoye, MD, still practice ophthalmology in New Jersey. They are happy to report that their daughter, Beth, is recovering from a stem cell transplant and want to thank their JMC friends for their love and support.

Walter Edwin Lewis is opening a private family medicine practice in his hometown of Media, Pa. He has been working for himself since 2000.

Joseph James Murphy III and his wife live in Glenside, Pa., with their three children, Kate, Anna and Joseph IV. Murphy practices obstetrics and gynecology at Abington Memorial Hospital.

Vicki H. Rapaport is practicing dermatology in Beverly Hills, Calif., and is still married to classmate Matt Torrington, who is practicing addiction medicine. They live in Culver City, Calif.

Elizabeth Godfrey completed a residency at St. Christopher’s Hospital for Children and is now in private practice at Meadowbrook Pediatrics. She is mother to three daughters, a 5-year-old and twin 3-year-olds. She, her husband and the girls live in Philadelphia.
Christine and Jonathan Stallkamp welcomed their second son, Jameson Barrett Stallkamp, a year ago. Jonathan is director of academic hospitalists at Lankenau Hospital, and Christine is in private practice in family medicine in Narberth, Pa. They live in Wynnewood, Pa.

'Daniel DeJoseph III has joined the clinical faculty at the Greater Lawrence Family Health Center in Lawrence, Mass.

'Meghan Frances Raleigh will complete her residency in family medicine at DeWitt in June and is headed to Fort Carson, Colo.

'Post Graduate
Marion L. Brown, '82, has been active in the field of global medicine since retiring from private practice eight years ago. Brown has helped to train medical students, nurses and physicians in Africa and Haiti to help reduce rates of maternal mortality.

'Queen of Hearts
Irving S. Danesh, '86, is starting his second season as associate producer/medical consultant for the USA Network's production of "Royal Pains," a program about a physician to the rich and famous. He also is associate director of emergency medicine at Lawrence General Hospital in Lawrence, Mass. He lives in Marblehead, Mass.

'Masahito Jimbo, '96, is an associate professor of family medicine and urology at the University of Michigan. Jimbo lives in Ann Arbor, Mich. His son, Masaya, is finishing his second year in the combined MD/PhD program at JMC.

'Ric A. Bradford, '99, focuses on emergency radiology and musculoskeletal, body and neurological MRI imaging. He is developing a collection of 15th- to 18th-century Spanish pottery and lives in Houston.

George Valko, MD ‘86: Alumni Association’s New President

The pull of Jefferson proved too strong for George Valko, MD ‘86. Valko grew up in Dunlo, a rural southwestern Pennsylvania farming town of just 160 residents today. The family doctor made house calls, and Valko keenly remembers the visits. “I always enjoyed how the doctor made me feel,” he said. “I wanted to make others feel like that.”

He intended to get his degree at Jefferson Medical College, serve his residency in family medicine and then return to his small hometown outside Johnstown. Instead, he discovered he enjoyed teaching at an academic medical center and collaborating with the “dynamic group” of physicians in the Department of Family Medicine led by chair Paul Brucker, MD. “I was lucky to be asked to stay.”

Valko — the Gustave and Valla Amsterdam Professor of Family and Community Medicine, vice chair for clinical programs in the Department of Family and Community Medicine and medical director of Jefferson Family Medicine Associates — is a “lifer,” a physician who arrives at Jefferson to earn a medical degree and never leaves. He brings institutional knowledge, respect for tradition and excitement about Jefferson’s future to his newest position, president of the Jefferson Medical College Alumni Association.

Valko plans to spend much of his two-year tenure reaching out to the vast middle ground of alumni who remain only moderately engaged with Jefferson. Fundraising also plays a role in his plans.

Noting that foundations and rating organizations pay close attention to alumni contributions, Valko said he hopes to increase the number of Jefferson graduates giving annually. About 20 percent contribute to the annual fund, double the average for medical schools but far below the percentages reported by the nation’s highest-rated colleges.

With experience in all areas of Jefferson, Valko said he knows the advantages of helping the university prosper. He cited the College’s foresight 40 years ago when it become one of the first to embrace family medicine, recruiting Brucker and giving him resources to develop the department. The support appears prophetic today as healthcare reform promises to place increasing demands on the field.

The department has solidified its reputation under Valko and chair Richard C. Wender, MD. Eight years ago, Jefferson Family Medicine Associates became one of the first academic medical clinics in the country to adopt a scheduling system that gives patients appointments within 24 hours of calling. Valko played a pivotal role in the complex transformation from paper to electronic records throughout Jefferson’s clinic system. He also has made Jefferson Family Medicine Associates an academic leader in the “patient-centered medical home” movement.

“I feel very privileged to have helped build this department within Jefferson,” he said. “I’m very proud to be able to say that I’m a doctor at a world-class institution.”
Charitable Gift
ANNUITY PROGRAM

At Jefferson a charitable gift annuity can provide you with payments for life, while supporting the mission of Thomas Jefferson University and Hospitals. The income from a charitable gift annuity is fixed at the time of the gift, and will not vary over your lifetime. With the volatility of the economy and interest rates, this type of gift assures you of an annual income that will not change.

Jefferson Foundation recommends that you consult with your financial adviser on the best way to take advantage of this giving opportunity.

For more information, please contact Jennifer Welsh at the Jefferson Foundation at 1-877-JEFF-GIFT (toll free) or 215-955-9446 (local).
In Memoriam

Edward Gipstein died Jan. 9 in New London, Conn., at Lawrence & Memorial Hospital, where he practiced cardiology and internal medicine for more than 50 years. After graduating from JMC, he studied the emerging field of cardiology in London and Paris and then returned home to New London. He served in several leadership roles at Lawrence & Memorial, including chair of cardiology, chief of medicine and chief of staff. He is survived by his wife of 62 years, Fuzzy; two sons; and two grandchildren.

Joseph F. Ziemba died at home in Santa Maria, Calif., March 22. Ziemba practiced anesthesiology in Wilkes-Barre, Pa., before moving to Santa Maria, Calif., for a position at Our Lady of Perpetual Help Hospital, where he served as chief of medical staff for two years. He joined the staff at Marian Medical Center in 1965 and stayed until his retirement in 1992. He was a member of the Marian Medical Center Foundation Board and in 2006 was given the Distinguished Service Award by Marian Medical Center. He was preceded in death by his wife, Marjorie, and a son, Bobby. He is survived by five children, 35 grandchildren and six great-grandchildren.

David G. Simons died at home in Covington, Ga., April 5. Simons enjoyed a career as a clinical professor in the rehabilitation medicine department of Emory University and as a physician at Dekalb Medical Center in Decatur, Ga.

Denis A. “Scotty” Boyle, 89, died of a heart attack at home in Devon March 23. Boyle's family immigrated to the United States from Scotland when he was 8 years old. During World War II, he served in the U.S. Army and returned to the military after his internship. After his discharge, he joined the staff of Mercy Fitzgerald Hospital in Darby and opened a family practice in Havertown. In the early 1960s, he completed residencies in physical medicine and rehabilitation and eventually established a practice in the specialty in Upper Darby. In the 1970s, Dr. Boyle was head of physical medicine and rehabilitation at Mercy Fitzgerald Hospital. From the 1960s until he retired, he was medical director of Villanova University Campus Health Services.

After an accident in 1995, doctors told Boyle that his injuries were so severe he would never make it to rehab. Boyle proved them wrong. He spent a year in therapy at Magee Rehabilitation Hospital, where he was on staff, and regained the use of his arms. He could no longer practice medicine, but he participated fully in the lives of his 12 children and many grandchildren. Boyle's wife of 57 years, Barbara, died in 2004. He is survived by seven daughters, five sons, 35 grandchildren and six great-grandchildren.

Stanley Edward Zeeman, 86, of Longboat Key, Fla., died Feb. 10. Formerly of Allentown, Pa., Zeeman served as a captain in the U.S. Army Medical Corps. He founded Cardiovascular Associates Inc. in Allentown in 1963 and established the first cardiac catheterization unit in the Lehigh Valley. He also developed the first paramedic cardiac response team for emergency medical technicians in the area. Zeeman served as chief of cardiology at Allentown Hospital and Lehigh Valley Hospital Center from 1974 to 1980 and as president of the medical staff of Lehigh Valley Hospital Center from 1980 to 1982. Zeeman is survived by his wife, Bonnie, and five daughters.

Elmer E. Mears Jr., Feb. 7 at his home in Key Colony Beach, Fla. A longtime resident of Levittown, Pa., and one of the first family physicians in that community, Mears made house calls carrying his black bag and wearing a bowtie. He was past president of the Lower Bucks Medical Society and team doctor for the Pennsbury High School football team. He is survived by his wife of 62 years, Betty, three daughters, seven grandchildren and a great-granddaughter.

Sheldon G. Gilgore, 77, died of pancreatic cancer at home in Naples, Fla., Feb. 12. A leader in the pharmaceutical industry and champion for patients’ rights and product integrity, Gilgore was one of very few industry leaders trained as a physician. As president of Pfizer Pharmaceuticals from 1971 to 1986, he oversaw a period of growth and innovation. He became chairman, president and CEO of G.D. Searle in 1986 and remained with the company until his retirement in 1995. An art enthusiast, Gilgore assembled an art collection with his wife of 53 years, Irma. Housed in a private museum, the Gilgore Collection is widely viewed as the most important collection of 19th-century Italian painting and sculpture outside of Italy. Gilgore served as a board member for JMC, where he was honored with the annual Distinguished Alumni Award in 1986. Gilgore was a past chairman of PHARMA (the pharmaceutical industry trade organization formerly known as PMA) and of Applied Microbiology. In addition to his wife, he is survived by three sons, Lance, Laurence and Lloyd.

Richard H. Keates, 77, of Philadelphia, died Jan. 26 of an embolism at Thomas Jefferson University Hospital. Keates completed residencies at the Manhattan Eye and Ear Hospital and Harvard Medical School. He was awarded fellowships to study corneal surgery in London and New York and became a pioneer in developing laser techniques for cataract surgery. Keates served on the faculty of Ohio State University Medical Center for 24 years. While there, he developed a laser for cataract surgery. After retiring from Ohio State in 1990, he became chairman of the ophthalmology department at the University of California Medical School. In 1996, he moved back to Bucks County to be near family, and for a decade he commuted to New York to serve as professor of ophthalmology at New York University.

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James H. Corwin II, 81, of Neptune Beach, Fla., died of complications of Alzheimer’s disease at the McGraw Center of Caring of Community Hospice of Northeast Florida Feb. 18. A surgeon and former chair of the Duval County School Board, Corwin founded the Duval Public Education Foundation, which raised funds for student activities. He completed residencies in surgery and orthopaedic surgery in Pittsburgh and in the Panama Canal Zone and joined his father in private surgery practice in Washington, Fla. He moved to Jacksonville, Fla., and opened a private practice in general surgery in 1965. He was a pioneer in fiberoptic gastrointestinal endoscopic surgery. Corwin served as chief of staff and board member at Beaches Public Hospital from 1969 to 1973. He also served as chief of general surgery at Memorial Hospital and was on the attending staff at St. Luke’s Hospital in Jacksonville.

Corwin was predeceased by three sons. He is survived by his wife, Jean; two children; and four grandchildren.

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...
Jefferson’s International Programs

Jefferson collaborates with institutions worldwide to give students and faculty experience unavailable at other academic medical centers. The University also welcomes professionals and students from around the globe to work, study and research on our campus. Most student trips are supported by Foerderer Grants for International Study, which cover up to 70 percent of the estimated costs. Figures from the Office of International Affairs:

- Foerderer awards issued in 1997–1998 academic year: 26
- Awards issued in 2009-2010 academic year: 37
- Awards issued since 1997: 368
- Total value of awards issued: $460,390
- Average award for 2009–2010: $1,114
- Length of international health electives: 10 days to eight weeks
- Foerderer recipients who have visited Uganda: 35
- International students who entered JMC this academic year: 12
- International scholars and researchers at Jefferson in fiscal year 2009: 556
HIGHLIGHTS THIS YEAR:
- Alumni reception and dinner at the National Constitution Center, America’s most interactive history museum
- “Taste of Philadelphia” luncheon hosted by Jefferson’s dean, Mark L. Tykocinski, MD
- Reunion class dinners at the Doubletree Hotel
- Discounted overnight hotel rates at three area locations:
  - Doubletree Hotel 215-893-1600
  - Union League 215-563-6500
  - Holiday Inn Express 215-735-9300
- 7th Annual Alumni Weekend CME Symposium Friday, Oct. 8. For more information please call 1-888-JEFF-CME

For information, call
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