

Summer 1990

Jefferson Alumni Bulletin – Volume XXXIX, Number 4, Summer 1990

Let us know how access to this document benefits you

Follow this and additional works at: http://jdc.jefferson.edu/alumni_bulletin

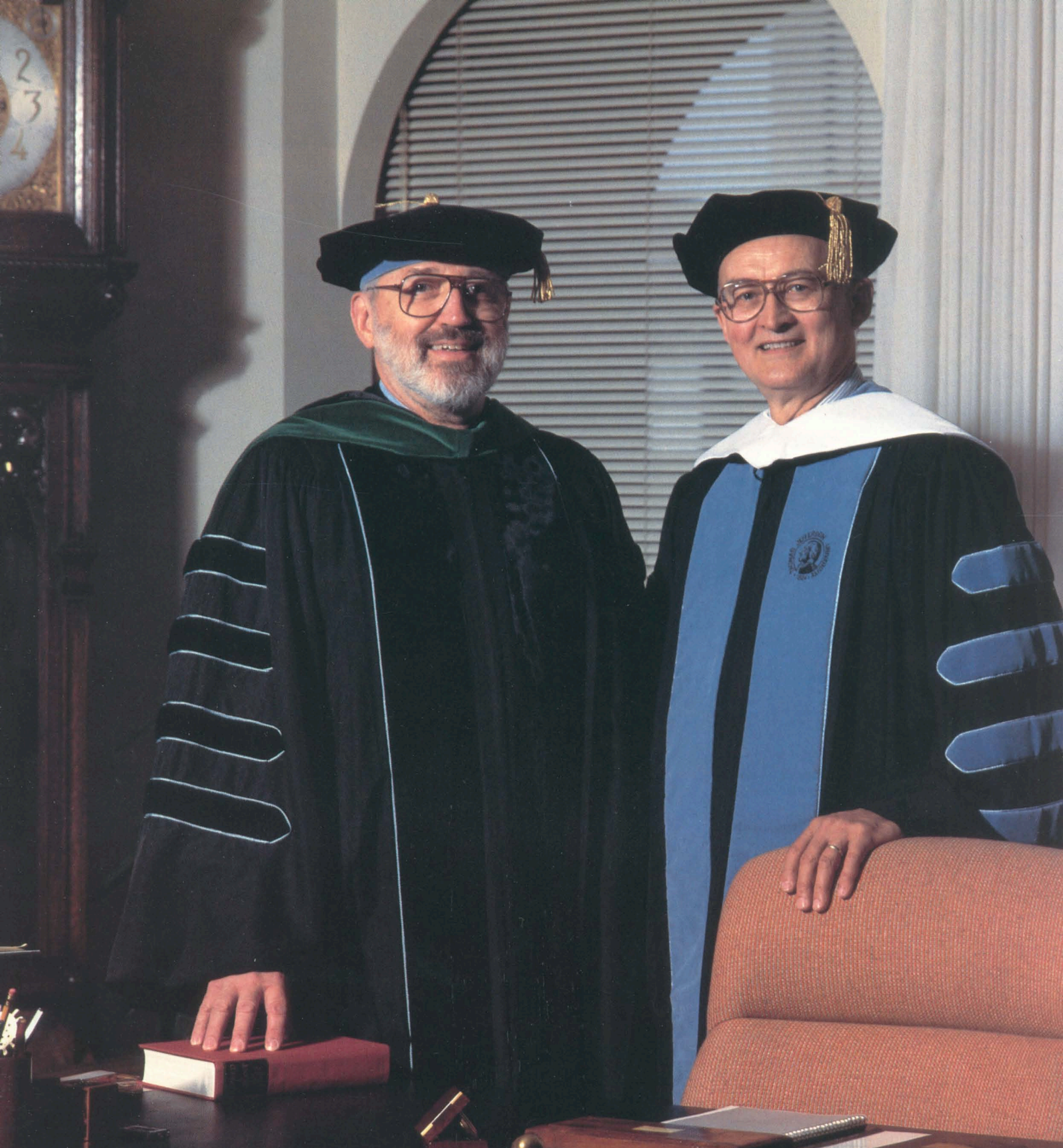
 Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

"Jefferson Alumni Bulletin – Volume XXXIX, Number 4, Summer 1990" (1990). *Jefferson Medical College Alumni Bulletin*. Paper 213.

http://jdc.jefferson.edu/alumni_bulletin/213

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *Jefferson Medical College Alumni Bulletin* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.



Jefferson

MEDICAL COLLEGE
ALUMNI BULLETIN

Summer 1990

Calendar

September 27, Thursday

Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

October 3, Wednesday

Dinner and Meeting for Class Agents and Reunion Chairpersons

October 9, Tuesday

5:30 P.M., in Dallas
alumni reception at the meeting of the
American Academy of Family Physicians
Loews Anatol Hotel

6:00 P.M., in San Francisco
alumni reception at the meeting of the
American College of Surgeons
Mark Hopkins Hotel

October 20, Saturday, 6:00 P.M., in Las Vegas
alumni reception at the meeting of the
American Society of Anesthesiologists
Courtyard Marriott Hotel

October 25, Thursday

Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

October 26, Friday, 7:00 P.M.

President's Club Dinner
Ballroom, Hotel Atop the Bellevue

October 30, Tuesday, 6:00 P.M., in Atlanta
alumni reception at the meeting of the
American Academy of Ophthalmology
Ritz-Carlton Hotel

November 27, Tuesday, 5:00 P.M., in Chicago
alumni reception at the meeting of the
Radiological Society of North America
Fairmont Hotel

November 29, Thursday

Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

December 3, Monday, 6:00 P.M., in Atlanta
alumni reception at the meeting of the
American Academy of Dermatology
Hilton Hotel

January 24, 1991, Thursday

Reception for Freshmen, sponsored by the Alumni Association,
in the Eakins Lounge
Alumni Association Executive Committee meeting

February 28, Thursday

Alumni Association Annual Business Meeting

March 15, Friday

Parents' Day, sponsored by the Alumni Association

March 28, Thursday

Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

April 25, Thursday

Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

May 23, Thursday

Alumni Association Executive Committee
cocktails at 5:15 and dinner at 6:15, Faculty Club
meeting at 7:30, Room 139, Alumni Hall

June 6, Thursday

Senior Class Party, sponsored by the Alumni Association

June 7, Friday

Alumni Banquet

June 8, Saturday

Women's Breakfast
Reunion Clinic Presentations
Dean's Luncheon
Tours
Reunion Class Parties

June 9, Sunday

Farewell Brunch

Jefferson

MEDICAL COLLEGE ALUMNI BULLETIN

Volume XXXIX, Number 4 Summer 1990



Don Walker

p. 2



Don Walker

5



27

Dermatology: New Diseases, New Cures 8

by Herbert A. Luscombe, M.D. '40

Treatment and Prevention in the National Fight Against Drugs 10

by Herbert D. Kleber, M.D. '60

Frontiers in Thoracic Surgery 14

by John C. Wain, M.D. '80

Three Portraits are Presented 17-19

Added Perspectives on Dermatology 20

Editor

Mary B. Monteith

Associate Editor

Cynthia J. T. Clendenin

Publication

Committee

Stanton N. Smullens, M.D. '61,
Chairman

John J. Gartland, M.D. S'44

William V. Harrer, M.D. '62

Fred D. Lublin, M.D. '72

Bernard J. Miller, M.D. '43

Marianne T. Ritchie, M.D. '80

J. Woodrow Savacool, M.D. '38

Joseph L. Seltzer, M.D. '71

Credit:

Editorial Assistance and

Design by Malcolm Clendenin

On the front cover:

President of the Alumni Association

James E. Clark, M.D. '52 with

Lewis W. Bluemle, M.D., who

retired in June as President of

Thomas Jefferson University

Photograph by Don Walker

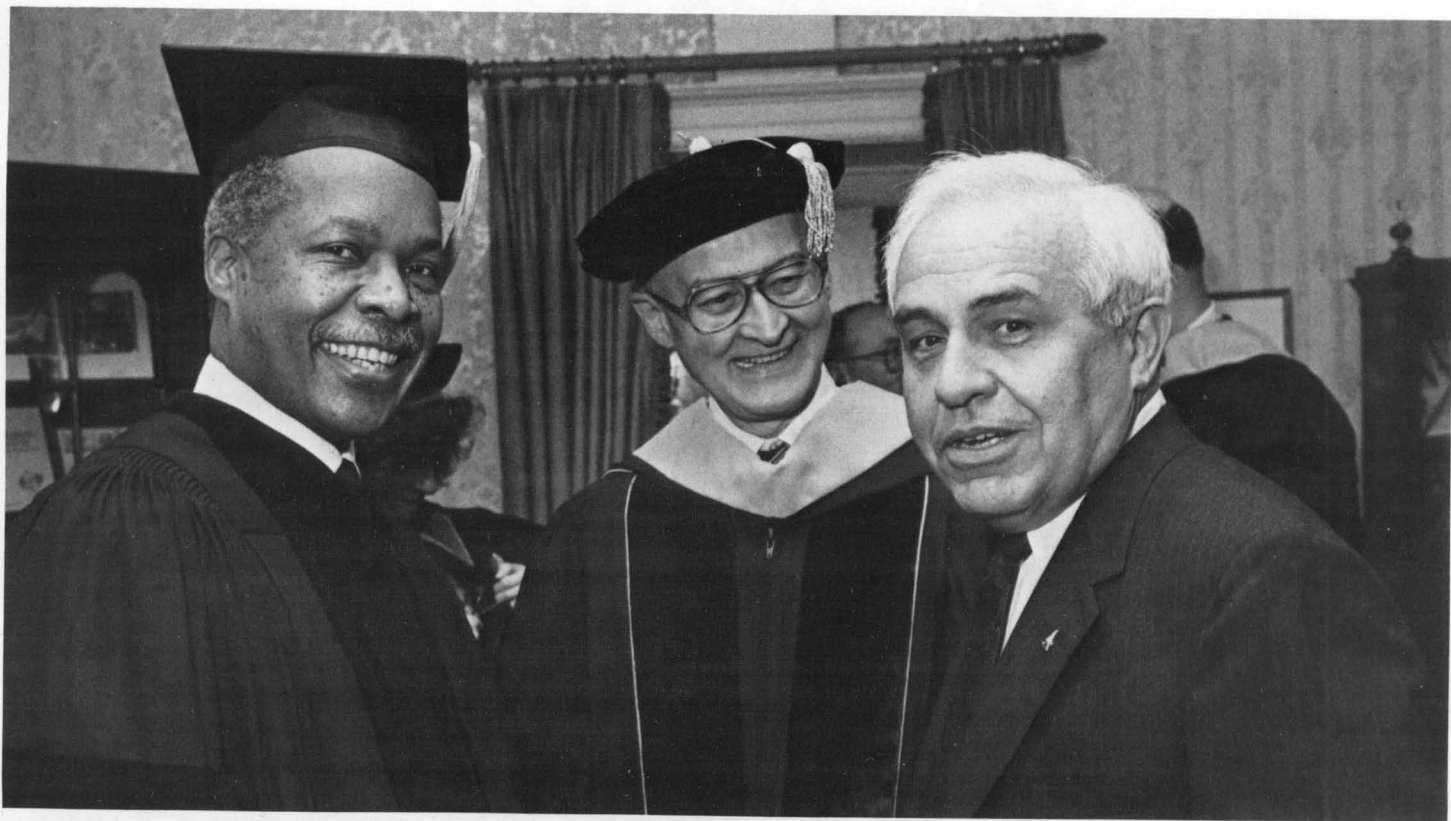
On the back cover:

the founder and first President

of the Alumni Association in a

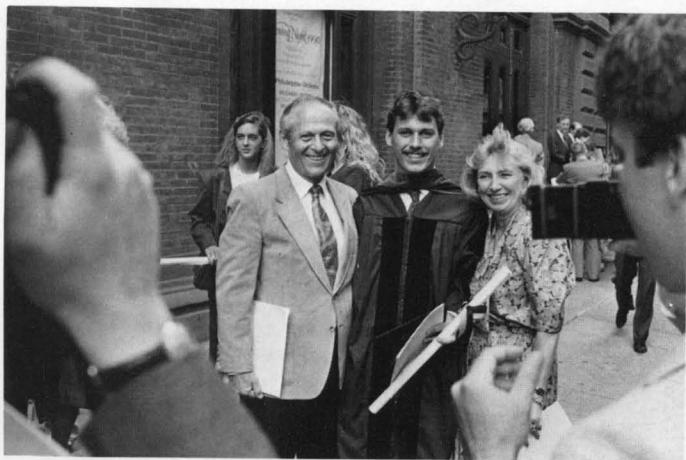
new poster of the portrait by Eakins.

See the inside back cover



Louis W. Sullivan, M.D., United States Secretary of Health and Human Services, who was awarded an honorary degree of Doctor of Humane Letters, with retiring University President Lewis W. Bluemle, Jr., M.D. and incoming President Paul C. Brucker, M.D.

166th



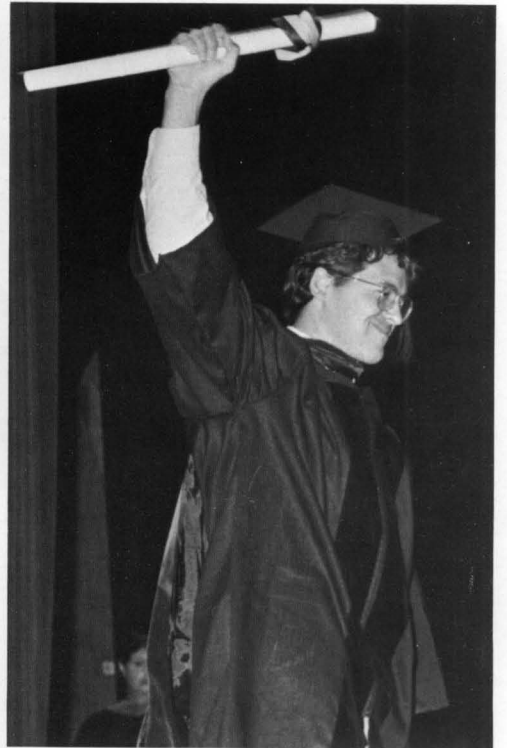
Dr. and Mrs. Marvin Dannenberg, '54 with Michael J. Dannenberg, '90

Frances P. Ada, '90 and family





The Most Reverend Anthony J. Bevilacqua, Archbishop of Philadelphia, who delivered the Invocation and Benediction, talks with John H. Hodges, '39.



COMMENCEMENT

Photographs by Don Walker





CLASS DAY

Niti Goel was awarded the Alumni Prize for the highest cumulative record in the graduating class.



Eric L. Hume, M.D., Assistant Professor of Orthopaedic Surgery, who did his residency at Jefferson in 1978-83, received the Lindback Award for Distinguished Teaching in the Clinical Sciences.

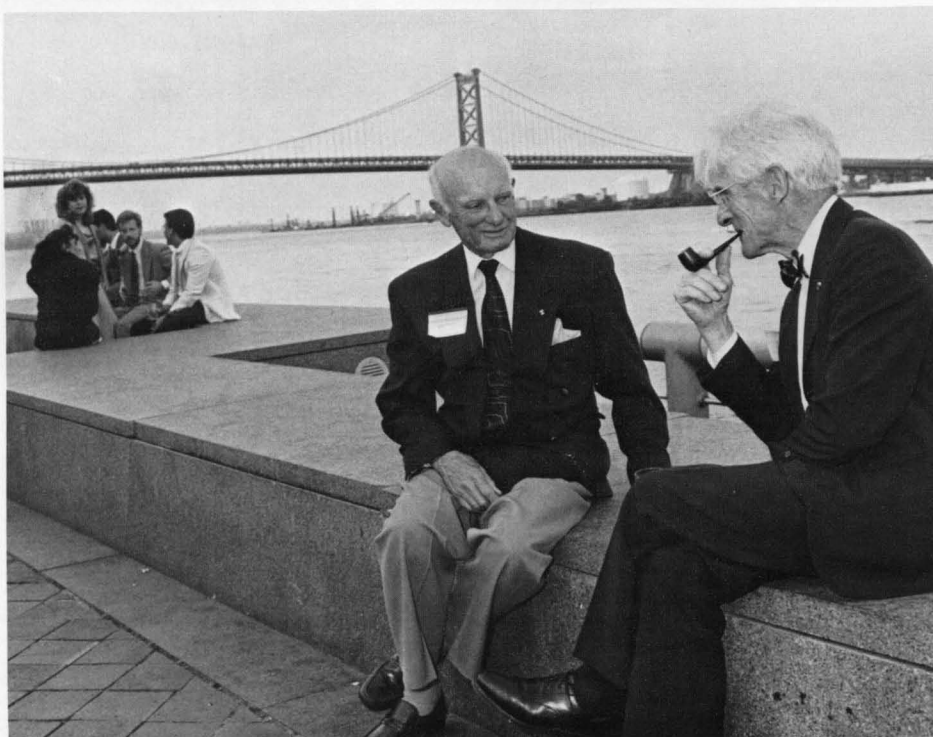
Photographs by Don Walker



SENIOR CLASS PARTY

sponsored by the Alumni Association

*Dr. and Mrs. Benjamin P. Houser, '34,
Angela G. Houser, '90, and
Dr. and Mrs. Ben P. Houser, Jr., '63*



*Thomas B. Mervine, '40 and
William H. Baltzell, '46
enjoy the vista at the
Port of History Museum.*

*Dr. and Mrs. Ben Kline, '55 with
Benjamin M. Kline, Class of '93
and Michael A. Kline, '90*





James E. Clark, '52 with Dr. Hodges



Dr. Wagner and his wife, Jean

Achievement Awards to Drs. Hodges and Wagner

Two Alumni Achievement Awards were presented at this year's Alumni Banquet on June 8 at the Hotel Atop the Bellevue. They went to John H. Hodges, '39, University Trustee Emeritus and The Ludwig A. Kind Professor Emeritus of Medicine, and Frederick B. Wagner, Jr., '41, The Grace Revere Osler Professor Emeritus of Surgery and University Historian.

Dr. Hodges, following residency at Jefferson and a Ross V. Patterson Fellowship in Medicine, became the Mary Markle Foundation Fellow in Tropical Medicine. He joined the faculty in 1944

and in 1964 was named to the Kind Professorship. Director of the Division of General Medicine, he was an Associate Member of the Cardeza Foundation for Hematologic Research.

Two editions of the *Clinic* were dedicated to Dr. Hodges, and he received the Lindback Award for Distinguished Teaching in 1966. President of the Alumni Association in 1972, he was presented last September with the Dean's Medal.

Dr. Wagner, like Dr. Hodges, completed a Patterson Fellowship here in 1946, and has spent his entire academic career at Jefferson. Dr. Wagner was Act-

ing Chairman of the Department of Surgery in 1977-78. Presently, as an Alumni Trustee, he serves with Dr. Hodges on Jefferson's Board.

Upon retiring from surgery, Dr. Wagner took up the post of University Historian, completing his book *Thomas Jefferson University: Tradition and Heritage* in 1989 (see the review on page 23 of this issue). A companion volume, the *Historical Supplement and Alumni Directory*, is due out within a year. Dr. Wagner contributes frequent articles on Jefferson history to the *Alumni Bulletin*. □

The alumni presented a gift of travel to Lewis W. Bluemle, Jr., M.D., retiring University President, and his wife, Dee.



At the Banquet, Randolph V. Seligman, '40 and his wife, Eleanor, were reunited with his former obstetrics patient, Cynthia J. T. Clendenin, Associate Editor of the Alumni Bulletin, and her son Malcolm, also a contributor.



At the Women's Breakfast on Saturday morning, Sheila Moriber Katz, M.D., Professor of Pathology and Laboratory Medicine and University Dean for Academic Coordination at Hahnemann University, spoke on "The Woman Physician-Executive: A Strategic Analysis."

Photographs by Don Walker

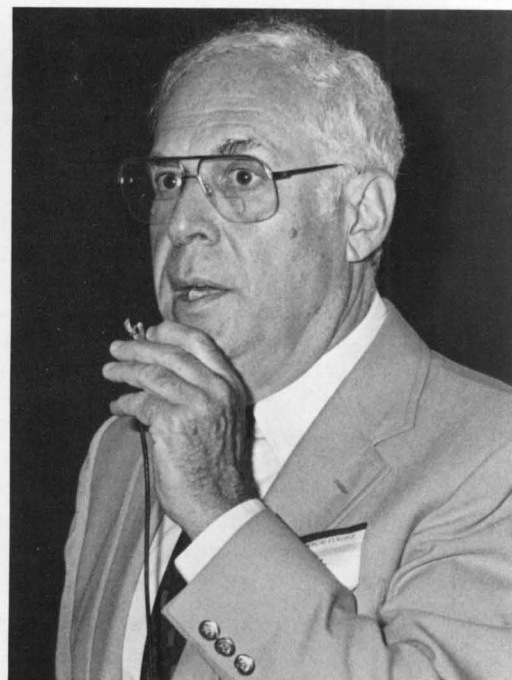


Mary B. Monteith, Executive Director of the Alumni Association, catches up with Dr. and Mrs. John J. Kuchar, Jr., '85 at the brunch on Sunday morning.

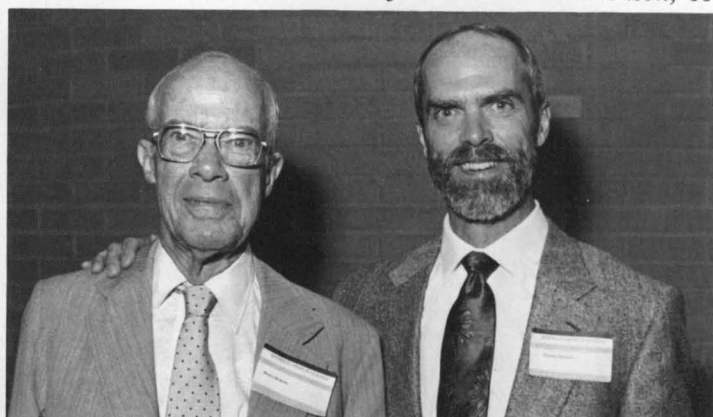
Howard W. Brettell, James E. Marvil, Leon L. Berns, and Patrick J. Kennedy, of the Class of '30



Jack W. Fink, '54 moderated the Clinic Talks.



T. Bruce Dickson, '35 was joined at his Fifty-fifth Reunion by son Charles M. Dickson, '66.





The Fiftieth Reunion, at The Union League

Photographs by Don Walker

Dorothy Walters, a Jefferson First Aide who hosted the Fiftieth Reunion, was reunited there with her family's physician, Willard E. Knowles, '40.



The Twenty-fifth Reunion, at the Hotel Atop the Bellevue



Lee Studio



Herbert A. Luscombe, '40, Mrs. Randolph V. Seligman, Mrs. Luscombe, and Randolph V. Seligman, '40



The Tenth Reunion was a dinner dance at the Downtown Club.

Photographs by Robert Neroni

At the Thirty-fifth Reunion, at DiLullo Centro: classmates Herbert E. Cohn, Burton S. Benovitz, William L. Kanenson, and John W. Schelpert



Dermatology: New Diseases, New Cures

by Herbert A. Luscombe, M.D. '40

Since I am not an historian, nor a philosopher, I must choose as my topic the one subject with which I am most familiar: dermatology. Most of what we know about skin diseases today is new compared to our knowledge of the subject 50 years ago. In those ancient days our bible of skin diseases was the text on dermatology authored by Knowles, Corson, and Decker, my first teachers in this subject. To give an example of how primitive our knowledge of the skin was at that time, Knowles's text, in discussing pellagra, commented on the possible causes without even mentioning vitamin deficiency, which is well-known today.

Here I would like to discuss briefly a couple of modern infectious states that show important skin manifestations. I will concentrate on the skin and only allude to the involvement of other systems.

The first condition is Lyme disease or Lyme borreliosis. The causative organism of this condition is a spirochete of the borrelia species. In many ways the course of this disease is similar to another well-known spirochetal disease, syphilis. The Lyme disease spirochete is transmitted by certain Ixodes ticks. The most important of these in the northeastern United States is *Ixodes dammini*; it may be thought of as the "damned tick." White-tailed deer are the preferred hosts of the adult tick, although other wild animals and even birds have been found to carry the little critter. The tick is quite small, smaller than the usual wood or dog tick, so that

its presence on humans frequently goes undetected.

The tick must remain on the skin a number of hours before it actually injects the spirochete. Then the spirochete slowly multiplies and in about three-fourths of cases results in the characteristic skin lesion known as erythema migrans, or erythema chronicum migrans as it was formerly called. The usual lesion, which might be compared to the primary lesion of syphilis, appears at the site of the tick attack. This is frequently accompanied by flu-like signs and symptoms. Over a period of two to four weeks, usually, the lesion spreads peripherally and sometimes even forms rings (Figure 1).

The importance of early recognition is that, as with syphilis, early treatment is generally extremely effective and results in quick and complete cure. The simplest therapy is oral tetracycline 250 mg q.i.d. for two to four weeks in adults and amoxicillin in children.

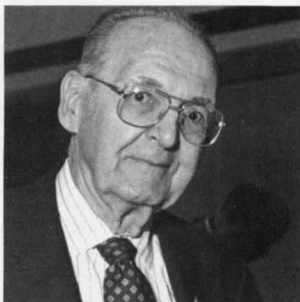
Space does not permit discussion of the later stages of Lyme disease. I would, however, like to mention that this same organism has been found to produce a variety of other disease entities that have been diagnosed over a period of many years but in which the etiology was unknown until the identification of the Lyme spirochete. Figure 2 illustrates one of those conditions, a so-called benign lymphocytic infiltration.



Figure 1

The skin changes fade in a few weeks (sometimes several months) and then disappear while the organism is disseminating throughout the body, as in the secondary stage of syphilis. During this stage there may be a recurrence of skin changes with multiple ringlike lesions. This secondary stage of disseminated infection produces a variety of systems involvements, with mainly musculoskeletal and nervous signs, and eventually a third or more chronic stage with joint and central nervous system involvement.

Figure 2



Don Walker

Dr. Luscombe, a Professor Emeritus of Dermatology at Jefferson Medical College, served as Chairman of the Department from 1959 through 1986.

I would also like to discuss some of the cutaneous infections associated with autoimmune deficiency syndrome, including a fascinating new infection that has been temporarily labeled bacillary angiomatosis. People with AIDS, of course, develop an immunologic deficit that makes them more susceptible to a variety of infections, and a markedly more severe reaction to these infections, so that what is ordinarily a minor condition becomes much more serious and even life-threatening.

Recognition of bacillary angiomatosis is particularly important because it is easily confused with Kaposi's sarcoma, and because it can be treated successfully with simple antibiotics such as erythromycin, to which it responds readily.

Bacillary angiomatosis usually begins as a small papule which enlarges to form pea-sized angiomatous lesions (Figure 3). Lesions may be single or

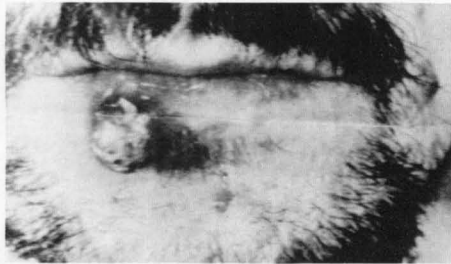


Figure 3

multiple, even numbering in the hundreds. The distribution can be anywhere. The angiomatous appearance of the lesions makes them resemble the papular lesions of Kaposi's sarcoma or pyogenic granuloma. Diagnosis can be confirmed by biopsy in which a gram-negative bacillus has been found in some cases. The organism has been said to resemble the newly identified bacillus of cat scratch disease.

First a solitary lesion appears. The color is reddish-brown. There may be a widespread distribution. The lesions are all papular to some degree and we do not see the flat angiomatous plaques that are common in Kaposi's sarcoma. Some of the lesions are quite red, illustrating the vascular nature of the disease. Here again, early diagnosis and differentiation from other conditions such as Kaposi's sarcoma is most important, since treatment with oral antibiotics will quickly clear many cases and even patients with marked immunologic deficiency will usually show some degree of control. Most cases respond to oral erythromycin 250 to 500 mg



Figure 4

q.i.d. for two to four weeks.

In AIDS the immunologic deficit allows infections with opportunistic organisms as well as allowing infections that are usually mild to become severe. An example is herpes simplex or fever blisters. The virus can be demonstrated by culture, or sometimes the diagnosis can be confirmed by smear, the Tzanck smear that demonstrates the multinucleated giant cells that are characteristic of this type of viral disease. The recommended therapy is oral acyclovir, which can control or clear the infection.

Anal warts are caused by infection with the human papilloma virus. At this time forty or more types of this virus

tions have been incriminated as the causative agent in certain types of human malignancy.

Another type of virus infection commonly seen in these patients is molluscum contagiosum. The lesions are pearly papules with a central indentation. The centers of these lesions contain a blackheadlike core that is made up of the molluscum virus. If this is mechanically removed from the individual lesions they will usually disappear.

Another usually simple skin condition that may become severe or clinically unusual is the various types of yeast or fungus infections. Here we see Candida involving uncommon locations. The usual monilial infection occurs in areas where there is a lot of moisture and sweating. Areas such as the nares (Figure 4) should always alert the physician to an underlying lack of resistance. The diagnosis is confirmed by direct smear and examination of a KOH preparation. The treatment is local or with systemic ketoconazole. Candida infections do not respond to oral griseofulvin.

Figure 5 shows another infection associated with AIDS: common ringworm infection or tinea circinata. The



Figure 5

have been identified. Although we have no effective systemic therapy for it, the lesions can be treated successfully with local agents such as podophyllin, or by surgery. This condition today is probably the most common sexually transmitted disease. Beside the fact that we are dealing with an easily transmitted infection, human papilloma virus infec-

diffuse involvement suggests an underlying fault. Oral griseofulvin is indicated.

With our greater understanding of such infectious states as Lyme disease and AIDS, dermatology has expanded since the days of Knowles's text, when many of my classmates did not attend too many dermatology lectures. □

Treatment and Prevention in the National Fight Against Drugs

by Herbert D. Kleber, M.D. '60

Other groups need different strategies than low-risk youngsters in low-crime areas, for whom a "just say no" method may be sufficient.

Frustrated by the escalating cocaine epidemic, and the lack of a coordinated federal and national effort to fight it, the United States Congress created the Office of National Drug Control Policy in 1988. That office, under the direction of "drug czar" William J. Bennett, Ph.D., is unprecedented in the history of our government. Never before had a cabinet-level position been created for the purpose of coordinating all federal efforts focused on a single goal: reducing illegal drug use.

The legislation mandated that a national strategy to combat drugs be presented six months after the confirmation of the Director, and every February thereafter.

The Office of National Drug Control Policy is, by law, organized under a Director (a position filled by Dr. Bennett), a Deputy Director for Demand Reduction, a Deputy Director for Supply Reduction, and an Associate Director for State and Local Affairs.

As the Deputy Director for Demand Reduction, I am charged with overseeing the portion of the national strategy that is concerned with our nation's prevention and treatment efforts. In addition to developing policy in these areas, my office chairs the Demand Reduction Working Group, made up of high-level representatives from the nineteen federal agencies involved in demand reduction activities. The purpose of this group is to ensure that all federal efforts

to reduce the demand for drugs work in concert with each other, and within the guidelines of the national strategy.

Ours is a *national* strategy, not just a *federal* strategy. It is not just a blueprint of what the federal government can do about the drug problem. Rather, it is national in the sense that we know the only way we are going to win the fight against drugs is to involve all key segments of the country: state and local governments, families, neighborhoods, houses of faith, schools, law enforcement, and parents' groups and other voluntary associations.

Unlike previous "drug wars," the strategy is a comprehensive approach to fight drugs on all fronts. Rather than relying on treatment and prevention only, or interdiction and law enforcement only, we assert that the only way we will make real progress is by doing much more in *all* of these areas.

The drug effort is often cast into two categories: reducing demand and reducing supply. And the Office of National Drug Control Policy is organized according to these categories. But it is very clear that the two are not so distinct, and do interact in many ways.

It is much harder to establish treatment and prevention activities when drugs are readily available in the community, when there is not law and order in the streets. Producing countries say that demand is driving the supply, and that if we would just quit using so much cocaine, there would not be such an abundance of it coming across our borders. This is true, but it is just as true that supply drives and creates demand. In Hawaii we are now seeing the emergence of a new drug, ice, smokable methamphetamine. There has not been demand for it. No one in Hawaii has been saying, "We need a new smokable stimulant." Rather,

Don Walker



Dr. Kleber is Deputy Director for Demand Reduction in the Office of National Drug Control Policy (see the Alumni Bulletin, Fall 1989), and a Professor of Psychiatry at Yale University School of Medicine.

In June he was awarded an honorary degree of Doctor of Humane Letters by New York Medical College.

demand is being created by the creation of a supply. So, it is clear that the two are very linked. And in order to beat drugs, we must fight both.

Americans now believe that drugs are our number one problem. Three out of four Americans say they have been touched in some way personally by drugs. That is an incredible statistic, but it suggests that we, as a country, now believe this to be a crucial issue that we must do something about.

To reduce demand for drugs, there are three points of attack: treatment, prevention, and research. Of course, research cuts across the other two points. Federal funding for drug treatment, prevention, and research has increased nearly 75 percent since 1989, to nearly \$3 billion.

In our prevention strategy, we say that the carrier—the vector—of this disease is the casual drug user, not the addict. The addict is not the role model; nobody wants to be the falling-down drunk or the burned-out addict who has lost his health, possessions, and family. The role model is the person who is using drugs at work or at school, who sends the message by his behavior that you can have it all, that you can enjoy the pleasurable effects of drugs and still keep your health, your possessions, your family, and your job. That is how most people start on drugs; they do not buy drugs the first time they use them. Rather, they are given drugs by friends or acquaintances at school, at work, at parties, or by older siblings. One of the things we must do in prevention is to target these casual users, and deter those who have never used drugs from ever starting.

As a result, one of the foundations of our national strategy is *user accountability*, which means holding both “casual” and “heavy” drug users accountable for their drug use. User accountability laws and policies provide clear consequences for possession or use of illegal drugs. For example, the United States Department of Transportation and state agencies hold users accountable through the suspension of drivers’ licenses and pilots’ licenses, and through drug testing of bus drivers and train engineers. State licensing agencies hold professionals such as doctors, lawyers, and real estate agents accountable by suspension or revocation of licenses. Public housing projects and neighborhood block coalitions have turned “free-drug zones” into “drug-free

zones” by evicting and forcing out drug users, and by establishing resident patrols to enforce no-use policies.

What is more, since both children and adults spend most of their time either at school or at work, respectively, school and workplace policies and procedures have been developed to deter drug use. President Bush proposed, and Congress passed legislation that requires all schools, including colleges and universities, to have clearly articulated and enforced no-use policies in order to receive any kind of federal funding. Some school districts have adopted a policy stipulating that the first time a student is caught using drugs, parents be notified and the student suspended. If caught a second time, or if ever caught distributing drugs, a student is expelled and sent to alternative schools.

Likewise, businesses, through clear policies, supervisor and employee training, and drug testing, hold employees accountable by imposing drug treatment or possible termination of employment upon discovery of drug use. And law enforcement programs like “Do Drugs, Do Time” in Phoenix, Arizona give those arrested for simple use or possession of illegal drugs a choice: pay a fine and undergo treatment, or serve time in jail.

Education has an important role in preventing drug use as well. Schools need to implement drug education in an effective way. Education is only one part of the prevention activities that need to be aimed at children. While education may be a *necessary* part of prevention, it is clearly not *sufficient*. What is needed is a comprehensive approach to prevention that includes the family, the faith community, the workplace, service groups, and the media, in conjunction with education. There is a growing consensus that merely providing information about drugs does not work. Knowledge is the solution only so far as ignorance is the problem. And ignorance is often *not* the problem.

A number of schools are adopting different approaches. The most promising is often called “refusal skills training,” or “resistance training.” It grew out of previous efforts to teach kids how to say “no” to smoking. Resistance training works because it correctly recognizes the enormous role peer pressure plays in influencing decisions to try drugs.

Producing countries say that demand is driving the supply, and that if we would just quit using so much cocaine, there would not be such an abundance of it coming across our borders. But it is just as true that supply drives and creates demand.

Nobody wants to be the burned-out addict who has lost his health, possessions, and family. The role model is the person who is using drugs at work or at school.

What is needed is a comprehensive approach to prevention that includes the family, the faith community, the workplace, service groups, and the media, in conjunction with education.

The majority of drug users are not high-risk youngsters in high-crime areas, but high-risk youngsters in low-crime areas.

We also need to segment drug education, since the approach for some is not the best approach for others. One approach to segmentation is to conceptualize four groups: high-risk and low-risk youngsters growing up in high-crime or low-crime areas. A different kind of prevention program is needed for high-risk youngsters in high-crime areas than for high-risk youngsters in low-crime areas. This latter group is often comprised of children of alcoholics, children from dysfunctional families, and children with psychological problems. These are the majority of drug users, not high-risk youngsters in high-crime areas, but high-risk youngsters in low-crime areas. Both of these groups need different strategies than low-risk youngsters in low-crime areas, for whom a "just say no" method with appropriate resistance strategies may be quite sufficient. The country needs not just more drug education, but different ways of going about it and targeting it most effectively.

At the same time, schools need to develop clear and firm policies regarding drug use. If you combine effective drug education with firm and unambiguous policies, the outcome is much better than with just one or the other.

Our institutions of higher learning also need to adopt this approach. We should not tolerate institutions, dedicated to the life of the mind, who do not have or enforce anti-drug policies and look the other way. They have an important obligation to do more. Drug use is inconsistent with scholarly endeavor. It extols present over future gratification. It also interferes with learning.

For adults, the principle target area for prevention is the workplace. We believe that United States employers should have drug-free workplace policies, including, where appropriate, drug testing, supervisor training, and employee assistance programs. We have learned that those who know whether an employee is using drugs are more likely coworkers, not supervisors.

Whether a coworker puts pressure on a drug-using employee to get help, or reports the user to an employee assistance program, is a function of what the coworker thinks will happen. If the drug user will be immediately fired, a coworker will not likely report drug use. A comrade is a comrade. But a coworker is much more likely to report drug use by an employee if he thinks the user will receive treatment. Getting

the drug user into treatment helps not only the drug user, but all employees, since drugs on the job make work more dangerous for everyone. Again, firm policies are needed, but rehabilitation programs are just as important so that individuals can get help.

Employee assistance programs can be very effective. A number of such programs have been studied, and they commonly show a success rate for drug and alcohol problems in excess of 65 percent. They are cost-effective for large employers, and it is a humane way of approaching the problem as well. Drug-free workplaces are an important part of our policy: it is an important place for early intervention with the person who is already an addict, and a crucial place to hold the casual user accountable for his use.

Ultimately, though, we feel that the fight will be won at the community level. All segments need to be involved: parents, educators, law enforcement and health professionals, service clubs, businesses, and government officials. Entire communities must organize and work to fight drugs. The United States government's role is, of course, limited in terms of what needs to happen within communities. However, there are some ways we hope to help.

The Robert Wood Johnson Foundation sponsored a \$26 million project in which communities with a population of between 100,000 and 250,000 had the opportunity to receive up to \$3 million for community-organized efforts to combat drug use. Although only eight communities will eventually receive the \$3 million, over 700 indicated some interest in applying, and 300 of these organized themselves enough to send in the demanding application. Among the 292 who will not get grants, I am sure there are many quite deserving of support. The United States Department of Health and Human Services will devote \$50 million this year, and over \$100 million in 1991 for community coalition-building efforts.

We are also developing a national volunteer program which we conceptualize as a public/private partnership. The government would pay for training individuals who could then go back to their communities as volunteer leaders to coordinate the development of parent groups and the role of our religious institutions and service groups. What has been found to work in one community could be put to work in others

without having each community reinvent the wheel. Since communities differ, there should be a variety of options available. A number of private groups are already raising money to support community volunteer efforts and to pay for training, innovative programs, and outreach.

In regard to treatment, we have to do two things simultaneously: we must increase treatment capacity to get rid of long waiting lists, so that people who need it can obtain treatment; and we must markedly improve the treatment system.

Unfortunately, what kind of treatment you get is determined quite often by what door you knock on, and that is not a good way to spend resources. Scientific studies done by a number of people strongly suggest that some treatments are better for some types of addicts than for others. There is no one treatment for drug addiction. Anyone who tells you there is either deludes himself or is trying to delude you. It is clear to me that addiction is a final common pathway with many roads to get to it, and no single way to climb out of it. There are a variety of treatment methods, all of which can be successful if you pair the right person with the right treatment.

To address this problem, what is needed, especially in urban areas, is centralized screening and referral facilities to evaluate the addict and determine if the person belongs in a therapeutic community, an outpatient facility, a methadone program, or a residential facility. We need evaluation because addicts are very different. Some use one drug, most use two or more. Some have major psychiatric problems, others have only minor psychological issues. Some need rehabilitation. These people can often be successful in treatment since, if you can get them off drugs, they have something to go back to.

But many of our citizens need "habilitation," not rehabilitation. If you want to help them stay off drugs they need to be given vocational tools and interpersonal skills: something to give meaning and reward to their lives so that when they stop using drugs there is something else they can do.

We want to be sure that the states are held accountable by the federal government in terms of determining treatment needs and making sure that the money is targeted appropriately. At

the same time, we feel that treatment programs need to be accountable for their own success to the states and the federal government. A recent study in the United States of six programs indicated that in Program A, 90 percent of the patients were no longer using illegal drugs, while in Program F only 45 percent were no longer using illegal drugs. We say in our strategy that the Program Fs of this world should get assistance to improve their performance; if they cannot improve, then resources should be taken away from them and given to another program that can. Of course, we must do that carefully to make sure that we take into account the difficulties of the patients being treated. There are tools to do that, to avoid penalizing programs that start with a more problematic population.

We also need sites. No matter how much money we or the states put into the treatment of drug abuse, if we cannot find a place to treat addicts, money will not do much good. Clearly, it is one of the major problems in the country. Even our former First Lady, Nancy Reagan, was unable to open a therapeutic community in California because of opposition from the citizenry.

We need research into better treatment methods, especially for cocaine, more trained staff, better data systems, and better surveys of drug use. Our goals are to increase and improve the treatment system markedly. Treatment does work, though not as often or as well as we would like. It is the humane thing to do; it is important for the sake of the individuals and their families; we must decrease the social costs attendant upon addiction.

However, it is not adequate for winning a war on drugs. Treatment is taking care of the casualties. No war I know of was ever won by simply taking care of the casualties.

It is very clear to me that this is a fight we can win. We can dramatically reduce the drug problem. Some people do not like the war analogy, but it is a war, and we must resolve to win it over time. We must avoid quick-fix thinking. The fight against drugs will not be won painlessly *or* quickly. Winning the war will require time and much effort.

We need not surrender to the counsels of despair. Treatment works, prevention works. Casual drug use has dramatically dropped since 1985, despite an ever-increasing supply of drugs. Our efforts are beginning to pay off. □

Addiction is a final common pathway with many roads to get to it, and no single way to climb out of it.

Many citizens, to stay off drugs, need to be given vocational tools and interpersonal skills: something to give meaning and reward to their lives so that when they stop using drugs there is something else they can do.

Frontiers in Thoracic Surgery

by John C. Wain, M.D. '80

Twenty-one years ago, John H. Gibbon, Jr., M.D. '27, The Samuel D. Gross Professor and Chairman of the Department of Surgery, and pioneer, with his wife, Mary, in the perfection of the cardiopulmonary bypass machine, completed the second edition of his classic textbook *Surgery of the Chest*. This volume followed the first edition by six and one-half years and was notable for the addition of two doctors as coeditors and for the increase from the original 32 chapters to 42 due to the "steady and rapid growth of knowledge" in the field. It may be instructive to review two subjects from that text, a standard reference in the specialty, and to identify changes that have occurred in the field over the ensuing years. Perhaps this exercise may help illuminate where progress has been made and where, at the present time, some of the frontiers of thoracic surgery may lie.

Chapter 22 of *Surgery of the Chest*, devoted to the esophagus, was written by Dr. Gibbon and by Rudolph C. Camishion, M.D. '54. It outlined the treatment of a wide variety of esophageal diseases, including carcinoma. In the section devoted to the treatment of esophageal carcinoma, we find the following information:

Surgical excision is the treatment of choice [for esophageal cancer]. . . . Operative technique has now progressed so that the esophagus can be resected and gastrointestinal continuity established in one stage. . . . Esophageal substitutes . . . have been abandoned in favor of a segment of the gut or the stomach placed within the thorax.

This statement summarizes the culmination of over three decades of attempts to perfect surgical therapy for esophageal carcinoma. It could summarize the approach of surgical therapy for this disease, not only 20 years ago, but at the present time as well. However, in subsequent paragraphs, discussing the *results* of this

"perfected" surgical therapy, the authors state, "The five year survival rate of patients who survive resection is between 10 and 20 percent."

In fact, despite the perfection of surgical therapy, and other intervening advances in medical and surgical knowledge, little improvement in survival from esophageal cancer can be noted. In a 30-year retrospective study, no significant difference could be shown, decade by decade, in survival following surgical resection. Despite

regimens for squamous carcinoma of the esophagus was begun, and initial reports demonstrated overall response rates of 40 to 60 percent.

By the early 1980s, several groups began studying combined modality protocols for esophageal squamous carcinoma, involving cis-platinum chemotherapy, with or without radiation therapy, and followed by surgical resection. The preliminary results of these trials, suggesting that actuarial survival was significantly prolonged,

Don Walker



Dr. Wain is an Instructor in Surgery at Harvard Medical School, and an Assistant in Surgery at Massachusetts General Hospital.

the best efforts of the surgeon, the dismal prognosis of esophageal cancer remained essentially unchanged for the patient until only recently.

In the 1970s, a new chemotherapeutic agent, cis-platinum, became available, which demonstrated excellent activity against epithelial carcinomas, especially squamous cell cancers. Cis-platinum containing chemotherapeutic regimens for squamous cancers of the head and neck region were investigated, with encouraging results. The use of similar

were exciting, and have been recently confirmed with continued follow-up in most series. The experience with such a protocol at Massachusetts General Hospital, begun in 1981, has demonstrated a significant improvement in survival, with 36 percent of surgically resected patients alive and disease-free at five years, as compared to 21 percent in an uncontrolled historic series from the same institution. In comparison with the dismal five year survival rate demonstrated with surgery alone over the

previous 30-plus years, this is a tremendous improvement.

Similar results from several single-institution protocols have led to the initiation of a large, multigroup randomized prospective trial in an attempt to confirm these findings. If the study results are affirmative, this combined modality approach will become the new "treatment of choice" for squamous cancer of the esophagus. At last, a significant impact will have been made on survival from a disease which seemed, even 10 years ago, recalcitrant to all forms of treatment.

Still, the problem of esophageal cancer does not end here. The survival benefit for any of these combined protocols is restricted to those patients who demonstrate a response to the platinum-based chemotherapy regimens. These patients account for only about 40 percent of all patients. For the remainder of the population, the outlook remains grim. Further investigation and work will be needed to define the molecular mechanisms involved in chemosensitivity and to identify agents efficacious against the non-platinum-responsive tumors (including the esophageal adenocarcinomas). Now that the capability for combined therapy to have a positive impact has been demonstrated, the impetus for elucidating the mechanisms behind this effect is there, and progress in unravelling this process may lead to greater therapeutic gains in the future.

Turning further in the textbook, Chapter 39 is titled "Myocardial Revascularization" and was written by Drs. Effler and Sheldon of the Cleveland Clinic. This chapter makes for a fascinating reread at a 20-year perspective. After discussing the methods of coronary endarterectomy and patch graft repair of coronary stenoses, the authors move on to the subject of saphenous vein grafts for myocardial revascularization:

The surgical technique for utilization of the saphenous vein graft is remarkably simple. . . . Usually, the heart is put on bypass circulation, but elective cardiac arrest is not employed. . . . The [coronary] artery is then transected proximal to the occluded site A small vascular clamp is then applied. . . . The diseased segment of artery is then excised and the sagittal slicing again per-

formed until the best available distal entrance into the lumen is reached.

What tremendous progress we have made since that statement was written! From the recognition of the inherent physiologic and technical advantages of the cardioplegic state and the use of ascending aortic proximal anastomoses, to the identification of optimum long-term graft patency obtained by the use of muscular, size-matched, metabolically intact internal mammary arteries as conduits. Yet despite these advances, the underlying disease process, with its inexorable progression in the native myocardial circulation, remains as the major problem. With all the progress of the last 20 years, myocardial revascularization is still, at best, an essentially palliative surgical procedure.

In a larger sense, thoracic surgery, like any field of medicine, has its seemingly intractable clinical problems, such as esophageal cancer, and its seemingly stunning clinical successes, such as coronary artery bypass surgery.

The problem really relates to the processes involved in the progressive loss of myocardial blood supply at the microscopic level. Given that the body has an imperative, and an aptitude, for repair and regeneration, a gross imbalance must exist between loss of myocardial blood vessels and new blood vessel growth, also known as angiogenesis.

Recently, a great deal of investigative work has defined some of the biochemical and cellular processes involved in this balance. It is now known that endothelial cell locomotion and proliferation are major components of angi-

ogenesis. Heparin-binding growth factors, such as basic and acidic fibroblast growth factor, are involved in the initiation of this process, with the coordination of additional substances, such as transforming growth factor beta and heparin. Certain other physiologic substances, such as tetrahydrocortisol, are involved in the restriction or cessation of angiogenesis. The culmination of this knowledge has led to the literal application of these substances to situations where blood vessel growth is required. Already, several reports on the use of the angiogenic factors, reversibly bound to substrates (either biodegradable or synthetic) for neovascularization of biologic implants, have appeared, demonstrating the feasibility of such an approach.

Further refinement of these techniques for use in revascularization may be imminent. Such techniques could be of use for revascularization of the myocardium or for other problems, such as tracheal transplantation, where the limitation has been microvascular integrity. Our knowledge of the process is still far from complete. More study of the role of cellular interactions and other factors in the process must be completed before wider application of these methods can be made. Nevertheless, modulation of angiogenesis has the potential to manipulate the vasculature at a truly microscopic level, beyond that of even the most skilled surgeon, to the benefit of the patient.

What do these two examples, esophageal cancer and myocardial revascularization, reveal about thoracic surgery over the last 20 years? In the strictest sense, combination chemotherapy and surgical resection for squamous cancer of the esophagus appears to offer the first significant improvement in survival from this terrible disease, and elucidation of the processes involved in angiogenesis may provide new techniques for revascularization. In a larger sense, though, these examples show that thoracic surgery, like any field of medicine, has its seemingly intractable clinical problems, such as esophageal cancer, and its seemingly stunning clinical successes, such as coronary artery bypass surgery. Yet, no matter how great the achievement, there is still a measure of imperfection, and no matter how dismal the outlook, there is still the possibility of improvement. The potential for advancement is always there. □

Edward C. Driscoll
with the Most Reverend
Anthony J. Bevilacqua,
Archbishop of Philadelphia,
and retiring University President
Lewis W. Bluemle, Jr., M.D.
at Commencement.
Mr. Driscoll's six years
as Chairman of the Board
of Trustees have been
honored in a resolution
of the Board.



Don Walker

THOMAS JEFFERSON UNIVERSITY RESOLUTION

Whereas, Edward C. Driscoll has served faithfully as Chairman of the Board of Trustees of Thomas Jefferson University from October 1984 to June 1990; and

Whereas, during this time, Mr. Driscoll's leadership and steadfast involvement in all aspects of Jefferson's affairs enabled the University to attain new levels of excellence and distinction; and

Whereas, these achievements included a stronger faculty, increased research, enhanced facilities, improved patient care, and continued financial stability; and

Whereas, Mr. Driscoll's guidance during the Decade Fund campaign and beyond helped to establish new levels of support from public and private sources including corporations, foundations, alumni, and friends; and

Whereas, Mr. Driscoll's knowledge of Jefferson and the various publics it serves was an invaluable resource during the search for a new president;

Therefore be it resolved that the Trustees of Thomas Jefferson University hereby express their deep appreciation and admiration to Edward C. Driscoll for his wise counsel, dedicated service, and enthusiastic advocacy of Jefferson's cause during his term as Chairman.

Gustave G. Amsterdam, Esq.
Vice-Chairman

Orville H. Bullitt, Jr., Ph.D.
Vice-Chairman

Jack Farber
Vice-Chairman

Brian G. Harrison
Vice-Chairman

James W. Stratton
Chairman-elect

June 4, 1990

New Trustee Leaders

James W. Stratton, who chaired the Board's Search Committee for a University president (see the *Alumni Bulletin*, Winter 1989), has begun his tenure as Chairman of the Board.

Past Chairman Frederic L. Ballard, Esq. was elected an Emeritus Trustee on April 2.

Jefferson Medical College alumni elected John N. Lindquist, M.D. '43 this spring as an Alumni Trustee for a three-year term; he was approved by the Board on June 4.

Also that day, Mrs. William Bruce Murray, President of the Women's Board, was approved as a voting member of the Board of Trustees. A. Grant Sprecher, Esq., who had served as Corporate Secretary to the Board from 1969 to 1981, was elected a Term Trustee for three years. Mr. Sprecher has chaired Methodist Hospital's Board since January 1988.

Dr. Lindquist, an Honorary Clinical Associate Professor of Medicine at Jefferson, is a past President of the Alumni Association.

Following postgraduate work here, Dr. Lindquist accepted a teaching appointment as Director of the General Medical Clinic and Director of the Geriatric Clinic from 1951 to 1975. He has been a consultant in medicine for Methodist Episcopal Hospital, and in geriatric medicine for Friends Hospital.

Chairman of the Board of the Philadelphia Center for Older People from 1963 to 1966, Dr. Lindquist has served on the Governor's Committee of the White House Conference on Aging, as well as on several committees of the Philadelphia County Medical Society.

Dr. Lindquist received Jefferson's Lindback Award for Distinguished Teaching in 1964. He is a member of the Philadelphia College of Physicians and of the New York Academy of Science. □

Class of '90 Honors Dr. Maddrey

This year the subject of the portrait traditionally presented to Jefferson by the senior class was Willis Crocker Maddrey, M.D., The Magee Professor of Medicine and Chairman of the Department. Dr. Maddrey is a son of Milner Crocker Maddrey, M.D. '31. Carole E. Thomas, M.D. '90, Portrait Committee Chairperson, gave the opening remarks, and introduced Lawrence S. Friedman, M.D., Associate Professor of Medicine, who provided a lively biographical sketch of his chief, with numerous illustrations.

The biographical sketch offered abundant opportunity for Dr. Friedman to reflect the ready wit which has characterized Dr. Maddrey's tenure here, and which with his scholarship has made him a popular figure with staff and administration as well as students.

The portrait, by Dean Paules, shows Dr. Maddrey seated, leaning forward as though about to respond to a query in an animated discussion. On the table beside his chair is a copy of a textbook which he edited, entitled *Transplantation of the Liver*. Published by Elsevier in 1988, the book has earned excellent reviews (see the *Alumni Bulletin*, Winter 1990).

A summa cum laude graduate of Wake Forest University, Dr. Maddrey attended The Johns Hopkins University School of Medicine, graduating in 1964. He served his internship and residency on the Osler Medical Service at The Johns Hopkins Hospital, becoming Chief Resident there after two interim years in India with the U.S. Public Health Service.

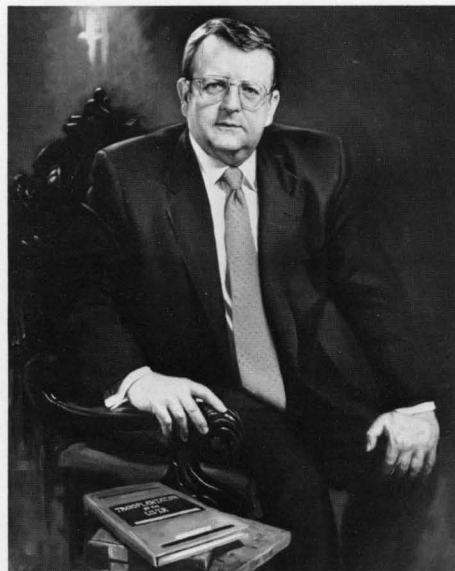
Dr. Maddrey's research contributions began with a paper on familial cirrhosis published the year of his graduation from medical school.

Following residency he served a fellowship in liver disease at Yale University School of Medicine under Gerald Klatskin, M.D., after which he returned to The Johns Hopkins University School of Medicine, rising rapidly through the ranks to become Professor of Medicine, Associate Director, and Associate Physician-in-Chief.

In 1982 Dr. Maddrey left Johns Hopkins to come to Jefferson as The Magee Professor of Medicine and Chairman of the Department. During the eight years of his tenure here he has brought the department to national and

international prominence.

He has dramatically strengthened clinical research efforts, following the philosophy that good clinical research promotes superior patient care. One of the goals he had set for the department was achieved in May 1984 with the performance of the first successful liver transplant at Jefferson. Later that same year a permanent liver transplant center was established here. With Francis E. Rosato, M.D., The Samuel D. Gross Professor of Surgery and Chairman of the Department, and Bruce E. Jarrell, M.D. '73, Professor of Surgery and Director of the Division of Transplantation Surgery, he has developed a liver transplant program that is considered a model of its kind.



Joseph S. Gonnella, M.D., Vice-President, and Dean of Jefferson Medical College, talked about Dr. Maddrey's wholehearted enthusiasm for his specialty, which has influenced the way medicine is taught here. He works at a frenetic pace and travels extensively. As an internationally recognized authority on drug-related liver disease, and also on alcohol-related liver disease and granulomatous liver disease, he is often sought after as a speaker and consultant. The youngest person ever to be President of the American Association for the Study of Liver Diseases, he is a popular contributor to the literature. He has served as Associate Editor of *Medicine*, and as a Consultant to the *American Journal of Medicine*, and is presently Associate Editor of *Hepatology*. He is also the coauthor of a

book entitled *Liver*, published in 1984, and has contributed more than 20 chapters on hepatic disease to other texts.

Dr. Maddrey enjoys working with students, making it a point to try to know each one personally. Lewis W. Bluemle, Jr., M.D., retiring President of Thomas Jefferson University, also spoke of Dr. Maddrey's personal interest in his patients, noting, for example, that before visiting the Bluemles at their home on Christmas Day Dr. Maddrey would make rounds at the Hospital. Dr. Friedman referred to Dr. Maddrey as "the perennial Class Day speaker at Jefferson," and in 1986 the students also honored him by nominating him for the Christian R. and Mary F. Lindback Award for Distinguished Teaching in the Clinical Sciences.

For many of these same reasons, the residency program in medicine at Jefferson has risen in popularity nationally, with approximately a threefold increase in applications from 1982 to 1988.

Dr. Bluemle observed that Dr. Maddrey came to Jefferson "on a handshake," without elaborate formal agreements, and has generated his own sources of financing to bring about many of his achievements.

Dr. Friedman summarized what he sees as the three principal ingredients, "The Three C's," of Dr. Maddrey's success:

Clarity: the ability to think, speak, and write clearly.

Concentration: remarkable powers of concentration so that even with chaos around him he can focus on what he has to do.

"The Crocker Factor": that special blend of humor bordering on irreverence, tall tales, understatement, overstatement, and just plain bull that makes Willis Willis.

He closed his remarks by describing his colleague and friend as "just simply the best clinician and the best teacher of medicine I have ever met."

This summer Dr. Maddrey left Jefferson to assume a new position as Vice-President for Clinical Affairs at the University of Texas Southwestern Medical Center in Dallas. To the Department of Medicine, and, indeed, to the entire Jefferson community he has left a rich heritage of scholarship which should prove a strong example for the coming decade. □

Tuning the Microcosm

Friends Honor a Microbiologist of Many Talents

by Cynthia J. T. Clendenin

Colleagues and friends of Russell W. Schaedler, M.D. '53, The Plimpton-Pugh Professor of Microbiology and Immunology, and Chairman of the Department, gathered in McClellan Hall on March 8 to present his portrait to the University. It was an opportunity to honor a man whose quiet demeanor belies not only distinction in his specialty, but enthusiasm for a wide range of other interests in which he is also very accomplished.

William E. Delaney III, M.D. '53, Professor of Medicine and Associate Professor of Pathology and Cell Biology, who was Dr. Schaedler's roommate during internship at Jefferson,



Portrait of Russell W. Schaedler, M.D. '53

moderated the presentation, while Robert J. Mandle, Ph.D., Professor Emeritus of Microbiology, presented a biographical sketch of his longtime associate.

After internship at Jefferson, Dr. Schaedler joined the Rockefeller Institute for Medical Research, later Rockefeller University, where he worked closely with the distinguished microbiologist René J. Dubose, Ph.D. in a wide range of investigations, particularly of gastrointestinal microecology. Dr. Schaedler is a coauthor of some 40 papers resulting from these collaborations.

At the Rockefeller Institute Dr. Schaedler developed a medium bearing his name that has been used extensively for the isolation and identification of anaerobes. He also delineated the microbial flora of the mouse, defining a group of indigenous organisms, known as the "Schaedler Cocktail," which is used to associate germ-free animals for breeding colonies, a technique now adopted by most commercial breeders in the United States.

In 1968 Dr. Schaedler returned to Jefferson to assume the chairmanship of the Department of Microbiology and Immunology. As chairman, he introduced the philosophy of pathogenesis, and began to attract a strong faculty. He also addressed audiences worldwide on the importance of microbial flora. He continued his own studies of the natural flora of the intestine, establishing one of the first interdepartmental efforts to explore a common problem.

Joseph S. Gonnella, M.D., Senior Vice-President, and Dean of Jefferson Medical College, explained that in the

initial years of Dr. Schaedler's tenure as chairman there were six faculty members in the Department of Microbiology to teach 200 students. It was also a time of organizational change for the institution, with faculty members other than department chairmen beginning to serve actively on committees. Dr. Schaedler played a major role in this reorganization. Dr. Gonnella especially cited Dr. Schaedler's interest in promoting the careers of young faculty, and his commitment to education, even when administrative responsibilities threaten to interfere with his own research.

Artist Paul Dusold has chosen to portray Dr. Schaedler at his Delancey Street home, rather than in a classroom or laboratory setting, standing as though in reflective conversation with a visitor. As Dr. Schaedler says, "Everyone presumes I can use a microscope!" As he talks, Dr. Schaedler's hand idly strokes the back of a small tiger cat, while a tall Sheraton case clock presides just behind his shoulder.

The cat is Bonk, who, until his death this summer, formed a link between Dr. Schaedler's professional life at Jefferson, and his home in the Poconos. Bonk shared the Delancey Street house during the week, and traveled with Dr.

CONTINUED ON PAGE 29

Offering congratulations are, from left, fellow J. Aitken Meigs Medical Association members Willis P. Maier, M.D., and Charles R. Shuman, M.D., with Francis E. Rosato, M.D., The Samuel D. Gross Professor of Surgery and Chairman of the Department.



Robert Neromi

The Hand of the Surgeon

by Malcolm Clendenin

On March 14, an oil portrait was presented to the University by the friends and colleagues of a surgeon who has focused his career on rehabilitation of the hand. The hand of painter Dean Paules had captured a good-humored image of James M. Hunter, M.D. '53, Professor of Orthopaedic Surgery. The seated pose contains careful rendering of the fingers that have restored function in numerous patients.

Dr. Hunter was drawn to his specialty because the upper extremities are vital to human pursuits, and must have the highest possible degree of function. Concerned at the plight of persons injured in industry who thus lost their vocational motivation and confidence, he is active on the Committee on Industrial Injuries of the American Society for Surgery of the Hand.

Following residency here under Anthony F. DePalma, M.D. '29, Dr. Hunter held the first fellowship in hand surgery under Robert E. Carroll, M.D. at Columbia-Presbyterian Medical Center in 1958-59. Thereafter Dr. Hunter opened his own office in Philadelphia, becoming the only full-time hand specialist in the city, and joined Jefferson's faculty.

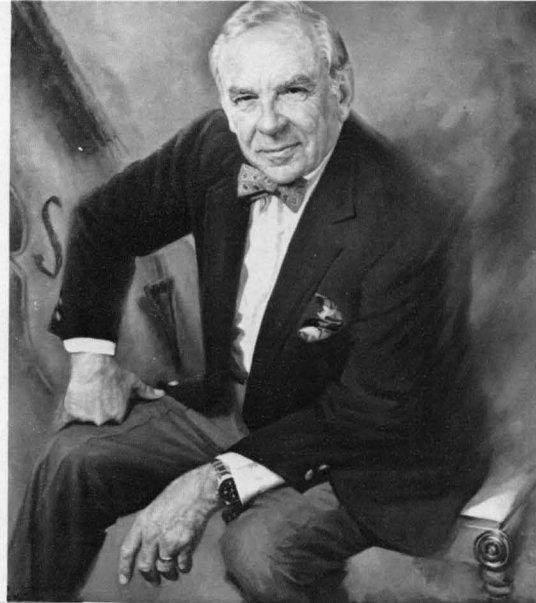
At the portrait presentation, Richard H. Rothman, M.D., Ph.D. '65, The James Edwards Professor and Chairman of Orthopaedic Surgery, who served his residency at Jefferson in 1963-68, remembered that Dr. Hunter was "one of my earliest teachers in surgery."

"He taught me the definition of an academic surgeon," Dr. Rothman said. "He defined academic surgery with his life."

"He conducted research with his own time, his own money, his own energy, when really nobody encouraged or rewarded that development of knowledge other than Jim's sense of the importance of expanding the field of hand surgery."

In 1964, while an Instructor in Orthopaedic Surgery here, Dr. Hunter developed the earliest effective synthetic tendon for reconstructing a severely damaged hand. It was targeted for cases in which there was so much scar tissue that an ordinary tendon graft had little chance of functioning. Until a new tendon sheath formed, human tendon

Portrait of James M. Hunter, M.D. '53



could not operate properly and would not be sufficiently nourished. Insertion of the Hunter Tendon Prosthesis allowed the tendon bed to rebuild itself.

Although the synthetic tendon was inferior to an actual tendon, the body did build a lubricated channel around it. When the sheath was complete, the artificial tendon was removed and replaced with a natural tendon transplanted from the patient's forearm or foot.

The double operation was not necessary where two sides of a broken tendon could be effectively fastened together again. However, that junction point could result in a bulge that interfered with the tendon's sliding back and forth within the membranous sheath. Dr. Hunter pioneered the alternative of replacing the entire tendon with a prosthesis; the connections were made not in the middle of the sheath, but where the tendon attached to arm muscle and to bone in the fingers.

The first Active Tendon described in 1965 was refined with several years of intensive research funded by the NIH and the United States Army. The two-stage method of using a passive gliding implant followed by tendon grafting became a standard method in flexor tendon reconstruction.

Experience with a full Active Tendon prosthesis was published in 1988. The tendon may remain in place and functional for years, and may be replaced if necessary with a new active implant or a free tendon graft. Passive and Active Tendon cases exceed 700.

The group of surgeons and fellows that Dr. Hunter assembled was designated the Division of Hand Surgery of the Department of Orthopaedic Surgery. The Hand Rehabilitation Center, which opened in 1972, moved to larger quarters at 901 Walnut Street in September 1980.

"He saw the importance of having surgery and rehabilitation under one roof," commented Evelyn J. Mackin, P.T., Director of Hand Therapy, at the portrait ceremony. "He showed that careful postoperative planning and management with physical and occupational therapists could turn difficult surgery into high-level success."

Dr. Hunter and Ms. Mackin put their hands to coauthoring the textbooks *Rehabilitation of the Hand*, which appeared in 1978 with a third edition this year, and *Tendon Surgery in the Hand*, published in 1987. They also hold annual symposia at Jefferson.

In the portrait, next to Dr. Hunter is the string bass from which his fingers have coaxed music with such groups as the Red Peppers, a Dixieland jazz band. "There was a time," Ms. Mackin recalled at the portrait presentation, "he took his friend, his bass, with him first-class to a meeting in Michigan, and insisted that the stewardess serve two beverages to Dr. Hunter, and two to his friend."

Also a rower, Dr. Hunter has put his arms to the oars for as much as 500 miles on the Schuylkill in a year.

Organizations ranging from the Committee on Rehabilitation and Allied Health (which Dr. Hunter chairs) of the International Federation for Societies for Surgery of the Hand, to the Admissions Committee of Jefferson Medical College, show the hand of Dr. Hunter.

At the portrait ceremony, he evoked Dr. DePalma's advice, "Our main business is not to see what lies in the distance, but to do what lies clearly at hand."

"The opportunities are there all the time," Dr. Hunter ruminated. "I feel lucky to have been able to grasp a few." □



Don Walker

Henry H. Perlman, M.D. '18 at his office, with Joan Dunstone O'Leary, M.D. '88 and M. Gabriela Parente, M.D. '88

Added Perspectives

by Malcolm Clendenin

At a time when dermatology is heading down new avenues (see page eight of this issue), it provides perspective to take a backward glance with someone who has been studying it for many years. Henry H. Perlman, M.D. '18, a founding father of pediatric dermatology, talked recently with Joan Dunstone O'Leary, M.D. '88 and M. Gabriela Parente, M.D. '88.

An Honorary Clinical Professor of Pediatrics and of Dermatology at Jefferson, Dr. Perlman still sees patients in dermatology—some of them the third generation that he has cared for in their families—at his office on Rittenhouse Square.

Drs. O'Leary and Parente, now residents at Jefferson, were Research Fellows this past year in the laboratory of Jouni J. Uitto, M.D., Ph.D., Chairman of Dermatology and Professor of Biochemistry and Molecular Biology.

"There we studied the molecular biology of extracellular matrix proteins," Dr. O'Leary explains, "and their role in cutaneous diseases."

Drs. O'Leary and Parente are among those leading dermatology along a new avenue, molecular biology, just as Dr. Perlman has bridged a gap between dermatology and pediatrics.

In fact, Dr. Perlman is not the first Jefferson dermatologist to have incorporated expertise from another field. Francis F. Maury, M.D. 1862 pioneered the specialty here; he was a skilled surgeon and founder, with Louis A. Duhring, M.D., of the *Photographic Review of Medicine and Surgery*.

Dr. Perlman, before coming to Jefferson, graduated from the Philadelphia College of Pharmacy and Science and worked for a year as a registered pharmacist. He still is one.

Following medical school, Dr.

Perlman completed a one-year residency in pediatrics at Jefferson, and began teaching pediatrics here.

Asked by Drs. O'Leary and Parente what had attracted him to dermatology, he replies, "I had wanted to pursue it ever since I was at Jefferson."

He became head of the congenital syphilis clinic, called the Sigma Clinic, at The Children's Hospital of Philadelphia, located at Eighteenth and Bainbridge Streets, in 1926. "The postgraduate pediatrics students there," Dr. Perlman declares, "didn't know dermatology. They didn't know where to get the expertise. Their only diagnosis, for any skin disorder, was eczema."

In 1928 Dr. Perlman met Donald M. Pillsbury, M.D., with whom he wrote his first paper on dermatology. John Porter Scott, M.D., head of postgraduate teaching in pediatrics at The Children's Hospital, arranged for Dr.

Perlman to give a series of lectures on skin diseases, and "the other physicians snapped it up like nobody's business."

Many colleagues thought it unwise for Dr. Perlman to switch to dermatology when his career in pediatrics was flowering (he was elected President of the Philadelphia Pediatric Society in the 1930s). But his persistence paid off.

From 1942 to 1946 he studied dermatology two days a week in New York at the Skin and Cancer Unit, then part of Columbia University, and in 1946 he passed the examination of the American Board of Dermatology, becoming the first pediatrician to be made a Diplomate in dermatology.

Soon he had established the nation's first complete dermatology clinic for children, at the Skin and Cancer Hospital of Philadelphia at Eighth and Pine Streets.

"I told the leaders of the Hospital there was a new field coming, pediatric dermatology," recalls Dr. Perlman.

"They were impressed and told me to go right ahead with the work. They underwrote the whole thing.

"They said not to spare any money. We didn't."

At the Hospital, Dr. Perlman set up the first pediatric dermatology seminar

Perlman wrote a textbook, *Pediatric Dermatology*, which appeared in 1960.

His efforts were not without rewards, even honorary degrees. "All in all, I have twenty-three diplomas," he says proudly. In 1976, at the founding of the Society of Pediatric Dermatology, he was voted its only honorary member. At Jefferson, the Henry H. Perlman Seminar in Pediatric Dermatology was named for him.

"But I don't care for publicity. I work on a subject," he reflects, "because I want to.

"The reason for my success as a pediatrician and as a dermatologist is conservatism in the use of drugs. One of my favorite aphorisms is a Chinese one: 'If you don't know what to do, do nothing.'" Dr. Perlman advocates medicines that have long been used so that their effects are fully known. But his humor is keen: "Squill was prescribed in former times as an expectorant, emetic, and diuretic. It has also been used as a rat poison."

The best remedy, he declares, is work. Best for all individuals? "Absolutely."

Dr. Perlman himself, having worked on a Saturday afternoon this summer, took a follow-up call after going out

In 1987-88 Dr. Perlman audited the sophomore course in microbiology taught by Russell W. Schaedler, M.D. '53, The Plimpton-Pugh Professor, who steps down this June as Chairman of the Department. "I learned so much about the recent advances in microbiology," Dr. Perlman explains, "which was important to me in the practice of dermatology."

The modern curriculum that includes clinical exposure, he feels, is more applicable than that of 1918. "When I graduated from medical school, I had mostly book knowledge. Medical school in those days was mostly lectures," rather than cases and association with other doctors. "Today medical schools try to make it as practical as they can. I think that's a very important method of teaching.

"It was during residency that I learned a lot."

Residency, since 1918-19, has improved as far as the standard of living. Then Jefferson residents received no salary, only housing, food with which they were "treated royally," and "our uniforms and good wishes from the Board of Trustees."

Looking back from this age of AIDS, Dr. Perlman can recall polio, flu, "many illnesses for which we could do nothing. That was so frustrating." Then also, the advice of experienced doctors was to give patients "aspirin, fruit juices, and hope.

"During some epidemics I didn't sleep for days at a time."

In many more years, perhaps Jeffersonians will talk with Drs. O'Leary and Parente, and may they have been as industrious and innovative in their endeavors as Dr. Perlman has been in developing pediatric dermatology. □

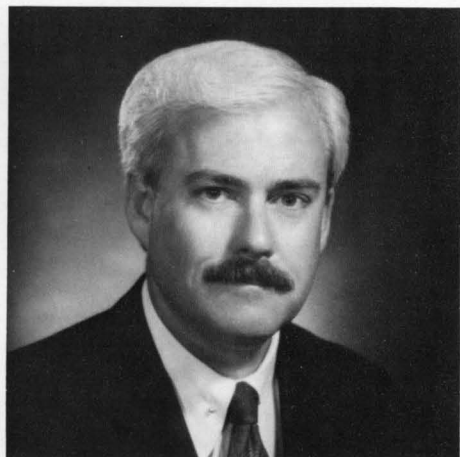
on Dermatology

in 1948. Within a few years, for one hundred places in the seminar there were four hundred applicants. "Both pediatricians and dermatologists," he stresses, "needed this training."

Feeling that the existing works on skin diseases in children were simply scaled-down adult dermatology, Dr.

that evening, and was in his office Sunday morning before 10:30.

Nevertheless, he is awed at the amount of medical information to be assimilated today. With the ballooning literature, "You have to be very selective in your reading, in choosing your subjects."



Bachrach

Bradley to Head New York's Presbyterian Hospital

Michael J. Bradley concluded in August his tenure as Senior Vice-President of Thomas Jefferson University and Chief Executive Officer of the Health Services Division. He has been appointed President of Presbyterian Hospital in New York, a part of Columbia-Presbyterian Medical Center.

In an announcement on June 12, retiring Jefferson President Lewis W. Bluemle, Jr., M.D. credited Mr. Bradley's "strategic thinking and management skills" as "invaluable in bringing Jefferson to the strong position that

it now enjoys." The Health Services Division comprises four hospitals and 1,100 beds.

Mr. Bradley currently serves as Secretary/Treasurer of the Board of Directors of the Delaware Valley Hospital Council, and as Chairman of the Board of Directors of First Executive Bank. His many board memberships include Magee Rehabilitation Hospital and the Center for Autistic Children.

Mr. Bradley was made an Honorary Member of the Alumni Association in March 1989. □

Laurels

Joseph W. Eschbach, M.D. '59 has been elected to Active Membership in the Institute of Medicine of the National Academy of Sciences. He is one of 45 persons to be so honored this year. Dr. Eschbach is a Clinical Professor of Medicine in the Divisions of Nephrology and Hematology at the University of Washington Medical School.

In July Dr. Eschbach gave a presentation on the use of recombinant human erythropoietin in patients with end stage renal disease in the United States, at a workshop of the International Society of Nephrology in Tokyo. Dr. Eschbach also addressed the Society for Renal Anemia at a meeting in Fukuoka, where his subject was the pathophysiology and treatment of the anemia of chronic renal failure.



Neal Flomenberg, M.D. '76 received a Louise and Allston Boyer Young Investigator Award at the Academic Convocation of Memorial Sloan-Kettering Cancer Center in May. The Boyer Awards honor young investigators at the Center who show the most promise and productivity in laboratory and clinical investigations.

Dr. Flomenberg's research concerns the mechanisms by which T-lymphocyte immune cells mediate graft rejection and graft-versus-host disease, the principal obstacles to bone marrow transplantation. He has made discoveries about the activation and function of T-lymphocytes, which are also involved in the rejection of organ transplants and in autoimmune disease.

Last fall Dr. Flomenberg received the Young Investigator Award of the American Society for Histocompatibility and Immunogenetics.

THOMAS JEFFERSON UNIVERSITY RESOLUTION

Whereas, Paul A. Bowers, M.D. was duly elected an Alumni Trustee of Thomas Jefferson University in June 1984, reelected in June 1987, and will complete his duties on the Board in June 1990; and

Whereas, Dr. Bowers has served with great distinction as a member of the Clinical Affairs Committee since 1984, offering his good counsel in matters pertaining to the health services programs of the University; and

Whereas, Dr. Bowers has also been a member of the Development Committee since 1984, helping the University to complete the largest campaign in its history, the \$72 million Decade Fund; and

Whereas, Dr. Bowers has been a member of the Cardeza Foundation Advisory Board since 1987, assisting the Foundation to break new ground in the field of hematology; and

Whereas, as an alumnus of Jefferson Medical College in the Class of 1937, and a long-time faculty member in the Department of Obstetrics and Gynecology, Dr. Bowers exemplifies the true "Jefferson physician" in word and deed;

Therefore, the Board of Trustees is pleased to honor Dr. Bowers for all that he has done in support of education, research, and patient care at Thomas Jefferson University.

Edward C. Driscoll
Chairman

June 4, 1990

Jeffersonians in Politics

Cited in a talk during Reunion Weekend by Raymond C. Grandon, '45.
Please add to this list by contacting the Alumni Office.

R. William Alexander, '48

President, Pennsylvania Medical Society, 1986;
Pennsylvania delegate to American Medical Association

Joseph B. Blood, Jr., '66

Pennsylvania delegate to AMA

J. Joseph Danyo, '59

President, PMS, 1989

LeRoy A. Gehris, '35

President, PMS, 1981

Thomas W. Georges, Jr., '55

past Secretary of Health, Commonwealth of Pennsylvania

Joseph A. C. Girone, '66

Pennsylvania delegate to AMA

Raymond C. Grandon, '45

President, PMS, 1982; Pennsylvania delegate to AMA through 1988 (Chairman of its Medicolegal Committee)

Victor F. Greco, '51

Pennsylvania delegate to AMA

John S. Madara, '45

New Jersey delegate to AMA

William H. Mahood, '60

Pennsylvania delegate to AMA

John A. Martin, J'44

Virginia delegate to AMA

David S. Masland, '48

President, PMS, 1976

William A. Millhon, '55

delegate to AMA

J. Elmer Nix, '56

President, Mississippi State Medical Society

H. William Porterfield, '55

Ohio delegate to AMA

Michael J. Prendergast, '62

Pennsylvania delegate to AMA

Edward A. Schauer, '49

New Jersey delegate to AMA

Donald H. Smith, '65

Pennsylvania delegate to AMA

John Y. Templeton III, '41

President, PMS, 1984

William B. West, '32

President, PMS, 1965

Book Review

Thomas Jefferson University: Tradition and Heritage

Edited with contributions by Frederick B. Wagner, Jr., M.D.
Philadelphia: Lea & Febiger, 1989.
1,120 pp. \$120.

This is a remarkable book. With the assistance of 63 colleagues and collaborators, Dr. Wagner has combined the historical chronology of the development of this unique educational institution with a narrative of the progression of the sociological and political forces that have contributed to our society in the last 160 years. The alumna or alumnus of Jefferson will find warm satisfaction in reading about the faculty present during student days, and find that nostalgia claims a few moments when viewing illustrations of the buildings and classrooms of an earlier epoch, and this large audience of potential readers will probably be the first to procure a copy.

But there is much more. The medical historian who has no close association with Jefferson will welcome the narrative in Part I, with its lucid descriptions of the early struggles to establish the school in a somewhat hostile political climate, and will follow with avid interest the word portraits (as well as reproductions of more tangible images) of some of our country's medical giants in the turbulent years of the mid-nineteenth and early twentieth centuries. Figures such as Hobart Reimann, Carlos Finlay, Daniel Drake, Jacob DaCosta, Robley Dunglison, Joseph Pancoast, Samuel Gross, and also Thomas Eakins (who emerges as a special Jefferson student) are all part of this chronology. On page after page, organized according to medical school department, the reader learns of the accomplishments of a long succession of medical academicians in research, in patient care, and in service to the students through innovative teaching. Curriculum changes, which began at Jefferson in 1832 (with the addition of two months to the usual four-month academic year), have continued throughout the years, and these curriculum committee members were as certain as their present-day successors that each innovation was the final word in

medical education.

As remarkable as these topics are, the unique feature of this book is one that perhaps was not so carefully planned by its authors but that emerges as a special thread of continuity. This is the fascinating relationship of Thomas Jefferson University to the world and the society in which it was begun and in which it grew and developed. We are constantly reminded that a university is a living thing composed of living parts which is constantly influenced by the environment in which it grows. Beginning with the early development of Canonsburg Academy in Canonsburg, Pennsylvania in 1780 and the change in name to Jefferson Academy in 1802, the thread of continuity is recorded in 1824 with the establishment of the Medical Department of Jefferson College and its subsequent removal to Philadelphia. George McClellan, M.D. was the leader in the establishment of the new medical school, and his experiences in this venture may be shared by some modern-day medical educators who encountered twentieth-century problems in the establishment of new medical schools that are not unlike those of 1824. Dr. McClellan made hurried trips to the state capital on horseback (not by jet plane) and, armed with legislative and gubernatorial support, he started the new medical school in a former theater in Philadelphia. This building was behind a prison, bordered on two sides by cemeteries, and at the rear was an alehouse. This location prompted a later historian (John C. DaCosta) to write, "There was crime and misery in front, death on either side, and consolation in the rear."

Dr. McClellan's role as founding faculty member and chairman of surgery was that of an autocratic and charismatic figure, and he soon was in conflict with other faculty members and with the Board of Trustees, so that by 1839 he had generated sufficient hostility as to cause the Board to dis-

miss him from the faculty. (Several twentieth-century medical educators have had similar experiences.)

The military historian will find references to the participation of Jefferson graduates in all of the nation's wars since the Mexican War in 1846. The War Between the States had a heavy impact on Jefferson, as 390 of the 630 students were from the South, and when the Confederate States of America was formed, most of these students returned to their home states and served as military medical officers. Northern students were also called to serve, and total enrollment in the college fell to 240 in 1863. The contributions of the faculty to the improvement of care of the wounded on both sides in this conflict are well documented. World War I, World War II, Korea, and the Vietnam conflict all claimed the diligent professional efforts of Jefferson alumni and faculty, and these are recorded in some detail in a separate chapter.

Finally, the chapter on the arts at Jefferson, found toward the end of the book, deserves the reader's attention. This section clearly demonstrates that Thomas Jefferson University has a soul, the most essential part of the living thing.

Early in its history the leaders recognized the need for display of graphic records of its heritage, and portraits and sculpture were acquired to laud the great and near-great. The successful efforts to acquire the famous painting *The Gross Clinic* by Thomas Eakins are recounted, and this chapter makes an exciting end to a remarkable book.

Fitzhugh Carter Pannill, Jr., M.D.

Dr. Pannill is a Professor of Medicine at the State University of New York, Buffalo School of Medicine.

Reprinted by permission from *Academic Medicine* (formerly the *Journal of Medical Education*), Association of American Medical Colleges, vol. 65, no. 6, June 1990.

Class Notes

replacements at a recent meeting of the Australian-American Orthopaedic Society.

'46 Reunion Class

David G. Simons, 324 Twelfth St., Huntington Beach, CA 92648-4519, will receive the Janet Travell Soft Tissue Pain Management Award at the first annual meeting of the American Academy of Pain Management, to be held September 14-16 in Stockton, California.

'47

John A. Koltes, Jr., 530 Spring Ln., Philadelphia, PA 19128, has completed his second tour as President of the Medical Staff of Chestnut Hill Hospital.

'48

Alan L. Michelson, 35 Delafield Dr., Lenox, MA 01240, retired in May from all administrative duties at the University of Massachusetts. But he continues as a Professor of Medicine, teaching third and fourth year students and residents. This year is the fifth time Dr. Michelson has been selected by the graduating class for the Outstanding Clinical Educator Award.

Daniel S. Rowe, 36 Autumn St., New Haven, CT 06511, retired in June as Director of the Yale University Health Services. When it opened twenty years ago, with Dr. Rowe at the helm, the Yale UHS was the nation's first prepaid, group health care program designed solely for the students, faculty, and staff of a university. Only private corporations had considered such health plans for their employees. Dr. Rowe's future projects include writing a case study of the Yale Health Plan.

'49

John E. Mills, 50 Alessandro Pl., #130, Pasadena, CA 91105, has started an ambulatory surgery center for ophthalmologic procedures.

Richard M. Whittington, 2020 N.W. Forty-Sixth St., Gainesville, FL 32605, has married Joan D. Lewis, a good friend for over 40 years.

'50

Irwin N. Perr, 14 Liberty Bell Ct., East Brunswick, NJ 08816, received the Distinguished Fellow Medallion of the American Academy of Forensic Sciences at its forty-second annual Scientific Meeting in February. Dr. Perr is one of five members of the Academy to have been designated a Distinguished Fellow, and the first psychiatrist so chosen.

'51 Reunion Class

Simon Piovanetti, 204 Pintor Campeche, Hato Rey, PR 00918, was honored in March by the inauguration of the Simon Piovanetti Newborn Nursery at Ashford Presbyterian Community Hospital.



'52

Gabriel Tatarian, 676 Mill St., Moorestown, NJ 08057, retired in March.

'53

R. Max Gingrich, 122 S. Allegheny Dr., Cherokee Village, AR 72542, has joined the medical staff of Baptist Memorial Hospital of Cherokee Village.

Roy H. Hand, 1851 Acorn Ln., Abington, PA 19001, has been recertified by the American Board of Surgery, and is practicing general surgery in Abington.

'54

Stanley R. Kern, 57 N. Wyoming Ave., South Orange, NJ 07079, has been elected President of the American Board of Forensic Psychiatry, and Secretary of the Psychiatry and Behavioral Science Section of the American Academy of Forensic Sciences.

Eugene G. Stec, 510 W. Main St., Dalton, PA 18414, has been reelected Chairman of the Professional Advisory Council to Blue Shield of Pennsylvania.

'55

Richard H. Schwarz, 39 Waterside Plaza, 27J, New York, NY 10010, is President-elect of the American College of Obstetricians and Gynecologists; he will begin serving next May.

'56 Reunion Class

Hilliard C. Gersten, 1475 N. Lake Dr., Lakewood, NJ 08701, retired in July.

C. Robert Jackson, Madison Medical Center, Madison, WI 53715, has received the Wisconsin Medical Society's Service Recognition Award.

'36 Reunion Class

J. Edward Berk, 894C Ronda Sevilla, Laguna Hills, CA 92653, was made a Charter Laureate of the American College of Physicians, Southern California Region II in February.

'38

Mrs. Dominic S. Motsay, 24 Lake Vista Tr., #101, Port St. Lucie, FL 34952, writes that the late Dr. Motsay was honored by the unveiling of an oil portrait of him at the Guthrie Clinic in Sayre, Pennsylvania.

Portrait of the late Dr. Motsay



'39

David D. Dunn, 104 E. Second St., Erie, PA 16507, stopped doing major surgery in September 1989, but is "by no means retired."

'40

Randolph V. Seligman, 2525 Vista Larga Ave. NE, Albuquerque, NM 87106, continues an active teaching role at the University of New Mexico School of Medicine as a Clinical Professor of Obstetrics and Gynecology.

'44

Edward L. McConnell, Jr., 115 Gypsy Ln., Wynnewood, PA 19096, has been named an Honorary Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

'45

Kent P. Cooper, 5358 Cocoa Ct., Cape Coral, FL 33904, has been doing volunteer work at a national wildlife refuge.

John B. White, Jr., 5626 E. Sixteenth St., Indianapolis, IN 46218, has completed a six-year tenure on the Board of Counselors of the American Academy of Orthopaedic Surgeons. Dr. White is soon to finish his service as Chief of Staff for Community Hospitals of Indianapolis, a three-complex system with over 900 beds. He gave a presentation on non-cemented total knee

Joseph A. McCadden, 613 Morris Ln., Walingford, PA 19086, has been named Staff Vice President and Corporate Medical Director of Scott Paper Company.

'58

Peter Amadio, Jr., Clinical Professor of Family Medicine, 733 Spring Valley Rd., Doylestown, PA 18901, and daughter **Patricia B. Amadio**, '89, 1002-4A Graystone Ln., Newark, DE 19718, published "ACE Inhibitors: A Safe Option for Hypertension and Congestive Heart Failure" in the January 1990 issue of *Postgraduate Medicine*.

James M. LaBraico, 82 Inwood Ave., Upper Montclair, NJ 07043, has been named Assistant Vice President of Hoffmann-La Roche, Inc.



'59

J. Joseph Danyo, 960 Upland Rd., York, PA 17403, testified before the Public Health and Welfare Committee of the Pennsylvania Senate in February on a proposed bill requiring all physicians in the state to double discount their fees to Medicare patients.

Leonard F. Greenberg, 325 Gribbel Rd., Wyncote, PA 19095, has been promoted to the rank of Clinical Professor of Medicine at Temple University School of Medicine.

Gary P. Romisher, 511 Gatewood Rd., Cherry Hill, NJ 08003, has been named President of the Medical Staff of Zurbrugg Hospital in Riverside, New Jersey.

'60

John J. Coyle, 2 E. Broad St., Hazleton, PA 18201, has been elected President and Chief of the Medical Staff of Hazleton-St. Joseph Medical Center.

Mrs. **Ulysses E. Watson**, 6647 S. Lawrence St., Tacoma, WA 98409, writes that in the four years since her husband's death, three of their children have completed medical school, including **Maria J. Watson**, '90, and their youngest child is currently in medical school.

'61

Reunion Class

Louis Brown, 164 Orchard Rd., West Hartford, CT 06117, has been appointed Director of Thoracic and Cardiovascular Surgery at Mount Sinai Hospital in Hartford.

'63

Robert C. Gallo, 8513 Thornden Terr., Bethesda, MD 20034, received an honorary degree of Doctor of Science from the Philadelphia College of Pharmacy and Science at its Commencement Convocation in May.

'65

Louis A. Karp, 700 Spruce St., Philadelphia, PA 19106, has been named Chief of the Section on Ophthalmology at Pennsylvania Hospital.

'68

Irving S. Colcher, 2795 Egypt Rd., Audubon, PA 19403, has been appointed Chief of Pediatrics at Sacred Heart Hospital and Rehabilitation Center in Norristown.

Morris L. Orocofsky, 1307 N. Henderson St., Rusk, TX 75785, has been named Chief of Staff at Cherokee Medical Center.

'69

Mitchell A. Weinstein, 205 E. Main St., Huntington, NY 11743, returned in June from working in the world's northernmost neurosurgical department at the University of Tromsø in Norway. Dr. Weinstein has entered practice with **David M. Leivy**, '60, 29 Crane Rd., Huntington, NY 11743.

'70

James M. Gerson and **Catherine M. Scholl-Gerson**, '79, HCI Box 1450, Tafton, PA 18464, are the parents of Jeffrey David, born at Jefferson in December.

'71

Reunion Class

Terrence S. Carden, Jr., 3 Court of Natchez, Lincolnshire, IL 60069, has been elected President of Highland Park Independent Practice Associates, and has been appointed to the Planning Committee of the Board of Trustees of Highland Park Hospital.

Jerome W. Jordan, 124 Old Orchard Rd., Clarks Summit, PA 18411, chaired the seventh annual Francis P. Boland, M.D. Memorial Surgical Symposium at Mercy Hospital and the University of Scranton in April.

'72

Paul A. Andrulonis, 4 Fernwood, West Hartford, CT 06119, has been elected a Fellow of the American Psychiatric Association.

William H. McCoy III, R.D. 4, Sewickley, PA 15143, has been appointed Vice President for Medical Affairs at Canonsburg General Hospital.

George F. Speace II, 1299 Sutton Rd., Shavertown, PA 18708, has been elected First Vice President of the Medical Staff of Nesbitt Memorial Hospital.

'74

Robert B. Sklaroff, 1219 Fairacres Rd., Rydal, PA 19046, and his wife, Pat Loudis Sklaroff, are the parents of Michael David, born in June.

L. Peter Soraruf, 132 Roundhill Rd., Kennett Square, PA 19348, has taken two more associates into Kennett Family Practice: **Cheryl A. Hlavac**, '84, 1 Thorndale Pl., Thorndale, PA 19372, and **William S. Taddonio**, '86, 327 Catchpenny Ln., Media, PA 19063-5420.

Stephan H. Whitenack, 8400 St. Martin's Ln., Philadelphia, PA 19118, has joined the vascular and cardiovascular surgery sections of the Department of Surgery at Germantown Hospital.

'75

Joseph B. Giletto, 71 McBry Dr., Dover, DE 19901-4407, and his wife, Geraldine, are thrilled at the birth of their fourth child, Amanda Josephine.

Arthur C. Hayes, 375 Miles Dr., Blue Bell, PA 19422, has been appointed Director of the Emergency Department of Montgomery Hospital in Norristown.

Ellis R. Levin, 620 Thirty-third St., Manhattan Beach, CA 90266, just completed a sabbatical in molecular neurochemistry.

Richard P. Marcello, 490 N. Alverson Way, Tucson, AZ 85711, has taken on a partner in his ophthalmology practice, and opened a second office.

David O. Thayer, 1000 Alpine, Suite 181, Boulder, CO 80302-3411, is "searching for another ob-gyn to join me. Anyone interested please write or call!"

Bradley D. Wong, 4836 Matsonia Dr., Honolulu, HI 96816, was chosen as Teacher of the Year in surgery by the fourth-year class at the John A. Burns School of Medicine of the University of Hawaii.

'76

Reunion Class

Paul B. Gilman, 321 Baintree Rd., Rosemont, PA 19010, has joined the medical staff of Phoenixville Hospital.

Philip Nimoityn, 602 Washington Square South, #1709, Philadelphia, PA 19146, has

been promoted to the rank of Clinical Assistant Professor of Medicine at Jefferson.

Paul L. Zazow, 7 Goldeneve Ct., New Britain, PA 18901-5020, has joined the associate medical staff of Doylestown Hospital.

'78

Thomas J. Danyliw, 108 Tower Rd., Brookfield Center, CT 06804, is working toward a Master of Science degree in Medical Administration in a non-residential program offered by the School of Medicine of the University of Wisconsin.

Joseph A. Petrozza and **Patricia Harper Petrozza**, 2601 Fines Creek Dr., Statesville, NC 28677, have a new son, Anthony Joseph, born in March.

'79

Alan R. Erickson, 96G Barbay Rd., North Beach, NJ 08008, has been elected President of the Medical Staff of Southern Ocean County Hospital.

Michael E. Shoemaker, 209 Crosby St., Newark, NY 14513-0182, and his wife, Mary Lou, are the parents of a son, Zachary Lee, born in March.

'80

Lawrence P. Bressler, 2404 Dogleg Dr., Warrington, PA 18976-2066, and his wife, Mary, have a new daughter, Melissa, born in March.

Patricia E. Clancy and **Robert S. Kiefner**, 35 Ridge Rd., Concord, NH 03301, are the parents of a son, R. Scott Kiefner, Jr., born in December.

John W. Clayton, 2 Brookridge Ln., Newark, DE 19711, has been appointed a Clinical Assistant Professor of Surgery at Jefferson.

Harry F. Gebert, 1648 Compton Rd., Cleveland Heights, OH 44118, and his family plan to move to the Gambia in November as medical missionaries.

Patrice M. Hyde, 2001 Kentmere Parkway, Wilmington, DE 19806, has been appointed an Instructor in Pediatrics at Jefferson.

Shahab S. Minassian, 144 Whitmarsh Rd., Ardmore, PA 19003, and his wife, Joanne, have a new son, Haig, born in March.

Raymond F. Nungesser, 1281 Cherry St., Bloomsburg, PA 17815, has been elected Vice President of the Medical Staff of Bloomsburg Hospital.

Arthur H. Shedden, 10 Coventry Ct., Blue Bell, PA 19422, married Rebecca Anne Barnes last November in Tulsa, Oklahoma.

'81

Reunion Class

'83

Harvey W. Froehlich, Jr., Dept. of Pediatrics, Valley Medical Center, 445 S. Cedar Ave., Fresno, CA 93702, and his wife, Theresa, have a new son, John.

Diane R. Gillum, 245 Carriage Hill Dr., Moorestown, NJ 08057, has been promoted to the rank of Clinical Assistant Professor of Surgery at Jefferson.

David N. Gingrich, 1165 Orrtanna Rd., Orrtanna, PA 17353, has joined the medical staff of Waynesboro Hospital.

John R. Martell, Jr., 694 Methodist Rd., Greenville, PA 16125, has joined an orthopaedics practice in Greenville.

Joseph W. Schauer III, 8 Lori Ln., Howell, NJ 07731, and his wife, Alanna, are the parents of a son, Corey James, born last December. Dr. Schauer is practicing family medicine with his father, **Joseph W. Schauer, Jr.**, '55, 64 Fort Plain Rd., Howell, NJ 07731, and uncle, **Edward A. Schauer**, '49, 53 Main St., Farmingdale, NJ 07727.

Warren J. Ventriglia, 339 Lakeview Dr., R.D. 1, Linwood, NJ 08221, has been named Assistant Medical Director of the Emergency Room at Burdette Tomlin Memorial Hospital in Cape May Court House.

Alumni I.D. cards were mailed to all alumni. If you have not received yours, please contact the Alumni Office at 215 955-7750.

'82

Vincent T. Armenti, M.D., '82, Ph.D., 23 Dorchester Cir., Marlton, NJ 08053, has been promoted to the rank of Assistant Professor of Surgery at Jefferson.

Alan Jay Cohen, 106 Saturn St., San Francisco, CA 94114, presented a poster on "Pseudoseizures and AIDS Dementia" in March in Fort Lauderdale. Dr. Cohen, an Assistant Professor of Psychiatry at the University of California at San Francisco, began private practice in Berkeley in June.

John C. Gardner, R.D. 1, Box 313A, Tunkhannock, PA 18657, has been elected Secretary of the Medical Staff of Tyler Memorial Hospital.

Pauline K. Park, 1811D Fitzwater St., Philadelphia, PA 19146, has been promoted to the rank of Assistant Professor of Surgery at Jefferson.

Saul H. Helfing, 4991 E. McKinley Ave., #107, Fresno, CA 93727, has been board certified in psychiatry.

Debra Boyer Sager, 34 Great Lakes Dr., Hampton, VA 23669, and her husband, Guy, are the parents of identical twins, Matthew and Christopher, born in October 1989.

Dale W. Sailer, 2062 New Holland Pike, Lancaster, PA 17601, married Jeanine K. Wardrop in March.

Lauren E. Thornton, c/o Family Practice Clinic, USA Meddac, Fort Campbell, KY 42223, in July began six months in Honduras with the Army.

'84

Louis A. Kazal, Jr., 7575 Cambridge St., #2705, Houston, TX 77054, has completed a postdoctoral fellowship in family medicine at Baylor College of Medicine.

Alexander J. Macones, Jr., 2301 Cherry St., 3J, Philadelphia, PA 19103, received his J.D. in May from Temple University School of Law, after completing a four-year evening program. Dr. Macones has joined the law firm of Beasley Nenson Casey Collieran Erbstein & Thistle as a specialist in medical malpractice and products liability.

Joseph M. Montella, 1025 Walnut St., Suite 310, Philadelphia, PA 19107, has been appointed a Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson.

Michael S. Rosenblatt, 60 Bishop's Forest Dr., Waltham, MA 02154, is Chief Resident in General Surgery at Boston University and Boston City Hospital.

'85

Mark H. Hassel, 330 E. Thirty-eighth St., 26Q, New York, NY 10016-2744, is a Fellow and Clinical Instructor in Dermatologic Surgery at New York University.

Mark F. Kelly, 194 Lawnside Ave., Collingswood, NJ 08108, has been appointed an Instructor in Otolaryngology at Jefferson.

Ralph J. LaNeve, 6 Ridgeview Ct., Sausalito, CA 94965, is planning to relocate to Fort Riley, Kansas, where he will be a staff surgeon at Irwin Army Hospital.

George C. Meikle, 12 Walnut St., Towanda, PA 18848, has joined the clinical faculty of the State University of New York at Syracuse.

John R. Mingey, 332 Stuart Way, Erie, PA 16509, has joined the staff of Saint Vincent Health Center in internal medicine.

Robert H. Zuch, 16452 Germain Cir., Huntington Harbour, CA 92649-1871, has completed his training in anatomic and clinical pathology at the University of California at Irvine, having spent the past year as a surgical pathology fellow. Dr. Zuch has joined Kaiser Medical Center in Woodland Hills as a staff pathologist.

'86 Reunion Class

W. Bradford Carter, 1211 Addison Walkway, Philadelphia, PA 19147, is returning to Jefferson to continue his residency in general surgery.

Gregory Famiglio, 1111 Army Navy Dr., C912, Arlington, VA 22202, worked in Ethiopia recently with a surgical team. He is a fellow at Harvard Medical School and the Children's Hospital of Boston.



John H. Gould, Jr., 3316 Tilden St., Philadelphia, PA 19129, married **Sharon J. Wiggill**, '88 in September 1989. Dr. Gould began a fellowship in general academic pediatrics at Jefferson in July; Dr. Wiggill is a radiology resident at Temple University.

Dan D. Kessler, 18 Estates Ct., #6407, Pikesville, MD 21208, finished his anesthesiology residency at Johns Hopkins in July, and began as a staff anesthesiologist at the Greater Baltimore Medical Center, joining **John J. Kuchar, Jr.**, '85, 59 Jones Falls Terr., Baltimore, MD 21209.

Kent E. Kester, 2650 Thousand Oaks Dr., #1501, San Antonio, TX 78232, and **Michael K. Montella**, Scranton-Temple Residency Program, 746 Jefferson Ave., Scranton, PA 18510, have been certified by the American Board of Internal Medicine. **J. Kent Wagner**, 269 William Dr., Hershey, PA 17033, has been certified as a Diplomate of the American Board of Family Practice.

Stephen A. Nurkiewicz, 131 Cedarbrook Rd., Sicklerville, NJ 08081, has opened a solo family practice in Hammonton.

Jeffrey A. Welgoss, 141 Old Short Hills Rd., #83, West Orange, NJ 07052, served as Administrative Chief Resident in Obstetrics and Gynecology during his final year at St. Barnabas Medical Center in Livingston. In July he assumed the practice of a retiring obstetrician and gynecologist in Wilmington, working out of Christiana and St. Francis Hospitals. Dr. Welgoss is pleased to be near his old Jefferson roommates **Daniel J. Burge**, '86, and **John R. Burge**, '88, who are both at the Medical Center of Delaware, P.O. Box 6001, Newark, DE 19718.



Dr. and Mrs.
Welgoss

'87

Rachel I. Barnum, 10068 Knight Dr., San Diego, CA 92126, is serving on a Navy ship for one more year.

Sharon A. Beckhard and her husband, **Dan J. Gzesh**, '85, 834 Chestnut St., #1528, Philadelphia, PA 19107, are the parents of Sarah Ellen, born in January. Dr. Beckhard is a fourth-year neurology resident at Jefferson, where Dr. Gzesh has been appointed an Instructor in Neurology.

Geetinder K. Chattha, 5150 Diamond Heights Blvd., B306, San Francisco, CA 94131, is Chief Resident in Medicine at the University of California at San Francisco.

David G. Clymer, Sacred Heart Hospital, 421 Chew St., Allentown, PA 18102, has joined the Hamburg Family Practice Center.

Maurice A. Ferrante, 2901 N. Dale Mabry Highway, #1103, Tampa, FL 33607, has joined Humana Health Care Systems.

Jeanne M. Ferrante, his wife, is a Captain at MacDill Air Force Base.

Carole A. Sable, 113 Turtle Creek Rd., #9, Charlottesville, VA 22901, began a fellowship in infectious diseases at the University of Virginia in July.

John F. Wilson, 2464 Brentwood Rd., Union, NJ 07083, is beginning his second year of ophthalmology residency at United Hospital in Newark.

'90

Pamela D. Parker-Cohen, Swedish Hospital Medical Center, 747 Summit Ave., Seattle, WA 98104, contributed portions of two chapters to a textbook for nurses and nursing students published this year. She wrote on "Alterations of Erythrocyte Function" and "Alterations of Cardiovascular Function" in *Pathophysiology: The Biologic Basis for Disease in Adults and Children*, published by Mosby.

Jefferson Medical College Alumni Association presents

Thirtieth Postgraduate Seminar Italy & Sicily ○ June 9-18, 1991

Depart from New York on Sunday, June 9, 1991; arrive in Sicily the following day. Travel on Amalfi Coast and depart from Rome on Tuesday, June 18, or choose to remain in Rome until June 21.

Excellent Continuing Medical Education Program with full credit.

Inclusions

- Round-trip airfare from New York and all flights within Italy
- Eight nights first-class hotel accommodations in Taormina and Sorrento
- Continental breakfast daily plus "half-board" in Sicily
- Welcome and Farewell Dinners
- Private guided tour of Pompeii and Herculaneum with special guide who will emphasize medical history
- Full day of guided sightseeing on the Amalfi Coast including entrance fees
- Porterage
- Taxes on included items
- Gratuities for all included services, except to drivers and guides
- Academic Itineraries, Ltd. professional tour escort from point of departure to point of return

Obituaries

Ralph S. Stauffer, '16 died March 4 at the age of 96. Dr. Stauffer had practiced internal medicine for 64 years, and had served as President of the Washington County Board of Education. He is survived by his wife, Louise, of 206 W. Irvin Ave., Hagerstown, MD 21740, a daughter, and a son.

Francis S. Mainzer, '26 died January 5 at the age of 91. A resident of Huntingdon, Pennsylvania, Dr. Mainzer had practiced general surgery.

Harold Nichols, '26 died December 13, 1989 at the age of 86. Dr. Nichols had been affiliated with the Veterans Administration Hospital in Washington, D.C. for 24 years, retiring in 1969. He is survived by his wife, Charlotte, of 2900 S. Glebe Rd., #505, Arlington, VA 22206.

Julius Winston, '26 died March 25 at the age of 88. Dr. Winston was an Associate Professor Emeritus of Otolaryngology at the University of Pennsylvania. He is survived by his wife, Matilda, of 100 Bayview Dr., #504, North Miami Beach, FL 33160, a daughter, a son, and a nephew, **Joseph M. Winston, '54**.

Kermit E. Brown, '27 died February 28 at the age of 87. Dr. Brown had been an obstetrician and gynecologist in Asheville, North Carolina for 42 years, retiring in 1972. He is survived by a daughter and a son.

Edward N. Pell, Jr., '27 died April 7 at the age of 86. A general surgeon, Dr. Pell had been a member of the staffs of Wheeling Hospital and the Ohio Valley Medical Center. He was a past President and charter member of the Board of Directors of Blue Shield of West Virginia, and a member of the American Medical Association, the American College of Surgeons, and the Southeastern Surgical Congress. Dr. Pell is survived by a daughter, and a son, **Edward N. Pell III, '66**, of 339 W. Union St., Somerset, PA 15501.

Oren W. Gunnet, '30 died May 3 at the age of 86. Dr. Gunnet had practiced family medicine in Jefferson, Pennsylvania for 50 years. A member of the American Medical Association and the

Pennsylvania Medical Society, he was a past President of the York County Medical Society. Dr. Gunnet is survived by his wife, Beulah, of 13 York St., Codorus, PA 17311, and a daughter.

Edward J. Fisher, '31 died March 16, 1990 at the age of 84. Dr. Fisher had practiced obstetrics and gynecology in Carlisle, Pennsylvania from 1950 to 1985. He is survived by his wife, Margaret, of R.D. 1, Box 169, Latrobe, PA 15650, and a son.

Albert Adlin, '32 died January 29. Dr. Adlin was an internist who practiced in Philadelphia.

Harold T. Fuerst, '33 died April 14 at the age of 80. An epidemiologist, Dr. Fuerst had served as Assistant Commissioner for Preventable and Chronic Diseases in the New York City Health Department, retiring from that position in 1967 to become Professor of Preventive Medicine at New York Medical College. He was also a member of the faculties of New York University Graduate School of Medicine and of Columbia University. Dr. Fuerst is survived by his wife, Edith, of 510 E. Seventy-seventh St., New York, NY 10162, and a daughter.

Earl I. Saxe, '34 died January 14 at the age of 81. Dr. Saxe had practiced psychiatry in New York City for many years, and had been an Associate Professor at New York University Medical School. He was a member of the American Medical Association, the American Psychiatric Association, and the New York Psychoanalytic Society. He is survived by his wife, Anne, and a daughter.

John J. Walsh, '34 died February 15 at the age of 84. An internist, Dr. Walsh had been chief of the medical service at Pottsville Hospital in Pottsville, Pennsylvania. He is survived by a son.

John B. Zielinski, '34 died December 27, 1989. Dr. Zielinski had practiced radiology in Bridgeport and Stratford, Connecticut. He is survived by his wife, Mary, of 6918 Harbor Ln., Fort Myers, FL 33907.

Maurice H. Alexander, '35 died January 3 at the age of 79. Dr. Alexander had been a senior attending physician in otolaryngology at Albert Einstein Med-

ical Center and an Assistant Professor at Temple University School of Medicine. A Fellow of the International College of Surgeons, he was a Diplomate of the American Board of Otolaryngology, and a member of the Board of Governors of the American Academy of Facial Plastic and Reconstructive Surgery. Dr. Alexander is survived by his wife, Ruth, of Cedarbrook Hill, B301, Wyncote, PA 19095, and three daughters.

Harold B. Plummer, '35 died October 27, 1989 at the age of 80. A family practitioner in Preston, Maryland for many years, Dr. Plummer was named Maryland Family Doctor of the Year in 1959 by the Maryland Academy of General Practice, which he had served as President in 1953. He was a past Vice-President of the Medico-Chirurgical Faculty of Maryland and a past President of the Heart Association of the Upper Eastern Shore. Dr. Plummer is survived by a daughter, Anne P. Twining, of Route 3, Box 354A, Princess Anne, MD 21853.

H. Edward Yaskin, '35 died April 27 at the age of 80. A Clinical Professor of Neurology at the University of Pennsylvania School of Medicine, Dr. Yaskin was a Fellow of the American Psychiatric Association and of the American Academy of Neurology, and a Senior Fellow of the American Neurological Association. He was a member of the Bernard J. Alpers Society. Dr. Yaskin served for many years as Director of the Camden County Psychiatric Hospital, and later was named Director of the Philadelphia Psychiatric Hospital. He is survived by his wife, Bess, of 437 Hopkins Ln., Haddonfield, NJ 08033, and two daughters.

Cyrus B. Slease, '37 died March 7 at the age of 81. Dr. Slease had practiced family medicine in Kittanning, Pennsylvania. A member of the senior staff of Armstrong County Memorial Hospital, he was a past Chairman of the Board of Trustees of the Pennsylvania Medical Society. Dr. Slease is survived by his wife, Dorothy, of P.O. Box 370, Kittanning, PA 16201, a daughter, and two sons.

Clement B. Potelunas, '38 died January 29 at the age of 79. A dermatologist, Dr. Potelunas had practiced in the Scranton-Wilkes Barre area. He was a

past President of the Lackawanna Medical Society and a member of the the Pennsylvania Medical Society, the American Academy of Dermatology, the Atlantic Conference on Dermatology, and the Philadelphia Dermatological Society. Dr. Potelunas is survived by his wife, Grace, of R.D. 4, Box 564A, Prospect Rd., Mountain Top, PA 18707, three daughters, and three sons.

William I. Taylor, Jr., '41 died January 29 at the age of 72. A family practitioner in Burgaw, North Carolina, Dr. Taylor had served on the Board of Pender Memorial Hospital and on the Pender County Board of Health. He was also well-known as a sportsman and conservationist. Dr. Taylor is survived by his wife, Nancy, of Box 197, Burgaw, NC 28425, and three sons.

Robert W. Wolford, '41 died March 23 at the age of 74. A Diplomate of the American Board of Internal Medicine, and a Fellow of the American College of Physicians, Dr. Wolford was a member of the staff of the Mansfield General Hospital in Ohio until his retirement in 1979. He was also Health Commissioner for Mansfield and Richland Counties. During World War II he had served as a captain with the 227th General Hospital near Rheims, France. Dr. Wolford is survived by his wife, Ruth, of 128 Island Point Rd., Venice, FL 34287, three daughters, and a son.

Edward W. Connelly, '42 died January 22. Dr. Connelly had practiced obstetrics and gynecology in his home town of Ashland, Kentucky all of his professional life. For many years he served as the Alumni Vice-President for the State of Kentucky.

Peter P. Mayock, Jr., '47 died March 26 at the age of 66. An internist, Dr. Mayock had been a member of the staff of the Caylor-Nickel Clinic in Bluffton, Indiana. Earlier he had been associated with the Guthrie Clinic in Sayre, Pennsylvania. In 1951 Dr. Mayock attended the Pontifical Institute for Medieval Studies at St. Michael's College of the University of Toronto, and in 1978 he was awarded a National Endowment for the Humanities scholarship to Yale University for the study of ethics in contemporary society. He was a founder of the Valley Philosophical Society in Bradford County, Pennsylvania, and a cofounder of the

Creative Arts Council in Bluffton, Indiana. Dr. Mayock is survived by his wife, Anne, of 1951 Harlem Blvd., Rockford, IL 61103, and eight children.

Walter T. Rados, '51 died May 12 at the age of 63. A Clinical Associate Professor of Ophthalmology at the University of Medicine and Dentistry of New Jersey, Dr. Rados had maintained a practice in Essex County, New Jersey for 33 years. He was a Fellow of the American Academy of Ophthalmology. He is survived by his wife, Ruth, of 137 Central Ave., Montclair, NJ 07042, two daughters, and three sons.

Kirwin H. Stief, '57 died April 13 at the age of 57. A native of Mount Clemens, Michigan, he had practiced ophthalmology there for 28 years. Dr. Stief was active in the American Medical Association, the Michigan State Medical Society, the Macomb County Medical Society, and the Detroit Ophthalmological Society. He is survived by his wife, Mary, of 16376 Timberview, Fraser, MI 48026, a daughter, and two sons.

Thomas G. Peters, '60 died January 15. A family practitioner in the Fort Lauderdale area for the past 20 years, Dr. Peters had served as Chief of Medicine at Holy Cross Hospital and as a staff member of three other hospitals. Active in numerous civic and professional organizations, he was a past President of the Broward County Heart Association. Dr. Peters is survived by his wife, Effie, of 4701 N. Federal Hwy., Ft. Lauderdale, FL 33308, and a daughter.

James Price, '63 died February 10 at the age of 54. A Professor of Ophthalmology at the University of South Florida Eye Institute, Dr. Price had earlier been Professor and founding Chairman of the Department of Ophthalmology at Texas Tech University School of Medicine. In addition to his medical degree, Dr. Price held a Ph.D. in biophysics from the University of California at Berkeley. He was an Associate Fellow of the College of Physicians of Philadelphia. Dr. Price is survived by his wife, Ann, of 504 Shadow Grove Ct., Lutz, FL 33549, and three daughters.

Jeffrey K. Kanefield, '86 died May 10. Dr. Kanefield is survived by his parents, Dr. and Mrs. Marvin Kanefield, of 422 Gribbel Rd., Wyncote, PA 19095, and two sisters.

CONTINUED FROM PAGE 18

Schaedler on weekends to Knob's Mill, where an ancient house and a vast unspoiled environment challenged both of them.

The case clock stands for many things. Just being a clock it reminds us of Dr. Schaedler's heritage. "How could I be Swiss," he asks, "and not like clocks?" It also symbolizes Dr. Schaedler's artistic skills, and his love of tinkering with mechanical apparatus. The case he has restored as part of his fondness for seeking out and preserving antiques. The works are in a state of flux, however, that is not apparent in the painting. Dr. Schaedler explains that they are not original and, as designed, would not operate the moon dial. So, having restored the works to function, he is now devising an adjustment so that they will drive the moon dial as well!

These symbols can only suggest the wide range of Dr. Schaedler's interests. He retains the Swiss citizenship which he inherits from his father, and in his love for mechanics and his inventiveness he also follows a family tradition. Modest about his accomplishments as an organist and artist, he says he likes best to work with two-dimensional designs.

Knob Mill House is the product of his fondness for the natural world, adjusted over time by structures which he has designed or revised. An eleven-acre property originally belonging to a sawyer, it was in total disrepair when Dr. Schaedler purchased it. He has renovated and to some extent redesigned the house, designed and built a three-story barn, dredged a pond where trout now abound, and created very beautiful gardens on many levels of the land which he has terraced.

When Bonk, the city cat traveled to the Poconos, he romped with Knobby, the cat who started the whole tradition by adopting Dr. Schaedler and presenting him with three kittens at the close of one Knob Mill summer several years ago. Like the wild animals who share the vegetable garden uninvited, Knobby enjoys this paradise year round, her comings and goings arranged by a specially created cat door in the new barn. And lest anyone fail to understand how Bonk ties this all together with life at Delancey Street, his name is Knob spelled backwards!

CONTINUED ON PAGE 36



In the Class of '90, 52 percent of those who participated in the National Resident Matching Program received appointments at their first choice of hospitals for internship or residency, and eighty percent received one of their top three choices. Thirty members of the class will take all or part of their postgraduate training at Thomas Jefferson University Hospital.

Photographs by Francesca Neroni

Matthew C. Acker III
General Surgery
Presbyterian Hospital
New York

Frances P. Ada
Family Practice
The Bryn Mawr Hospital
Bryn Mawr, PA

Joy A. Aguas
Family Practice
The Bryn Mawr Hospital
Bryn Mawr, PA

Maria Alaimo-Dinwiddie
Family Practice
Medical Center of Delaware-
Christiana Hospital
Newark, DE

Andrés M. Aldrete
Emergency Medicine
Thomas Jefferson University Hospital

Thomas J. Allardyce
Surgery — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Orthopaedic Surgery
Thomas Jefferson University Hospital

Taro Arai
General Surgery
The Graduate Hospital
Philadelphia

Ellen M. Arch
Pediatrics
University Health Center
Pittsburgh

Christine A. Arensen
Family Practice
Thomas Jefferson University Hospital

Diane M. Armao
Pathology
University of New Mexico
School of Medicine
Albuquerque

Evangelos V. Badiavas
Internal Medicine — Preliminary
The Medical College of Pennsylvania
Philadelphia

Dole P. Baker, Jr.
Surgery — Preliminary
University of Maryland Medical System
Baltimore
PGY-2: Otolaryngology
University of Maryland Medical System
Baltimore

Vincent F. Baldassano
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Ophthalmology
Geisinger Medical Center
Danville, PA

Peter K. Bamberger
General Surgery
Walter Reed Army Medical Center
Washington, DC

Daniel Baram
Internal Medicine
The New York Hospital
New York

Lena D. Baram
Pediatrics
The New York Hospital
New York

Robert E. Barkett, Jr.
Internal Medicine
Riverside Methodist Hospital
Columbus, OH

Andrea R. Bates
Psychiatry
University of California-
Davis Medical Center
Sacramento

Andrew W. Bauer
Radiology — Diagnostic
The Bryn Mawr Hospital
Bryn Mawr, PA

Heidi Beilis
Surgery — Preliminary
The Johns Hopkins Hospital
Baltimore

Nathan L. Bennett
Family Practice
Forbes Health System
Monroeville, PA

Alan K. Berger
Internal Medicine
University Hospital
Boston

Vincenzo Berghella
Obstetrics/Gynecology
New York Infirmary-
Beekman Downtown Hospital
New York

Ronald S. Berne
Internal Medicine — Preliminary
Rush-Presbyterian-St. Luke's Medical Center
Chicago

David A. Bigatel
Surgery — Preliminary
Geisinger Medical Center
Danville, PA

Ralph A. Brasacchio
Internal Medicine — Preliminary
Mercy Catholic Medical Center
Darby, PA
PGY-2: Radiation Oncology
Strong Memorial Hospital
Rochester, NY

Mark D. Brennan, Jr.
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Anesthesiology
Thomas Jefferson University Hospital

John K. Burke
Obstetrics/Gynecology
The Lankenau Hospital
Overbrook, Philadelphia

Todd M. Butz
Internal Medicine
York Hospital
York, PA

Mary C. Byron
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Anesthesiology
Emory University School of Medicine
Atlanta

J. Marc Cardelia
Orthopaedic Surgery
UMDNJ-R.W. Johnson Medical School
Piscataway, NJ

Leslie S. Carroll
Emergency Medicine
The Medical College of Pennsylvania
Philadelphia

Stephen L. Carter
General Surgery
Barnes Hospital
St. Louis

Mark E. Case
Transitional
William Beaumont Army Medical Center
El Paso, TX

Jane W. Chan
Obstetrics/Gynecology
Strong Memorial Hospital
Rochester, NY

Wen Chao
Surgery — Preliminary
Thomas Jefferson University Hospital
PGY-2: Orthopaedic Surgery
Thomas Jefferson University Hospital

David A. Dalessandro
Internal Medicine
The Lankenau Hospital
Overbrook, Philadelphia

Thomas A. d'Amato
General Surgery
Eastern Virginia Graduate School
of Medicine
Norfolk, VA

Michael J. Dannenberg
Internal Medicine — Preliminary
Baystate Medical Center
Springfield, MA

Neville Davis
Family Practice
University of Missouri Hospital and Clinics
Columbia, MO

Randy G. Delcore
Orthopaedic Surgery
University of Iowa Hospitals and Clinics
Iowa City

Theresa A. Donati
Internal Medicine — Preliminary
Milton S. Hershey Medical Center
Hershey, PA

Randall R. Draper
General Surgery
Western Pennsylvania Hospital
Pittsburgh

David E. Driban
Family Practice
Medical Center of Delaware-
Christiana Hospital
Newark, DE

Rosemary A. Duffy
Internal Medicine
Thomas Jefferson University Hospital

Robin A. Dunfee
Family Practice
Lancaster General Hospital
Lancaster, PA

Deborah I. Eisen
Internal Medicine
Thomas Jefferson University Hospital

Karen S. Elfman
Internal Medicine — Preliminary
Hospital of the University of Pennsylvania
Philadelphia

Jennifer L. Ellis
General Surgery
Lincoln Medical Center
Bronx, NY

Leslie E. Everts
Family Practice
St. Margaret's Memorial Hospital
Pittsburgh

William D. Fales
Emergency Medicine
Geisinger Medical Center
Danville, PA

Mark R. Fantaski
Internal Medicine
Allegheny General Hospital
Pittsburgh

Timothy J. Farrell
Surgery — Preliminary
Thomas Jefferson University Hospital

Catherine M. Florio
Family Practice
Medical University of South Carolina
Charleston

Mary J. Frattali
Internal Medicine — Preliminary
Hahnemann University Hospital
Philadelphia
PGY-2: Ophthalmology
Hahnemann University Hospital

Noah D. Freedman
Psychiatry
Thomas Jefferson University Hospital



William D. Fales, Gregory D. Schapiro, and Edward A. Trott

Sandra Chern
Internal Medicine — Preliminary
Hospital of the University of Pennsylvania
Philadelphia
PGY-2: Ophthalmology
Indiana University Medical Center
Indianapolis

Scott C. Cole
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Anesthesiology
Thomas Jefferson University Hospital

Thomas P. Curran
Internal Medicine
New England Deaconess Hospital
Boston

Stephanie L. DeMara
Anesthesiology
University of Arizona Affiliated Hospitals
Tucson

Eric Desman
Surgery — Preliminary
The Union Memorial Hospital
Baltimore

Alice R. Dick
Internal Medicine
Pacific Presbyterian Medical Center
San Francisco

Roberta M. diFlorio
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia

- Peter D. Furness III**
Urology
Milton S. Hershey Medical Center
Hershey, PA
- Howard Gabor**
Emergency Medicine
University of Massachusetts
Coordinated Programs
Worcester
- Terence J. Gallagher**
General Surgery
Georgetown University Hospital
Washington, DC
- Mary E. Gallivan**
Internal Medicine — Preliminary
Cedars-Sinai Medical Center
Los Angeles
PGY-2: Ophthalmology
Wills Eye Hospital
Philadelphia
- Catherine M. Gannon**
Pediatrics
Thomas Jefferson University Hospital
- Henry F. Garazo-Lorente**
General Surgery
SUNY Health Science Center
Syracuse
- Thomas J. Gavin**
Emergency Medicine
Ohio State University Hospital
Columbus
- Bruce L. Gilliam**
Internal Medicine
University of California-
Davis Medical Center
Sacramento
- Karen R. Ginn**
Family Practice
Geisinger Medical Center
Danville, PA
- Susan B. Ginsberg**
Internal Medicine
North Shore University Hospital
Manhasset, NY
- David V. Glorioso**
Internal Medicine
Allegheny General Hospital
Pittsburgh
- Keith A. Glowacki**
Orthopaedic Surgery
Rhode Island Hospital
Providence
- Niti Goel**
Internal Medicine
Duke University Medical Center
Durham, NC
- Mira M. Gohel**
Family Practice
Thomas Jefferson University Hospital
- Angelo Grillo**
Emergency Medicine
Medical Center of Delaware-
Christiana Hospital
Newark, DE
- Robert E. Guilday**
General Surgery
The Lankenau Hospital
Overbrook, Philadelphia
- Steven K. Herrine**
Internal Medicine
Hospital of the University of Pennsylvania
Philadelphia
- David F. Hoffman**
Obstetrics/Gynecology
Medical Center of Delaware-
Christiana Hospital
Newark, DE
- Jeffrey M. Hoffman**
Pediatrics
All Children's Hospital
St. Petersburg, FL
- Rebecca M. Hogue**
Obstetrics/Gynecology
Abington Memorial Hospital
Abington, PA
- David A. Horvath**
General Surgery
Geisinger Medical Center
Danville, PA
- Angela G. Houser**
Transitional
Reading Hospital and Medical Center
Reading, PA
- Richard H. Hunn**
Internal Medicine
University Health Center
Pittsburgh
- Christopher F. Huntington**
Surgery — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
- Galicano F. Inguito, Jr.**
Obstetrics/Gynecology
Tripler Army Medical Center
Honolulu
- Nicholas A. Inverso**
Internal Medicine
Thomas Jefferson University Hospital
- Michael D. Ioffreda**
Internal Medicine — Preliminary
Hahnemann University Hospital
Philadelphia
- Carol J. James**
Internal Medicine — Preliminary
Medical Center of Delaware-
Christiana Hospital
Newark, DE
PGY-2: Ophthalmology
Wills Eye Hospital
Philadelphia
- Maury A. Jayson**
Surgery — Preliminary
Yale-New Haven Hospital
New Haven, CT
PGY-2: Urology
Yale-New Haven Hospital
- Margaret M. Johnson**
Internal Medicine
Thomas Jefferson University Hospital
- Ernest P. Jones, Jr.**
Surgery — Preliminary
Eastern Virginia Graduate School
of Medicine
Norfolk, VA
PGY-2: Neurological Surgery
Eastern Virginia Graduate School
of Medicine
- Lisa D. Josephson**
Emergency Medicine
University of California-
Irvine Medical Center
Orange, CA
- Veda L. Jovanovich**
Transitional
Mercy Hospital
Pittsburgh
PGY-2: Ophthalmology
SUNY-Buffalo
- Vikram S. Kashyap**
General Surgery
Massachusetts General Hospital
Boston
- Michael G. Katlan**
Internal Medicine
Huntingdon Memorial Hospital
Pasadena, CA
- James J. Kearney**
Surgery — Preliminary
Thomas Jefferson University Hospital
PGY-2: Otolaryngology
Thomas Jefferson University Hospital
- Ellen C. Keeley**
Internal Medicine
Thomas Jefferson University Hospital
- Melanie S. Kelton**
Internal Medicine
The New York Hospital
New York
- Susan L. Kennedy**
Transitional
Mercy Catholic Medical Center
Darby, PA
PGY-2: Radiology — Diagnostic
University Health Center
Pittsburgh
- Sanghoon Kim**
Internal Medicine — Preliminary
Geisinger Medical Center
Danville, PA
PGY-2: Physical Medicine and Rehabilitation
Thomas Jefferson University Hospital

Michael A. Kline
Internal Medicine — Preliminary
Scranton-Temple Residency Program
Scranton, PA
PGY-2: Anesthesiology
Thomas Jefferson University Hospital

Monique K. Kottenhahn
Pediatrics
Children's Hospital Medical Center
Cincinnati

John M. Kozak
Internal Medicine — Preliminary
Carney Hospital
Boston
PGY-2: Physical Medicine and Rehabilitation
New England Medical Center Hospital
Boston



Pamela D. Parker-Cohen gets a hug.

Sherri L. Kramer
Internal Medicine
Thomas Jefferson University Hospital

Matthew E. Krupnick
Internal Medicine
New York University Medical Center
New York

Cindy P. Kuo
Family Practice
Chestnut Hill Hospital
Philadelphia

Douglas F. Kupas
Emergency Medicine
Geisinger Medical Center
Danville, PA

Robert J. Lamberts
Medicine — Pediatrics
Indiana University Medical Center
Indianapolis

Barbara M. Leighton
Internal Medicine
Thomas Jefferson University Hospital

Michael E. Lekawa
General Surgery
Cedars-Sinai Medical Center
Los Angeles

Daniel J. Leonard III
Internal Medicine
Conemaugh Valley Memorial Hospital
Johnstown, PA

Marc J. Levine
Surgery — Preliminary
Pennsylvania Hospital
Philadelphia
PGY-2: Orthopaedic Surgery
Thomas Jefferson University Hospital

Rosina P. Lin
Internal Medicine — Preliminary
Thomas Jefferson University Hospital

Donald C. Liu
General Surgery
Hospital of the University of Pennsylvania
Philadelphia

Alan Y. Lo
Internal Medicine
University of California-
Irvine Medical Center
Orange, CA

Edward J. Mackle
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Anesthesiology
Temple University Hospital
Philadelphia

Gordon C. Manin
Family Practice
UMDNJ-R.W. Johnson Medical School
Piscataway, NJ

Daniel P. Markmann
General Surgery
The Union Memorial Hospital
Baltimore

James V. Martino
Internal Medicine — Preliminary
Scranton-Temple Residency Program
Scranton, PA

John F. McDyer
Internal Medicine
Barnes Hospital
St. Louis

Theresa A. Meade
Physical Medicine and Rehabilitation
Ohio State University Hospitals
Columbus

Monica A. Meyer
Family Practice
Memorial Hospital
Pawtucket, RI

Michael K. Miller
Internal Medicine
Allegheny General Hospital
Pittsburgh

Edmund M. Mitchell
Family Practice
Medical Center of Delaware-
Christiana Hospital
Newark, DE

John J. Monroe, Jr.
Family Practice
Abington Memorial Hospital
Abington, PA

Gaetano P. Monteleone, Jr.
Family Practice
Harrisburg Hospital
Harrisburg, PA

Catherine J. Montgomery
Family Practice
West Jersey Health Systems
Voorhees, NJ

Daniel P. Moore
Physical Medicine and Rehabilitation
University of Virginia Hospitals
Charlottesville

William B. Morrison
Internal Medicine — Preliminary
Pennsylvania Hospital
Philadelphia
PGY-2: Radiology — Diagnostic
Thomas Jefferson University Hospital

Bradley G. Nichols
Internal Medicine — Preliminary
The Bryn Mawr Hospital
Bryn Mawr, PA

Willard S. Noyes
Otolaryngology
Mayo Graduate School of Medicine
Rochester, MN
PGY-2: Otolaryngology
Mayo Graduate School of Medicine

Timothy J. O'Brien
Transitional
Mercy Catholic Medical Center
Darby, PA
PGY-2: Ophthalmology
Wills Eye Hospital
Philadelphia

Robert C. O'Reilly
Surgery — Preliminary
Mercy Catholic Medical Center
Darby, PA
PGY-2: Otolaryngology
Thomas Jefferson University Hospital

Terence L. O'Rourke
Family Practice
Malcolm Grow U.S.A.F. Medical Center
Washington, DC

John A. Osborne
Internal Medicine
Brigham and Women's Hospital
Boston

David E. Ost
Internal Medicine
McGaw Medical Center-
Northwestern University
Chicago

Daniel S. Pacifico
Internal Medicine
Georgetown University Hospital
Washington, DC

John P. Parente, Jr.
Family Practice
Geisinger Medical Center
Danville, PA

Grace E. Park
Transitional
Presbyterian Medical Center
Philadelphia

Pamela D. Parker-Cohen
Family Practice
Swedish Hospital Medical Center
Seattle

Ronald A. Peck
Internal Medicine
Georgetown University Hospital
Washington, DC

Daniel P. Pellegrini
General Surgery
Medical College of Ohio
Toledo

Claire B. Perlman
Pathology
University of Massachusetts
Coordinated Programs
Worcester

Lawrence C. Reardon
Internal Medicine
University Health Center
Pittsburgh

Alice Reich
Pediatrics
Boston City Hospital

John E. Rooney
Internal Medicine
Barnes Hospital
St. Louis

Karen A. Roperti
Obstetrics/Gynecology
University Health Center
Pittsburgh

James D. Rorabaugh
General Surgery
Wilford Hall U.S.A.F. Medical Center
San Antonio, TX

Ernest L. Rosato
General Surgery
Thomas Jefferson University Hospital

Bret A. Rosenblum
Family Practice
Latrobe Area Hospital
Latrobe, PA

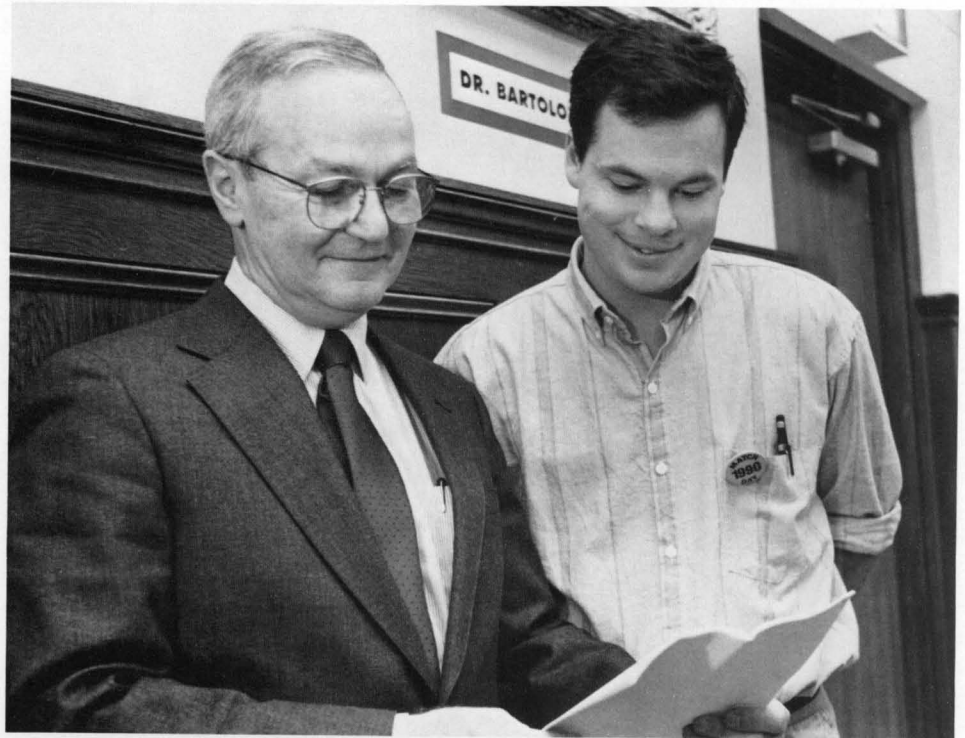
Helen L. Ross
Obstetrics/Gynecology
Geisinger Medical Center
Danville, PA

Eric S. Rutstein
Internal Medicine — Preliminary
Beth Israel Medical Center
New York

Ursula R. Sangimino
Internal Medicine — Preliminary
Akron City Hospital
Akron, OH
PGY-2: Radiology — Diagnostic
Cleveland Clinic Foundation
Cleveland

Gregory D. Schapiro
Internal Medicine
New England Deaconess Hospital
Boston

Scott J. Schoedler
Radiology — Diagnostic
Medical Center of Delaware-
Christiana Hospital
Newark, DE



Ernest L. Rosato (who is the son of Francis E. Rosato, M.D., The Samuel D. Gross Professor and Chairman of Surgery) with Joseph F. Rodgers, M.D., Clinical Professor of Medicine and Associate Dean for Affiliations and Residency Programs

Robert A. Sabo
Surgery — Preliminary
Albert Einstein Medical Center
Philadelphia
PGY-2: Neurological Surgery
University of Illinois College of Medicine
Peoria

Jennifer L. Sabol
General Surgery
Baystate Medical Center
Springfield, MA

Mark J. Sangimino
Orthopaedic Surgery
Akron City Hospital
Akron, OH

Brian L. Schwam
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Ophthalmology
Cleveland Clinic Foundation
Cleveland

Robert Schwartzstein
Internal Medicine — Preliminary
Hahnemann University Hospital
Philadelphia

Rodney M. Sepich
Internal Medicine
University of Virginia Hospitals
Charlottesville

Mark P. Seraly
Internal Medicine — Preliminary
Thomas Jefferson University Hospital

Randy Shafritz
Surgery — Preliminary
Albert Einstein Medical Center
Philadelphia

Linda B. Siegel
Pediatrics
Georgetown University Hospital
Washington, DC

Scott W. Silodor
Transitional
Mercy Catholic Medical Center
Darby, PA
PGY-2: Ophthalmology
New York Medical College
New York

Amitabh Singh
Internal Medicine
Allegheny General Hospital
Pittsburgh

Leslie A. Sklar
Pediatrics
New England Medical Center Hospital
Boston

Susan F. Slovin
Internal Medicine
The Mount Sinai Hospital
New York

Scott D. Smith
Family Practice
York Hospital
York, PA

Staci J. Smith
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia

Toby K. Soble
Family Practice
West Jersey Health System
Voorhees, NJ

Jennifer A. Spalding
Transitional
Presbyterian Medical Center
Philadelphia
PGY-2: Anesthesiology
The Johns Hopkins Hospital
Baltimore

Marshall W. Stafford
Transitional
Medical Center of Delaware-
Christiana Hospital
Newark, DE
PGY-2: Ophthalmology
University Health Center
Pittsburgh

Ted M. Stampien
Internal Medicine — Preliminary
Thomas Jefferson University Hospital

Amber L. Steinberg
Anesthesiology
The New York Hospital
New York

Sara A. Sterling
Family Practice
West Jersey Health System
Voorhees, NJ

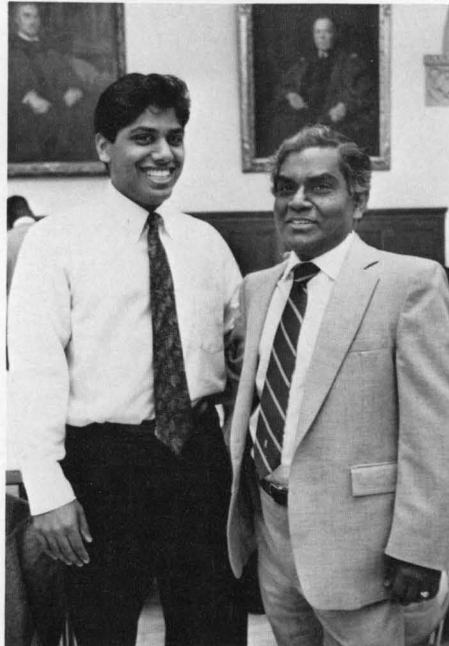
Alan J. Stevenson
Pathology
Thomas Jefferson University Hospital

Geoffrey Stewart
Surgery — Preliminary
Pennsylvania Hospital
Philadelphia
PGY-2: Orthopaedic Surgery
New England Medical Center Hospital
Boston

Gregg P. Summerville
Internal Medicine — Preliminary
Beth Israel Medical Center
New York

Mohan Suntharalingam
Internal Medicine — Preliminary
The Bryn Mawr Hospital
Bryn Mawr, PA
PGY-2: Radiation Oncology
University of Maryland Medical System
Baltimore

*Mohan Suntharalingam with his father,
Nagalingam Suntharalingam, Ph.D., Profes-
sor of Radiation Oncology and Nuclear
Medicine (Radiological Physics)*



Carole E. Thomas
Internal Medicine — Preliminary
The Lankenau Hospital
Overbrook, Philadelphia
PGY-2: Neurology
Thomas Jefferson University Hospital

Lenore M. Tietjens-Grillo
Obstetrics/Gynecology
Medical Center of Delaware-
Christiana Hospital
Newark, DE

Arthur M. Treiman
Family Practice
Hunterdon Medical Center
Flemington, NJ

Edward A. Trott
Obstetrics/Gynecology
Hahnemann University Hospital
Philadelphia

K. Edmund Tse
Internal Medicine
UMDNJ-R.W. Johnson Medical School
Piscataway, NJ

Arvinder S. Uppal
Surgery — Preliminary
Duke University Medical Center
Durham, NC
PGY-2: Otolaryngology
Duke University Medical Center

Sander van Cleeff
Internal Medicine
George Washington University Hospital
Washington, DC

Kathleen T. Wagner
Family Practice
Thomas Jefferson University Hospital

Maria J. Watson
Internal Medicine
Albert Einstein Medical Center
Philadelphia

Gayle J. Weaver
Internal Medicine
The Graduate Hospital
Philadelphia

Dana W. Wheelock
General Surgery
Mercy Catholic Medical Center
Darby, PA

John W. Whelan
Internal Medicine
University of New Mexico
School of Medicine
Albuquerque

Deborah A. Whitehead
Obstetrics/Gynecology
University of Nevada Affiliated Hospitals
Las Vegas

Charles C. Whitney III
Family Practice
David Grant U.S.A.F. Medical Center
Fairfield, CA

Englok Yap
Internal Medicine — Preliminary
Medical Center of Delaware-
Christiana Hospital
Newark, DE

Emily L. Yee
Internal Medicine
University Health Center
Pittsburgh

Students have found Dr. Schaedler demanding, and insistent upon high standards. However, both Lewis W. Bluemle, Jr., M.D., retiring President of Thomas Jefferson University, and Dean Connella pointed out that they usually come to appreciate, after graduation, the rigorous preparation they have received in microbiology and immunology. It was in recognition of this excellent groundwork that V. Watson Pugh, M.D. '53 and his wife, Frances Plimpton Pugh, established the Plimpton-Pugh Professorship in 1985

with Dr. Schaedler as the first incumbent. Dr. and Mrs. Pugh were among those present for the portrait presentation.

Dr. Bluemle commented that over the years he came to realize that Dr. Schaedler is a man who has an interest in Jefferson that goes beyond microbiology; beyond his own equipment and interests. When Dr. Mandle retired as Chairman of the Art Committee, "an important committee that tends to the symbols of our heritage," Dr. Bluemle noted that "it wasn't very hard to identify Russ Schaedler as an obvious successor. But he hasn't just kept that

operation going; he has supported the new ideas we've developed with the help of people like University Art Historian Julie S. Berkowitz, M.A. and University Historian Frederick B. Wagner, Jr., M.D. '41, with J. Woodrow Savacool, M.D. '38, to put together a history of the University." Dr. Bluemle reminded the audience that Dr. Schaedler also supervised the replanting of the atrium at Jefferson Alumni Hall when it became overgrown, saying, "It's that kind of sense of responsibility . . . a sense of possession, or stewardship, if you will, that I think Russ exemplifies so well." □



Don Walker

Saul D. Treiman,
Arthur M. Treiman, '90,
Carol Treiman
(widow of Harris I. Treiman, '64),
and Philip R. Treiman, Class of '93

SONS AND DAUGHTERS OF ALUMNI

In the Class of '90

Armao, Diane M.
Baker, Dole P., Jr.
Barkett, Robert E., Jr.
Berger, Alan K.
Berne, Ronald S.
Byron, Mary C.
Carter, Stephen L.
Dannenberg, Michael J.
Dick, Alice R.
Everts, Leslie E.
Farrell, Timothy J.
Glorioso, David V.
Glowacki, Keith A.
Houser, Angela G.

Father

Joseph J. Armao, '53
Dole P. Baker, '65
Robert E. Barkett, '60
Norman Berger, '57
Bernard Berne, '56
Harold J. Byron, '54
Thomas L. Carter, '56
Marvin Dannenberg, '54
John M. Dick, '63
Erich A. Everts-Suarez, '50
William J. Farrell, '61
Joseph J. Glorioso, '58
Peter Glowacki, '54
Ben P. Houser, Jr., '63

In the Class of '90

Huntington, Christopher F.
Ioffreda, Michael D.
Kline, Michael A.
O'Rourke, Terence L.
Pellegrini, Daniel P.
Perlman, Claire B.
Rutstein, Eric S.
Sabo, Robert A.
Sabol, Jennifer L.
Steinberg, Amber L.

Treiman, Arthur M.
Watson, Maria J.
Wheelock, Dana W.

Father

Park W. Huntington, Jr., '49
Pasqualino Ioffreda, '59
Ben Kline, '55
Terence L. O'Rourke, '60
Ronald V. Pellegrini, '63
Herbert C. Perlman, '62
Harvey R. Rutstein, '60
Jack C. Sabo, '61
John R. Sabol, '57
Charles L. Knecht III, '57
(stepfather)
Harris I. Treiman, '64
Ulysses E. Watson, '60
Dana M. Wheelock, '53

New Gross Clinic Poster Available

The University Art Committee is pleased to announce the release of the first large-scale, high-quality poster of Thomas Eakins's *The Gross Clinic* to be produced under Jefferson auspices. The handsome 24-inch by 36-inch poster, pictured on the back cover, was developed in consultation with the Philadelphia Museum of Art. For your convenience the poster may be ordered from the Museum's shop by sending payment with the form below.

MAIL ORDER FORM FOR GROSS CLINIC POSTER

For our records are you a Jefferson: Alumnus (Class & College) _____ Faculty _____ Parent _____ Friend _____

	Quantity	Amount
Each Poster	\$14.00 _____	\$ _____
Shipping, up to 5 Posters per Tube per Destination	\$ 4.00 _____	\$ _____
Each Additional Destination	\$ 4.00 _____	\$ _____
SUBTOTAL		\$ _____
Pennsylvania Residents Please Add 6% Sales Tax		\$ _____
TOTAL		\$ _____

Check or Money Order Enclosed, Drawn on a U.S. Bank in U.S. Currency _____
Please Make Check Payable to: Museum Shop, Philadelphia Museum of Art

Visa/Master Card/American Express

Account # _____

Expiration Date _____

Name _____

Address _____

Phone Number (_____) _____

Your Shipping Address, if Different from Above:

Name _____

Address _____

Phone Number (_____) _____

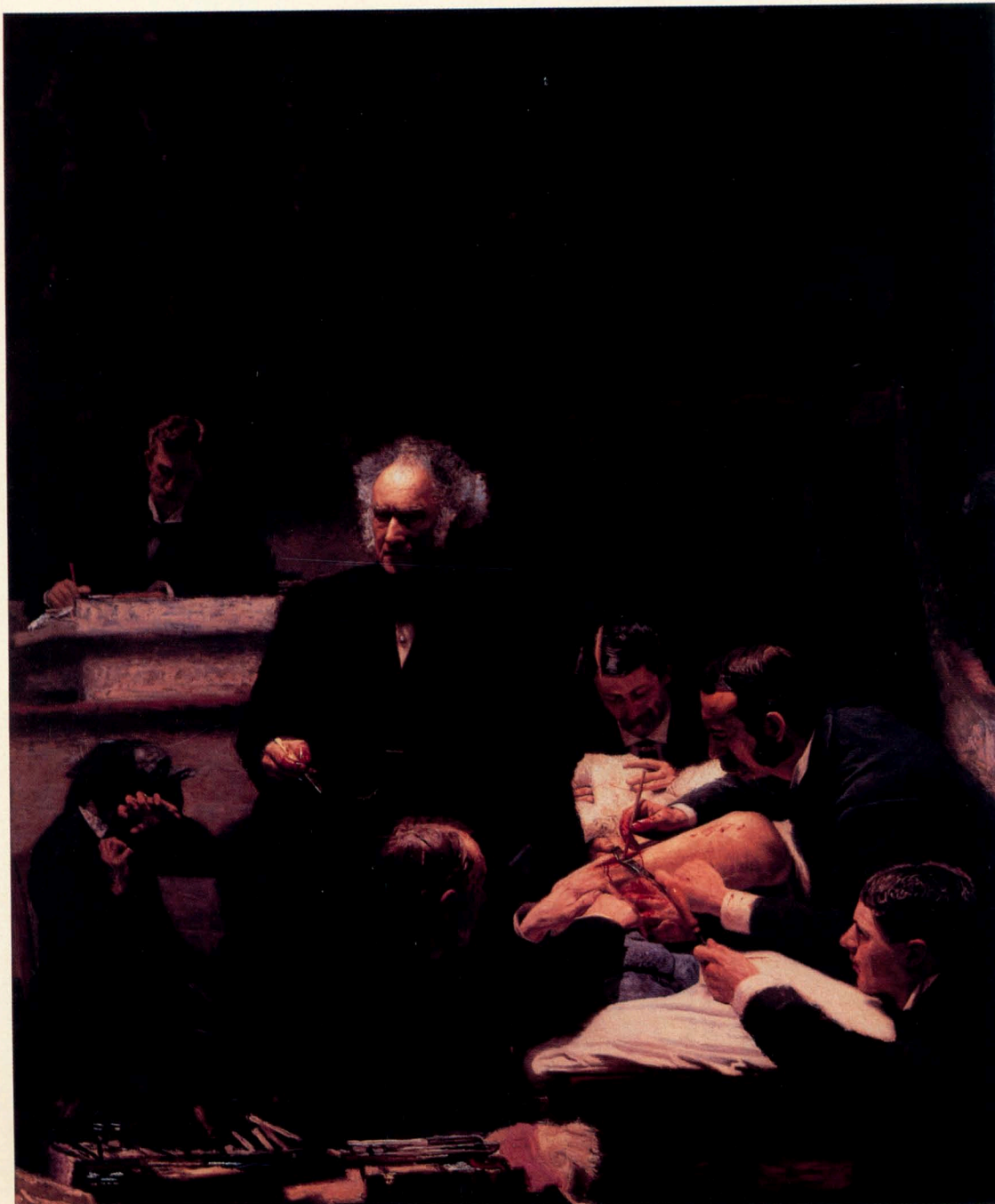
The Holidays Are Coming—Send a Poster as a Gift!

Please Send a Poster to:

Name _____

Address _____

Please Send this Order Form with Payment to: Museum Shop
Philadelphia Museum of Art
P.O. Box 7646
Philadelphia, PA 19101-7646



THOMAS EAKINS

The Gross Clinic

American, 1844—1916, *The Gross Clinic*, 1875, Oil on Canvas, 96" x 78", Jefferson Medical College, Thomas Jefferson University, Philadelphia