

1975

1975 Clinic Yearbook

Michael P. Flacco

Allan J. Neff

David P. Mayer

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Doonesbury

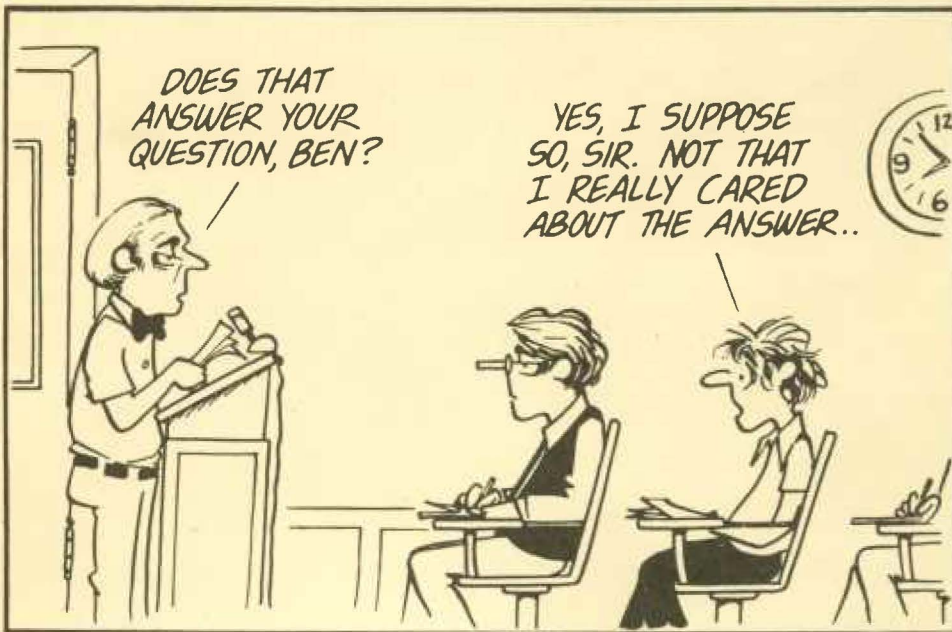
by G.B. Trudeau.

WHAT A BEAUTIFUL DAY FOR SLEEPING AND NOT GOING TO BIOLOGY!

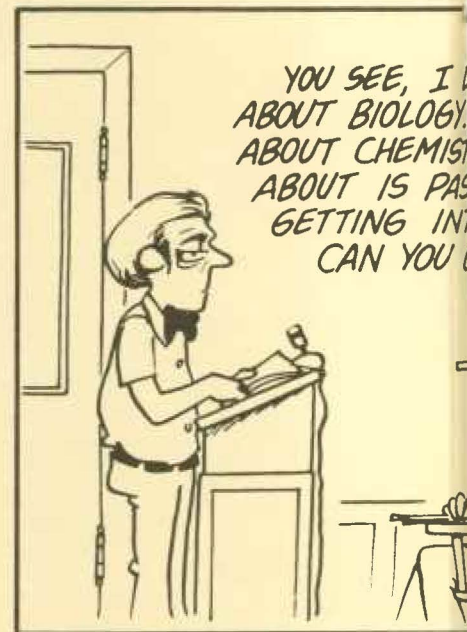


DOES THAT ANSWER YOUR QUESTION, BEN?

YES, I SUPPOSE SO, SIR. NOT THAT I REALLY CARED ABOUT THE ANSWER..



YOU SEE, I LIED ABOUT BIOLOGY. ABOUT CHEMISTRY. ABOUT IS PASSING GETTING INTO COLLEGE. CAN YOU LIE?



IS THAT... THAT ASKING SO.. MUCH?

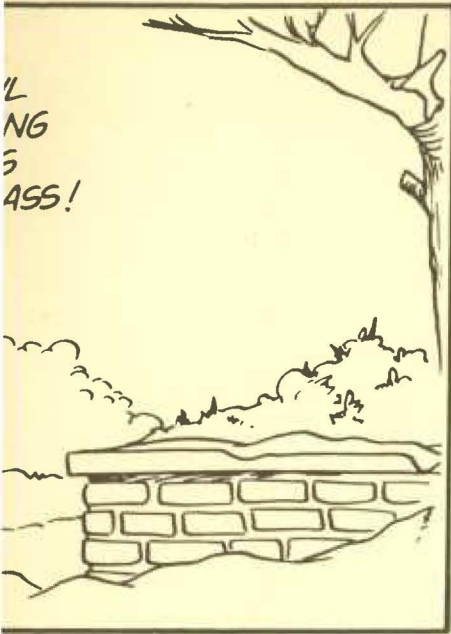


UM...

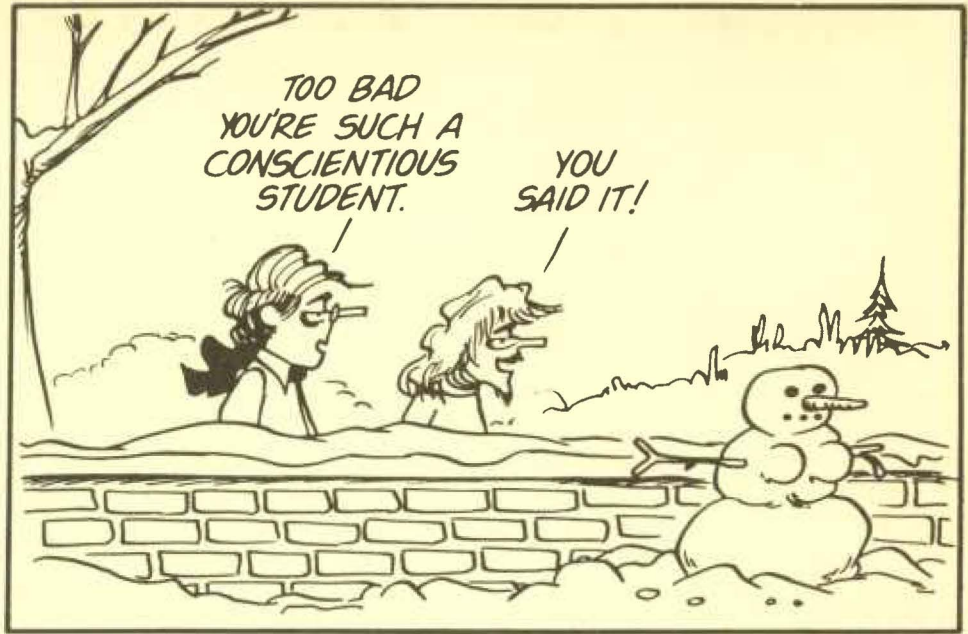


© 1974 G. B. Trudeau

UNIVERSAL PESS SYNDICATE

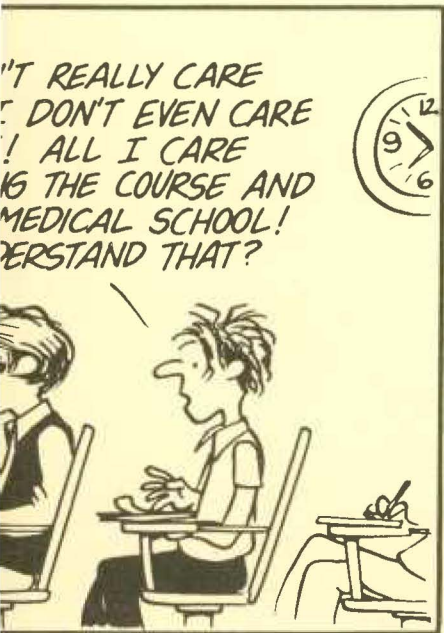


...L
...NG
...S
...ASS!

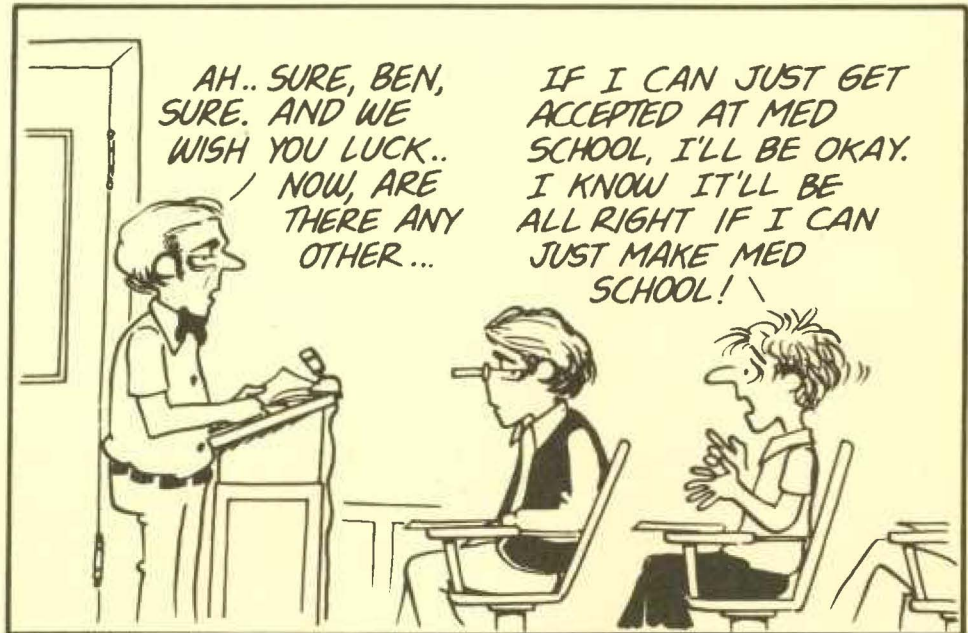


TOO BAD
YOU'RE SUCH A
CONSCIENTIOUS
STUDENT.

YOU
SAID IT!

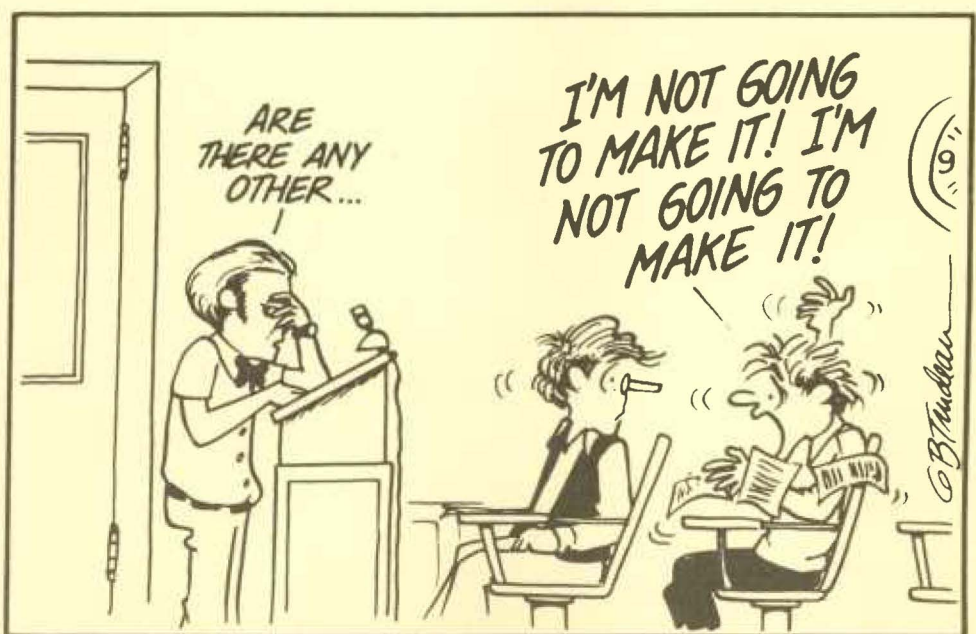


DON'T REALLY CARE
... DON'T EVEN CARE
...! ALL I CARE
IS GETTING THE COURSE AND
GETTING INTO MEDICAL SCHOOL!
DO YOU UNDERSTAND THAT?



AH.. SURE, BEN,
SURE. AND WE
WISH YOU LUCK..
NOW, ARE
THERE ANY
OTHER...

IF I CAN JUST GET
ACCEPTED AT MED
SCHOOL, I'LL BE OKAY.
I KNOW IT'LL BE
ALL RIGHT IF I CAN
JUST MAKE MED
SCHOOL!



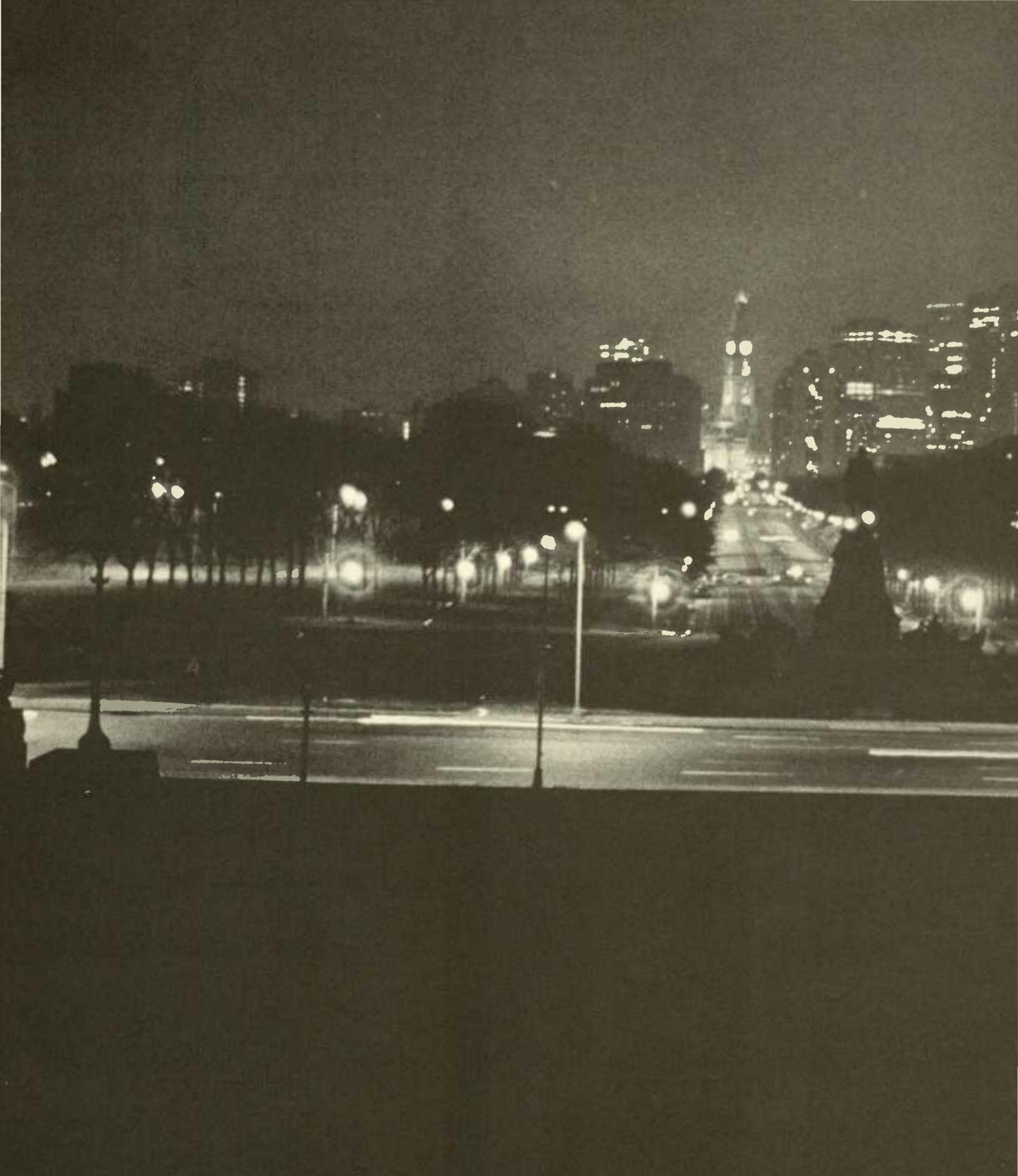
ARE
THERE ANY
OTHER...

I'M NOT GOING
TO MAKE IT! I'M
NOT GOING TO
MAKE IT!



© BT Anderson





Honoured Patron Edition

The 1975 Clinic

Jefferson Medical College



Editors

Michael P. Marco

David Pierce Mayer

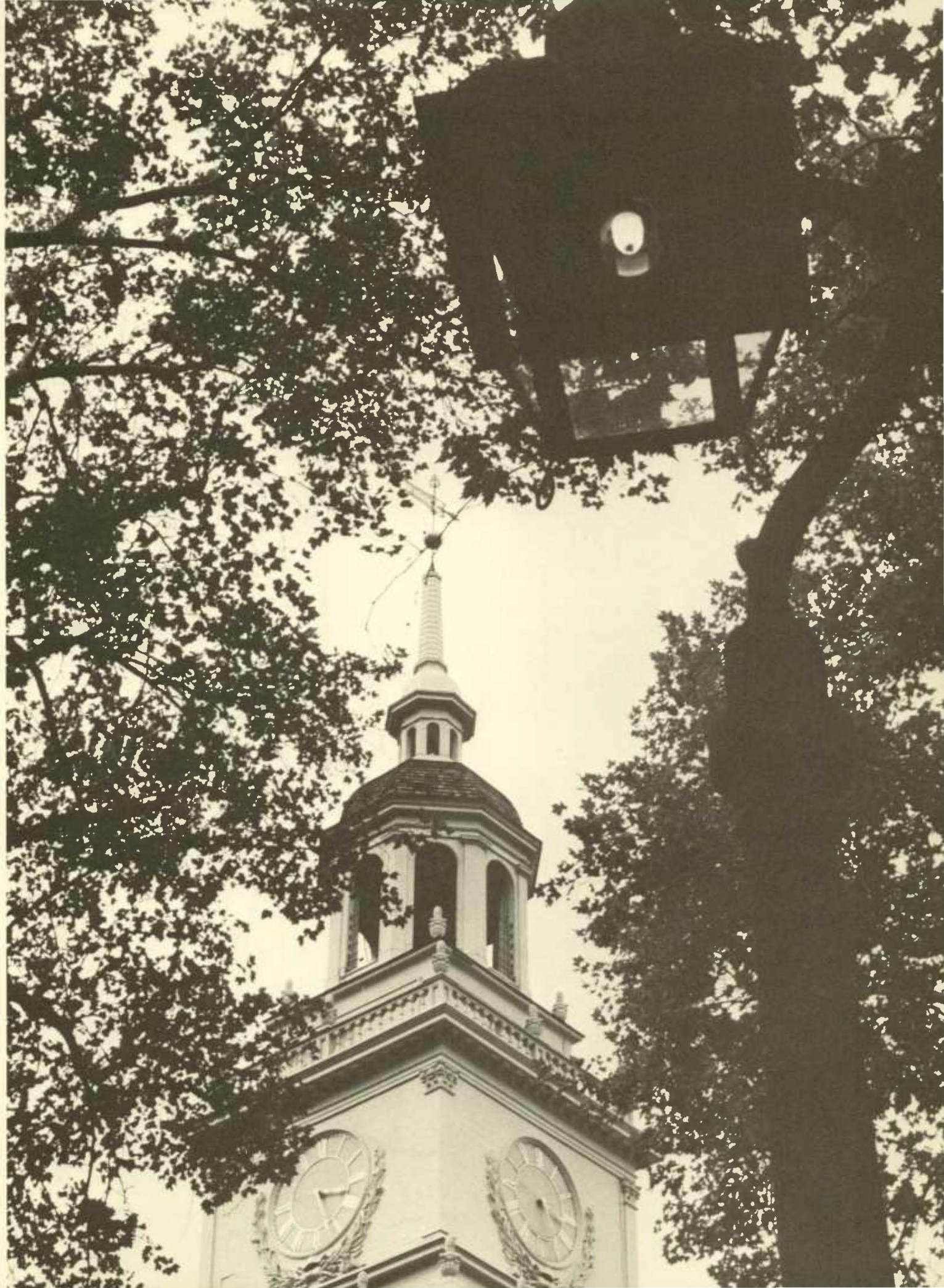
Allan Jay Neff



If you would not be forgotten, as soon as you are dead and rotten, either write things worth reading, or do things worth the writing.

Benjamin Franklin

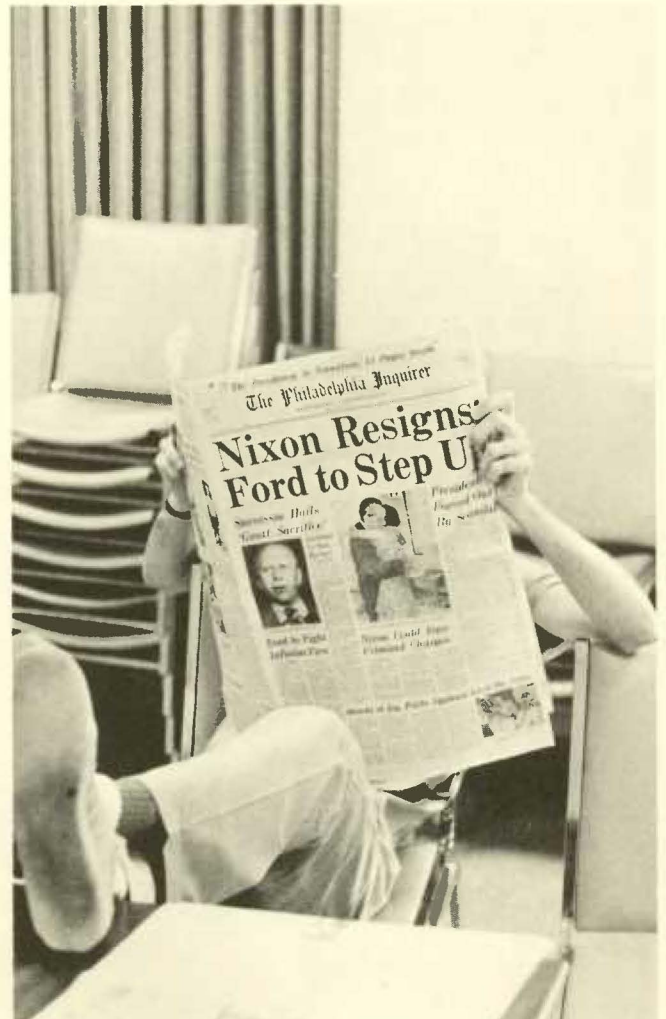


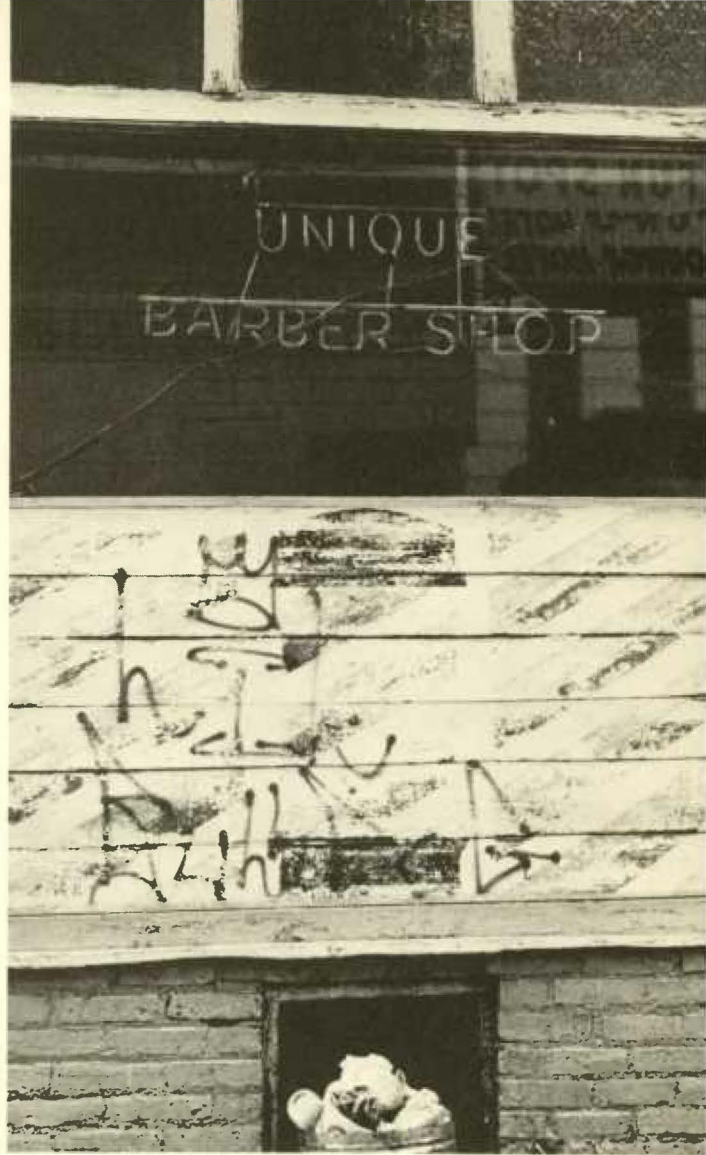




And though I know you're dissatisfied with
your position and your place,
Don't you understand it's not my problem?
I wish that just one time you could stand inside
my shoes
And just for that one moment I could be you.

Bob Dylan



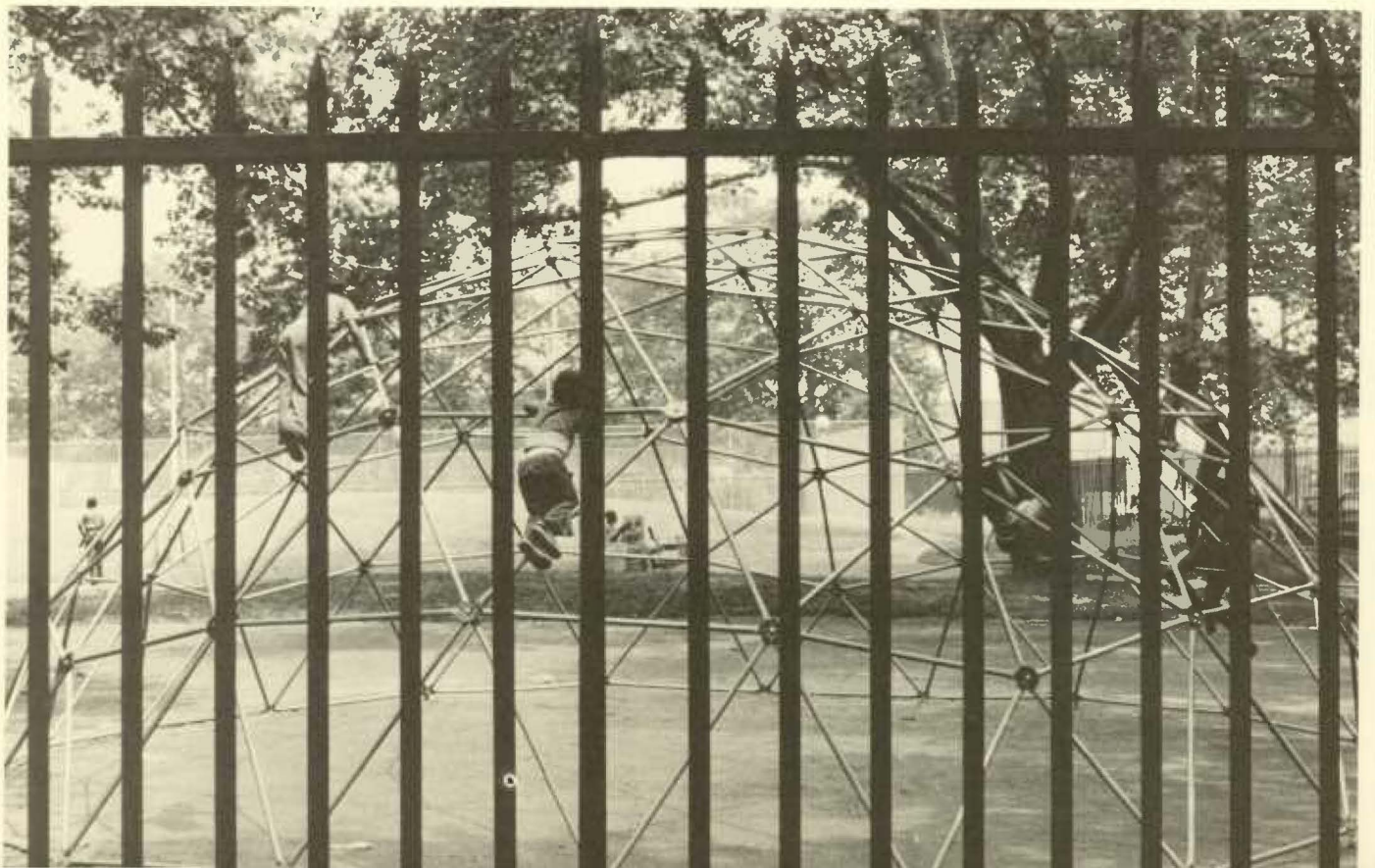




Philadelphia is the most pecksniffian of American cities, and thus probably leads the world.

H.L. Mencken

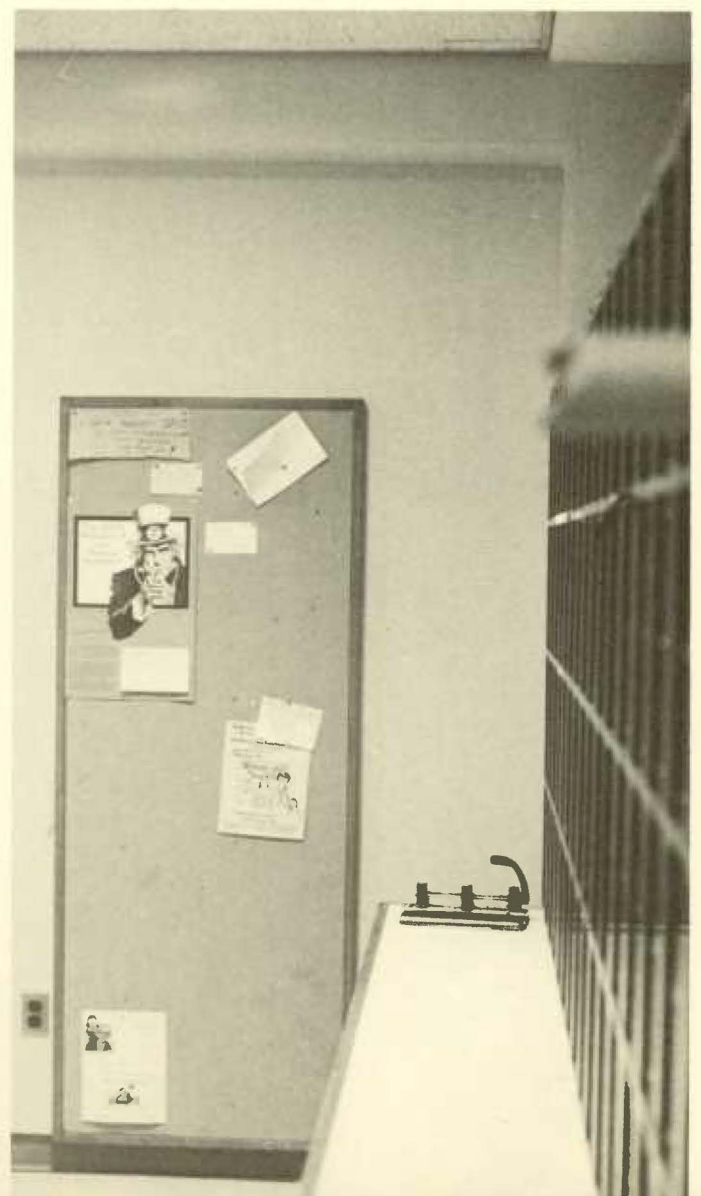
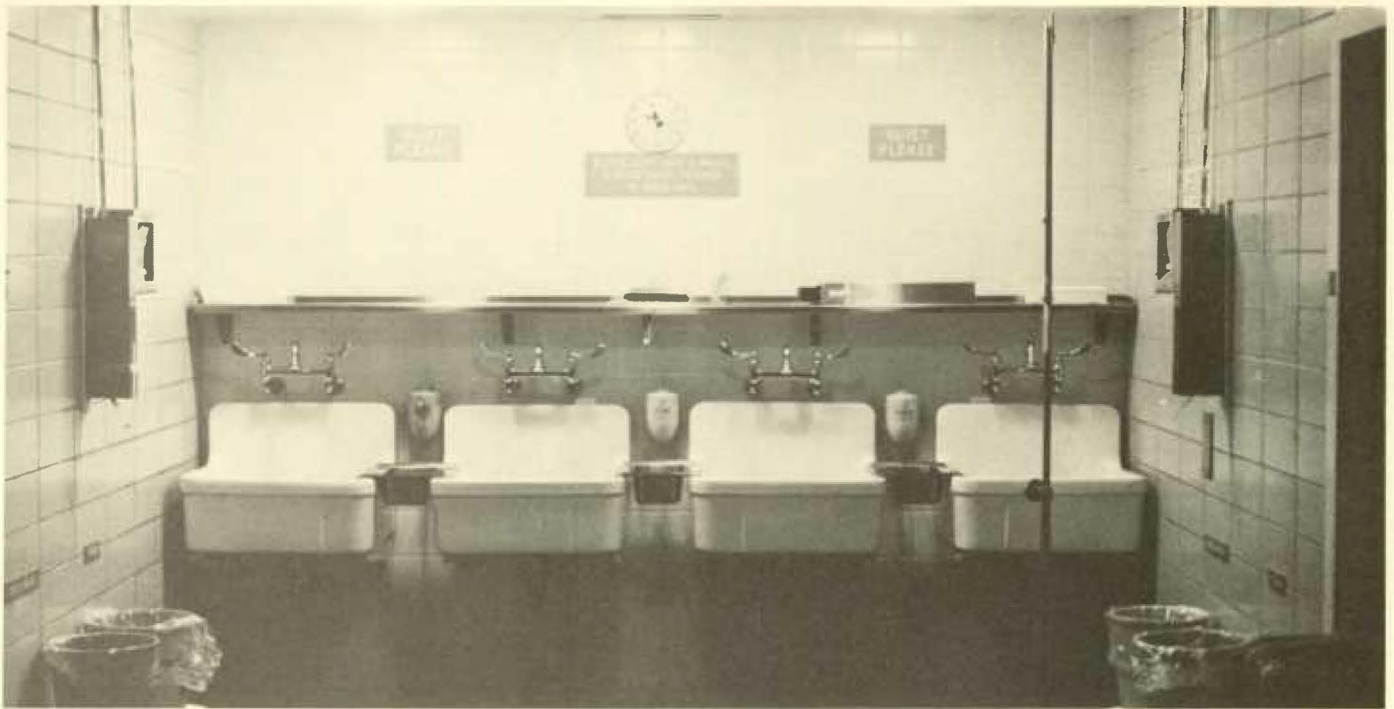


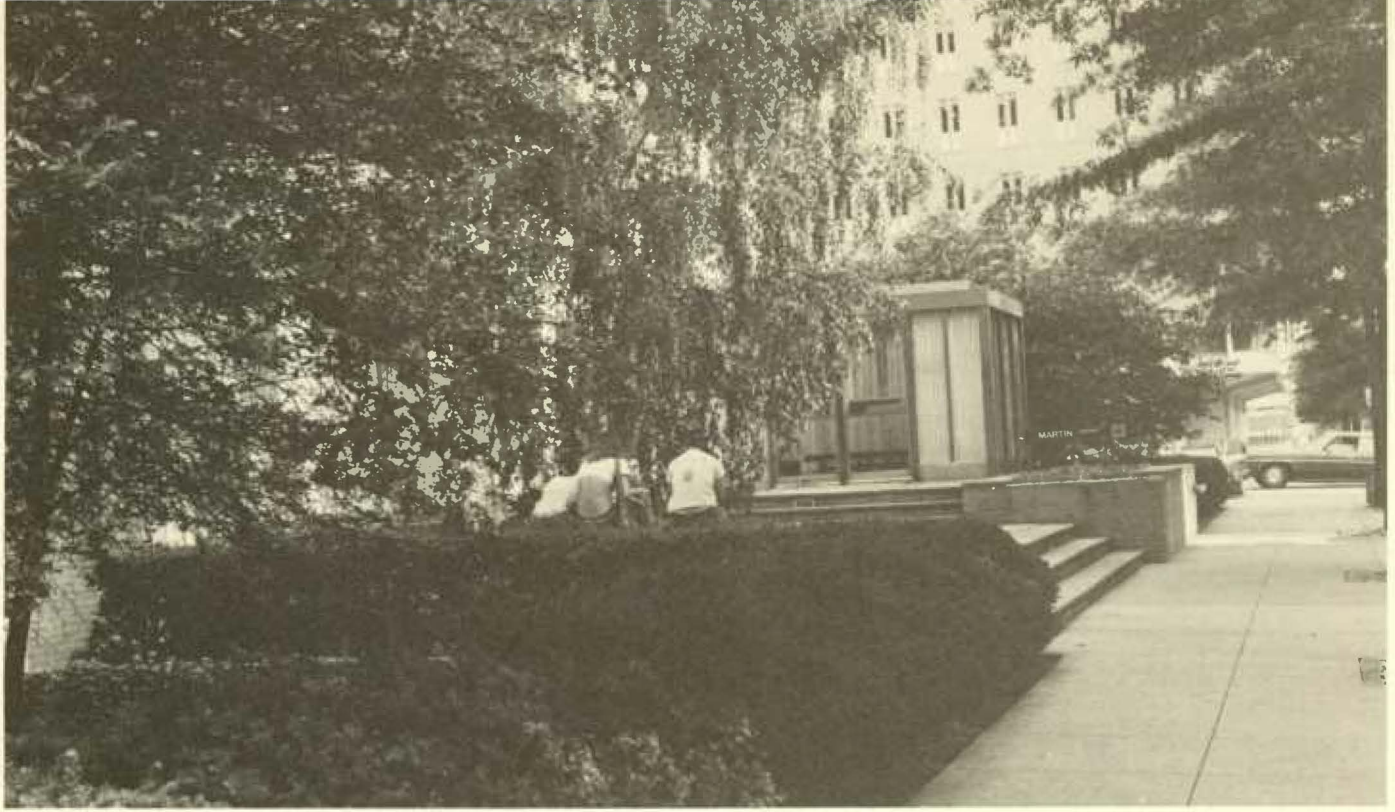


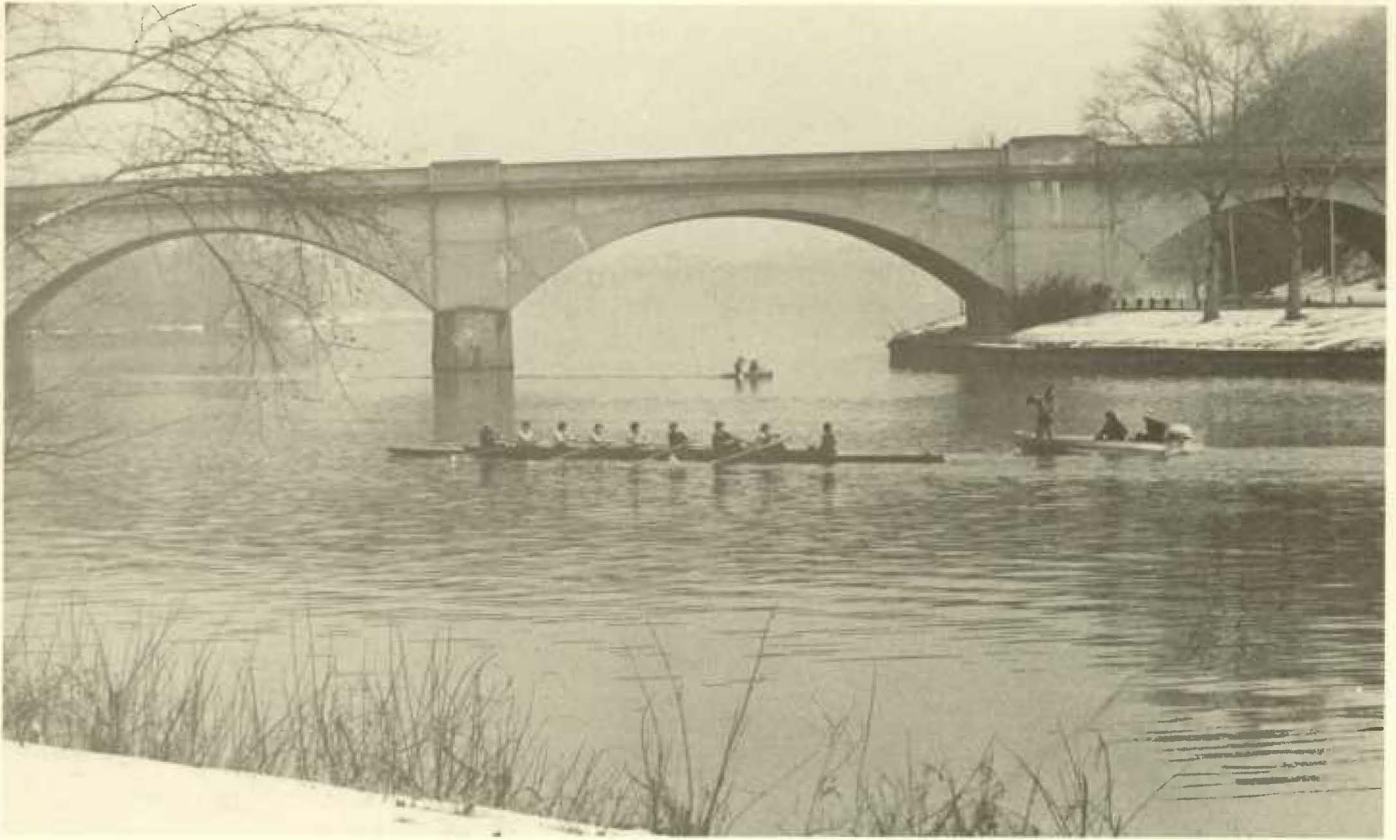
He who is of a calm and happy nature will hardly feel the pressure of age, but to him who is of an oppressive disposition youth and age are equally a burden.

Plato









*Next to
excellence
is the
appreciation
of it.*

William Makepeace Thackeray





The apparel oft proclaims the man.

William Shakespeare





Dedication

Western Medicine is, of course, a reflection of the culture that gave birth to it. A study of philosophy brings the dualistic (two-valued orientation) nature of medicine, as well as the rest of our culture, into a relatively sharp focus. Something is; or it is not. Things are, or they are not. We are either students, or teachers; implying that the flow of education is unidirectional. We are either physicians, or 'allied health professionals.' We either pass, or we fail: yet who is to define the minimum amount of necessary knowledge? We are either in the Old-New Curriculum, or in the New-New Curriculum: but has anyone yet admitted that all these changes are merely experiments? The transition at the interface of these poles has been allowed to recede away to reveal a false dichotomy.

We, the editors, believe that education must be bidirectional, and that the wisest of teachers learn much from their pupils. We feel that physicians and 'allied health professionals' are both part of the health care team, and that the contribution of each is necessary. We believe that the Jefferson methods of evaluating performance are grossly inadequate, and that multiple-multiple choice computer exams fail to place the proper emphasis on the *art* of medicine, and on *depth* of understanding. We also feel that by segregating the classes (through changing curricula, class schedules, and by emphasizing Class year in all alumni affairs) you have interfered with a feeling of continuity with Jefferson's history, and hindered the valuable interchange that might have resulted.

In the *1975 Clinic*, we have attempted to re-unify the student and teacher, the past and present. Instead of dividing the book into a senior section, and a Pre-Clinical Faculty section, and a Clinical Faculty section, we have brought them together. Between every few pages of seniors, you will find the departments in alphabetical order. Professors are people (just like their students), and have their own human strengths and frailties. We have attempted to caption their photographs accordingly. Students are just as likely to make statements of profound meaning as are faculty members. In the class note service, many scribes took the opportunity to place quotes of relevant interest at the end of the lecture, and a number of these have been used as captions in the *1975 Clinic* (along with scribe's initials and the course that the quote appeared in).

In the senior section we have shown the photographs of some of Jefferson's most illustrious alumni, as if they were right beside us. As another link with our past, the parents of our classmates, who are Jefferson alumni, have their original yearbook photograph reproduced next to that of their son/daughter. We also wanted to make our classmates aware of Jefferson's long history, so we have included a pictorial history of Jefferson, placed opposite a written one. The pictorial history was largely collected by our own efforts from the Jefferson Archives, Dr. Sweeney, Mr. Lentz, and the Alumni Association (Miss Groseclose). For the written history we turned to Dr. Andrew Ramsay, Emeritus Professor of Anatomy.

Dr. Ramsay has been at Jefferson for many years and has acquired considerable knowledge of Jefferson's history. None of us will forget the zeal (and the diagrams) with which he attempted to teach us embryology. Dr. Ramsay was especially eager to contribute to our yearbook since we were the last class he "had the privilege to teach" (his words) before retiring as Chairman of the Department of Anatomy. Though our deadlines were unreasonable, he met them, even though it meant working on his manuscript while on a fishing vacation in the hinterlands of Montana. His dedication to Jefferson and the Yearbook will be evident as you read the story. In over two decades at Jefferson, Dr. Ramsay has taught one of the largest groups of physicians in the country. He has long been a friend of the student: for example, Jefferson was the first school in the country to schedule free time for students in the afternoon, upon recommendation of the Anatomy Department. (it should be noted that the New-New Curriculum has eliminated most of this free time.) Dr. Ramsay was also one of the leading advocates for athletic facilities in the basement of Jeff Hall.

And so, partly in recognition of his dedication to Jefferson, its students, the *1975 Clinic*, and for our personal involvement with him, we have decided to revive an historical tradition, and dedicate The *1975 Clinic* to Dr. Andrew Ramsay.

The Editors



Andrew J. Ramsay, Ph.D.,

Emeritus Professor

of Anatomy

FORWARD

Jefferson Medical College, your Alma Mater, is rich in history and tradition. Your four years here will culminate, shortly, as you gather in the culturally historic Academy of Music to receive your coveted Doctor of Medicine degree. As you accept your diploma from President Herbut's hand, each of you automatically becomes a member of the Alumni Association of Jefferson Medical College. This is an illustrious body of physicians who have, since 1824, not only risen to leadership in medical education and in the promotion of scientific medicine but who have provided (and are now providing) medical services to more Americans than the graduates of any other medical school.

Our 150 years are filled with the accomplishments of a continuous series of extraordinary people. May you, through your deeds, devotion, and dedication, in like manner, add new chapters to our illustrious history, enrich our 150 years of tradition, and engender renewed respect for the practitioner and for the profession of medicine within American society and culture.

The Editors of your Clinic have

requested that I write this short story of Jefferson Medical College and its Alumni and Faculties. They have requested that it be narrative and anecdotal rather than formal and encyclopedic. I am pleased to do this for the class of 1975, the last I was privileged to instruct during my career at Jefferson. Please realize, however, that this abridged account cannot embrace all events and people of our entire history and that its contents were chosen to serve only as examples of our people and of the milestones they established in the story of our origin and rise to the enviable position we occupy in American Medicine. For further information please consult, among others, the sources listed at the end of this account.

The magic year was 1824. John Quincy Adams was elected our sixth President by the House of Representatives, although Andrew Jackson had received 99 electoral votes to 84 for Adams. Jefferson Medical College, destined to become America's largest independent medical school, was born.





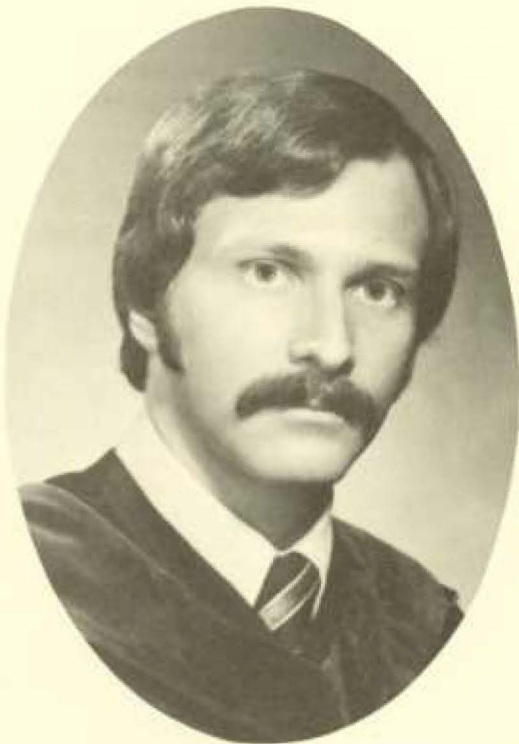
Christopher G. Anthony, M.D.

Michigan State University, B.S. '68



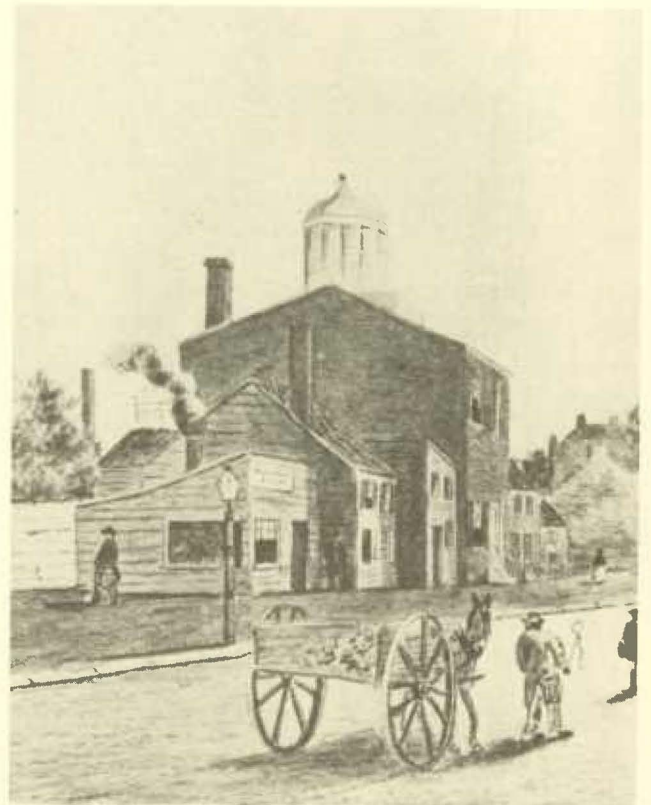
William A. Auritt, M.D.

Franklin and Marshall College, A.B. '70
Pediatrics



Angelo Salvatore Agro, M.D.

University of Pennsylvania, B.A. '71
Surgery

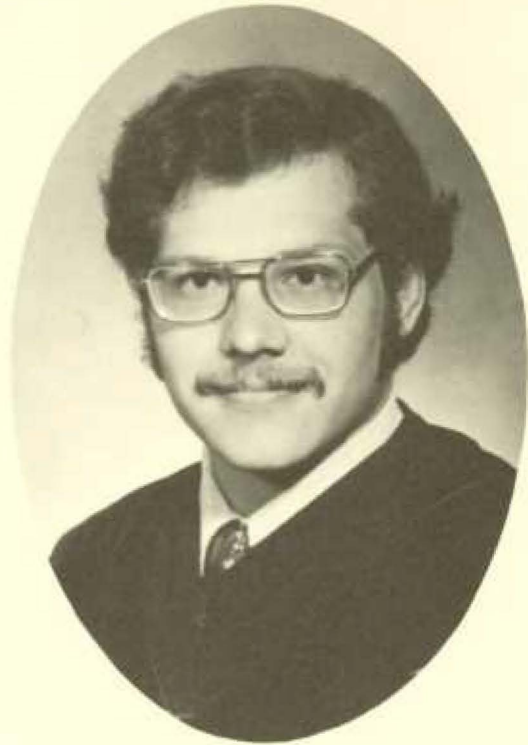


Anatomical Hall, 1765-1802



David Azar, M.D.

Pennsylvania State University, B.S. '73
Surgery



William Bader, M.D.

Pennsylvania State University, B.S. '73
Family Practice

Quackery Flourishes

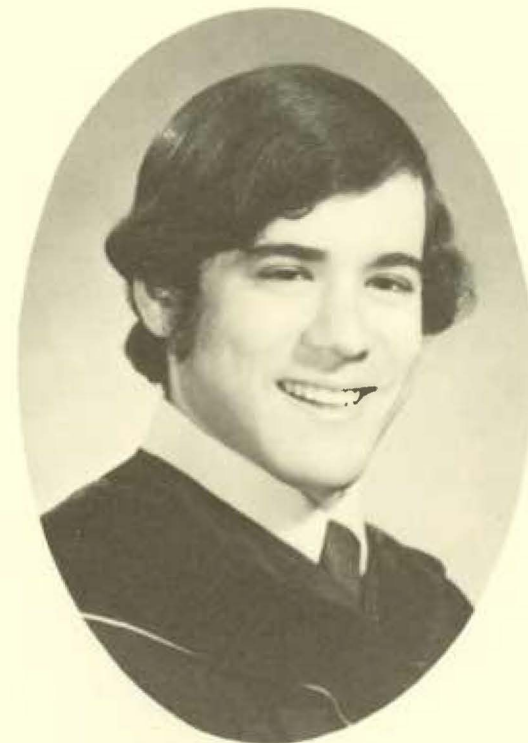
Philadelphia was the largest city in the Colonies and had doubled its population in the previous twenty-five years. Less than seventy physicians and two dozen "leechers and cuppers" administered to the 138,000 souls in our City of Brotherly Love. Although considered the healthiest city in the new nation, disease and pestilence were present and, at times, epidemic. Already the "Cradle of American Medicine" Philadelphia boasted of the first hospital (1751) and, unrelated, by the merger of two very young and incomplete "schools of medicine," the Medical Department of the Academy of Philadelphia (later named University of Pennsylvania), America's first medical school.

The colonies were growing, more physicians were sorely needed. The University of Pennsylvania was bursting with nearly 500 students, twice that of the other early medical schools. Indeed, many very well qualified students from Philadelphia and elsewhere who wished to study medicine in the "cradle" had to be turned away. Another high quality medical school in Philadelphia was urgently needed.

Medical education in the later

1700's and early 1800's usually consisted of an apprenticeship of 2-3 years under a preceptor, plus a series of "lectures" extending from 1-2 years, followed by an examination and, for the successful candidates, the degrees of Bachelor of Medicine and Master of Surgery (M.B., Ch.M.).

But an examination and a degree were really not required in order to practice medicine, merely the prescribed apprenticeship and lectures (plus a certain degree of over-confidence!). Of course then, as today, some quackery flourished. Due to the over-crowded classes at "the University," with their limited faculty and facilities, it was hardly possible for the medical aspirant to gain more than a cursory education. To aid in providing a more well-rounded medical education there arose several 'private' schools, conducted by prominent physicians, not all of whom held appointments at the medical school. The better of these private schools served a valuable service for many years to come. The need was first noted for private schools in practical anatomy and dissection. Other disciplines were soon added to the curriculum.



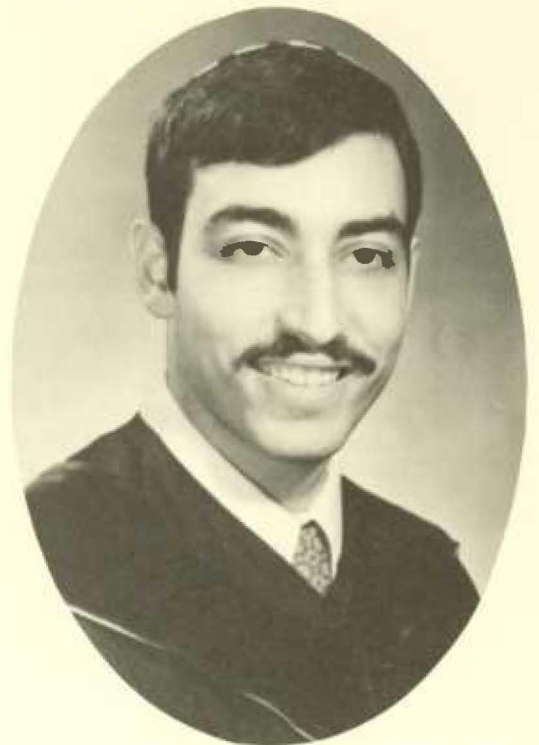
Robert Benjamin Baker, M.D.

Pennsylvania State University, B.S. '73
Pediatrics



Lawrence T. Beatty, M.D.

Pennsylvania State University, B.S. '74
Family Practice



Jerry M. Belsh, M.D.

University of Pennsylvania, B.A. '71
Internal Medicine

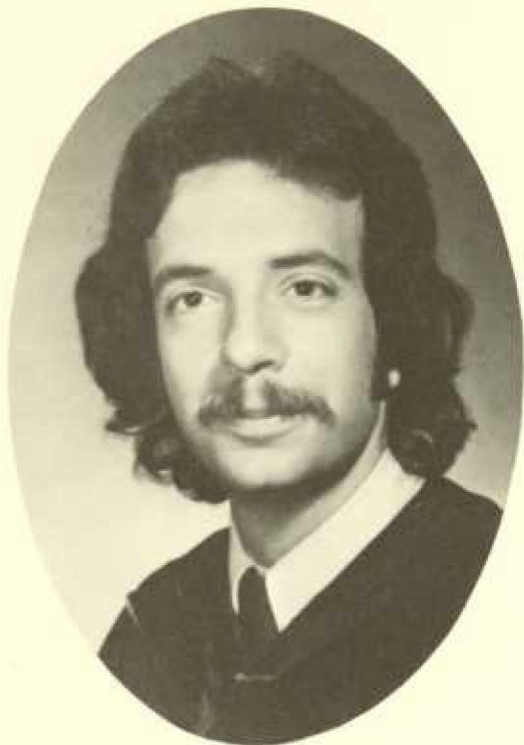


Geoffrey R. Barger, M.D.

Villanova University, B.S. '71
Pediatric Neurology



Pennsylvania Hospital



Richard Bennett, M.D.

Case Western Reserve University, B.A. '71
Internal Medicine



Stuart M. Berger, M.D.

University of Miami, B.S. '71
Dermatology

George Has Visions

Most of the students at the University of Pennsylvania took advantage of lectures at one or more of these private schools, especially for instruction in anatomy, and students from other schools journeyed to Philadelphia for this "extra" instruction, as well. With no anesthesia and no effective antiseptic techniques yet available in medicine, it was imperative that the surgeon *really know* the structure of the human body, in order to operate expertly and rapidly. Without knowledge and confidence from experience in dissection, this of course was then, as today, impossible.

Perhaps the first of these "private schools" in America (1750) was that of Dr. Thomas Cadwalader of Philadelphia, with lectures in anatomy and some demonstrations on the cadaver.

The early 1800's saw the brave beginnings of the changes to come in medicine and medical education. Ancient beliefs and limitations were being challenged. The scientific method of testing the veracity and effectiveness of the traditional teachings of the old masters (e.g., Galen, et al) was being introduced. Thoughtful and creative young men recognized folly where it existed, then, as today. (Editors' note: see the history of the Class of 1975). Such a man was George McClellan, a graduate of the University of Pennsylvania who, in 1821,

opened a private school of lectures in medicine at age 24.

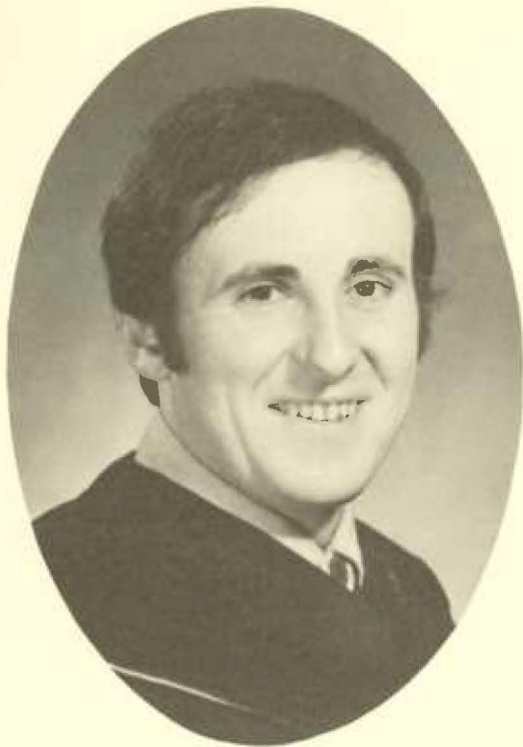
George McClellan was an unusually bright young man of Highland Scot and English stock. The grandson of General Samuel McClellan (a hero of the War for Independence). George was characterized, although very young, as "with the heart of a lion and the eye of the eagle", and was said to be the equal of any physician in Philadelphia regardless of age or experience.

After graduating in Arts from Yale, at age 18, he entered medicine with a three year apprenticeship under the preceptorship of Hubbard at Yale, then on to Philadelphia for his M.D. at the University of Pennsylvania. It was clear to the faculty at Penn that he was destined for a bright future. Assigned while a student at Old Blockley (later Philadelphia General), he was soon known as "the spirit and delight of the house". He was qualified in all branches of medicine as they existed at that time, but his special interests were anatomy and surgery. McClellan was known as a 'born surgeon', an inspiring lecturer, a masterful clinical demonstrator, a man of vision with a restless penchant for action. Surely the man of the hour in Philadelphia.



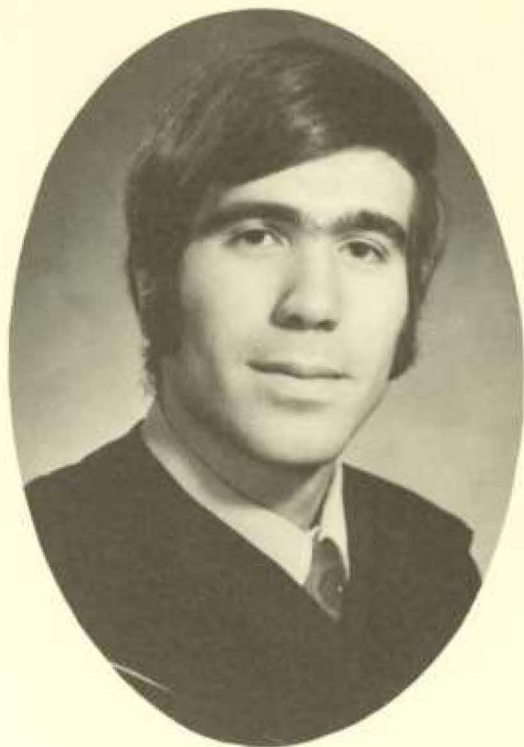
Paul David Berguson, M.D.

Mansfield State College, B.A. '68
Sloan-Kettering Institute, Cornell University '69
Anesthesiology



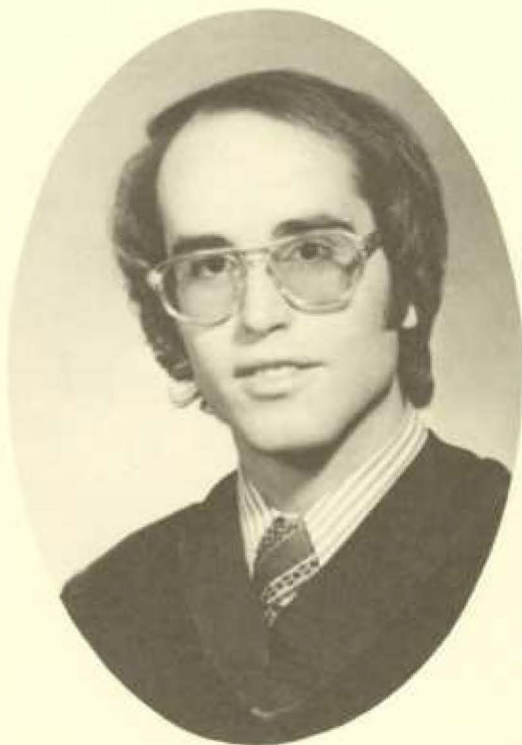
Gerard T. Berry, M.D.

University of Notre Dame, B.S. '71
Internal Medicine



Michael J. Besozzi, M.D.

Rutgers University, B.A. '71
Radiology



Howard Berlin, M.D.

Pennsylvania State University, B.S. '73
Internal Medicine

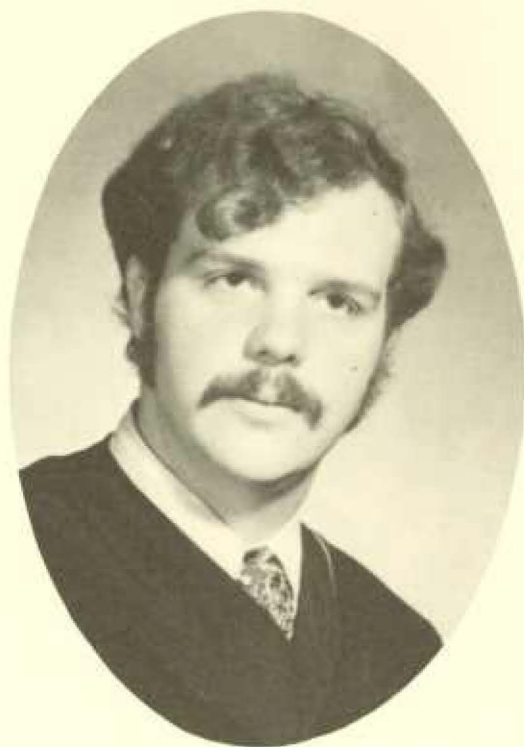


Jefferson College in Canonsburg, Pennsylvania



Alan H. Bierlein, M.D.

Pennsylvania State University, B.S. '73
Family Practice



William A. Biermann, M.D.

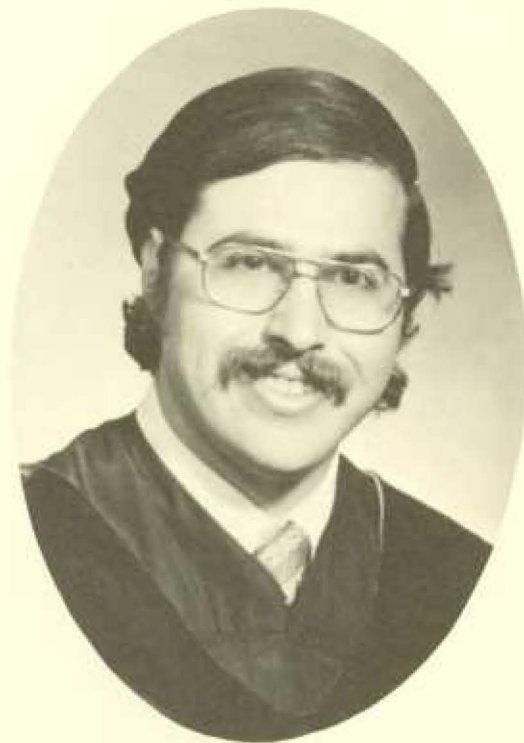
LaSalle College, B.A. '71
Internal Medicine

Status Quo Must Go

His 'private school' gained widespread attention and soon attracted students from afar, including, of course, those enrolled at the University of Pennsylvania. He insisted that didactic instruction be accompanied by actual practical exercises in dissection as well as in the diagnosis and treatment of patients, and he arranged his quarters to accommodate this practice for his students. But his real goal was soon to become apparent: to use his highly successful 'private school' as a base from which to develop a second full-fledged medical school in Philadelphia. It was an easy matter to open and run a private school in one or more of the medical disciplines (because these relieved the pressure on the medical school), but quite another to establish a degree conferring medical school in Philadelphia, to stand as a rival institution to the University of Pennsylvania. This had been tried unsuccessfully on several occasions, the failure being due to the obvious resistance and political influence exerted by the University in the Pennsylvania Legislature. Of course, without legislative Act an approved and enabling charter could not be obtained. McClellan was aware of these pressures and was ready to draw upon his Scot ingenuity.

The unrest and dissatisfaction with the status quo at the medical school of the University had, for some time, given rise among several younger physicians to a genuine desire for changes long overdue. McClellan's private school had become the rallying point for those convinced of the need for a second school. His first attempt to gain a charter was, as that of others had been, unsuccessful due to traditional political pressure exerted by the University of Pennsylvania. Undaunted, our hero resolved to circumvent any further interference from that quarter. He decided upon a path which was (as history relates) if not truly brilliant, surely more clever than our adversary was prepared to cope with successfully. McClellan and his friends, in order to gain public support, made appropriate appeals to the public by speaking engagements and through the press.

Then in June 1824, McClellan formally proposed to the Trustees of Jefferson College at Canonsburg, Pennsylvania, that a medical school under their aegis be established in Philadelphia. (Jefferson College, operated by Scotch-Presbyterians was considered to be an institution of exemplary status).



Richard Blutstein, M.D.

Dickinson College, B.S. '71



Winslow

Winslow J. Borkowski, M.D.

University of Pennsylvania, A.B. '71
Pediatrics



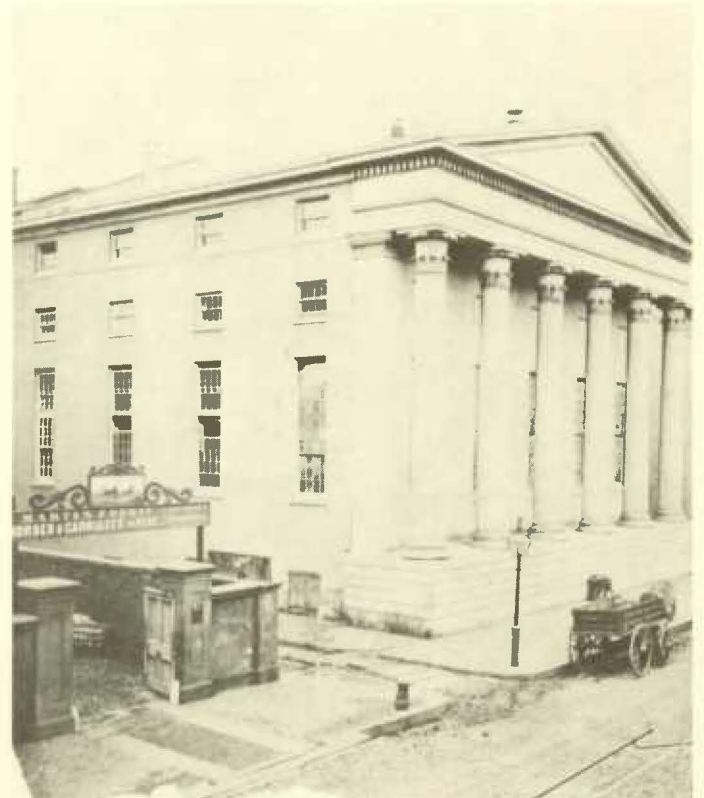
Gordon L. Brodie, M.D.

Clark University, B.A. '71
Family Practice



Bruce B. Borgelt, M.D., Ph.D.

Wittenberg University, B.A. '67
Thomas Jefferson University, Ph.D. '73
Internal Medicine



Medical Hall, 1828



Clifford Arthur Browning, M.D.

College of the Holy Cross, A.B. '71



Margaret Jean Brunt, M.D.

Purdue University, B.S. '71
Internal Medicine

U. of Pa. Is Bitter

This proposal, signed by Drs. George McClellan, John Eberle and Joseph Klapp, and Jacob Green, Esq., was immediately approved by action of the Trustees of Jefferson College and a medical faculty was appointed in June 1824. Intelligently conceived and carefully worded *Articles Of Agreement* were drawn up to include matters relative to the operation of the new Medical Faculty (later Jefferson Medical College), its finances (to be completely independent of those of Jefferson College), the appointment of additional and replacement faculty, removal of professors, the academic programs and the entrance of pupils. For an attraction over Penn: Article 9—That ten indigent young men of talents, who bring to the Medical Faculty satisfactory testimonials and certificates, shall be annually admitted into the Medical School, receive its medical instructions, and be entitled to its honors, *without any charge*. (The names of the recipients were held in strictest confidence from fellow students and faculties) The Articles listed six professorships and initially appointed only four: McClellan (Surgery, and Anatomy), Klapp (Theory and Practice of Medicine), Eberle (Manteria Medica, later Theory and Practice), and Green (Chemistry, Minerology, and Pharmacy). Klapp changed to Anatomy but his tenure was brief. Dr. B.

Rush Rhees was later appointed to Theory and Practice and Institutes.

McClellan's plan was completed successfully, and Philadelphia had a second medical school and the University of Pennsylvania was out-manuevered (but the opposition continued to growl and the bitter pill was not to be swallowed for some time to come). McClellan's recourse to starting his medical school under the aegis of a highly respected academic institution already existing was chosen not to circumvent the law, but to proceed legally and properly without involving a Legislature whose ear had been tuned to the University of Pennsylvania's frequency.

McClellan's genius caught the imagination of many young, bright, medical men. Among the earliest was Nathan R. Smith, a founder of Dartmouth's Medical department, and later the Professor of Medicine and Surgery at Yale. He held his chair in Anatomy at Jefferson only until 1827.

According to some, almost equal credit for the origin of Jefferson Medical College should have gone to Dr. John Eberle, who worked closely with McClellan and who, together with Rhees and Green, stood with McClellan through the early period of stress and trial of the new school.



Robert Carson Cain, M.D.

Lincoln University, A.B.
North Carolina Central University, M.S.

The Department of Anatomy



I wish Jefferson would stop admitting more students than they have space for.



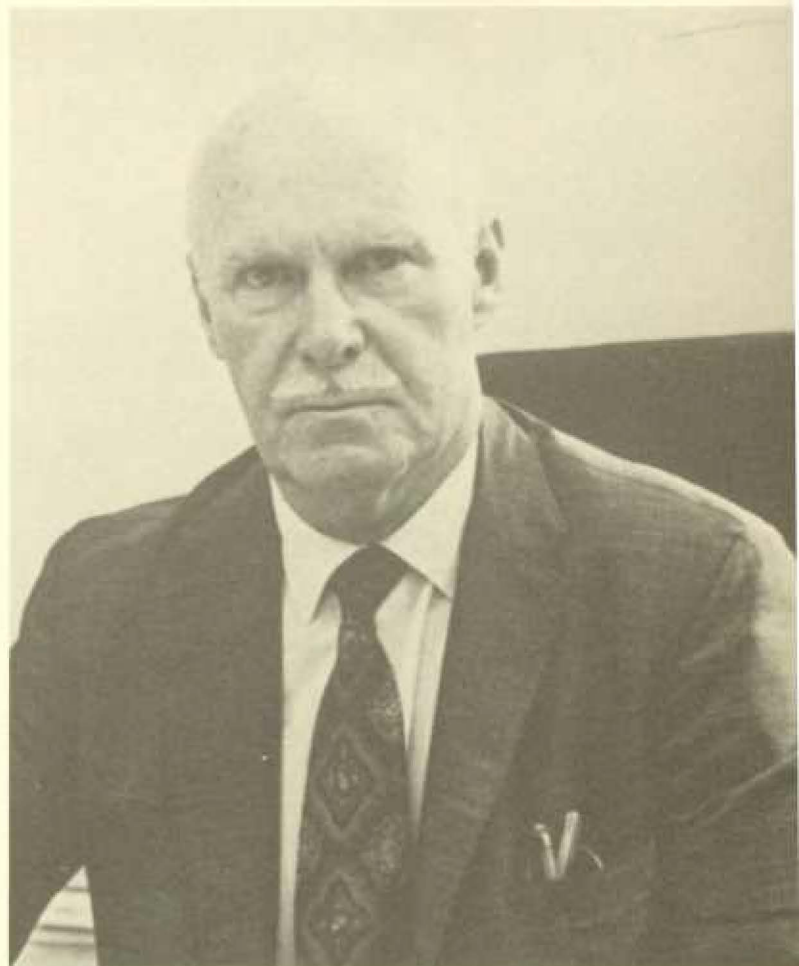
Tragedy is in the eye of the observer, and not in the heart of the sufferer.

Ralph Waldo Emerson



There is no greater desert or wilderness than to be without friends.

Francis Bacon

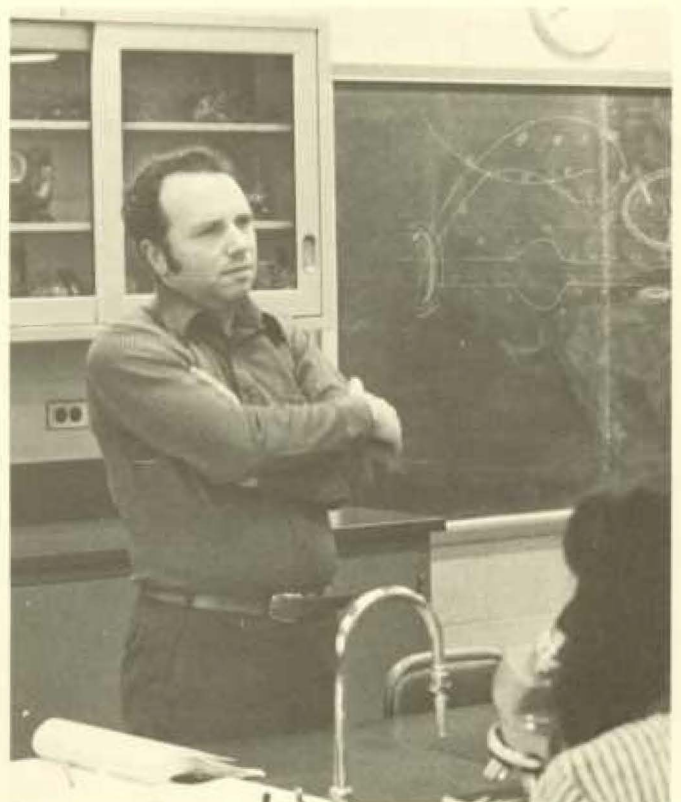


There was no clinical correlation lecture, so those in Florida didn't miss it.
(df/physio)

You really think you heard coarse rhonchi
and distant heart sounds?



Chinese Proverb:
I hear, I forget.
I see, I remember.
I do, I understand.



Definition of idiopathic:
idio—I don't know
pathic—what the heck is going on.
Dr. Brest (sts/icm)

Knowledge is the one thing that does not become second-hand when it is used.

Thoreau (ajn/icm)



Little faith is put in them whose faith is small.
Lao Tzu (cam/pharm)

It is remarkable that the one characteristic that separates man from the allegedly lower animals is a recurring desire to escape from reality.
Horne and McClusky (sts/pharmacy)





Discretion is, when you have got an elephant by the hind leg and he is trying to run away, it's best to let him run.

Abe Lincoln (ajn/icm)



The sorrow which has no vent in tears may make other organs weep.
Henry Maudsley (cam/anest)



It takes so much work and so many years to get your life the way you want it, you don't want to change it for anyone's little old new year.

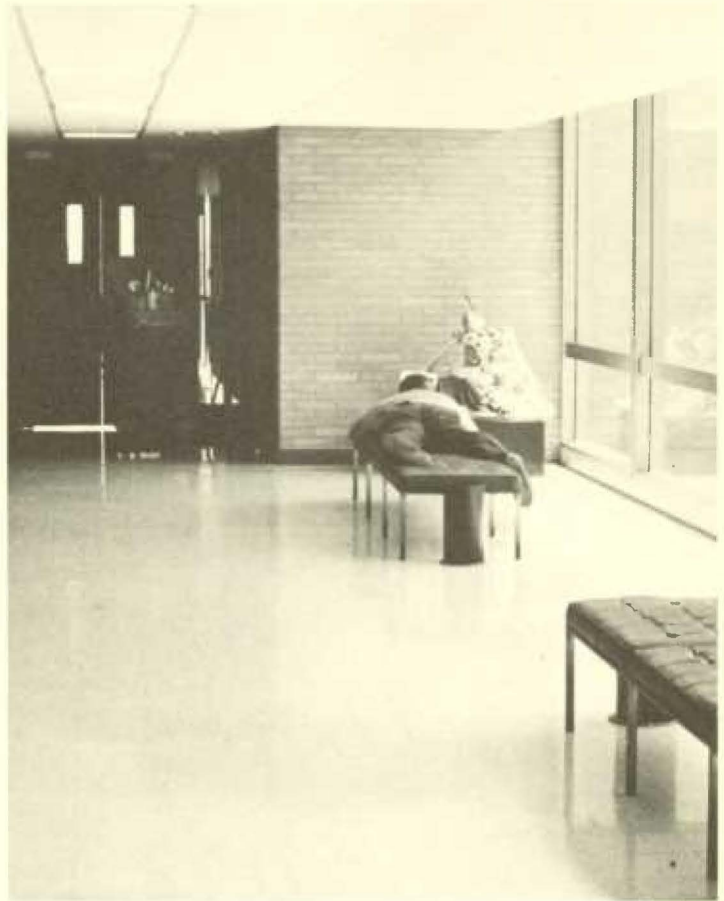
Carol Channing (pjm/micro)

An afternoon of happiness is worth far more than a year of misery.

African proverb (pjm/micro)

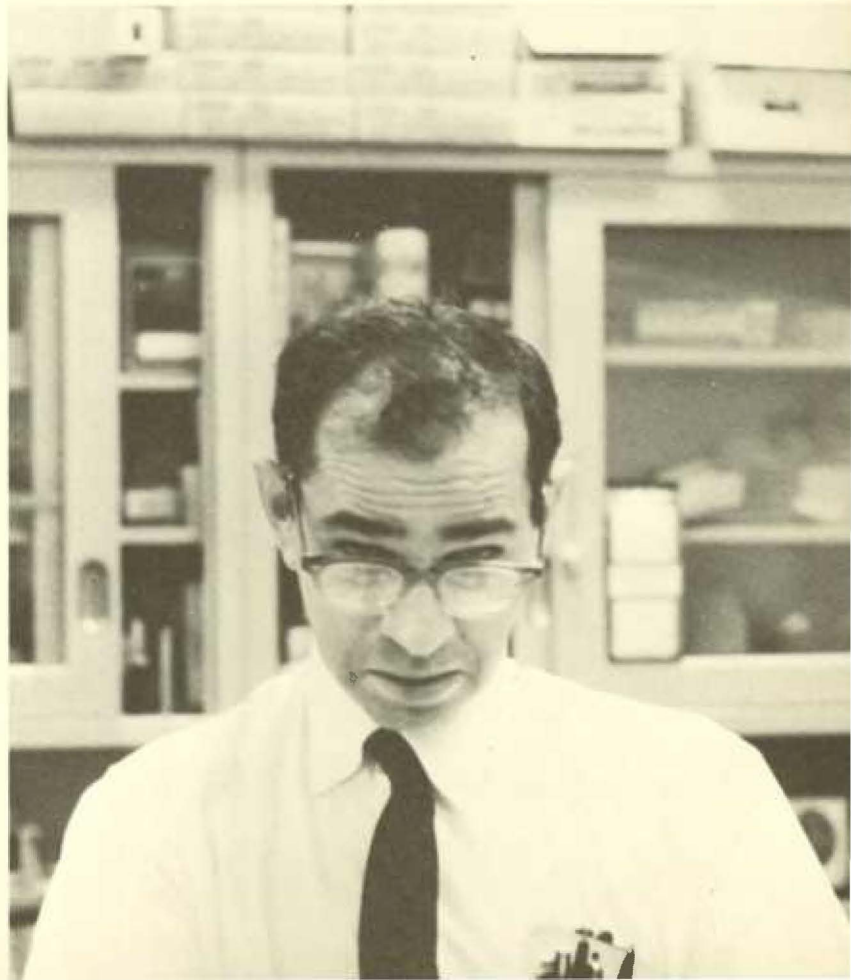


I hear they make a great Caesar salad at the Rubicon Deli.



If you are still not sure (about dopaminergic pathways) go back over Dr. Masters' lecture (2/24/72) and then you surely won't understand.

ajm/icm



But I had to leave for Philadelphia,
WHY THAT WAS I'll neve
I do believe Philadelphia
Is as far away from heaven
As any man can go.
Rod McKuen (ajn/icm)



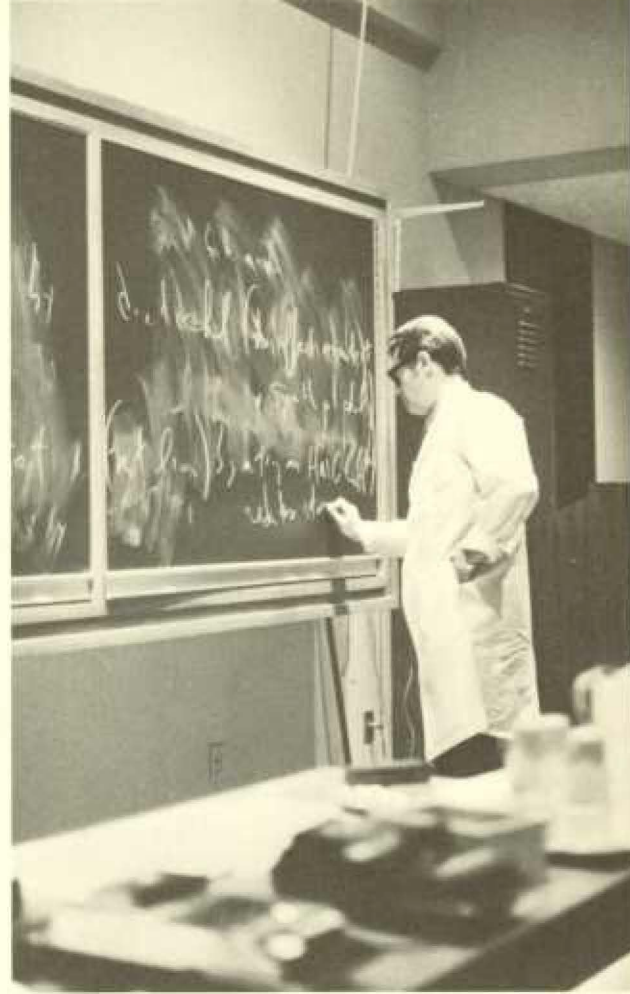
All the kindness which a man puts out into the world works on the heart and thoughts of mankind.

Albert Schweitzer (cam/ortho)

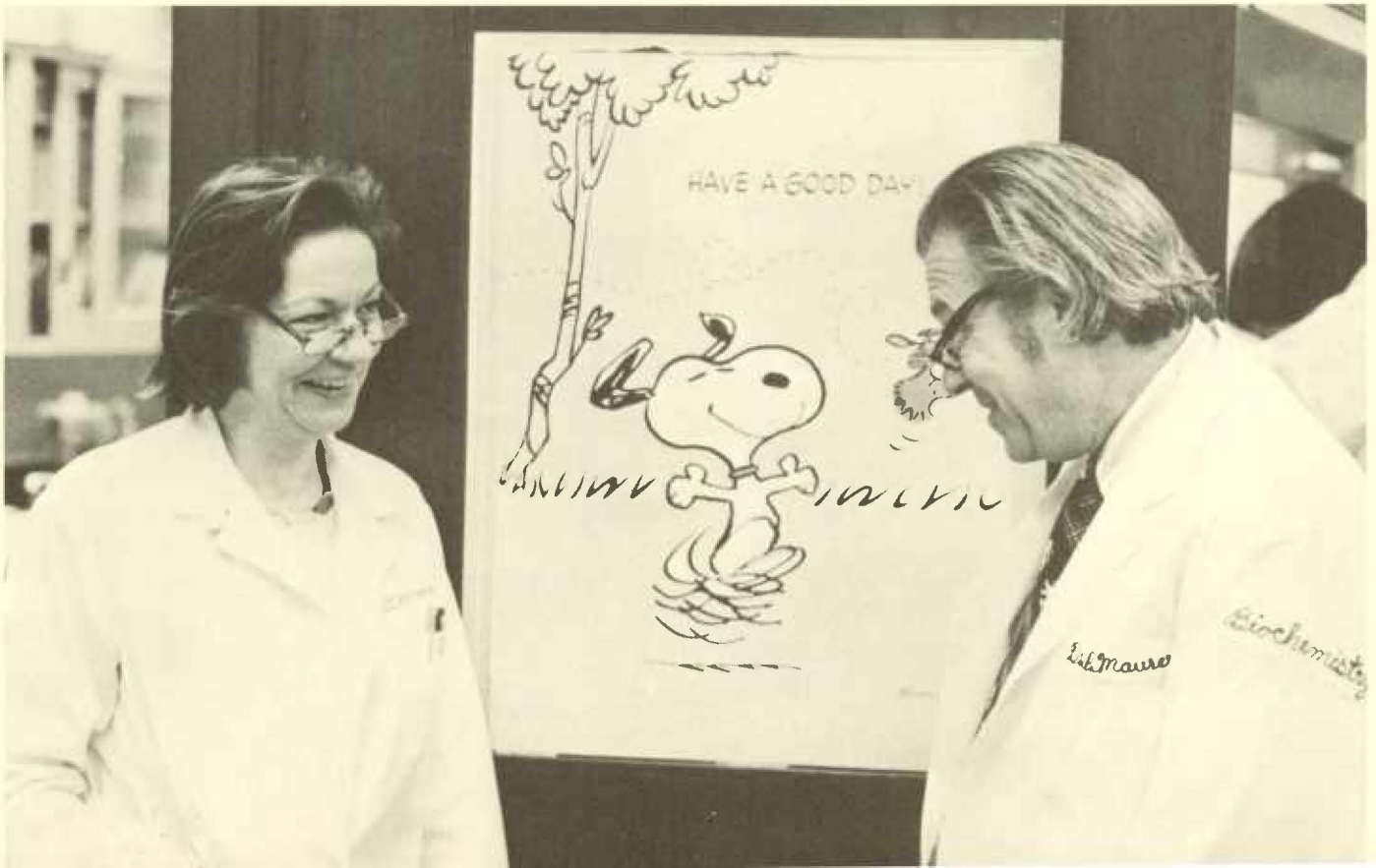


Captain Hook and his merry men.

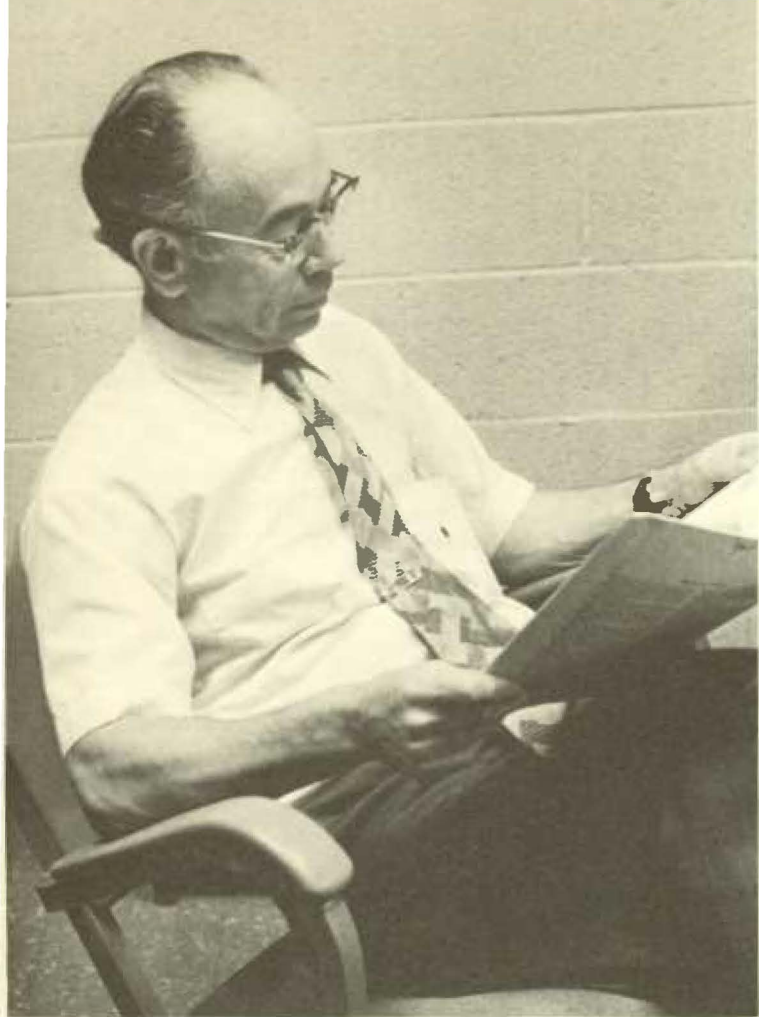
The Department of Biochemistry



None are so old as those who have outlived enthusiasm.
Thoreau (ajn/icm)



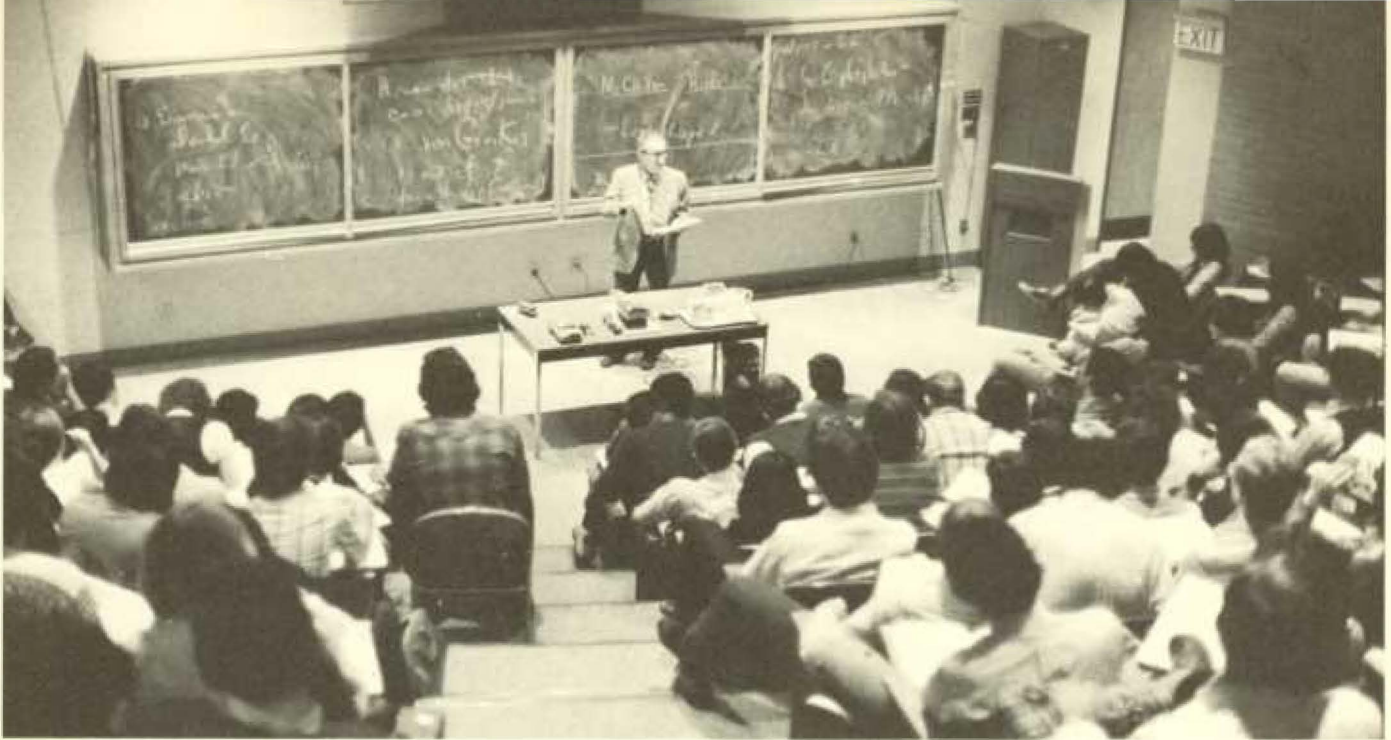
No one is immune to my charms.



It certainly is *hard* to study with all of these distractions. No pun intended.



I looked out the library window today, and saw one of the distractions which the students complain about.



This is how I organize all of my lectures.

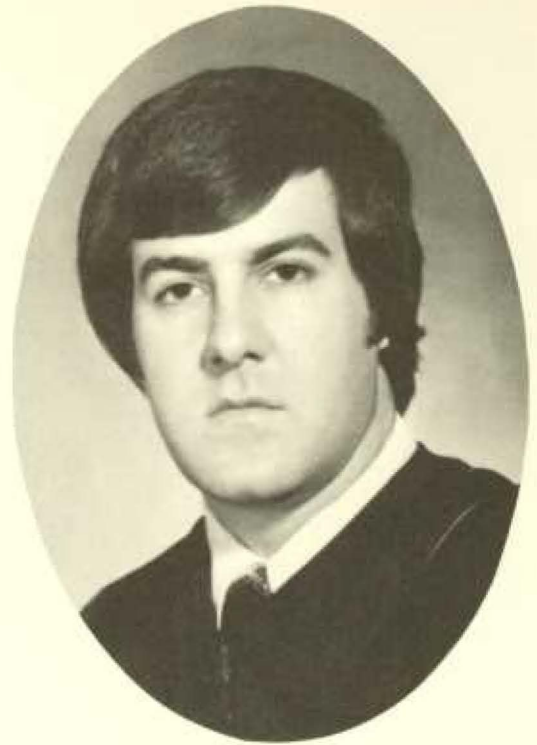


And who, disguised as a mild mannered professor, with powers and abilities far beyond those of mortal mice...



Anthony P. Caruso, M.D.

Dickinson College, B.S. '71
Otolaryngology



Edward Catherwood, M.D.

University of Delaware, B.A. '71
Internal Medicine



Susan Tuscombe Carty, M.D.

Manhattanville College, B.A. '68
Jefferson Medical College, M.S. '71
Ophthalmology

Herbert

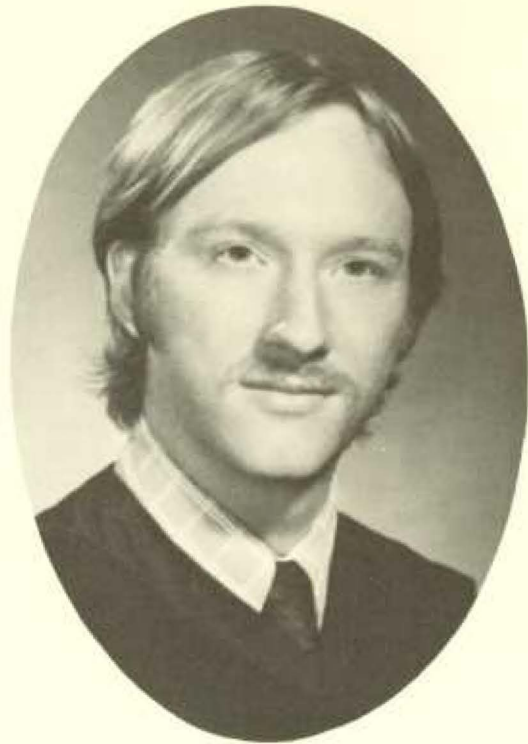


The Tivoli or Prune Street Theatre



Gary Steven Clark, M.D.

Pennsylvania State University, B.S. '73
Rehabilitation Medicine



David Louis Clinton, M.D.

Williams College, B.A. '71
Internal Medicine

Robert '28

Jeff at the Front

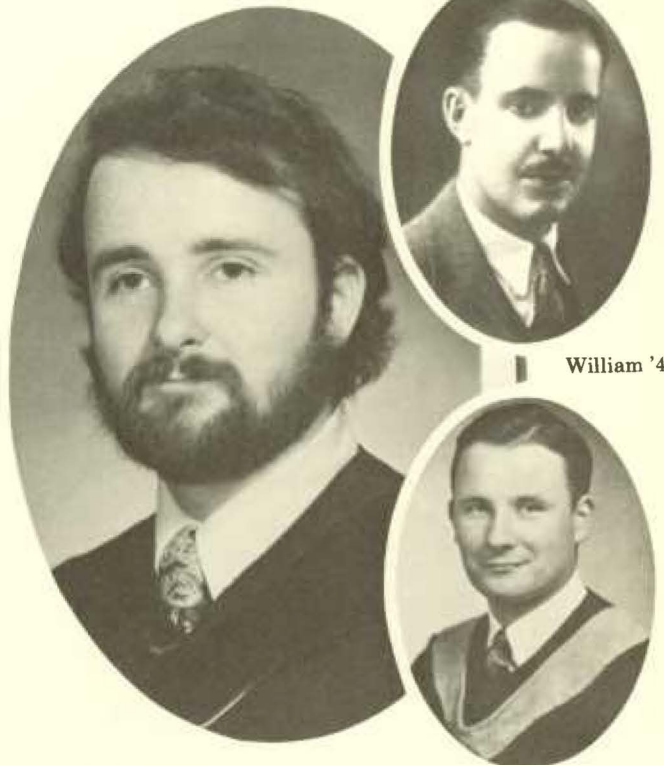
The first quarters of the new medical school were at 518-520 Prune (now Locust Street,) in the former Tivoli Theater, previously known as the Prune Street Theater. The first class entered in December 1824.

The Prune Street Theater, our first one, had interesting neighbors: Potter's Field (Washington Square) was at the west, the Walnut Street Prison at the north, The Free Quaker Cemetery on the east, to the rear was an ale house, and several churches were nearby. "Old Jeff" was said to be situated "with crime and misery in front, death on either side, consolation in the rear" and with salvation but a few steps away! (From its very origin Jefferson Medical College has had no religious affiliation or polarization—cruel and unfounded accusations (usually politically motivated) notwithstanding.)

Practical clinical experiences for students had been a part of McClellan's private school from its beginning and, also, from the start of Jefferson Medical College. In keeping with this concept and to improve this phase of the innovative program, there was opened on May 9, 1825, an "infirmary, hospital, and operating department in connection with the school for medical instruction . . ." (Penn's infirmary came sixteen years

later.) Thus, even at this early date Jefferson was unquestionably at the forefront of medical education, a status zealously guarded to this day. (Editors' note: Tee Hee Hee!) The first class numbered 109, from 14 States, 2 foreign nations, and Washington, D.C. Henry D. Smith of Pennsylvania was the first to enroll.

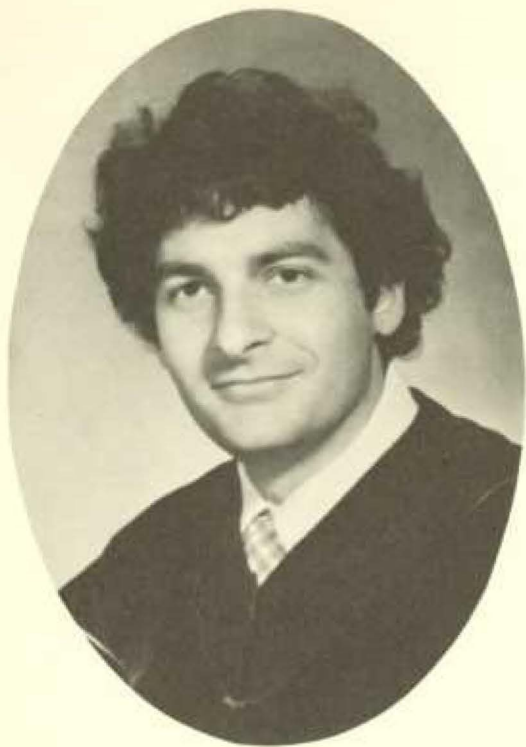
As in other early American Medical Schools, Jefferson students were required to buy tickets for each series of lectures. Jefferson's tickets cost \$14.00 each for Anatomy, Surgery, Materia Medica and Chemistry; \$12.00 each for the Theory and Practice of Medicine, and for Institutes and Medical Jurisprudence; and \$10.00 for Midwifery and Diseases of Women. (Editors' note: Examples of these tickets are reproduced elsewhere in this book.) The professors were paid in proportion to the number of tickets sold for their lecture series. (This did not include fees for 'private schools', which went to the proprietor directly, a respectable and established practice in all early medical education.) Each professor contributed toward the purchase or rental, and maintenance, of the buildings and facilities of the Medical school in which he taught. Thus the term proprietary was properly applied.



William '47

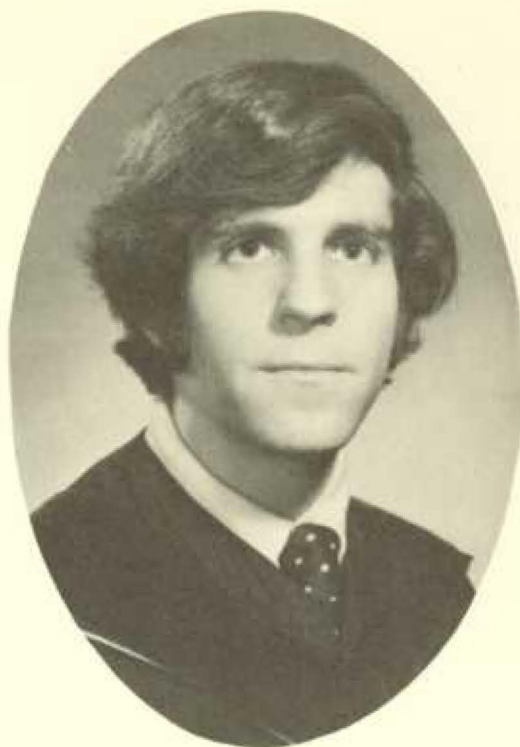
W. Patrick Coghlan, Jr., M.D.

Dartmouth College, A.B. '71
Internal Medicine



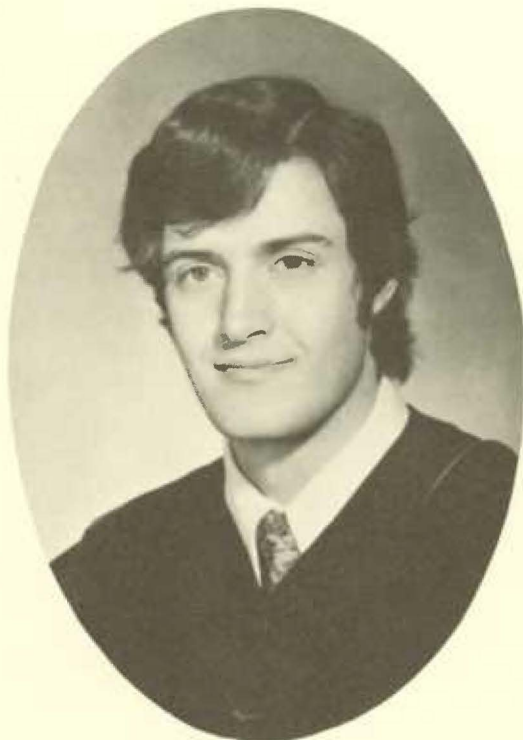
Stephen David Conrad, M.D.

Fairleigh Dickinson University, B.S. '70
Internal Medicine



Lawrence J. Cook, M.D.

Muhlenberg College, B.S. '71
Internal Medicine



Terry Cohen, M.D.

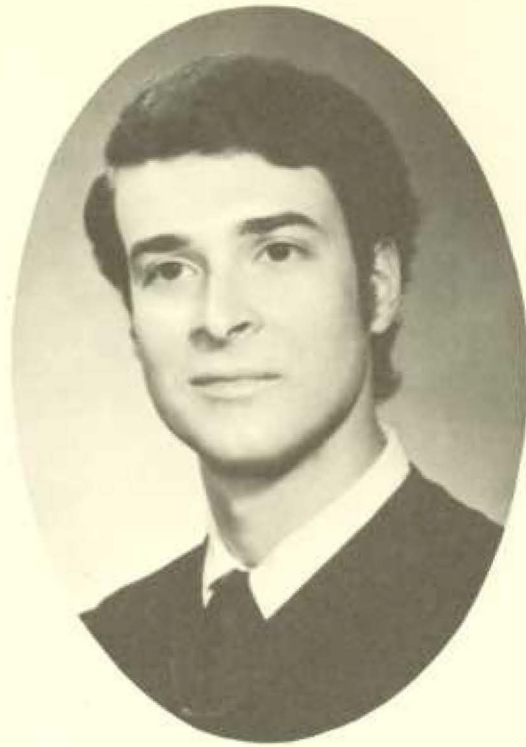
Pennsylvania State University, B.S. '73
Internal Medicine



Jefferson Medical College, circa 1830



John Chalmers DaCosta, M.D.



Warren C. Daniels, M.D.

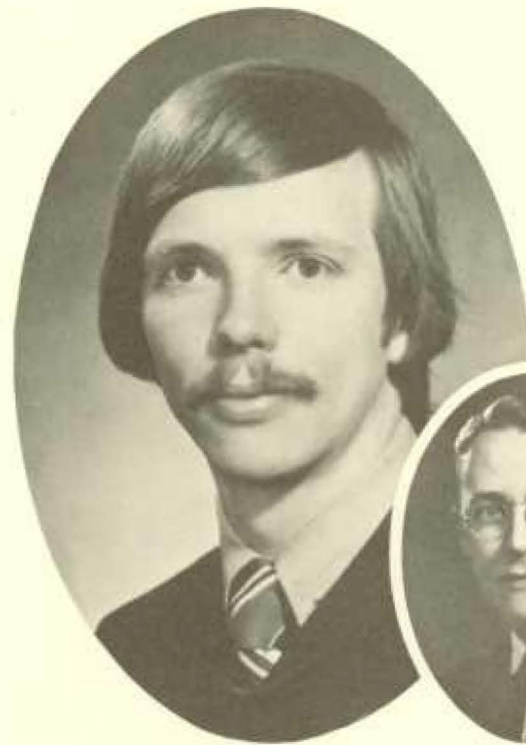
Rutgers College, A.B. '71
Internal Medicine

Jeff's Degree Worthless

Although our new school had an auspicious but relatively humble beginning, our old enemy continued its attack. In 1826, anticipating Jefferson's first Commencement, The University of Pennsylvania, still unwilling to admit defeat, (i.e. a second medical school) continued its futile attack. This time they tried, through legal manipulation, to re-interpret the clearly written "Articles of Agreement" between Jefferson College of Canonsburg and its Medical Department, located in Philadelphia, contending that these articles were without meaning and therefore Jefferson's M.D. degrees would be worthless. In all ill-advised action, as history would soon show, the Board of Trustees of the University presented a wordy "Memorial" to the Legislature in which they insisted that no city in America needed a second medical school, noting that Paris had but one, that there were only two in all of heavily populated France, and that only one existed in Edinburgh, Glasgow, and Dublin. Penn held that their pioneering in medical education in American justified their continuing domination throughout the Union. They feared that a second school would result in a rivalry

which would weaken both institutions, "divide public patronage" (which they had enjoyed as the only school) and that if their medical school suffered loss of students to the second school the entire University would be injured (since much of the general operating funds were derived from the profits (!) of its medical school.) the "Memorial" further attempted to convince the law makers that although they had nearly 500 students enrolled there was no crowding since Paris had 1500 students and Edinburgh had 900. They declared that it was "mere conjecture" that there would be an increase, in the future, in the number of students choosing Philadelphia for their medical training! (Editors' note: For the Class of 1978, over 6000 students made application to Jefferson). But in its new-found wisdom the Legislature recognized the absurdity of the entire presentation and rejected its arguments.

McClellan and Eberle reacted swiftly, secured legal counsel, and journeyed to Harrisburg several times to present the necessary evidence to refute the attack. Upon McClellan's final trip hangs a tale.



John



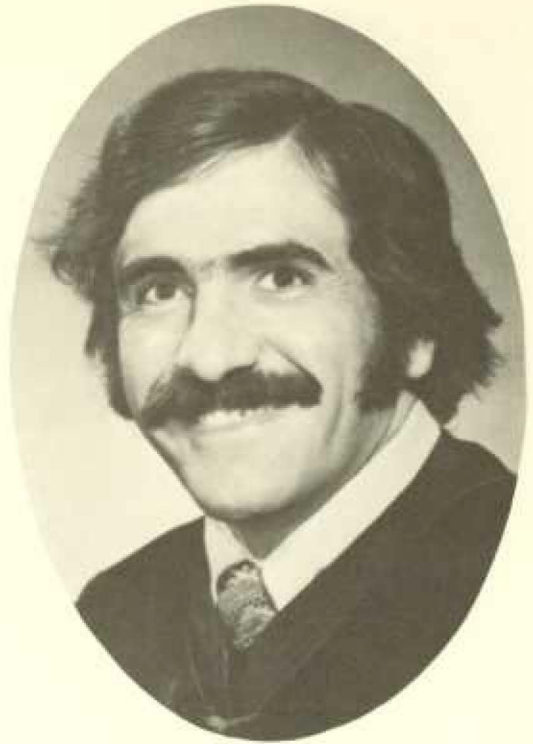
James C. Delehanty, M.D.

College of the Holy Cross, A.B. '71
Internal Medicine



Kenneth J. Detrick, M.D.

Bucknell University, B.S. '71
Family Practice



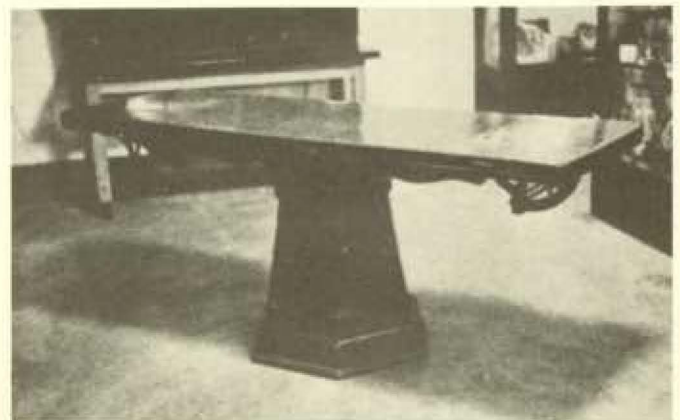
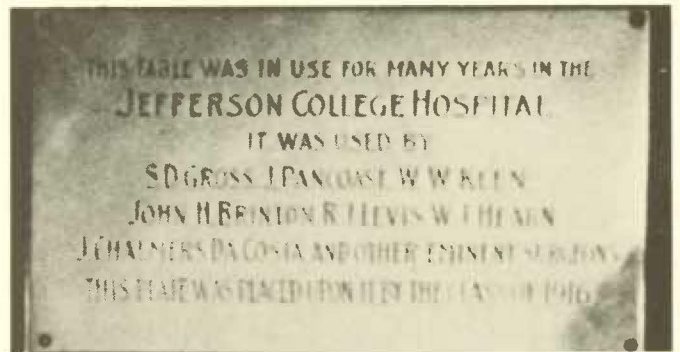
Joseph DiSaverio, M.D.

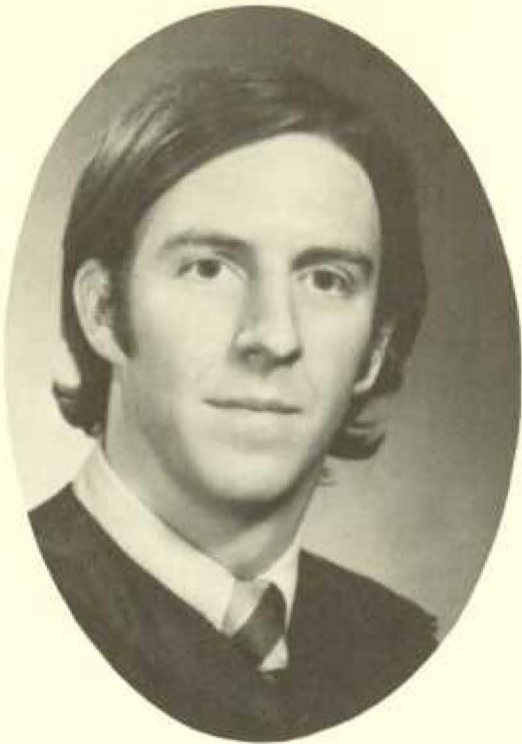
Drexel University, B.S. '67
Drexel University, M.S. '69
Surgery



Mark Lawrence Dembert, M.D.

University of Pennsylvania, B.A. '71
Psychiatry





John H. Doherty, Jr., M.D.

College of the Holy Cross, A.B. '71
Orthopedic Surgery



John D. Domanski, Jr., M.D.

Saint Joseph's College, B.S. '71
Family Practice

Jeff Rubs Salt in Wound of Penn

He drove his horse and buggy to Lancaster in one day (60 miles from Philadelphia) arriving at the home of Dr. John L. Atlee late at night where he borrowed another horse for the final 36 miles to Harrisburg, which he reached early in the morning. Rapidly completing his business at the Legislature, and gaining the Governor's signature on the Act (bringing official legislative sanction to Jefferson's medical degrees just in time for Commencement) he exchanged the borrowed horse for his own, and returned to Philadelphia, arriving the next day. This litigation caused a short delay in the first Commencement (the legislative Act became law of April 7), but on April 14, 1826, twenty-one young men received Jefferson's first Doctor of Medicine degrees.

The early years of Jefferson's success continued to rub salt in the self-inflicted wounds at the 'first school'. Corner, historian of the University's medical school, writes that "there was, from the beginning, personal as well as institutional bad blood between the two schools. McClellan and Gibson had been adversaries only a few years before,

in a furious battle of pamphlets and broadsides over a question of professional veracity; Barton and Chapman cordially detested each other. (Barton had left the University to become McClellan's Professor of Materia Medica, while Chapman held Benjamin Rush's triple chair at the University.) For many years Philadelphia physicians were divided by their respective loyalties to the two schools; men who should have been bound by professional courtesy would not join in consultation or refer patients to one another. A member of the University, Dewees, declined to acknowledge the receipt of Samuel D. Gross's first book, sent to him with a courteous note, on the grounds that, while Gross might be a clever young man, the University Faculty could take no notice of anything that emanated from the Jefferson School" Gibson disliked McClellan because of the latter's knowledge and skill in anatomy and surgery, Gibson claiming that the parotid gland had never been removed while McClellan had actually removed the gland (with witnesses), and had presented a review of several other cases of removal.



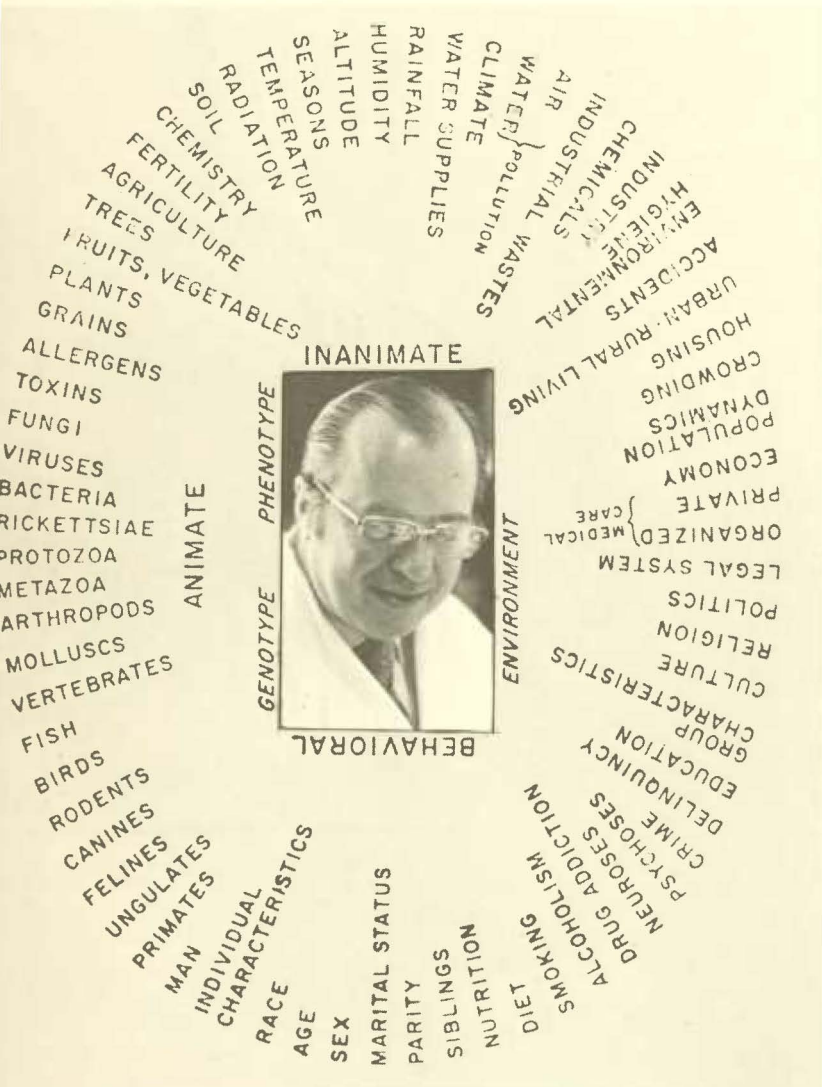
Gerald Patrick Durkan, M.D.

Pennsylvania State University, B.S. '74
Internal Medicine

The Department of Community Health and Preventive Medicine



The Krehl Ego-System



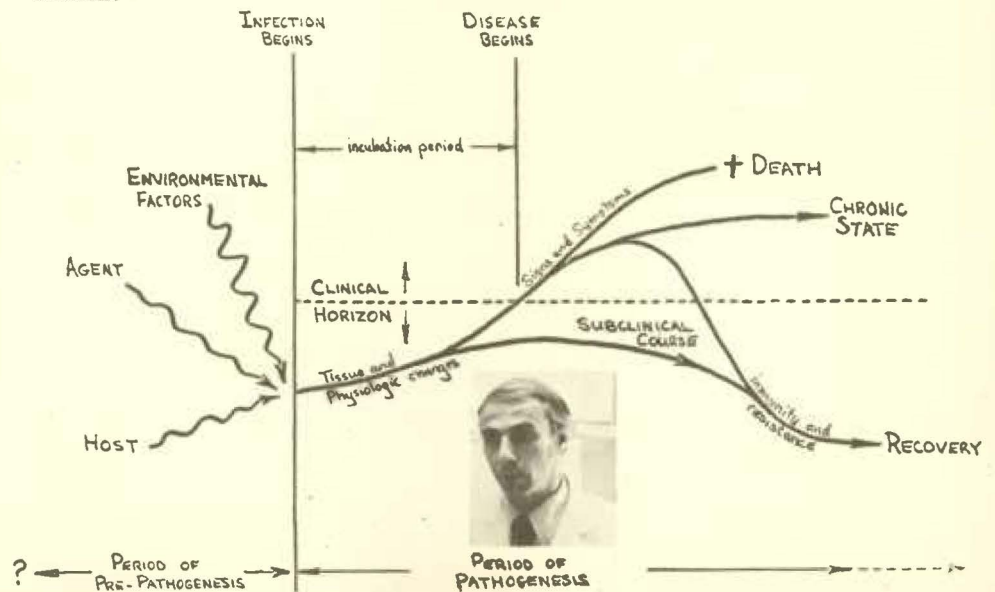
American errs on the side of health. The health they speak of is hygienic sterility . . . It rejects the experience of life, maturity, ripeness, risk. They think one remains young by not living, not loving, not erring, not giving or spending or wasting oneself. It is a kind of artificial preservation.
Anais Nin (gv/rehab)



The Natural History of an Infectious Disease, Or What Lies Beyond the Clinical Horizon?



Don't knock an ellenburger until you've tried one.



The Department of Dermatology



What are you doing here? I thought you were only found on toilet seats and in astrological tables.



Synopsis of Dermatology:

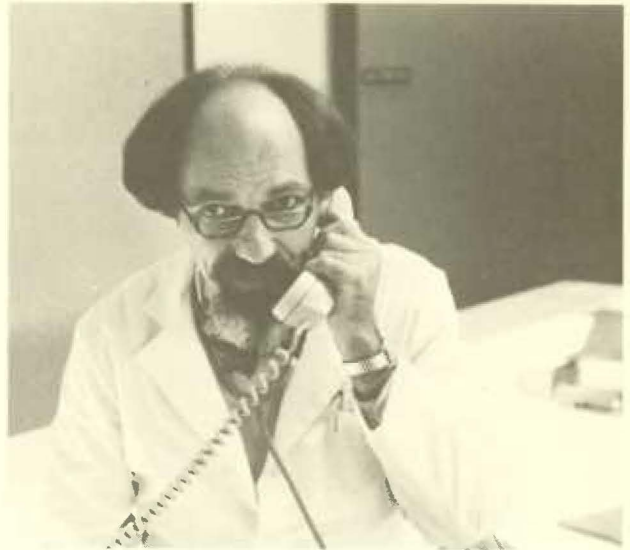
If it's dry-wet it.
If it's wet-dry it.
If you're not sure-use steroids.



Daddy, I can't find any good residencies in Dermatology, so I have decided to go into ophthalmology.



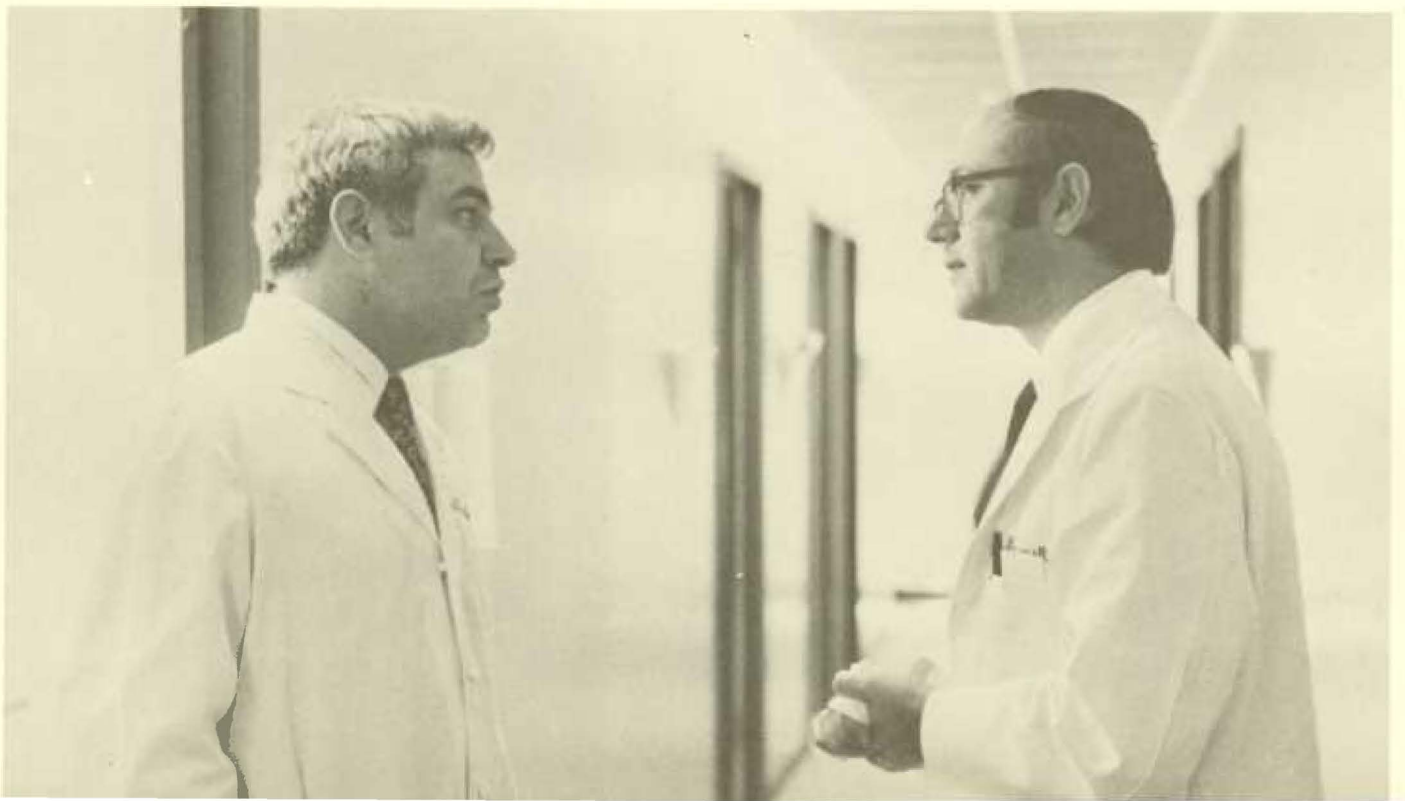
The Department of Family Medicine



Take two aspirins, drink plenty of fluids, stay in bed, and send me \$5 in the morning.



I thought we were friends! How come you only gave us six weeks in the new curriculum?





Kent B. England, M.D.

Pennsylvania State University, B.S. '73
Family Practice



Edward A. Engle, M.D.

Catholic University of America, B.A. '69
Florida State University, M.S. '71
Neurosurgery



Thomas Richard Ellenberger, Jr., M.D.

Pennsylvania State University, B.S. '74
Internal Medicine



The skeleton in Jefferson's closet



Mark Stewart Etter, M.D.

Dickinson College, B.S. '71
Family Practice



Bradley Dennis Evans, M.D.

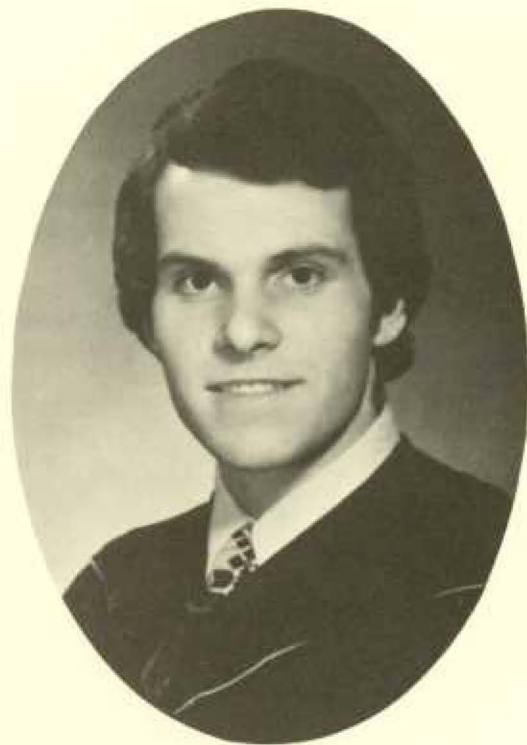
Philadelphia College of Pharmacy and
Science, B.Sc. '71
Psychiatry

Kappa Lambda Society

But there were other forces at work, behind the early scenes, whose somewhat more sinister, underground and secretive activities were to be discovered later, and exposed to public view. Such an organization was Kappa Lambda. Kappa Lambda, as all secret organizations, was organized with the pretense of doing some good, in this instance that of improving medical education and elevating the status of the profession by requiring members to exhibit and to practice the highest of standards. These included the requirement of appointing or causing to be appointed to faculties, hospitals, County, State and Ships-officers Medical Societies, only members of the brotherhood, by fair means or by foul, (surely not excluding the latter, as will be seen).

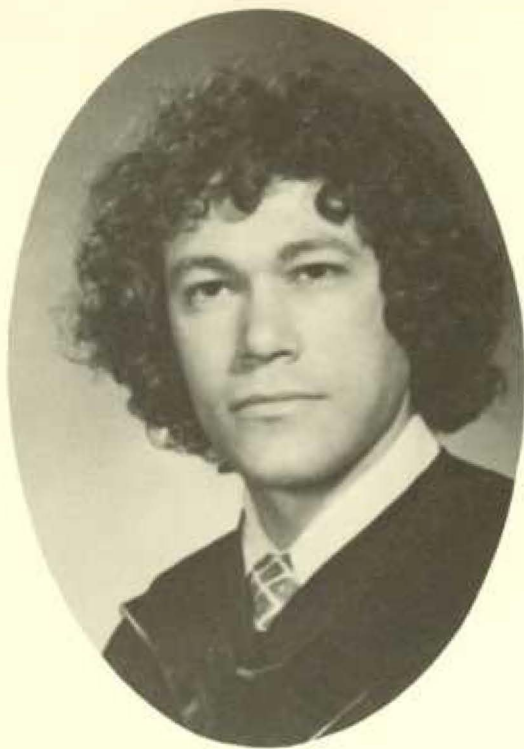
The Kappa Lambda Society of Aesculapius was founded in 1819 by Dr. Samuel Brown, Professor of Theory and Practice of Medicine at Transylvania University in Lexington, Kentucky. Chapters are known to have existed in Philadelphia, New York, Baltimore, and other cities. Those in Philadelphia and New York were especially active. Of course, membership and activities were closely guarded secrets. The Phila-

delphia Kappa Lambda members, it was later discovered, (recall their noble mission?-sic!) engaged in street fights to subdue opposition; but activity was mostly through underground guerilla-type subversions. Starting in 1826, Kappa Lambda published a journal which had some value for its short life of but six years; its six editors, all Kappa Lambda members, were "prominently connected with the University of Pennsylvania and the Pennsylvania Hospital". In New York, Kappa Lambda successfully infiltrated the Trustees of Columbia (College of Physicians and Surgeons) with the result that their illustrious faculty resigned. The opposition group in the Trustees became the new faculty: all were Kappa Lambda members! The (resigned) faculty soon formed a medical school that affiliated with Rutgers University, but Kappa Lambda relentlessly hounded the new school, and, after four years, they caused the charter of the new school to be revoked. (Leake believes that Kappa Lambda apparently had infiltrated, and controlled, the New York County and State Medical Societies in order to gain victory over Rutgers.)



Mitchell Lee Factor, M.D.

Delaware Valley College of Science and
Agriculture '70
Ophthalmology



Robert S. Fields, M.D.

Drexel University, B.S. '70
Drexel University, M.S. '72
Internal Medicine



Carlos Finlay, M.D.

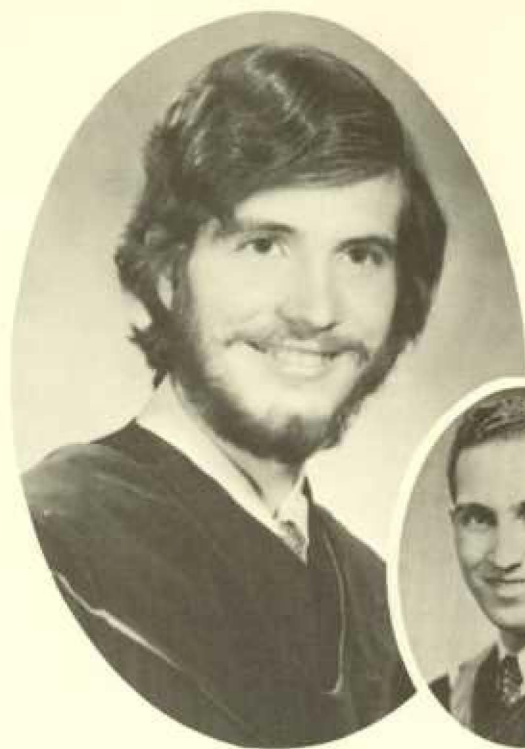


Theodore Albert Feinstein, M.D.

LaSalle College, B.A. '71
Obstetrics and Gynecology



Jefferson Hospital—Circa 1881



Albert

Hivica J. Fitzpatrick-Sherman, M.D.

Lincoln University, B.A. '71
Pediatrics

Michael P. Marco, M.D.

Pennsylvania State University, B.A. '73
Anesthesiology

Kappa Lambda—cont'd

Kappa Lambda's activities were exposed in a very unfavorable light during the McClellan-Beattie trial. Kappa Lambda took sides against McClellan, fearing that McClellan could document their involvement in medical politics, but succeeded only in exposing themselves. F.S. Beattie, as Professor of Midwifery and Diseases of Women (1825-26), was a complainer and a dissenter. He failed to pay his share toward rent and maintenance, offended Green, Eberle, and others and finally McClellan by charging he was unethical. McClellan sued, and won.

Leake recounts the probable striking back of Kappa Lambda in 1839, during the period of faculty dissension, resulting in faculty dismissal and reorganization, omitting McClellan. As will be discussed, the new faculty of 1839 included Drs. C.D. Meigs, Franklin Bache, and Rene de la Roche. All three were Kappa Lambda members and editors of their Journal. Leake feels this pattern of activity and involvement matched that at other institutions much too closely to be mere coincidence.

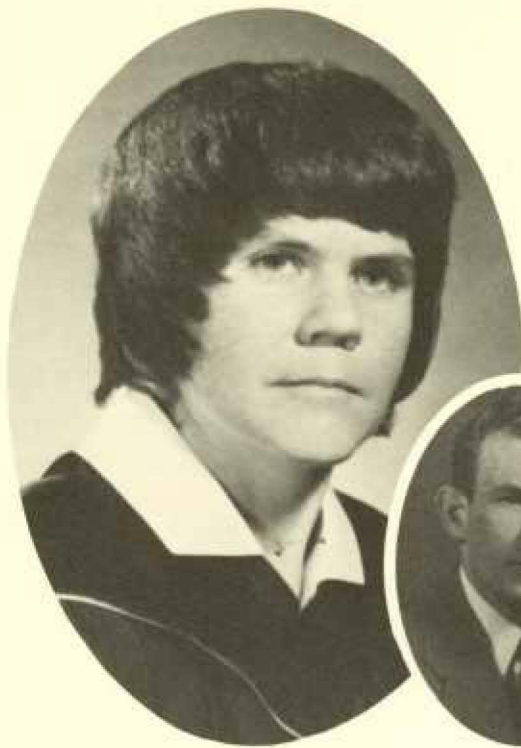
Kappa Lambda activity soon began to wane, or at least became more secret. Stung by exposure in Court and discredited, it was heard of but once more when, in 1858, they sent a delegate to the National Medical Association in Washington, D.C. (Does Kappa Lambda still exist, or have other Medical cliques taken its place?) It is regrettable that Kappa Lambda's real benefits to the medical profession, in keeping with its original precepts and aside from its subverting episodes, are not as fully known to medical historians.

The first faculty reorganization at Jefferson took place in the 1830's, and the following men joined our staff: Samuel McClellan (George's brother) taught Anatomy and Midwifery and was content with life in the shadow of his famous brother, but was a substantial physician and teacher in his own right. Others were Samuel Calhoun (also Dean for 3 years), Usher Pars, Daniel Drake, John Revere (son of the famous Paul) and Granville Sharpe Pattison.



Douglas R. Gellerman, M.D.

Pennsylvania State University, B.S. '73



Edgar



Barbara Brownlee Gibson, A.D.

Swarthmore College, A.B. '71
Family Practice



Basil



Joseph B. Giletto, A.D.

Temple University, B.A. '66
Surgery



Lawrence Gihel, A.D.

Lehigh University, B.S. '71

JEFFERSON MEDICAL COLLEGE.

ORDER OF LECTURES.

Session of 1846-7, Commencing on Monday, Nov. 2.

MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
10 o'clock, Mitchell.	Mitchell.		Mitchell.	Mitchell.	
12 o'clock, Mütter.	Mütter.		Mütter.	Mütter.	
12 o'clock, Bache.	Bache.	Medical Clinic.	Bache.	Bache.	Med. Clinic.
1 o'clock, Pancoast.	Pancoast.	Surgical Clinic.	Pancoast.	Pancoast.	Surg. Clinic.
2 o'clock, Huston.	Meigs.	Huston.	Meigs.	Meigs.	Huston.
3 o'clock, Dunglison.	Dunglison.	Pancoast.	Dunglison.	Dunglison.	Meigs.

CLINICAL INSTRUCTION is given twice a week at the Dispensary of the College, by Professors of the Institution, and at the Pennsylvania Hospital by Physicians and Surgeons of the Hospital.

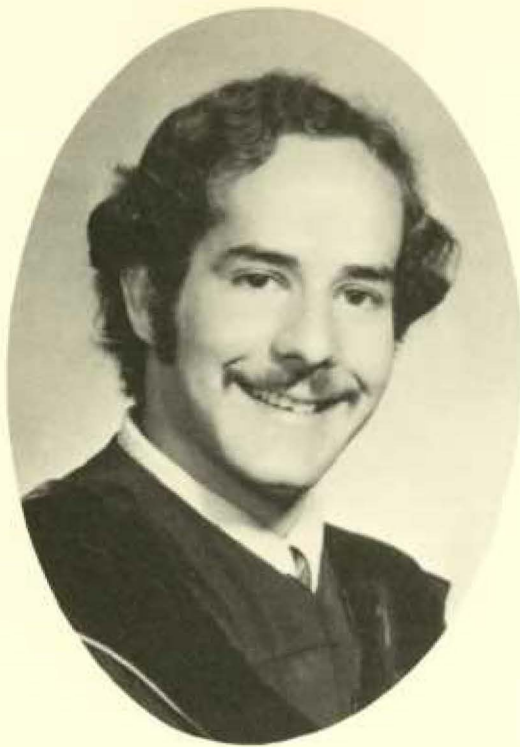
R. M. HUSTON, Dean.

TEXT BOOKS.

Anatomy, &c.—Dunglison's Human Physiology, and Human Health.
Med. Med. and General Therapeutics.—Dunglison's General Therapeutics and Materia Medica, or Wood and Bache's Dispensary.
Anatomy.—Pancoast's Wistar, or Quain's Anatomical Plates.
Practice of Medicine.—Dunglison's Practice, or Bell's Stokes's Practice.
Surgery.—Miller's Principles of Surgery, Mütter's edition of Liston's Operative Surgery, or Pancoast's Operative Surgery.
Gynaecology and Diseases of Women and Children.—Philadelphia Practice of Midwifery, Churchill's Midwifery, by Huston, or Meigs's Translation of Velpeau's Midwifery.
Chemistry.—Fowles's Chemistry.

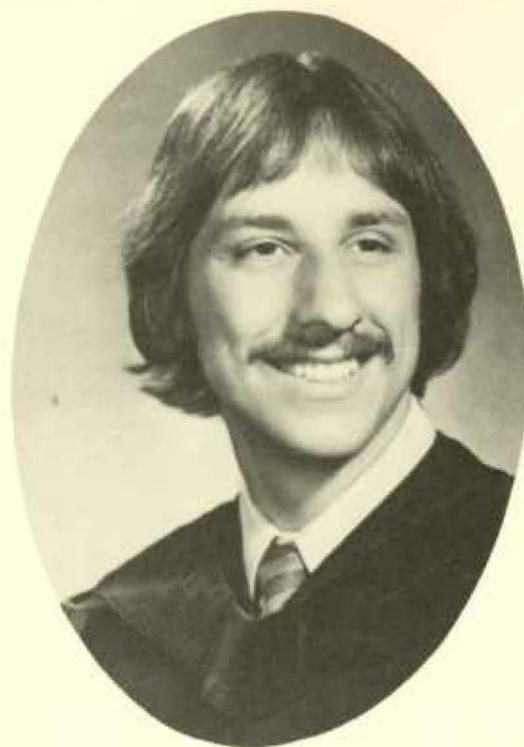
RESIDENCES OF PROFESSORS.

PROFESSOR ROBLEY DUNGLISON, No. 109 South Tenth Street.
 R. M. HUSTON, No. 1 Grand Street, corner of Eleventh Street.
 JOSEPH PANCOAST, No. 309 Chestnut Street.
 J. K. MITCHELL, Southwest corner of Walnut and Eleventh Streets.
 T. D. MÜTTER, No. 254 Walnut Street.
 C. D. MEIGS, No. 261 Chestnut Street.
 FRANKLIN BACHE, S. E. corner of Spruce and Juniper Streets.



Lawrence M. Ginsberg, M.D.

Pennsylvania State University, B.A. '73
Internal Medicine



Steven J. Glinka, M.D.

Saint Joseph's College, B.S. '71
Family Medicine

Faculty Changes

Pattison, the "turbulent Scot", was educated at Glasgow where he taught Anatomy, Physiology, and Surgery. He was invited in 1818 by the University of Pennsylvania to take their Chair of Anatomy recently vacated by Dorsay. Gibson, Chapman, and Physick of Penn initially supported his candidacy but Chapman learned of a scandal that resulted in the above 3 denying they had committed themselves in favor of Pattison. It seems that Pattison had been named in a divorce suit in England and although he was completely exonerated, and the recipient of many high honors in the British Isles before he left, Chapman dedicated himself, although futilely, to Pattison's ruin. Pattison shrugged off Chapman's assaults and, declining a lesser position at Pennsylvania, took the Chair in Anatomy at Maryland in 1820 (and was followed by Chapman's besmirching endeavors). From Maryland he came to Jefferson.

Another faculty reorganization occurred here in 1841, after the death of Dr. Green and the resignations of Drs. Pattison and Revere, who left Jefferson to help found the Medical School of the University of New York. The Board of Trustees dissolved the faculty.

As reconstituted in 1841, Jefferson's Faculty boasted the following extraordinary men:

Dr. Franklin Bache (Chemistry)

Dr. Robley Dunglison (Institutes of Medicine and Medical Jurisprudence)

Dr. Robert R. Huston (Materia Medica and General Therapeutics)

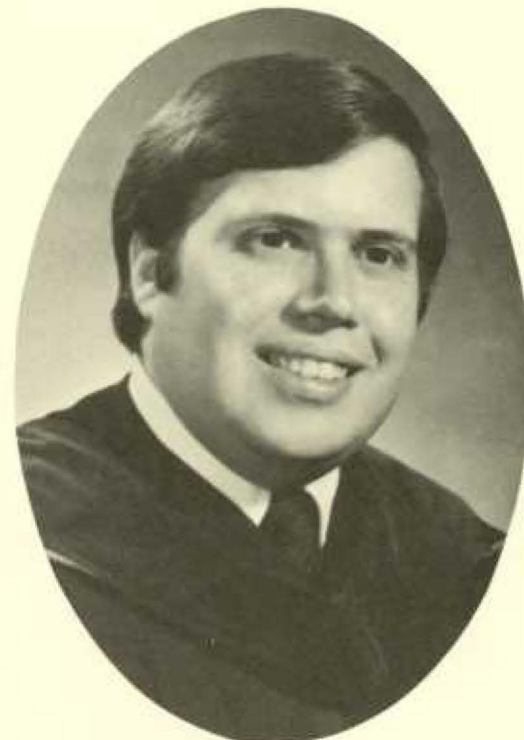
Dr. Charles D. Meigs (Obstetrics and Diseases of Women and Children)

Dr. John K. Mitchell (Practice of Medicine)

Dr. Thomas D. Mutter (Institutes and Practice of Surgery)

Dr. Joseph Pancoast (General, Descriptive and Surgical Anatomy)

The new Faculty brought peace without dissention, prosperity, and through its preeminence attracted more and better qualified students, resulting in Jefferson graduates surpassing those at the University of Pennsylvania in 1854 (Billings). Peace of a rather fragile sort began with the University of Pennsylvania and flourished. Even the impossible occurred: two of Penn's Chairmen favored Jefferson men as their successors. Dr. Nathaniel Chapman (Medicine) favored Robley Dunglison as his first choice, while Dr. William Gibson (Surgery) named young Samuel D. Gross as his. Neither Dunglison nor Gross accepted, but Penn had surely reached to the top in America, to get such luminaries; and in so doing, indirectly held out the olive branch, at least tentatively.



Alan Cary Gold, M.D.

Ursinus College, B.S. '71
Obstetrics and Gynecology

The Department of Medicine



As long as I'm the Magoo Professor of Medicine, there will be no fooling around in my Department



"Balls!" said the queen. "If I had them, I'd be king!"

He's a fool that makes his doctor his heir.
Benjamin Franklin
sts/path

Jefferson Medical College
PHILADELPHIA.
Lectures on
THE PRACTICE OF MEDICINE.
BY
J. M. Da Costa, M.D.
Admit. W. John B. Carroll



To spend too much time in studies is sloth.
Francis Bacon
mlk/psych

As your physician, he is worse than the
disease.
Plutarch

Is there a correlation between the number of student attempts at this procedure, and the redness of the resultant spinal fluid?



If you've had angina for seven years, don't bother buying a suit with two pairs of pants.

Albert Brest, M.D.



I firmly believe that if the whole *materia medica* could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes.

Oliver Wendell Holmes



She's just a li'l deuce coupe
With a flat'head mill,
But she'll walk a thunderbird
Like it's standing still.
Brian Wilson
ssp/physio



Because all the sick do not recover does not prove that there is no art of medicine.

Cicero



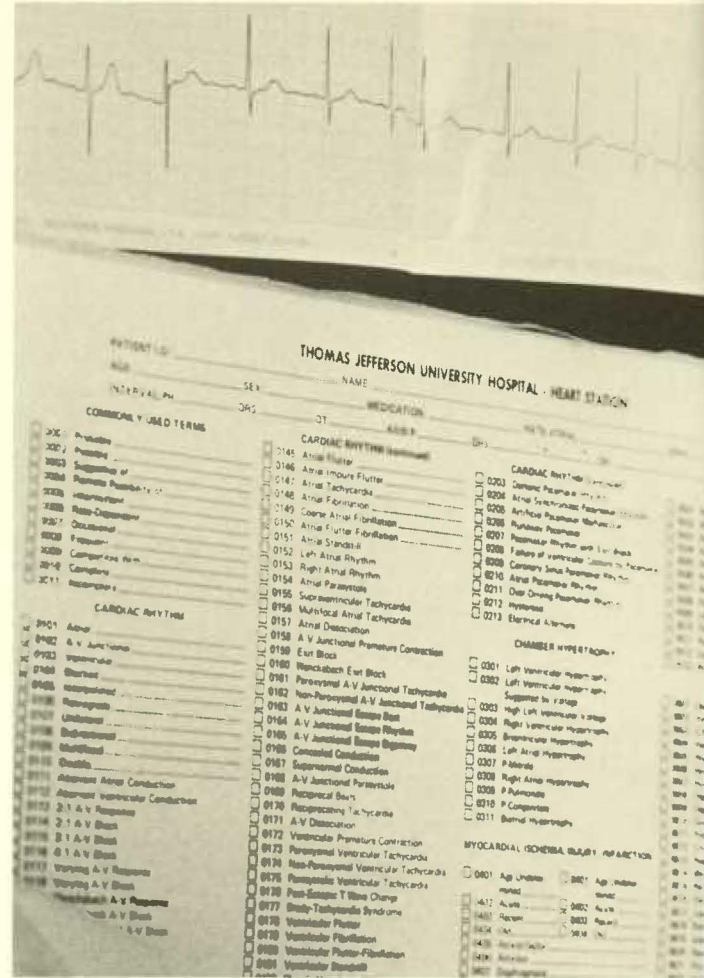
He's the best physician that knows the worthlessness of most medicines.

Benjamin Franklin





One from column A, two from column B . . .



Is that cannon fire, or the beating of my heart?
Bogart in Casablanca
ssp/physio



Due to unforeseen technical difficulties, the tape of today's lecture
was not able to be used.



All looks yellow to the jaundiced eye.
Alexander Pope



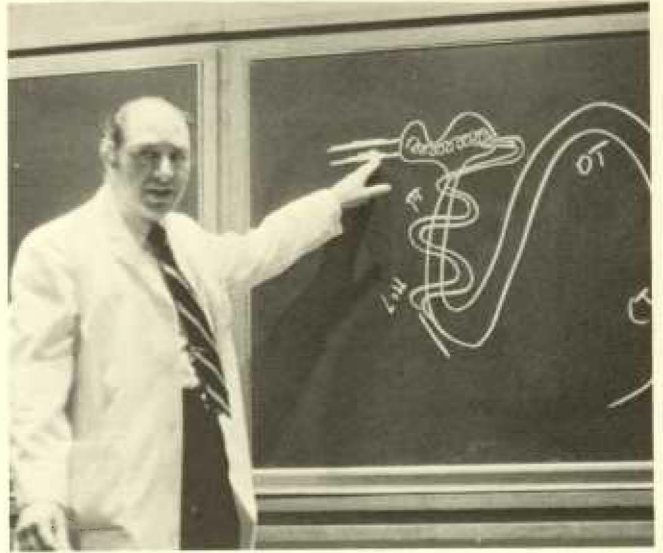
Theories are the mighty soap-bubbles with which grown-up children of science amuse themselves—while the honest vulgar stand gazing in stupid admiration.

Washington Irving
mlk/psych



Half a dozen lines of kindness may bring sunshine into the whole day of some sick person.

G.H. Wilkinson
cam/icm



Emergency

Medicine

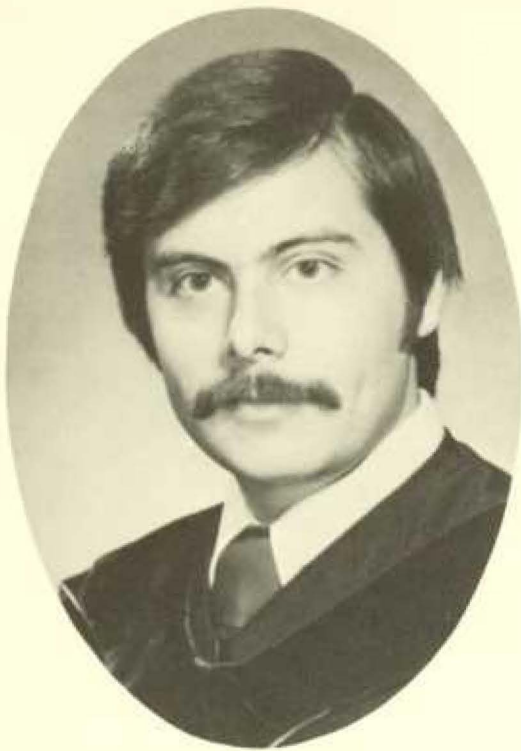


Dad, what animal does a potato come from?

Theresa Borkowski
wjb/icm



I want you to know, I don't usually do this sort of thing.



Irwin Stuart Goldstein, M.D.

LaSalle College, B.A. '70



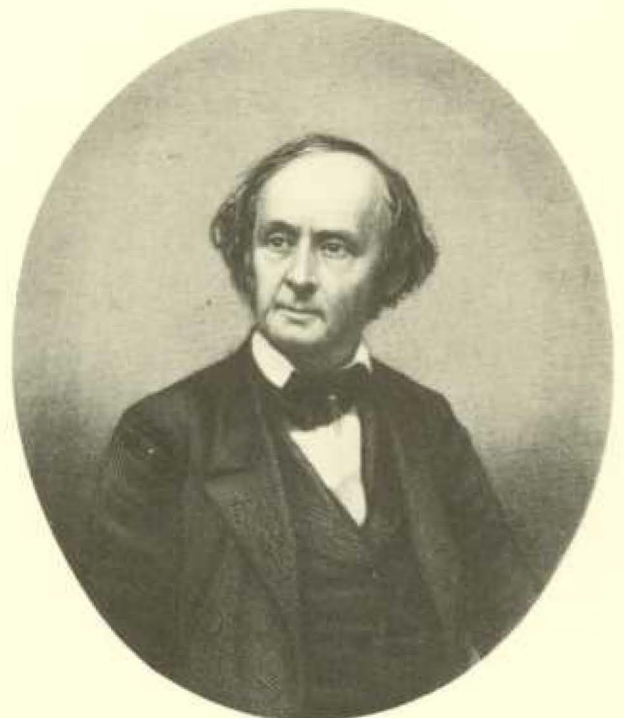
Hance A. Good, M.D.

Mansfield State College, B.A.
University of Pittsburgh, M.P.H.,
Family Practice



Paul Edward Goldberg, M.D.

University of Pittsburgh, B.S. '71
Internal Medicine

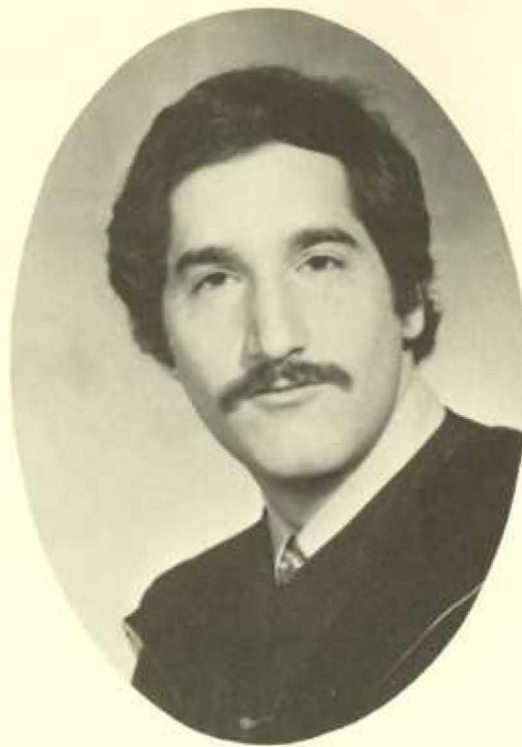


Charles D. Meigs, M.D.



Howard Edward Goody, M.D., Ph.D.

Brooklyn College, B.A. '68
 Thomas Jefferson University, Ph.D. '73
 Dermatology



Richard A. Gordon, M.D.

Pennsylvania State University, B.S. '73
 Internal Medicine

Faculty of 1841

In truth, many of the problems between the two preeminent institutions in Philadelphia stemmed from the struggle of each toward excellence and leadership. It is probable that without this rivalry neither institution would have been stimulated to establish firmly their leadership in American medicine and education.

Each of the faculty members of 1841 was famous in his own field. Dunglison wrote textbooks that became the standard at all medical schools (even some in Europe) and drew many students to Jefferson.

Thomas D. Mutter introduced European orthopedic methods to America, and first used ether (in Philadelphia). A skilled surgeon, he also assembled an extraordinary collection of specimens that became the famous Mutter Museum—housed at the College of Physicians in Philadelphia.

John Kearsley Mitchell, an especially gifted man, was known as an inspiring teacher, a fine practitioner, a poet, chemist, orator, medical philosopher, and as the first to give ether to a woman in labor.

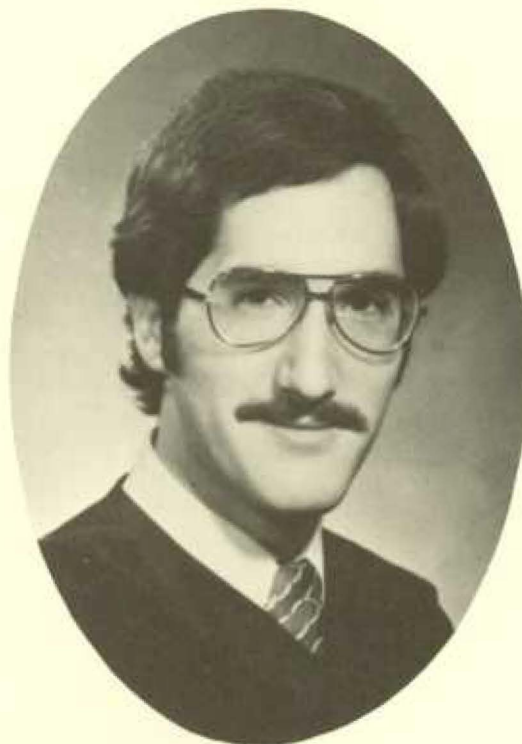
Joseph Pancoast, a surgeon-anatomist and author of great note, contributed many new procedures in facial

and plastic surgery, surgery for cataracts, for the correction of squints, extrophy of the bladder, methods of draining body cavities and abscesses, and the abdominal tourniquet to control blood loss in surgery of the lower body parts.

Charles D. Meigs left the South because (it is said) his wife hated slavery. A highly successful physician and author, he improved (with Hodge) obstetrical procedures by direct visual examination, rather than through drapes, a taboo rigidly followed previously.

Franklin Rache was the grandson of Benjamin Franklin.

During the reign of the famous 1841 Faculty, and its county-wide attraction of students, it became known as the highest paid faculty in America. Thus a flood of extremely competent physicians sought posts at Jefferson. Many, who accepted lesser positions at Jefferson had been invited to take Chairs elsewhere but declined. As Jefferson's reputation rose so, also, did that of her Faculty; a most fortunate symbiosis that resulted in a continuous parade of luminaries through our Halls . . . faculty and students alike.

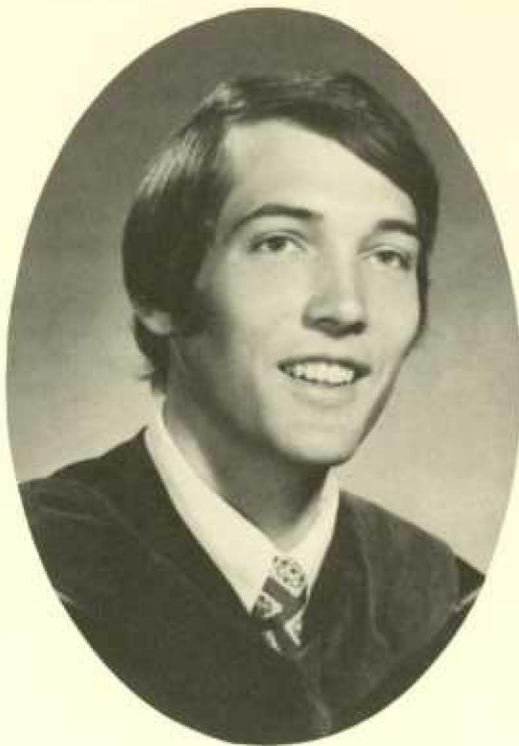


Robert Harris Gordon, M.D.

Pennsylvania State University, B.S. '73
 Internal Medicine



John

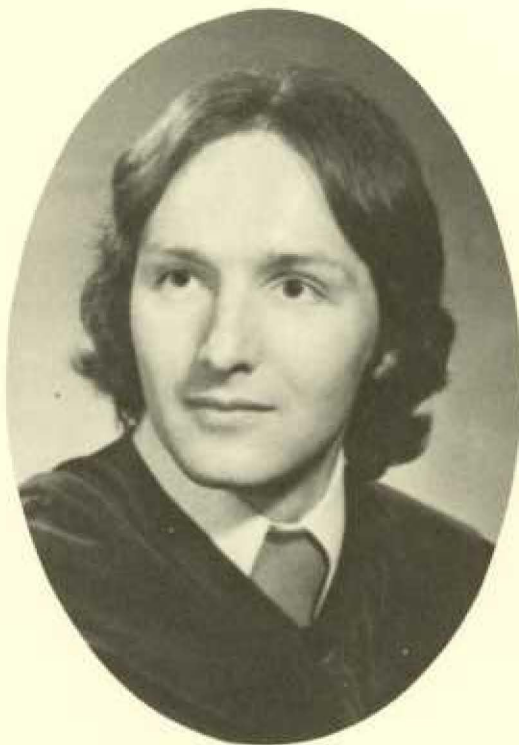


Michael J. Griffin, M.D.

Boston College, A.B. '71
Internal Medicine

John E. Griggs, Jr., M.D.

Trinity College, B.S. '71
Family Practice



Herbert E. Gray, III, M.D.

Assumption College, A.B. '71
Surgery



Jefferson Medical College, Philadelphia (1846-1880)



Samuel A. Gross, M.D.



Leonard Grossman, M.D.

Saint Joseph's College, B.S. '71
Obstetrics and Gynecology

Mitchell Is Yeast Man

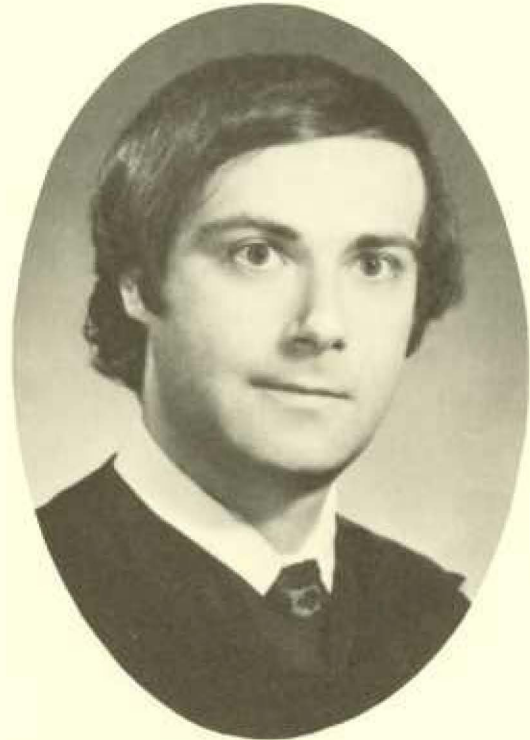
The surgical skills of J. Marion Sims became well known soon after his 1835 graduation from Jefferson. With a successful surgery practice in Montgomery, Alabama, he had no interest in women's diseases at the outset. "If there was anything I hated, it was investigating the organs of the female pelvis," he recalls in his autobiography. But as cases of vesicovaginal fistula became too numerous to ignore in his practice. He started thinking about it, and the thought was fruitful. It culminated in the first successful surgical treatment of that disease. He had performed the first successful operation in the South on cleft palate, on cross eyes and on club foot. After suffering a period of poverty and neglect, he found the solution was to open his own hospital—a woman's hospital. In 1855 he opened the first of its kind in the country.

He became President of the American Medical Association in 1876 (the year his friend Samuel Gross headed the World Medical Congress).

S. Wier Mitchell (Class of 1850, son of John K. Mitchell) although suffering from tuberculosis and a dismal childhood he traveled to Paris to study under the famous Claude Bernard. Known as a "yeast man" because his active mind was "fermenting" with new ideas, his ex-

periments were classics, ranging from snake venom and alkaloids, to the determination of brain centers in the cerebrum and cerebellum, the latter leading to the specialities of neurology and neuropsychiatry and, later to W.W. Keen's interest in neurosurgery. Mitchell was a poet, also a writer of many novels of literary note, and a giant in practical medicine.

The world wide scourge of yellow fever ("black vomit") was dealt a death blow by the brilliance of a graduate in the Class of 1855, Carlos J. Finlay, a Cuban. Medical history recounts his long struggle for recognition and acceptance of his now (proven) theory that the vector was *Aedes Aegypti*. His discoveries ultimately led to measures that permitted the building of the Panama Canal and innumerable other developmental projects in areas of infestation by yellow fever. The world owing as much to Carlos Finlay as to any other man in medical history finally heaped honors upon him. A centennial observation of his graduation was held here in 1955, attended by the World's renowned men in Public Health and Sanitation. A marble bust of Finlay presented at that time by the Cuban Government is to be seen in our Scott Library.



Robert Hale Sumnit, M.D.

Temple University, B.A. '72
Obstetrics and Gynecology



Kathryn Laurie Hall, M.D.

Pennsylvania State University, B.S. '73
Pediatrics



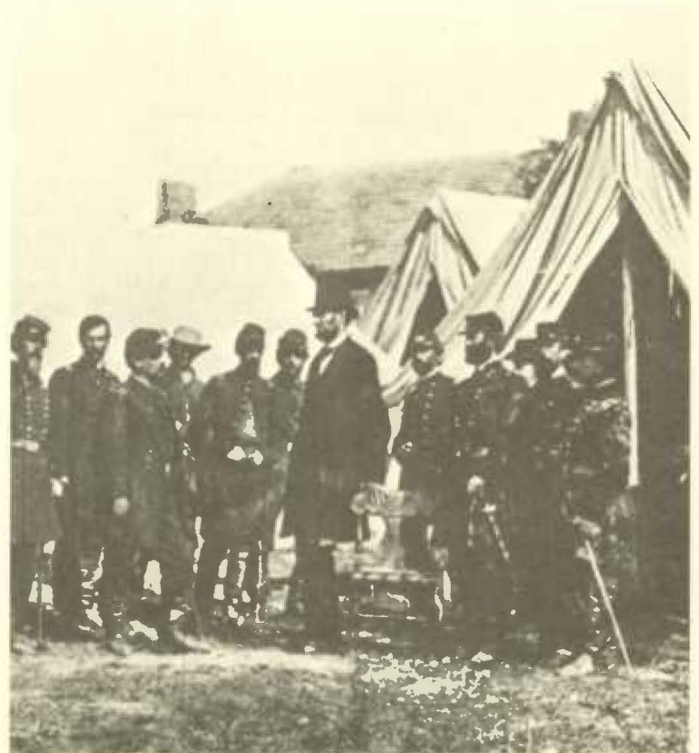
Robert Hamilton Hall, M.D.

Franklin and Marshall College
Family Practice



John Randolph Gain, M.D.

Duke University, B.S. '71

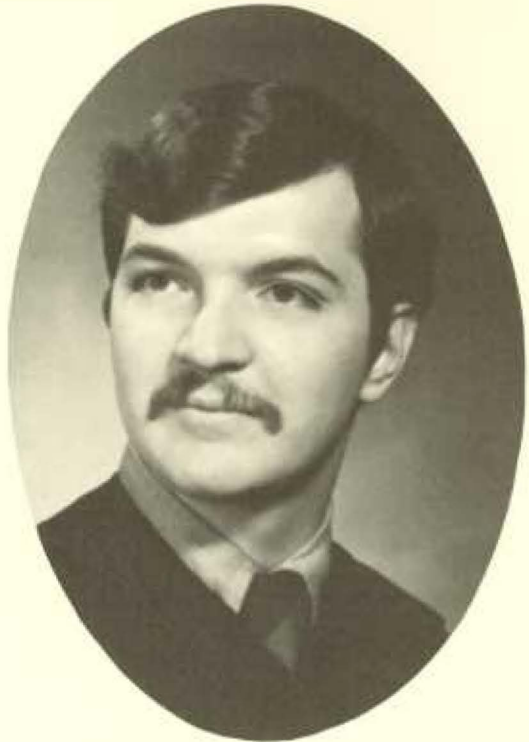


President Lincoln congratulates Jonathan Letterman '1849 after a successful battle at Antietam.



Geoffrey C. Gallock, M.D.

Massachusetts Institute of Technology, B.S.
'69



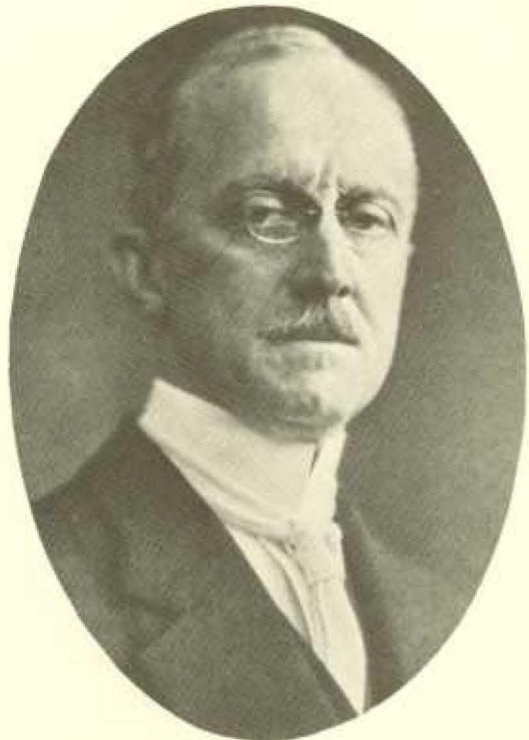
Wesley R. Harden, III, M.D.

Ursinus College, B.S. '71
Cardiovascular Surgery

Gross Honored With Chair

No other figure in 19th Century American Medicine, particularly in surgery, could match the famous Samuel D. Gross. Perhaps much of his fame and accomplishments were due to his "discovery" in his late boyhood, as he related, of his "own ignorance and with it came a solemn determination to remedy it." After visiting both of Philadelphia's two schools, he entered Jefferson, graduating in 1828. Gross dissected several cadavers, the source of which he held secret—but at times he was suspected of having dubious sources. First he was an anatomy teacher at the College of Ohio, where he set up a course in pathological anatomy and wrote the first book (in English) on pathology. The renowned Virchow considered this a classic and Gross was elected to the Imperial Medical Society in Vienna. Gross's first chair was in 1840 at the University of Louisville, then to New York for one year before returning to Louisville where he published two more books, one being his famous "Systems of Surgery." Declining the Chair of Surgery at the University of Pennsylvania in 1855 he continued his surgery, writing, and editing at Louisville but in 1856 he succeeded Thomas Mutter, ac-

cepting the Chair of Surgery at his Alma Mater and bringing his library of more than 4,000 volumes (a like number had been destroyed by fire in Louisville). In 1860 Gross wrote "A Manual of Military Surgery", a work of great value during the Civil War. The Confederates, realizing its worth, published the book and used it in the treatment of their wounded. Gross died in 1884, leaving a treasure of contributions to American Medicine, a remarkable record of service to mankind, and a rich, as yet unequaled, addition to Jefferson tradition. But the memory of Samuel Gross continues in the famous portrait "The Gross Clinic" by Thomas Eakins (bought by our Alumni in 1879 for \$200.00) and also, in the bronze statue recently acquired by our Alumni from its original location near the National Library of Medicine in Washington. Visitors to the Library of Congress may read "Samuel David Gross", in mosaic tile, on the ceiling. Dr. Gross's name was honored further by the endowment in 1910, by his daughter Maria Rivas Gross Horwitz, of the "Samuel D. Gross Chair of Surgery." The first to sit in the Chair was John Chalmers Da Costa.



Hobart Amory Hare, M.D.



Arthur C. Hayes, M.D.

Juniata College, B.S. '71
Internal Medicine



Anne Hench, M.D.

Juniata College, B.S. '71
Pediatrics

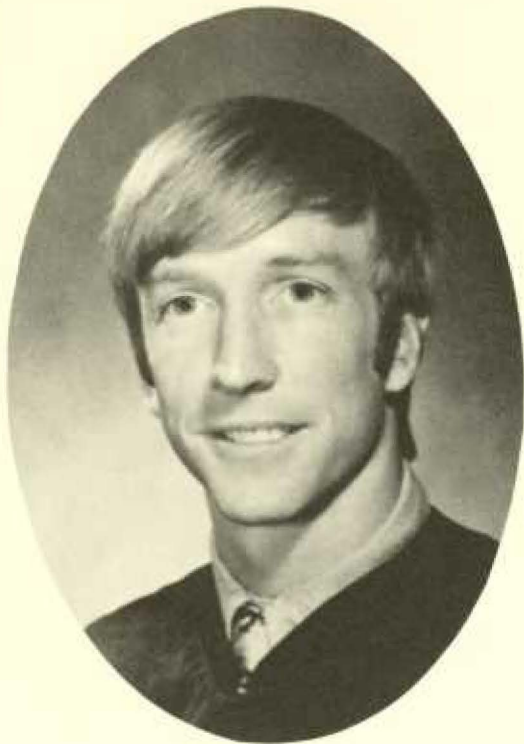


Robert Alan Harris, M.D.

Boston University, B.S. '70
Psychiatry

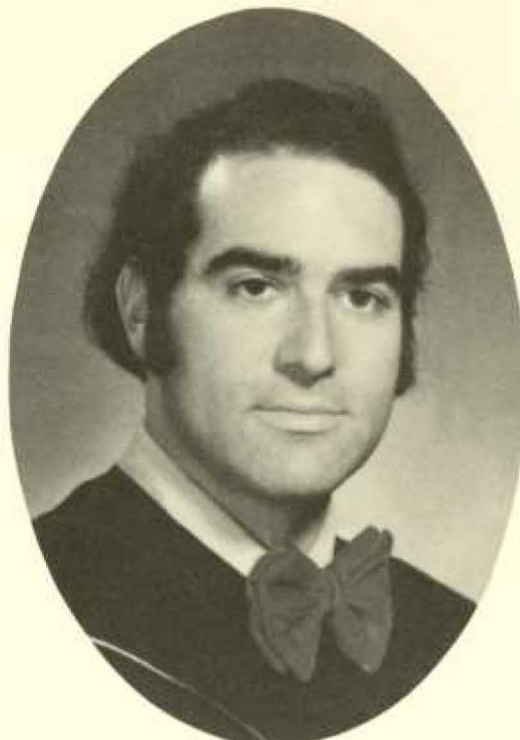


Private Room, circa 1900



John E. Hocutt, Jr., M.D.

University of North Carolina, A.B. '71
Family Practice



Steven L. Horowitz, M.D.

University of Pennsylvania, B.A. '71
Otolaryngology

Private Room Costs \$2 Per Day

The tragic Civil War brought many troubles to medical education. Northern schools, particularly those in Philadelphia, were attended by a high proportion of Southern students. Almost all of these soon left to enter Southern medical schools, especially the University of Virginia; Jefferson lost 244, and the University of Pennsylvania 165.

Shortly each of you will receive your Doctor of Medicine degree, and as you do you will automatically become a member of the largest medical alumni body in America, a distinguished group of physicians who are now providing medical services to more Americans than the graduates of any other school.

The Eakins portrait hanging to the right of the Gross Clinic, in Jefferson Hall, shows a studious gentleman seated in his chemistry laboratory while stroking his cat. The scientist is Dr. B. Howard Rand, Class of 1848 who in 1864 succeeded Bache of the famous faculty of 1841, to the Chair of Chemistry. His objection to young women binding themselves by tight corsets, holding it to be a factor in producing "cholorsis," proved to be correct. His books on Medical Chemistry were widely used; he served as Dean from 1869-1873. Failing health, due to inhaling poisonous chemical fumes, forced his re-

tirement in 1877 and he died of pneumonia six years later. His successor as Dean, John Barclay Biddle, had the dubious honor of turning away the first woman applicant to Jefferson! (Editors' note: the first woman was accepted in 1961).

James A. Meigs (Class of 1851), Duglison's successor in the Chair of Physiology was probably the first in America to use vivisection in his teaching (anesthesia had become available). Jefferson led in scientific as well as in practical clinical medicine!

Our hospital facilities were from the first quite crowded and patients had to heal and convalesce at home. Facilities above a store at 10th and Sanson were added but soon, even the additional houses on Walnut Street, rented in the '60's for patient use, became inadequate. To the monies contributed by Faculty, Trustees, the organized Alumni, and friends of the College, the State Legislature added \$100,000, and a new modern hospital was erected between Walnut and Sanson on Tenth which, completed in 1876, became a model for new hospital construction elsewhere. (Private patients paid \$2.00 per day, more than twice the charge for ward patients.) Renovation and new construction soon enlarged the facilities of the College as well.



Robert



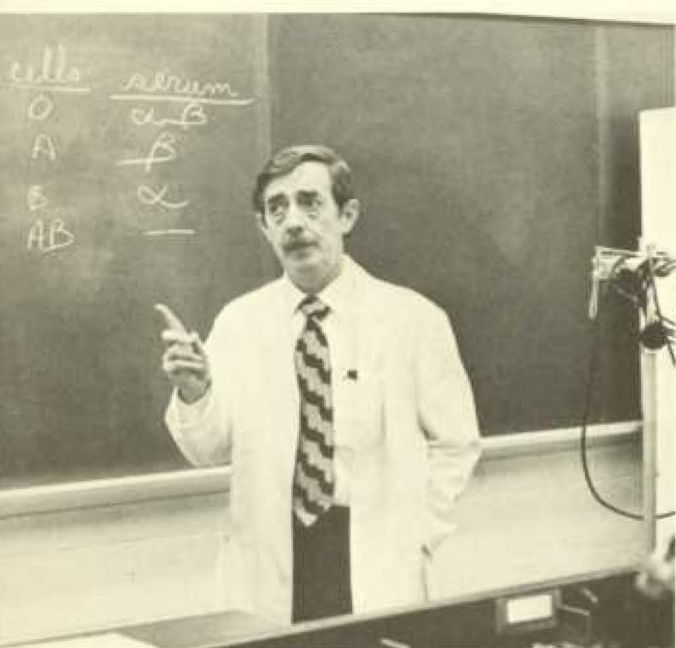
Robert R. Houston, M.D.

Bucknell University, A.B. '71
Internal Medicine

The Department of Microbiology



Would you buy a used car from this man?

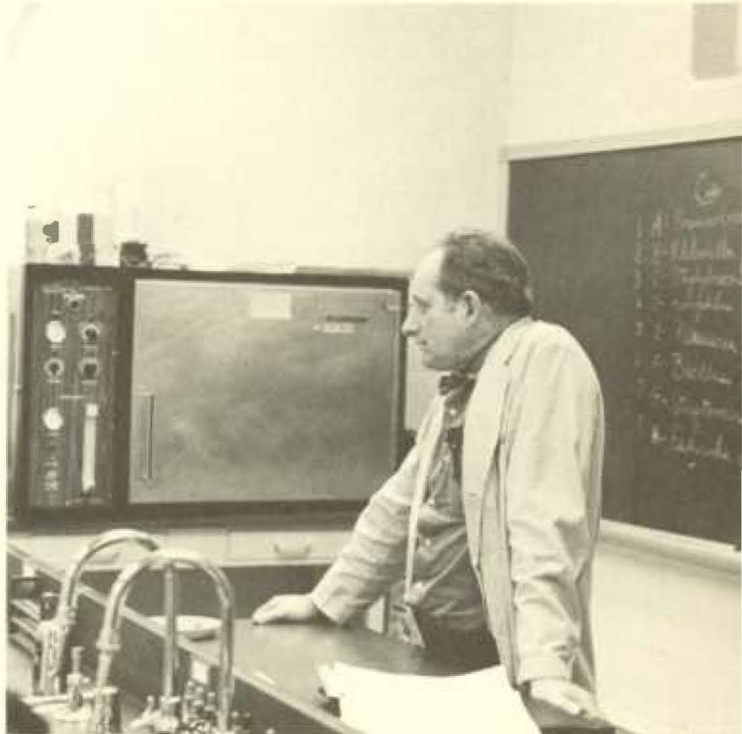
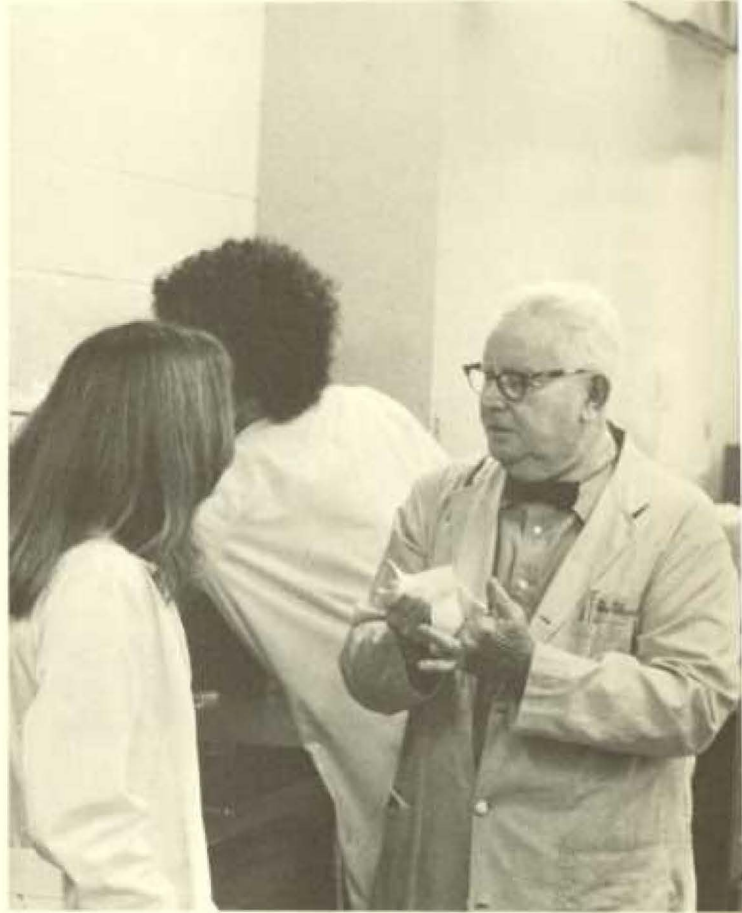


Wind your watch and wind your worm!
Dr. Smith (gmo/micro)

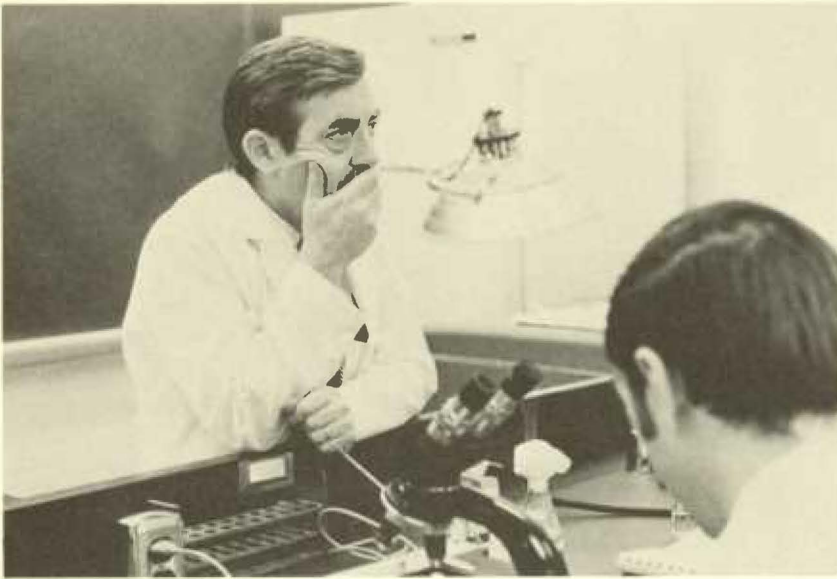


Man stagnates without a challenge. Maybe we were meant to keep on pushing, fighting and discovering. To keep on trying to be more than what we are.

James T. Kirk, Captain
Starship Enterprise (rb/icm)



Don't forget to count the colonies on your shirt!!

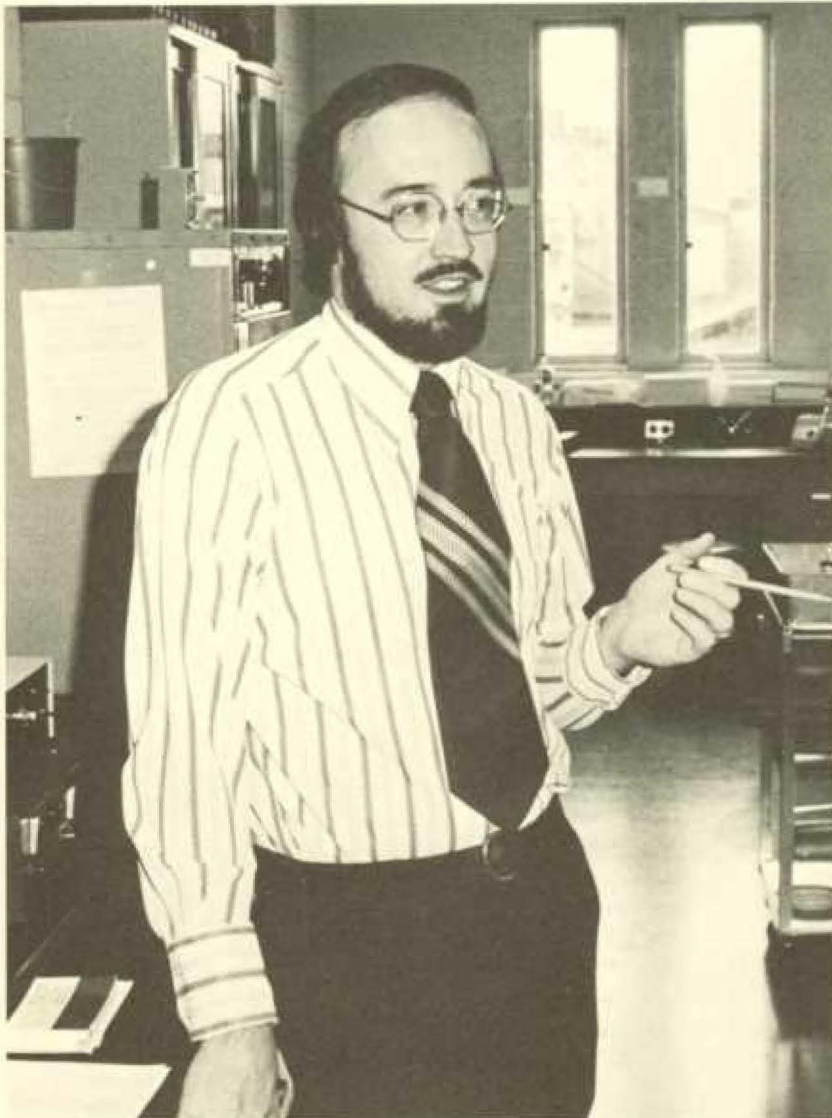


Hmm, we're tackling the note service. How else can we screw the students?



All prejudices may be traced back to the intestines.

Nietzsche



I would like to participate in freshman orientation, but fortunately I will be north of the Arctic Circle at that time.

Dr. Toy, July 1973



"In seminars and arenas, the difference between being bored and being gored is in the quality of the bull!"
(Ole!)
J.A. Perkins, M.D.



Do unto others as you would have them do unto you.

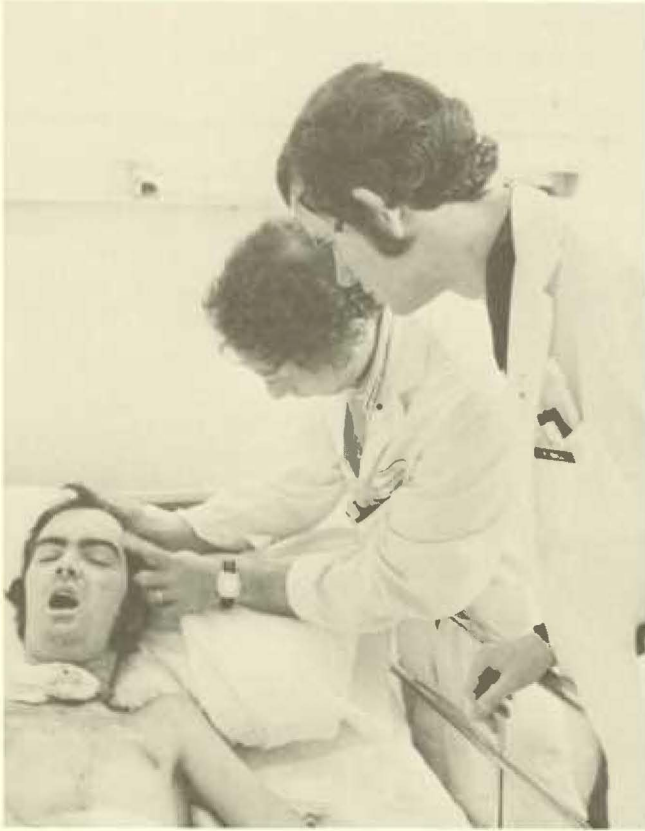
G. Rule (ajn/icm)



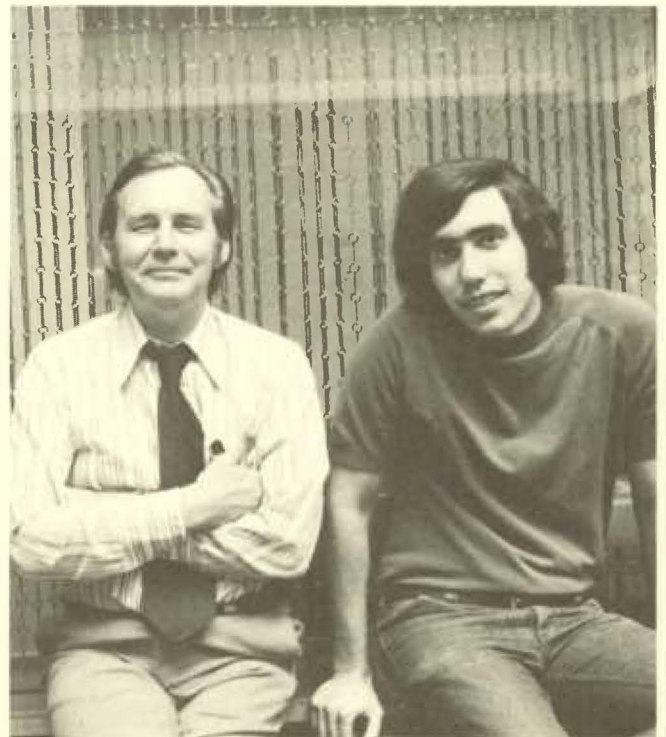
Straight thinking is straight in the way an interstate highway is straight. It does not follow the contours of reality.

Andrew T. Weil, M.D.

The Department of Neurology



Paul, here's a classically positive "O" sign.



Dorothy: But you can't talk if you don't have a brain.
Scarecrow: That doesn't seem to stop some people.
Dorothy: Well, I guess you're right.

Surgery does the ideal thing—it separates the patient from his disease.
Logan Clendingen



The Department of Neurosurgery



Hey baby, you hit me with that hammer one more time . . .





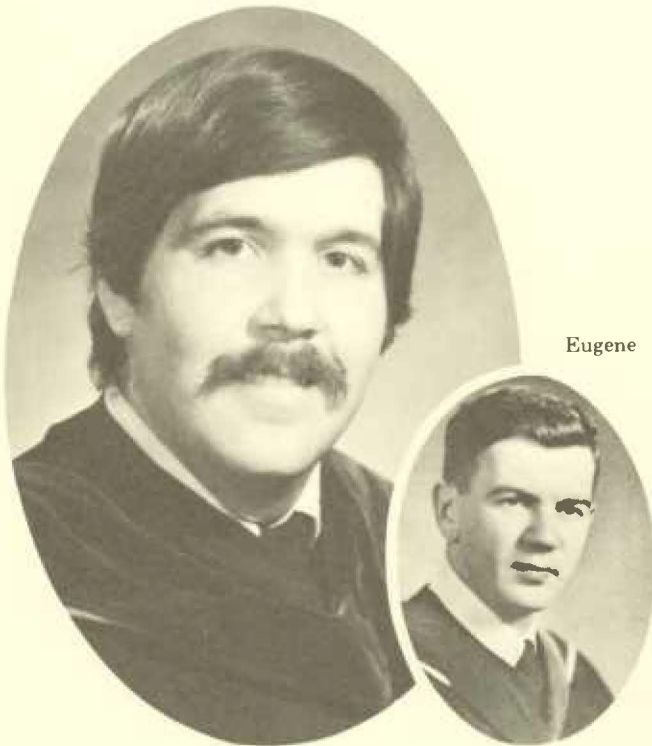
Samuel Carlton Hughes, M.D.

University of New Hampshire, B.A. '68
Forensic Medicine



Lawrence M. Gurvitz, M.D.

Muhlenberg College, B.S. '71
Ophthalmology

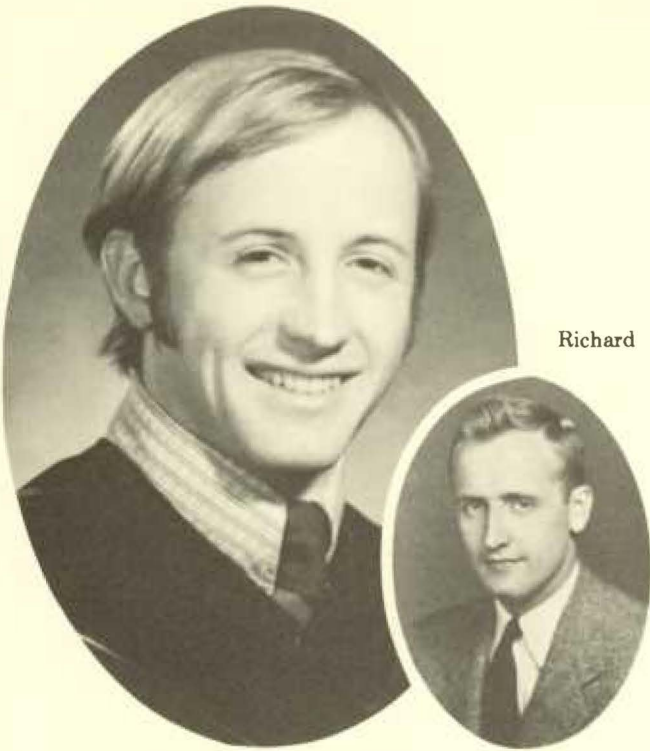


Eugene

Eugene P. Hughes, Jr., M.D.

LaSalle College, B.A. '71
Surgery

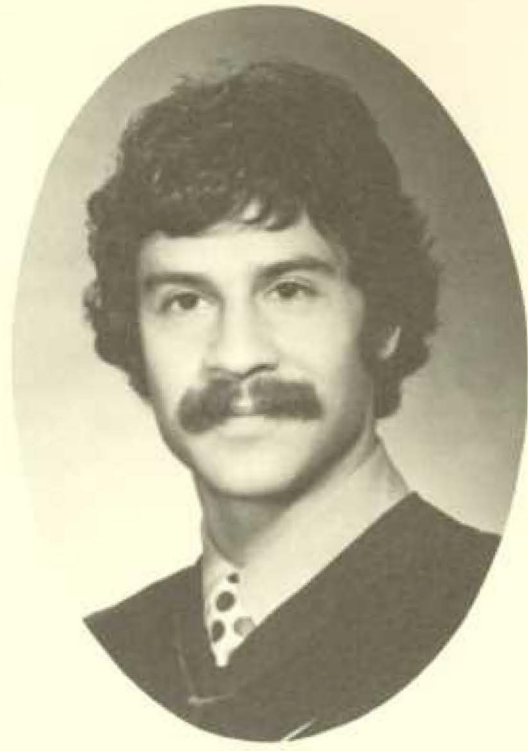




Richard

Richard S. Jackson, M.D.

University of New Hampshire, B.A. '71
Surgery



Nathan Arthur Jacobson, M.D.

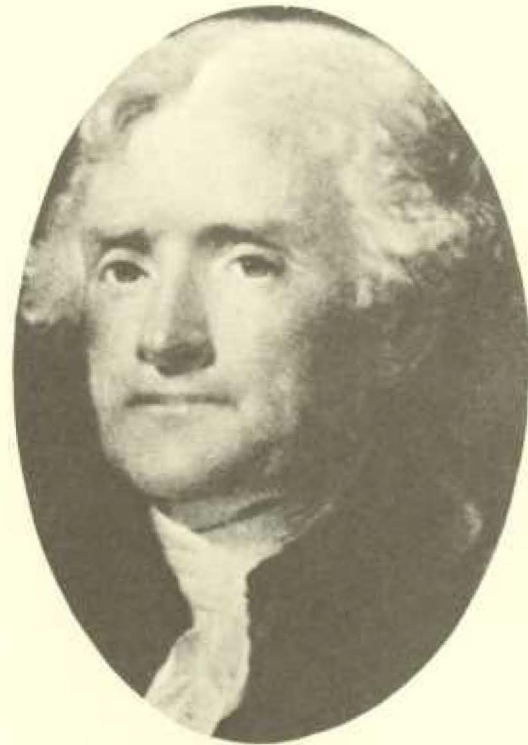
Washington and Jefferson College, B.A. '71
Internal Medicine

Students Ambush Detectives

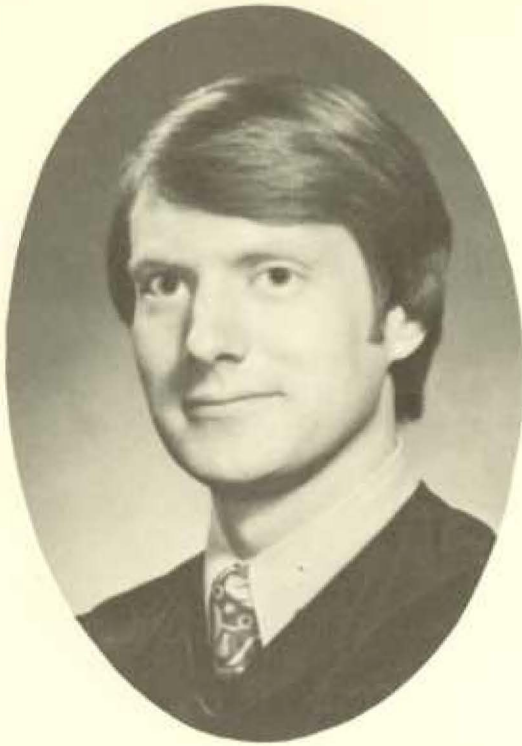
Although early medical schools desired (we required) instruction in anatomy, including dissection, State Legislatures were delinquent in providing legally for the necessary supply of cadavera. The situation was especially critical in Philadelphia, but dead bodies were indeed "available" through certain ("resurrectionists") methods. William Smith Forbes, (Class of 1852) while a Demonstrator of Anatomy, took the lead by proposing to the Legislature an Anatomy Act (1867) entitled, "An Act for the Promotion of Medical Science and to prevent traffic in human bodies". This was branded "The Ghastly Act" by the reluctant Legislature. Later, a watered-down bill was passed but only Philadelphia and later, Allegheny Counties were required to provide unclaimed bodies. Soon it became obvious that hanky-panky was afoot and that the Anatomic Act was failing in its purpose. The Philadelphia Coroner was interpreting the wording of the Act for his own benefit, and for his own personal (non-degree) medical school. Consequently, while the legitimate schools received cadavera in insufficient numbers, the Coroner's school enjoyed an unlimited supply, completely contrary to the Act's stipulation of equitable distribution. Such chicanery resulted in a change in the Act which in 1883 became law and, also, became a model for

similar Acts in other States. But the Forbes crusade made enemies and he was arrested in 1882 on a false charge of "conspiring to rob graves in Lebanon cemetery." He was forthwith exonerated in Court but without the support of his faculty colleagues, who deserted him when it appeared he may be convicted, (like the proverbial rats deserting the sinking ship) but who hastened to renew friendship upon his vindication!

This period was not without humor. A few imaginative and adventure-some Jefferson students learned that Pinkerton detectives had been hired to watch all deliveries made to Jefferson, hoping to discover illegally obtained cadavera and thus to discredit Forbes. They hired "a horse and huckster wagon," piled themselves in and stuck a few arms and legs out from beneath the canvas sides to feign a delivery of cadavera. When they arrived near the College they were accosted by the detectives who chased them to Broad Street where a crowd of Jefferson students waited in ambush. The Pinkertons, totally fooled by the ruse, barely escaped with life and limb intact by claiming to be Philadelphia policemen and by promising to stop such nonsense if our students would keep the whole mess from the press. Forbes took the Chair of Anatomy in 1886.

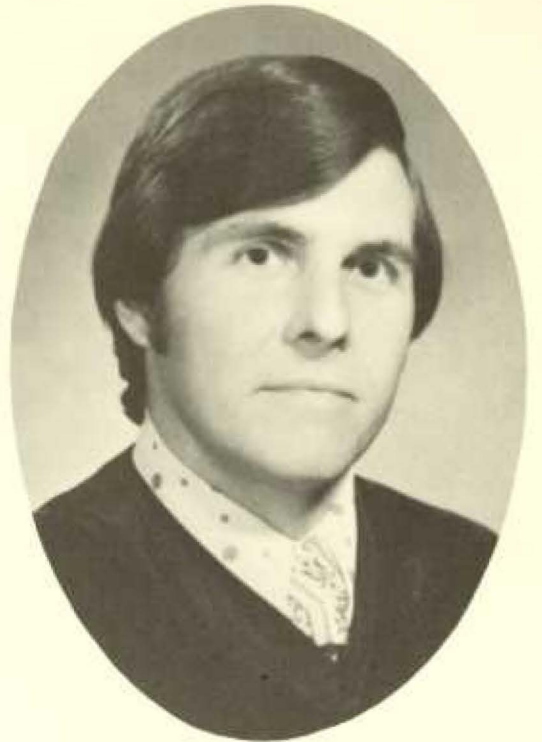


Thomas Jefferson



Steven C. Johnson, M.D.

University of Delaware, B.A. '71
Pediatrics



James M. Jones, II, M.D.

Shepherd College, B.S. '68
Internal Medicine



David S. Jezyk, M.D.

Saint Joseph's College, B.S. '71
Family Practice



Jefferson Hospital 1877



David M. Kamsler, M.D.

University of Chicago, B.A. '69
Pediatrics



Jonathan E. Kates, M.D.

University of Pittsburgh, B.S. '71
Family Practice

Gross' Widow Weds Sir Osler

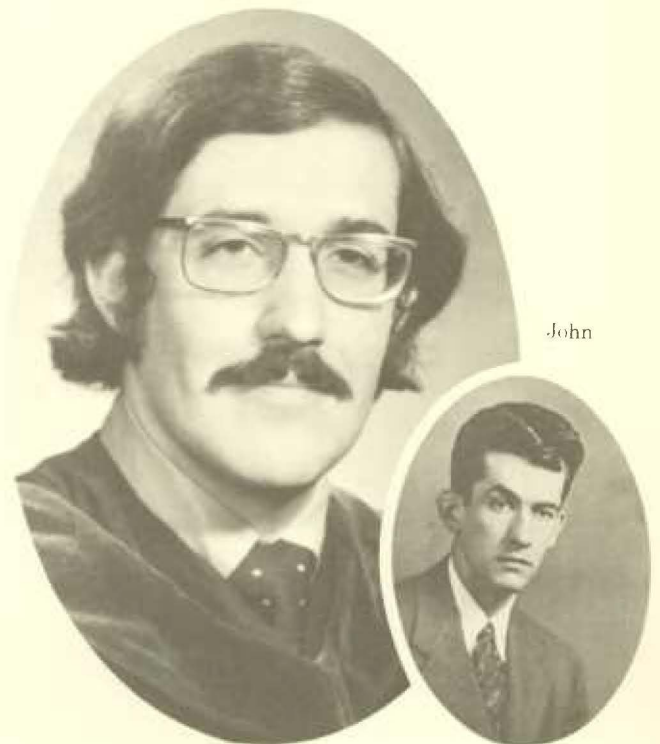
Our Faculty continued to grow in excellence. Jacob Mendez DaCosta (Class of 1852) accepted the Chair of Theory and Practice of Medicine in 1872, thus completing with Samuel D. Gross and Joseph Pancoast, the "Great Trio" in American Medicine. DaCosta is remembered for his work on Fluorides in Medicine, the "irritable heart," tuberculosis, and typhoid fever. He urged Philadelphia to boil their water (from the polluted Schuylkill); his methods of cleanliness helped his typhoid patients to fare better than those of other physicians. Dr. Jacob Solis-Cohen brought laryngoscopy to Jefferson, and initiated, together with his illustrious family, over a hundred years of distinguished service to Jefferson and to Philadelphia. He devised a successful procedure for laryngectomy and aided postoperative patients to learn to "talk".

Jefferson's rich tradition in chemistry was strengthened in 1885 by the appointment of a member of the Class of 1868, James William Holland, to the Chair of Chemistry and Toxicology. It was early in his tenure as Dean (1887-1916) that the traditional oral examinations were succeeded by written tests, penetrating and demanding. The requirement of a thesis for graduation was abandoned in 1885 to the joy of most of Jefferson

students who freely admitted this was the most dreaded and challenging hurdle on their way to the M.D. degree!

With the retirement of Samuel D. Gross in 1882 it was necessary to create two Chairs to fill his shoes. His son, Samuel Weissels Gross (Class of 1857), was promoted to the Chair of Principles of Surgery and Clinical Surgery and John H. Brinton took the Chair of Practice of Surgery and Clinical Surgery.

Samuel Weissels Gross served in the Civil War as Lieutenant Colonel and devoted his life to Jefferson. He was the first to open kidneys to remove stones, and although no modern knowledge of endocrine glands was available, he wrote a scholarly treatise on sterility and impotence. He pioneered, among surgeons, in using microscopic examination of specimens removed surgically. He was innovative as a surgeon and prolific as an author. His productive life ended prematurely at age 52 by typhoid pneumonia. Samuel W. Gross' wife was the former Grace Langee Revere, a great-grand daughter of Paul Revere. Grace later, as a widow, married Sir William Osler. (The valuable etching of William Harvey that hangs in the office of the Anatomy Department was a present from Lady Osler.)



John

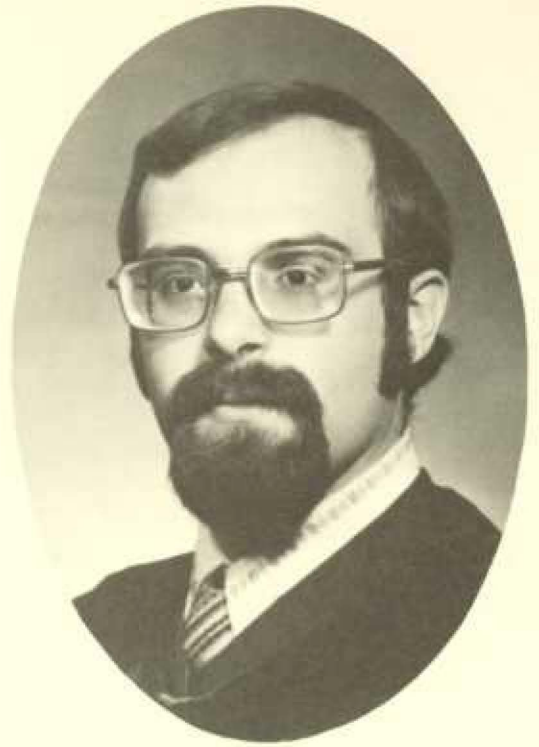
John I. Kavanagh, M.D.

American University, B.A. '69
Internal Medicine



Marilyn C. Kay, M.D.

University of Delaware, B.A. '71
Ophthalmology



Wesley Edward Kerschbaum, M.D.

Pennsylvania State University, B.S. '72
Psychiatry



Jonathan Kay, M.D.

Amherst College, B.A. '71
Internal Medicine



William W. Keen, M.D.
Emeritus Professor of Surgery



Michael Kilcullen, M.D.

University of Scranton, B.S. '71
Physical Medicine and Rehabilitation



Milton



William Jay Kitei, M.D.

Saint Joseph's College, B.S. '71
Internal Medicine

Grover Cleveland's Jaw

Neurosurgery in America, and perhaps in the world, was born at Jefferson in the creative brain and skilled hands of William W. Keen (Class of 1862). Pre-eminent general surgeon of his day, his removal of the first brain tumor, successfully, in 1887 gave birth to a new surgical specialty. He performed the first colostomy and devised methods of surgery of the urinary bladder. When President Grover Cleveland developed cancer of the jaw Keen was selected to operate. This was accomplished successfully on a private yacht in Long Island Sound. The whole procedure, from diagnosis to convalescence, was a closely guarded secret because of political implications. (The secret was later revealed by the dentist who made the necessary prosthesis, while attempting to explain why he had to cancel a prior engagement!).

Shortly before his death he willed his brain to the Anatomy Department where it was viewed, until recently, by Jefferson students who were impressed by the unusual complexity of its intricately marked cerebrum, and although he lived to be 95, there was no evidence of cerebral arterial sclerosis.

William Potter joined our truly rejuvenated Board of Trustees in 1895, and was elected Board President

the next, indeed historic, year for our College. Jefferson had been from its inception a proprietary school, and there were advantages and disadvantages to this status. Only our financial base needed change. This was accomplished in 1895-96. Through the leadership of Mr. Potter the Board took over all finances, paid the salaries of the Faculty, terminated the sale of "tickets" to students, and set out to extend the facilities of the College. "Proprietorship" was ended, we were "non-profit sharing"; we had become of age. Tuitions and all fees (matriculation, laboratory, cadaver, and diploma) were paid directly to the College.

Student participation in clinical exercises, a corner stone in medical education laid by George McClellan in 1824, was soon extended even more fully. Edward P. Davis M.D., (Jeff., 1887). Director of our obstetrics program based in the Maternity Building (acquired in 1892 by our Board of Lady Managers), required all students, working in pairs, to deliver at least six women in the homes of Philadelphia families. Dr. Davis was physician to the Woodrow Wilson family, delivering the Wilson children and tending President Wilson (together with Dr. F.X. Dercum, another Jefferson professor), in his final illness.



Peter G. Klacsmann, M.D.

Princeton University, B.S.E. '71
Pathology

The Department of Obstetrics and Gynecology



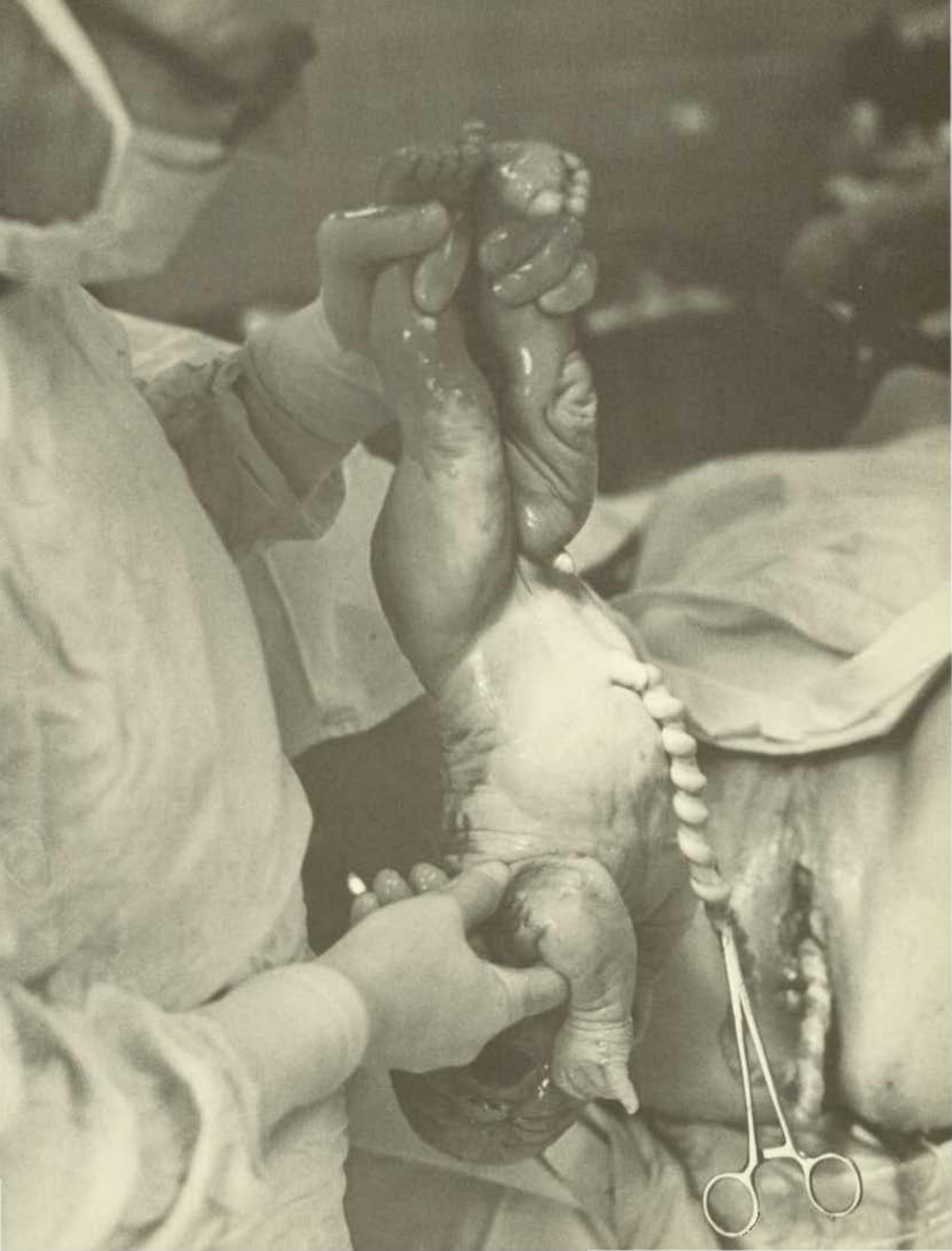
Sorry I wasn't here for last week's conference, but I was playing in a golf tournament.

Roy Holly, M.D.



When each comes forth from his mother's womb, the gate of gifts closes behind him.

Emerson





Everybody knows this is nowhere.
Neil Young



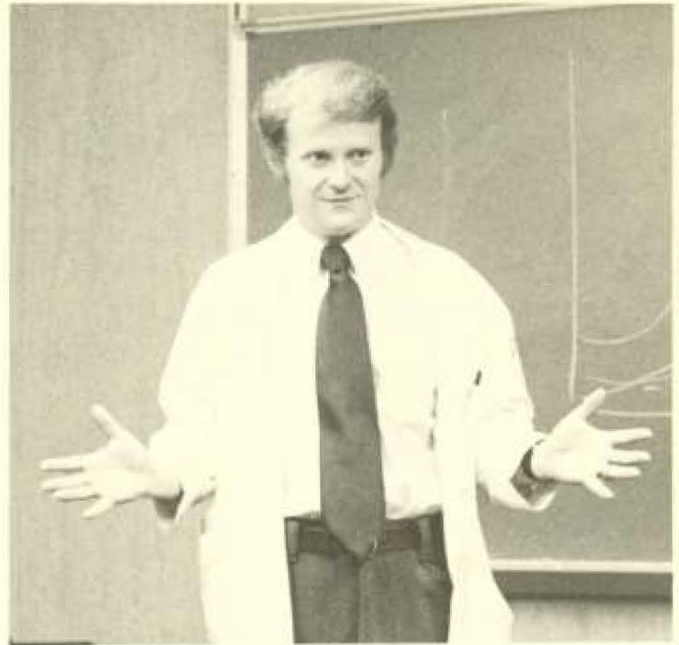
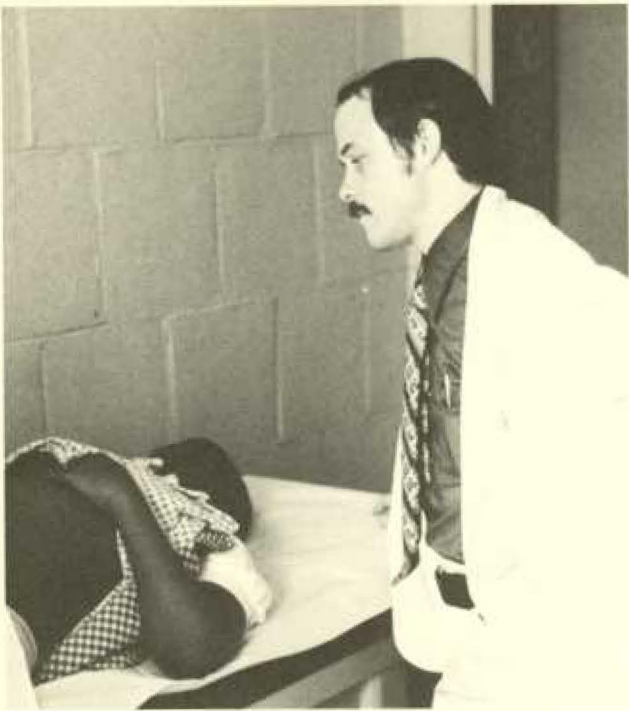
That's all I can stand, I can't stands no more.

Pop-eye
ajn/path

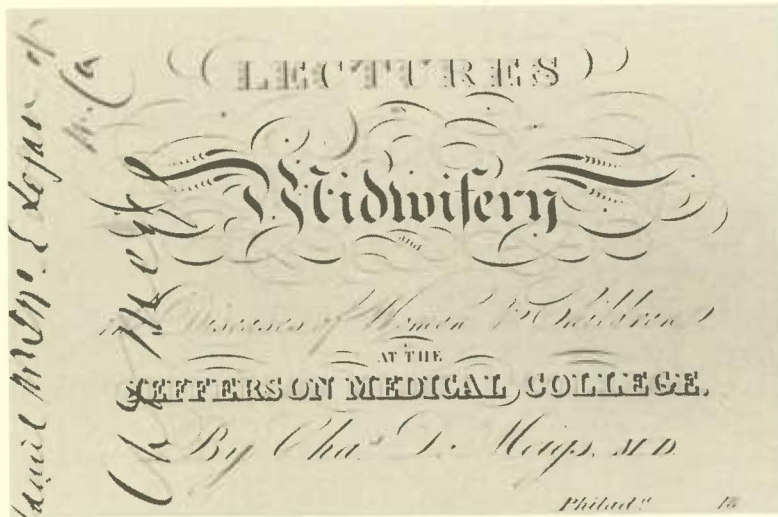


If you're in there more than 30 seconds, you're playing.
Philip Slipyan, M.D.

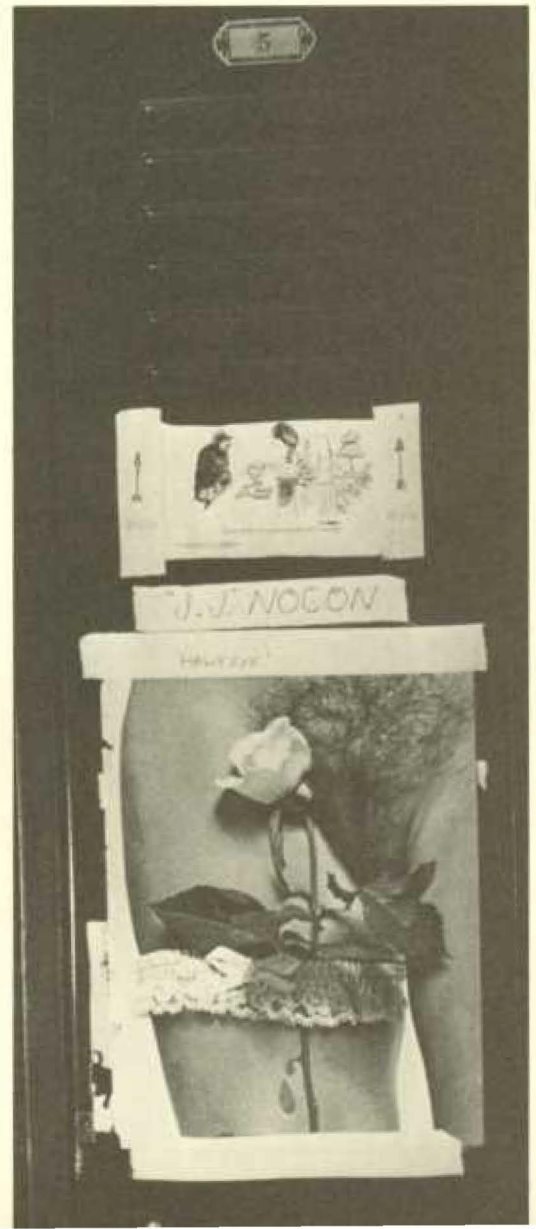




With this . . . could I (dare I say it?), rule the world?
The Beatles



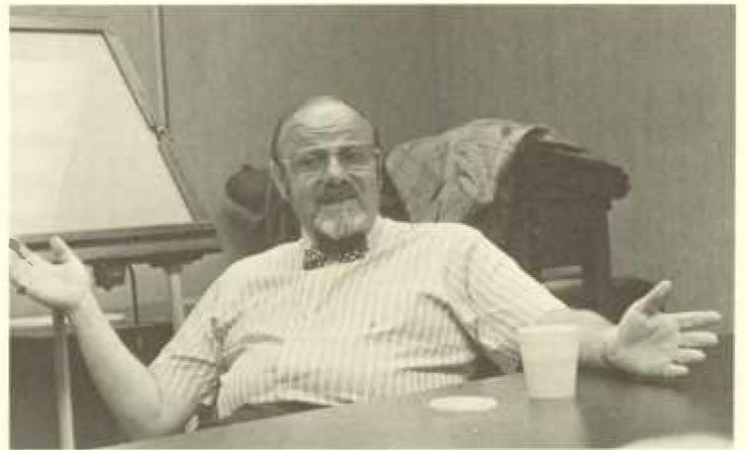
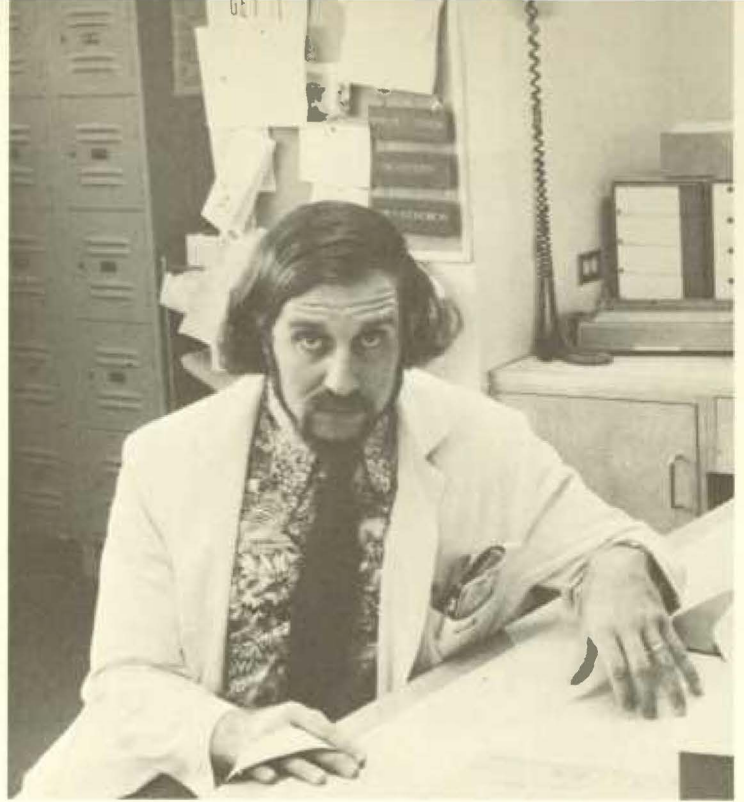
When you love a woman you don't take instruments to measure her body,
you love her with your desires.
Picasso (ajn/pharmy)



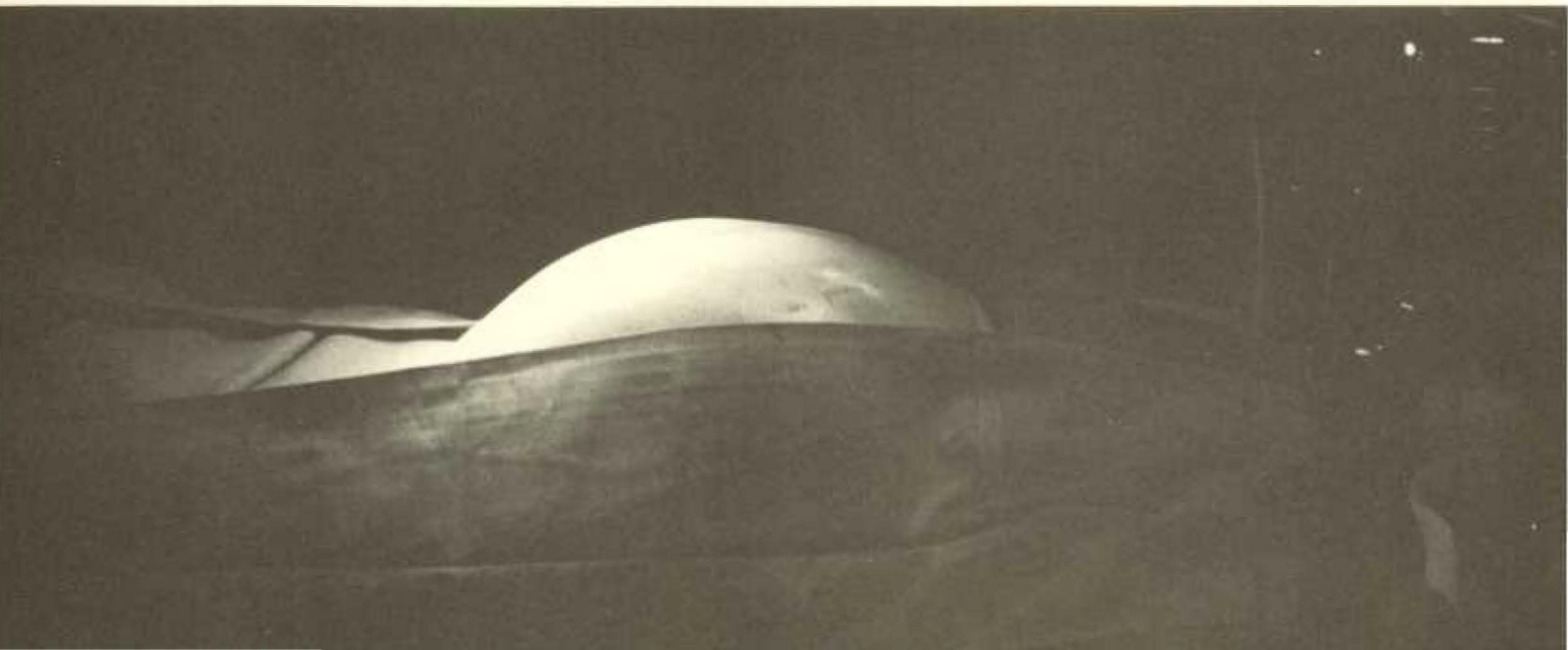
You have ENT at Naval, the second two weeks of the first half of the winter quarter (with Ortho at Lankenau), and you want to drop CH&PM and switch with whom for what?



Except for being hanged by the feet, the supine position is the worst conceivable position for labor and delivery.
Dr. Roberto Caldeyro-Barcia



Listen, or thy tongue will keep thee deaf.
Indian proverb (dsj/icm)



The Department of Ophthalmology



Bilateral cataracts; fundi within normal limits.



Go to an optometrist—they're cheaper.

The Department of Orthopedic Surgery



To be an orthopod, you have to be as strong as a bull . . . And twice as smart.
Harry Polski, M.D.



Anthropod: an invertebrate animal with jointed limbs.
21st edition Stedman's dictionary



It's not arthropod, it's *orthopod*.

The Department of Otolaryngology

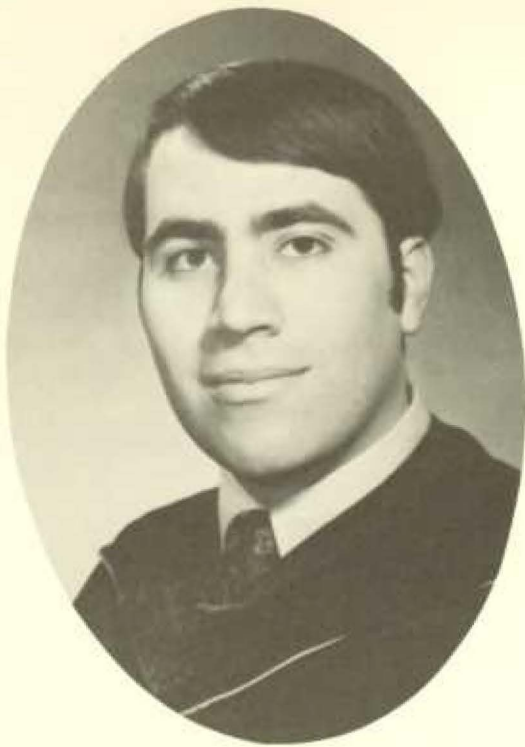


things go
better
with
Coke
TRADE MARK



Chevalier Jackson, M.D.
Professor of Laryngology, 1912-1924





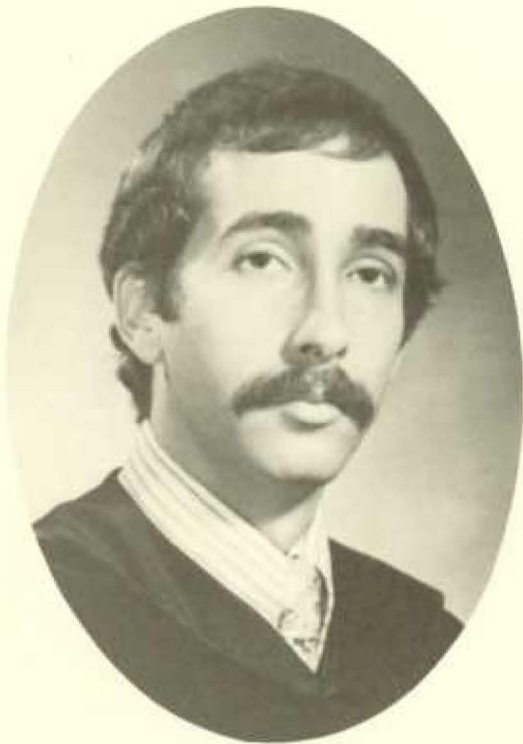
Joseph John Korey, Jr., M.D.

Saint Joseph's College, B.S. '71
Internal Medicine



Karen Faye Kuhns, M.D.

Pennsylvania State University, B.S. '73
Internal Medicine



Steven A. Kolker, M.D.

Villanova University, B.S. '71
Anesthesiology

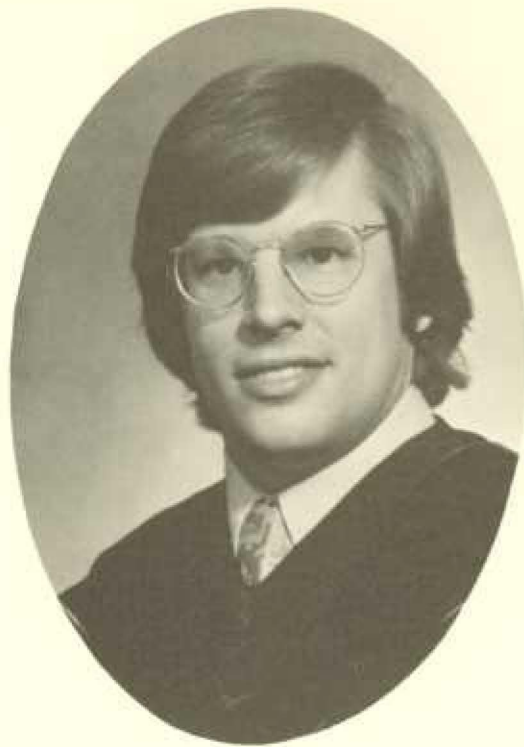


Jefferson Maternity Hospital



Mary Louise Kundrat, M.D.

Seton Hill College, B.A. '71
Internal Medicine



Craig Fred LaForce, M.D.

Northwestern University, B.A. '68
University of Florida, M.S. '71
Pediatrics

Practical Training

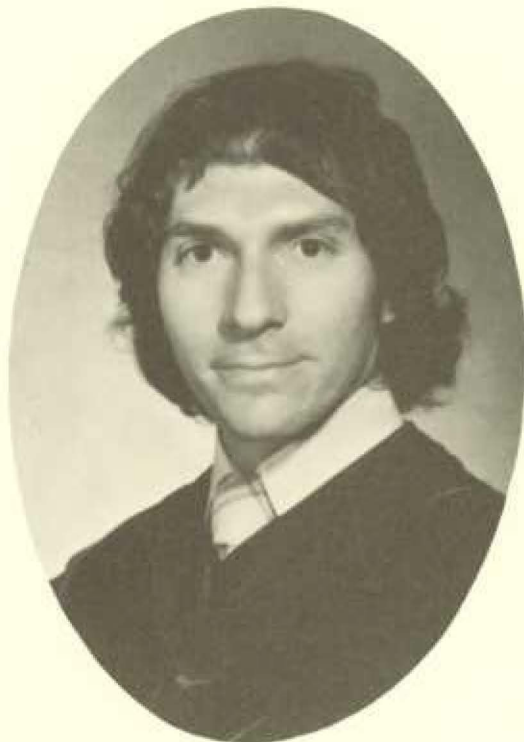
The obstetrics staff contained several famous physicians. One was Dr. George Ulrich, whose Pennsylvania Dutch accent (ex., waricose wanes of the wagina), his ever-present "most effective obstretical instrument yet devised" (a tasty, longburning cigar to provide patience during the vigil), and having delivered more babies than anyone else in Delaware Valley, a special niche in Jefferson tradition. The Wharton Street Dispensary was soon opened to accomodate the enlarged Davis program. Here students waited until called to assist in deliveries in nearby homes. It is told that one night when two students appeared to assist a robust Negro woman in her delivery, she, noting their timid and hesitant approach, asked if this was their first experience. Upon their confession that "indeed it was" she replied, "Now, dunt y'all fret none, this is my eleventh so jist set back an' see me show you!"—where upon she proceeded promptly to present them with a healthy baby girl. (Teaching is not reserved for faculty alone.)

Pathology at Jefferson was further strengthened when W.M. Coplin (Class of 1886) was called back from the Chair of Pathology at Vanderbilt to assume our Chair in 1896. Coplin's contributions extended past Path-

ology into Bacteriology and Public Health. Students were amused in class as Coplin rested his ample abdomen on the table beneath the podium while delivering his lecture, but were inspired none-the-less.

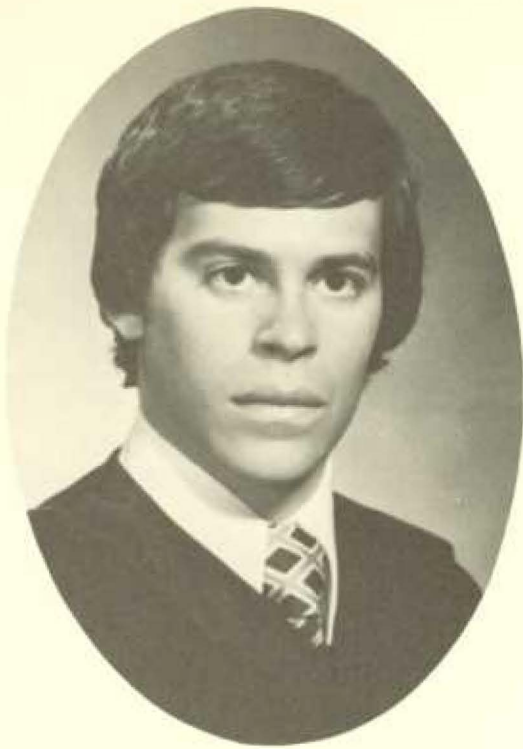
At that time, the specialities were coming into their own. Jefferson had lead much of the way in establishing Clinical Professorships. The history of American medicine records the names and careers of Jefferson's Howwitz, Stellwagon, Dercum, E.E. Montgomery, Wilson, Graham, Thompson, DeSchiveinitz, Rex, Rhoads, Smith, and Loux.

The disparity between the educational excellence of the better medical schools and the lesser known ones, and especially the disreputable 'diploma mills', led to the need for formation of State Licensure Boards (circa 1890 in Pennsylvania). Even the stronger students, then as today, viewed with trepidation these examinations. To soothe such fears, Dr. Max Goepp of Jefferson compiled a book "State Board Questions and Answers," a very popular book at most medical schools. Not only students used the book; various States Boards, when compiling their own examinations drew heavily on Goepp's book for both questions and answers!



Ellis R. Levin, M.D.

Temple University, B.A. '70
Family Practice



Dale Linton, M.D.

Dickinson College, B.S. '71
Internal Medicine



H. David Lipsitz, M.D.

University of Pittsburgh, B.S. '70
Internal Medicine

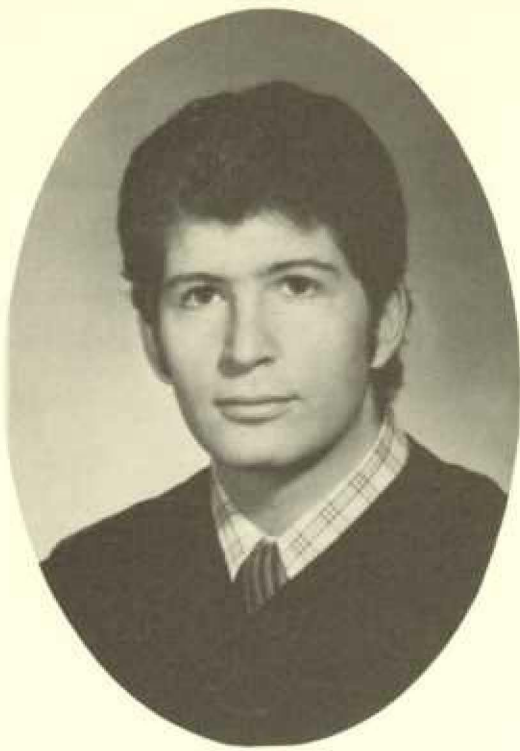


Gregory Lee Lewis, M.D.

University of Pennsylvania, A.B. '71
Internal Medicine—Cardiology

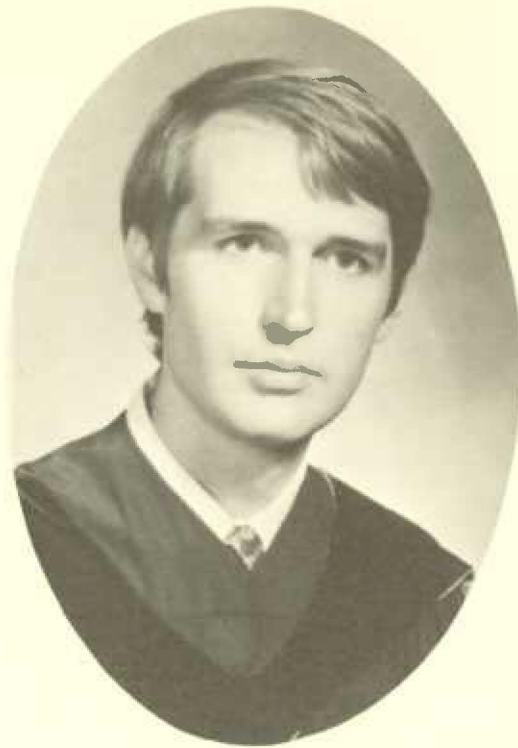


The 1898 college building



Edward Lowenstein, M.D.

Muhlenberg College, B.S. '71
Pediatrics



Randall Flynn Maguire, M.D.

Rutgers University, A.B. '71
Internal Medicine

Gymnasium—First To Go

Our compulsory three year course, adopted in 1890, was extended to four in 1895, the first among America's non-university affiliated medical schools. But better programs demanded improved facilities: Old Medical Hall was condemned. Funds were raised to acquire more land at Tenth and Walnut and to erect an impressive new six-story Medical Hall and a new Laboratory Building which were completed in 1899. Of special interest to students were the activity rooms in the basement of the Hall, rooms for a gymnasium, student societies, smoking (chewing was part of many laboratory exercises!) billiards, publications, and for storing bicycles. It was not long before the expanding academic functions preempted much of these, and as usual the first to go was the gymnasium!

An outstanding faculty addition was the coming of Hobart A. Hare who resigned a Chair at Penn to accept our Chair of Therapeutics in 1891. Older Alumni tell of Hares' "wiring" aortic aneurysms before his classes (with thin gold wire passed through the body wall to coil within the enlargement and relieve pressure and dilatation). Tales have it that at times "wired" patients who, given to imbibe but but without money, would strip out a length of the gold

wire, sell it, and go on a binge! Hare was a strict disciplinarian, and a stickler for proper attire and decorum (he wore his Navy Whites in class while serving in the Navy). His many contributions to medicine occasioned honors at home and abroad, so many in fact that it was said (Bauer) that while others may collect stamps, coins, etc., Hare collected prizes and honors.

The new Laboratory Building, originally seemingly ample, proved inadequate almost at once. One of our Trustees, Daniel Baugh, recoiled at the crowding in the anatomy laboratories and promoted the concept of a separate and commodious building for anatomy alone. The Board had just purchased the land and building at Eleventh and Clinton formerly occupied by Pennsylvania College of Dental Surgery. Mr. Baugh reimbursed the Board, paid off the mortgage and caused the building to be completely adapted and equipped for the various branches of Anatomy. Further, he supplied funds for the Director's salary (who was also to be the Chairman of the Department of Anatomy). The Daniel Baugh Institute of Anatomy was opened in 1911 with pomp and ceremony. Its first Director was Dr. Edward Anthony Spitzka.



Thomas Michael Malachuksky, M.D.

King's College, B.S. '71
Pathology



Jeanne Ireland Manser, M.D.

Bryn Mawr College, B.A. '72
Pediatrics



Richard Peter Marcello, M.D.

Franklin and Marshall College, B.A. '71
Ophthalmology



Herbert E. Mandell, M.D.

University of Pennsylvania, B.A. '71
Rutgers Medical School, M.M.S. '73
Psychiatry





Gerald B. Martin, M.D.

Morgan State College, B.S. '71
Internal Medicine



Janine Matsko, M.D.

Pennsylvania State University, B.A. '67
Internal Medicine

Spitzka at Sing Sing Prison

Forbe's Chair of Discriptive, General, and Surgical Anatomy, upon his death in 1905, had been divided between George McClellan (Class of 1868, grandnephew of the Founder) and Spitzka, the former to hold the Chair of Applied Anatomy, Spitzka's Chair to be General Anatomy. McClellan, who had aspired to Forbes' combined Chair, formerly owned a private School of Anatomy and was Chairman of Anatomy at the Pennsylvania Academy of Fine Arts. Spitzka came from Columbia University after having established himself as one of America's premier neuroanatomists and medical scientists. Interested in the effects of electric shock on the nervous system, Spitzka had autopsied at Sing Sing Prison, the body of Czolgosz (who was President McKinley's assassin). The underworld began to hound Spitzka, apparently following him to Philadelphia with threats to him and family. This and other pressures, and the whispering campaign that he was an alcoholic, ultimately caused his mental breakdown. As told by members of the last Class he taught (1913-1914), Spitzka would enter the amphitheater at "Old D.B.I.", glance back furtively, and

announce to the Class, "I'm being followed!" Where upon he would study carefully the faces in each row of seats and when satisfied would announce, "He's not here." Then, removing two long-barreled pistols from beneath his coat and placing them within easy reach before him, he would proceed to deliver a truly learned dissertation, (albeit usually a degree or two above the student's comprehension). Spitzka was replaced in 1914 by Dr. J. Parsons Schaeffer who, leaving a professorship at Yale, in addition to adding lustre to Jefferson's famous Faculty until his retirement in 1948, became one of Americas most productive and respected anatomists of the Twentieth Century. Jefferson students referred to him, with respect and admiration, as the "Silver Fox" and the "Great White Father". Older Alumni insist that he, when quizzing them in the lecture room, would suddenly turn and "touch" them with his ever-present pointer with such vigor that its tip became red with blood! (This pointer was immortalized by the Alumni, and can be seen in the Library of the Department of Anatomy.)



Thomas J. Maxwell, M.D.

University of Delaware, B.A. '67
Family Practice



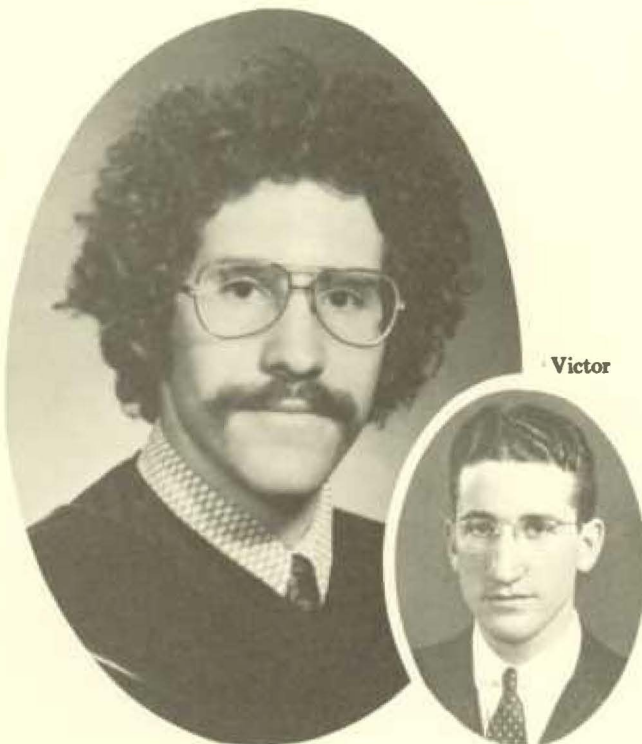
George McClellan, M.D.



Lester

James E. McGeary, M.D.

Dickinson College, B.S. '71
Family Practice



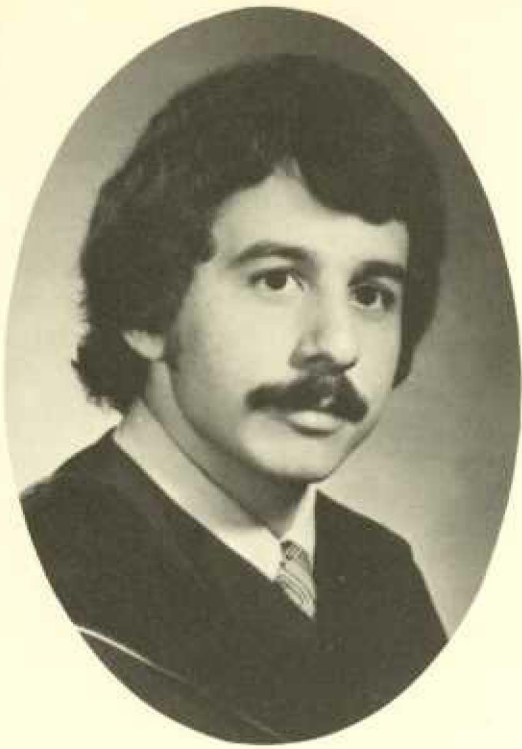
Victor

David Pierce Mayer, M.D.

University of Michigan, B.S. '71
Neuro-Psychiatry



The Nurses Residence at Jefferson



John Michael McGowan, M.D.

LaSalle College, B.A. '71
Family Practice



Cheryl Lee McDunkin, M.D.

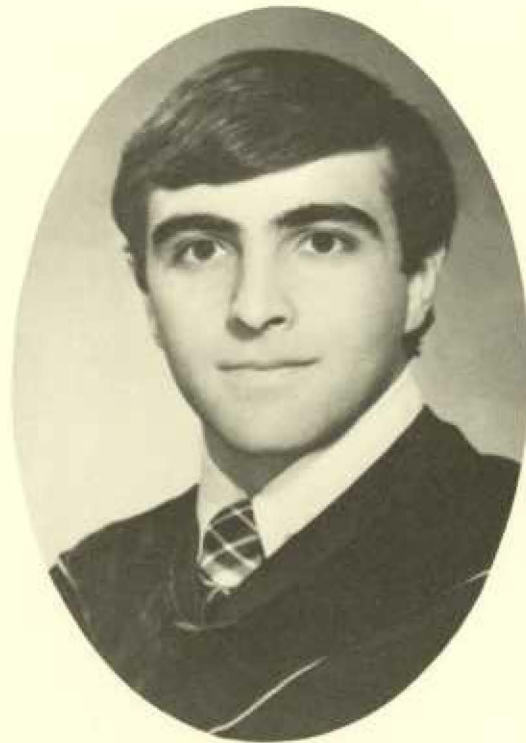
University of Delaware, B.A. '71
Family Practice

No Respect for Nurses

The physician had learned that it was impossible to provide the total care and ministrations the patient needed from time of treatment through convalescence, he needed competent help—the trained nurse—at Jefferson as elsewhere. S.D. Gross had strongly recommended, as had Silas Wier Mitchell, that nurses he trained at Jefferson. As a result, their disciples, Keen and DaCosta, were finally successful in obtaining Alice Fisher to train young women in nursing. Although this first effort proved inadequate, it resulted in the Trustees at last inaugurating in 1893 a properly planned school for nurses, later known as the Jefferson Hospital School of Nursing, with Ella Benson as Directress. The first quarters for nurses were provided in residences adjacent to the hospital, then through the use of rooms in the "Old Hospital". Soon substantial residences on Spruce Street in the 1000 block were renovated for student nurses and an eight story building was erected immediately to the south, its sun deck exposed to eager eyes (and binoculars) of students from the upper floors of Old D.B.I. Many a

happy moment of respite from the anatomy laboratory was enjoyed in the study of surface anatomy. (Girl watching was not invented by the present younger generation). The former quarters of an old theatrical club (Charlotte Cushman Club) at 1010 Spruce was prepared by Miss Olive Pardee and donated for use by graduate nurses. To be sure, nursing education and the status of nurses in the profession has not yet, in 1974, received the full respect and support they deserve from physician and administration, but the record of our Hospital Nursing School has been, although uphill all the way, exemplary.

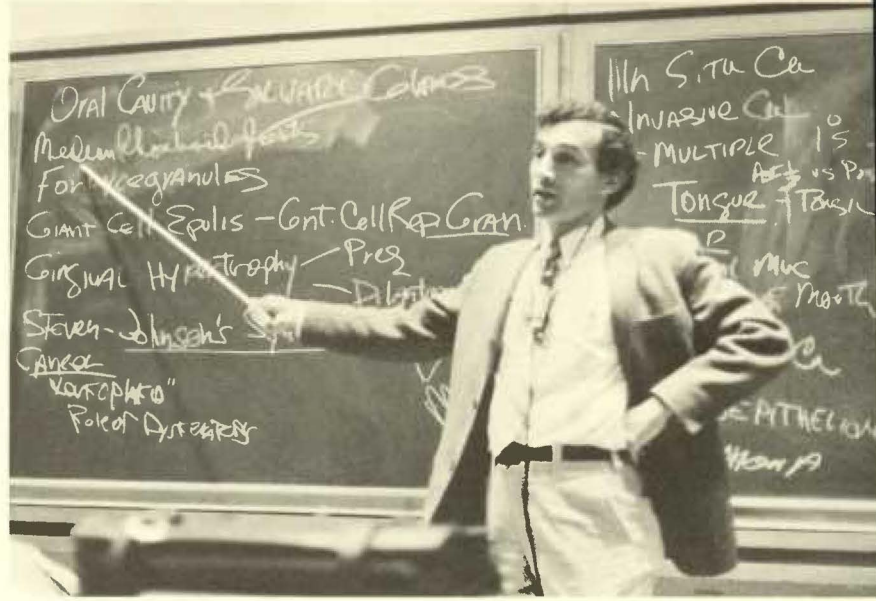
It became a practice in the later 1800's for a professor, in order to increase student interest in his field, to invite students to join a "society", usually bearing the incumbent professor's name; Forbes Anatomic League, W.W. Keen Surgical Society, H.A. Hare Medical Society, and so on. Handsome certificates of membership later enjoyed prominent display on the office wall of the recipients.



Geno Merli, M.D.

University of Scranton, B.S. '71
Physical Medicine and Rehabilitation

The Department of Pathology



It is silly to expect perfection from people.
G.E. Aponte (ajn/pharmacy)



The cornerstone of pathology is organization.

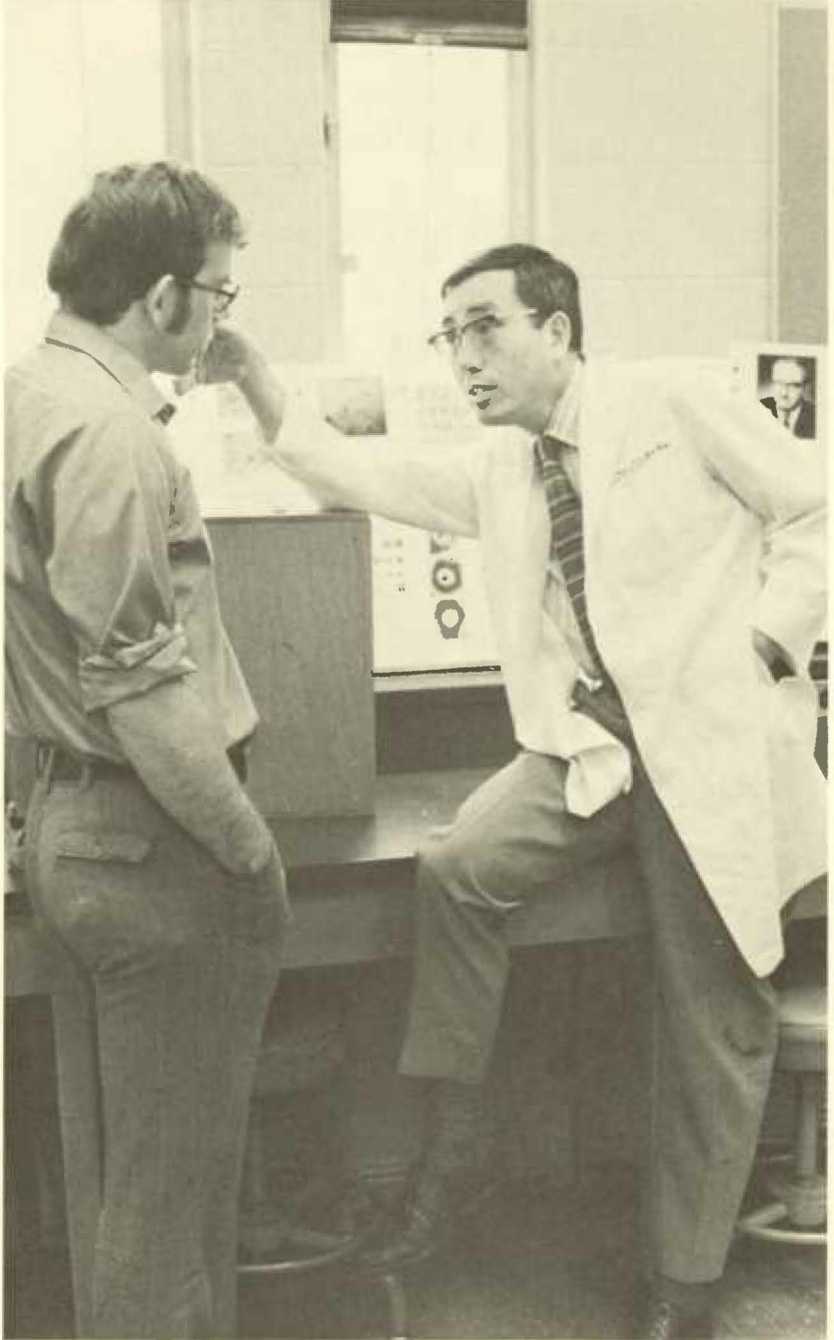


There's no question that beagles are susceptible to cancer. If an agent doesn't give a beagle cancer, it won't cause cancer in anything.

Dr. Gerald Bernstein



The Department of Pathology loves you.
Dr. Aponte





What's past help should be past grief.

Shakespeare

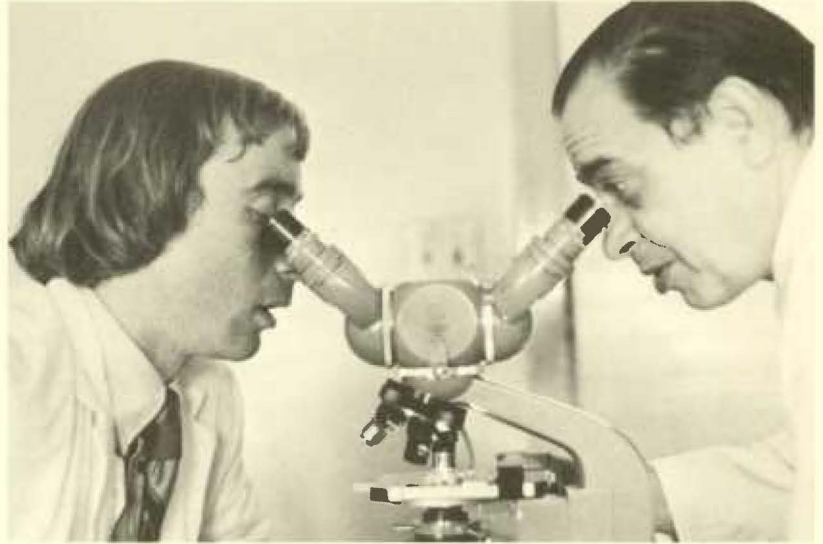


Star trek will rise again.
larp/icm



Keep America beautiful—deposit these in litter baskets
provided.

Laird Jackson, M.D.



I've been looking through this microscope so long that I am beginning to see things.

jim/ pharmy



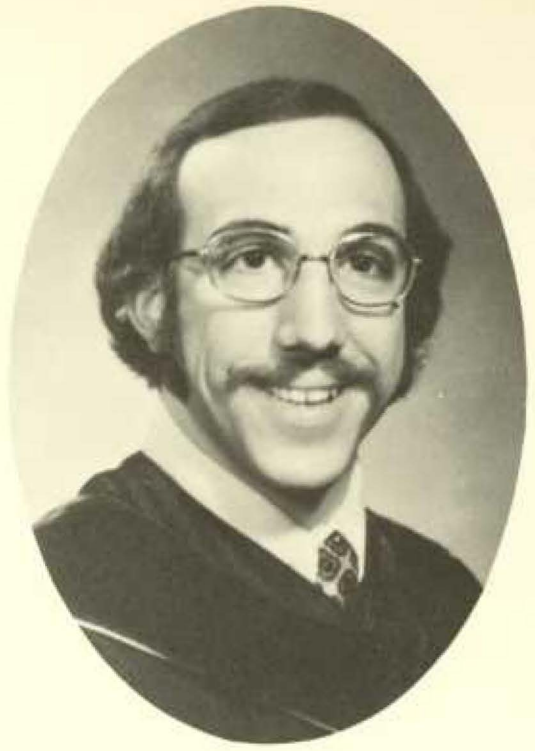
I was tired of being old and distinguished, I wanted to be young and dashing for a while.
G.E. Aponte, M.D.





Fred Garland Miller, M.D.

Muhlenberg College, B.S. '71
Internal Medicine



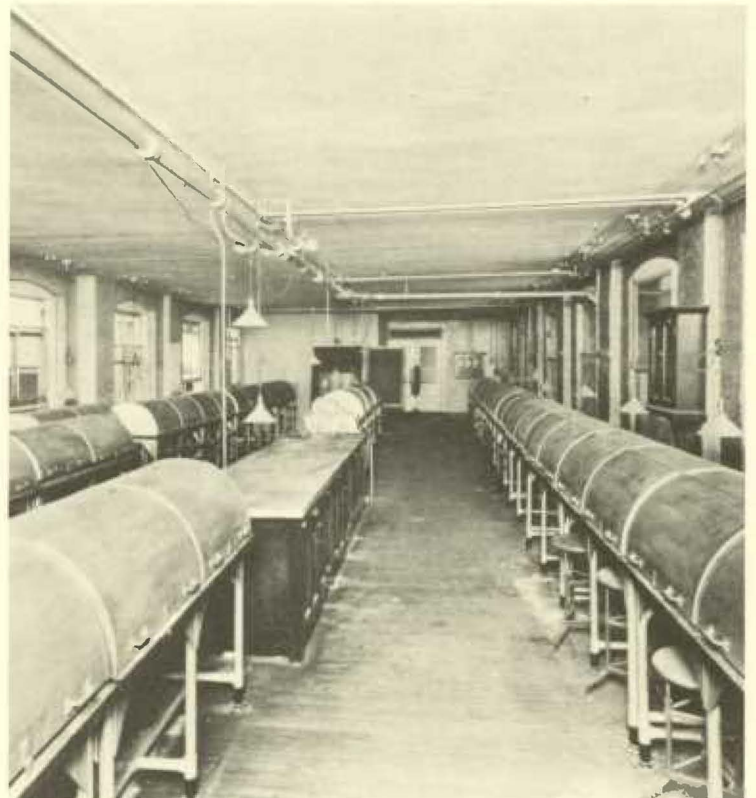
William M. Mirenda, M.D.

Pennsylvania State University, B.S. '73
Surgery



Martin Mersky, M.D.

University of Delaware, B.ChE., B.A. '71
Internal Medicine



Pathology Laboratory



Silas Weir Mitchell, M.D.



Thomas J. Mizianty, M.D., Ph.D.

University of Scranton, B.S. '61
University of Delaware, Ph.D. '66
Internal Medicine

Students Prefer Shorter Course

Innovation in medical pedagogy and curriculum has been a Jefferson characteristic since 1824; student involvement (obligatory) in clinical experiences in the U.S. started with McClellan. Following the establishment by McClellan of another medical school (affiliated with Gettysburg), it became difficult for either Penn or Jeff to increase admission requirements or to lengthen the medical course to include, properly, new information. This was due to competition from McClellan's (second) school, others in Philadelphia, and in other cities. Jeff. tried twice, Penn twice, in the middle 1880's, but had to abandon these efforts due to student preference (!) for a shorter course. But Jeff surely shared the lead in America in a see-sawing pedagogic evaluation. One marked advance came in 1866, when we opened a "Summer Course" of 5 month duration, purely clinical. Nearly all of Penn students enrolled, as all Jeff students did (and others from afar). This really substituted for a third year! Here students from other schools first learned to care for patients and to use the most modern instruments of the day: the microscope, stethoscope (one ear) and the laryngoscope.

Recognizing the difficulty in presenting the various courses in a typical

4 year course we instituted a 5 year (5th year optional) in 1908. Students could elect, at the start of their senior year, either the usual 4 or 5 year option. The 5 year students then would choose to concentrate on a medical or surgical experience (courses and clinic) for the added year. After about ten years, since preparatory requirements were raised, the program was formally phased out but continued for a few years on an informal basis. (Stanford's 5 year program came 45 years later and incidentally, Stanford's medical school was developed by a Jeff. graduate!) But college preparation for the study of medicine in America was generally inadequate and spotty, so in order to provide basic adequacy Jeff inaugurated a Medical Preparatory Course in 1914. Courses included biology, chemistry, physics, language (German or French), mathematics, grammar, history, etc. Other medical schools quickly recognized the excellence of this program and eagerly sought the students. New York and several other States' legislatures hastened to approve the program and to certify the fitness of its students for admission. But after 5 years, due to our (again) raised admission requirements this course was dropped.



David Hunkele Moore, M.D.

The Johns Hopkins University, B.A. '70
Internal Medicine



Carol and Phyllis Morningstar



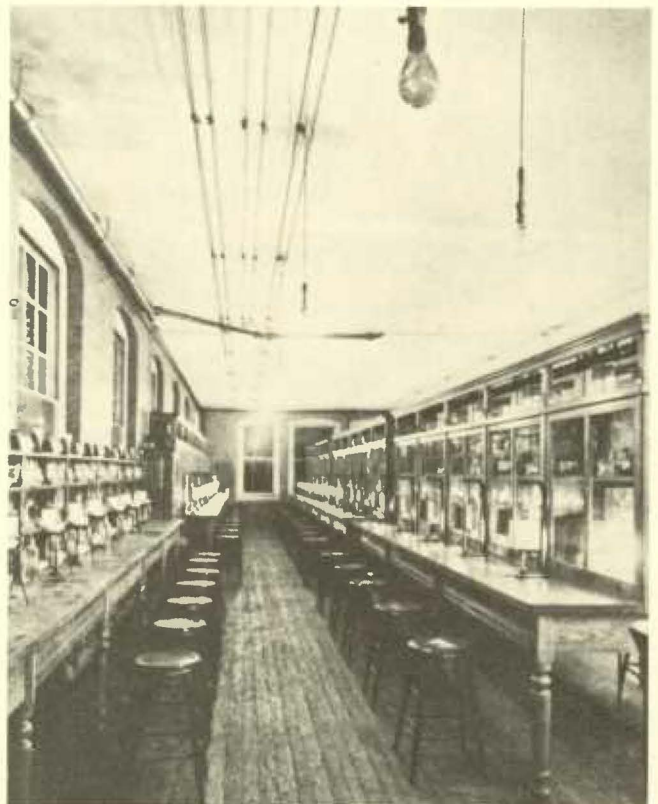
Phyllis Jane Morningstar, M.A.

Juniata College, B.S. '71
Family Practice



Carol Ann Morningstar, M.A.

Juniata College, B.S. '71
Family Practice



Physiology Laboratory



Wayne S. Morris, M.D.

Howard University, B.S. '71
Family Practice



Stephen Carl Mory, M.D.

Pennsylvania State University, B.S. '73
Family Practice

Faculty Veto Own Idea

Our post-graduate (clinical) studies on an informal basis also led the way in medical education, being instituted during the Civil War, and continuing informally until succeeded by a formally organized program in 1897. Successful candidates were given a certificate attesting to their fitness. This was probably a springboard from which the certifying specialty boards (American Boards) originated. Our catalogue carried this course until 1908. Unassigned "free" curricular time was originated among American Medical schools in our own Anatomy Department, in 1946, and spread rapidly to other schools before being adopted in our other departments here. Freshmen Clinics were another Anatomy innovation.

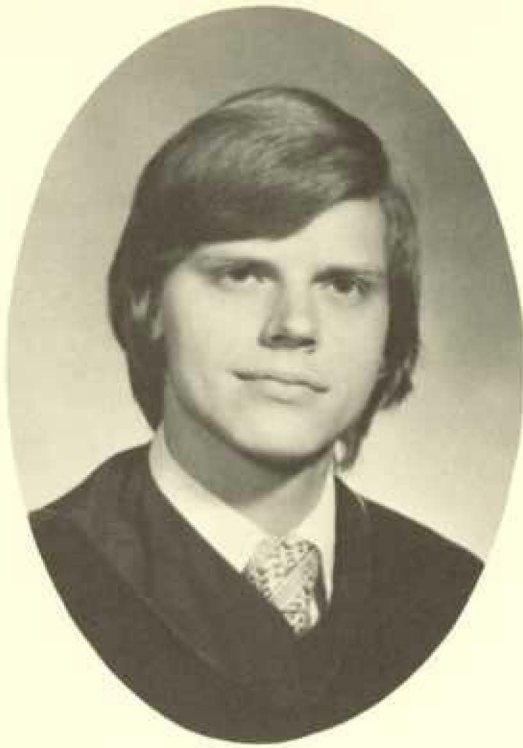
The most striking and successful curricular development in present day medical education occurred when we conceived of an especially structured, shortened college preparatory period to be taken at Pennsylvania State University followed by dovetailing arts (and sciences) with the regular medical program at Jefferson. Obviously only superior students are admitted to this program, which was

largely the brain-child of Dr. Peter A. Herbut (then chairman of our Pathology Department), and shortened the total college-medical school period to five and a quarter years. Further, appointed by Dean George A. Bennett (in the early '50's) a committee of three, Drs. Herbut, Goodner (Microbiology) and Ramsay, drew up plans for a new undergraduate, medically oriented, college whose buildings were to occupy the Walnut to Spruce, 10th to 11th Street squares, and whose curriculum was unique in its first two years and integrated, thereafter, with the regular medical course. Dr. Herbut presented this plan at the Colorado Springs meeting of the Association of American Medical Colleges, where it aroused striking interest. But when submitted to our own Executive Faculty for implementation it was voted down! Consequently, the many potential millions of dollars in financial support for new, imaginative programs went instead to Western Reserve, Johns Hopkins, Northwestern and others, whose curricula subsequently included several of our concepts.



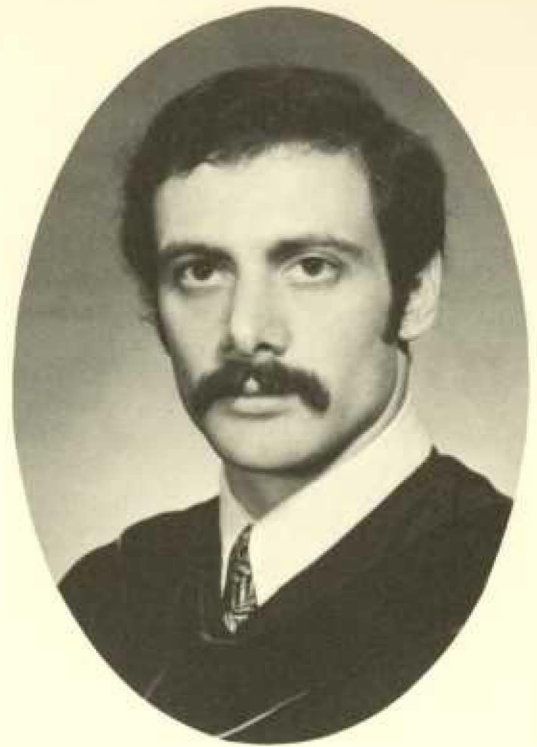
Craig E. Muetterties, M.D.

University of Delaware, B.A. '71
Anesthesiology



John F. Nansteel, Jr., M.D.

Bucknell University, B.S. '71
Internal Medicine



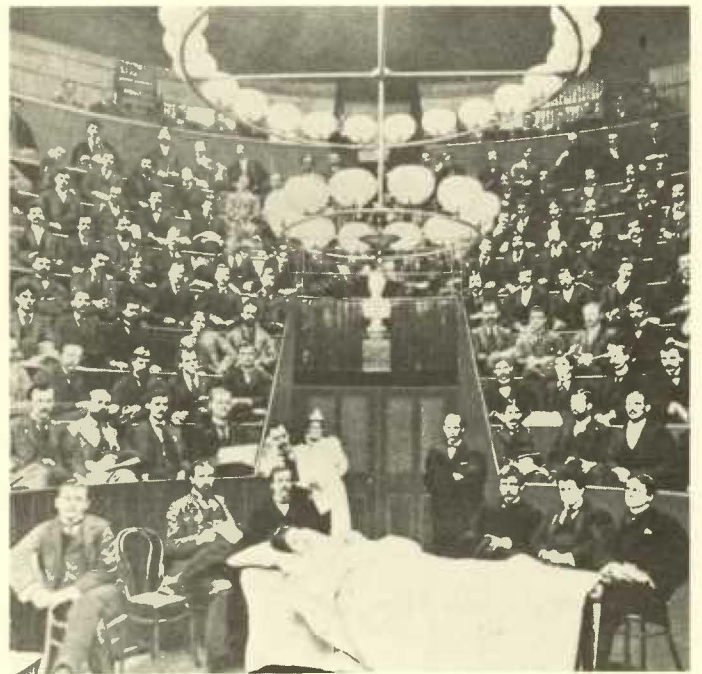
Thomas Joseph Nasca, M.D.

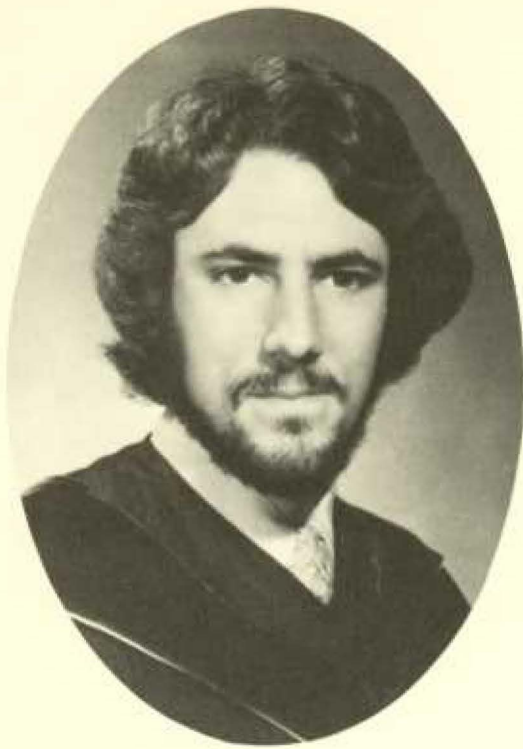
University of Notre Dame, B.S. '71
Internal Medicine



Donald W. Myers, Jr., M.D.

Pennsylvania State University, B.S. '72
Surgery





Allan Jay Neff, M.D.

Cornell University, B.A. '70
Anesthesiology



Bernard J. Oddi, M.D.

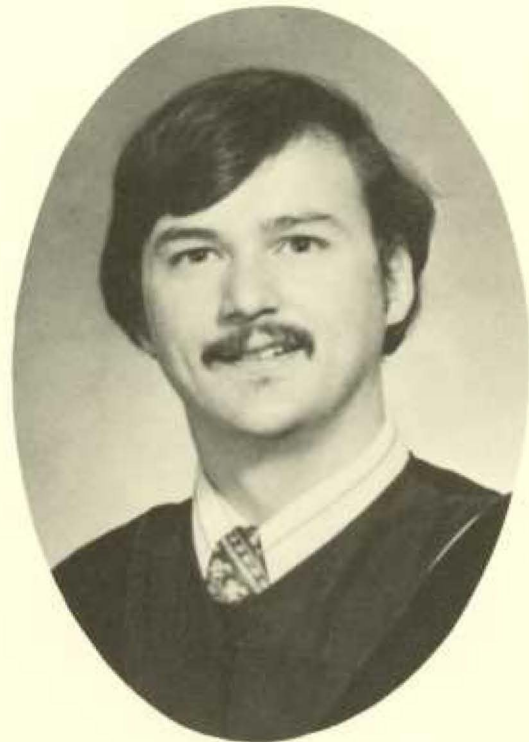
Pennsylvania State University, B.S. '73
Family Practice

Da Costa: Pyromaniac!

As in the Nineteenth Century, the Twentieth has produced famous Jeffersonians. Let us look at but a few. John Chalmers Da Costa (Class of 1885) had started to study law but changed to medicine upon the death of his father (a railroad executive). Later he is quoted to have said . . . "Ambulance chasers have reduced out-of-court settlements to the level of legalized blackmail and the retainer's fee is so mercenary that it puts the practice of law outside the bounds of professional dignity." His thesis, "The Vivisection Question," was one of the last required by Jefferson for graduation, and stood fittingly as a masterpiece of literary and scientific debate. Recognized as the most original surgeon, the most stimulating lecturer and public speaker, and the most broadly informed medical man of his time, Da Costa became the first Samuel D. Gross Professor of Surgery. (Every medical student and faculty member should read "Selections from Papers and Speeches of J.C. Da Costa.") His early interest in disorders of the nervous system led to extraordinary ability in neurological diagnosis and neuropsychiatry. He was sought by many medical schools but he stayed on as a Clinical Professor in 1900, with a "seat" on the Executive Faculty (usually only department heads) and then to the Gross Chair in 1910.

He augmented his lectures and clinics with pertinent biographical, historical, sociological, scientific and cultural references and settings. His classes were packed not only by Jefferson people, but with students and faculty from other schools. A prize pupil of Gross and Keen, his active and uniquely brilliant surgical participation was cut short by disabling arthritis accompanied by continuous, excruciating pain. Soon, due to fixation of his joints in the sitting position, he had to give his clinics and lectures from his wheel chair, being lifted about as a baby by his faithful Negro companion and attendant. The Annual DaCosta Oration was established in his honor by the Philadelphia County Medical Society, he being the first speaker, from his wheel chair. He died in 1933, in his wheel chair, in his library, where he insisted on spending every night, nearly sleepless, racked with pain, and weary. Da Costa was an avid amateur fireman. When younger, he always went to nearby fires, the fire horses by habit slowing when passing his house so he could jump on.

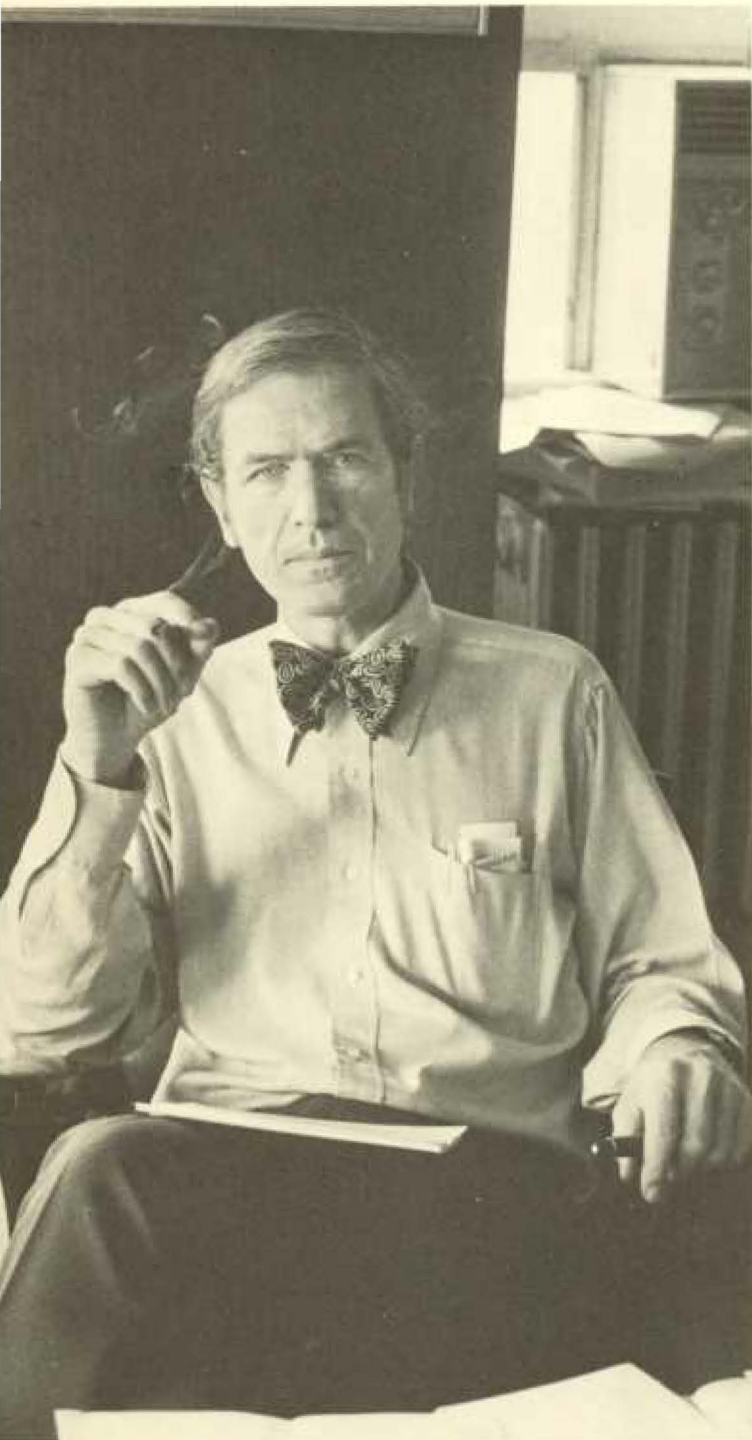
(The City had installed a fire alarm in his house.) The firemen were fond of him, (presenting him with a gold fireman's badge,) and he of them—treating them gratis. Dr. Da Costa was also an editor of *Grays Anatomy*.



Gary M. Owens, M.D.

University of Pennsylvania, B.A. '71
Family Practice

The Department
of
Pediatrics



He who knows it speaks not,
He who speaks knows not.

Lao Tzu

Leave time for happy surprises. Don't over-organize and fill up every spare second. Allow for things to happen spontaneously. Very often the odd, unplanned moments . . . will bring you the most peaceful feelings . . .

Alexander Reid Martin, M.D. (cam/pharmacy)



Roll up for the Magical Mystery Tour!
The Beatles



I was so much older then, I'm younger than that now.
Bob Dylan



I wonder why they want a pediatrician in charge of Student Health?



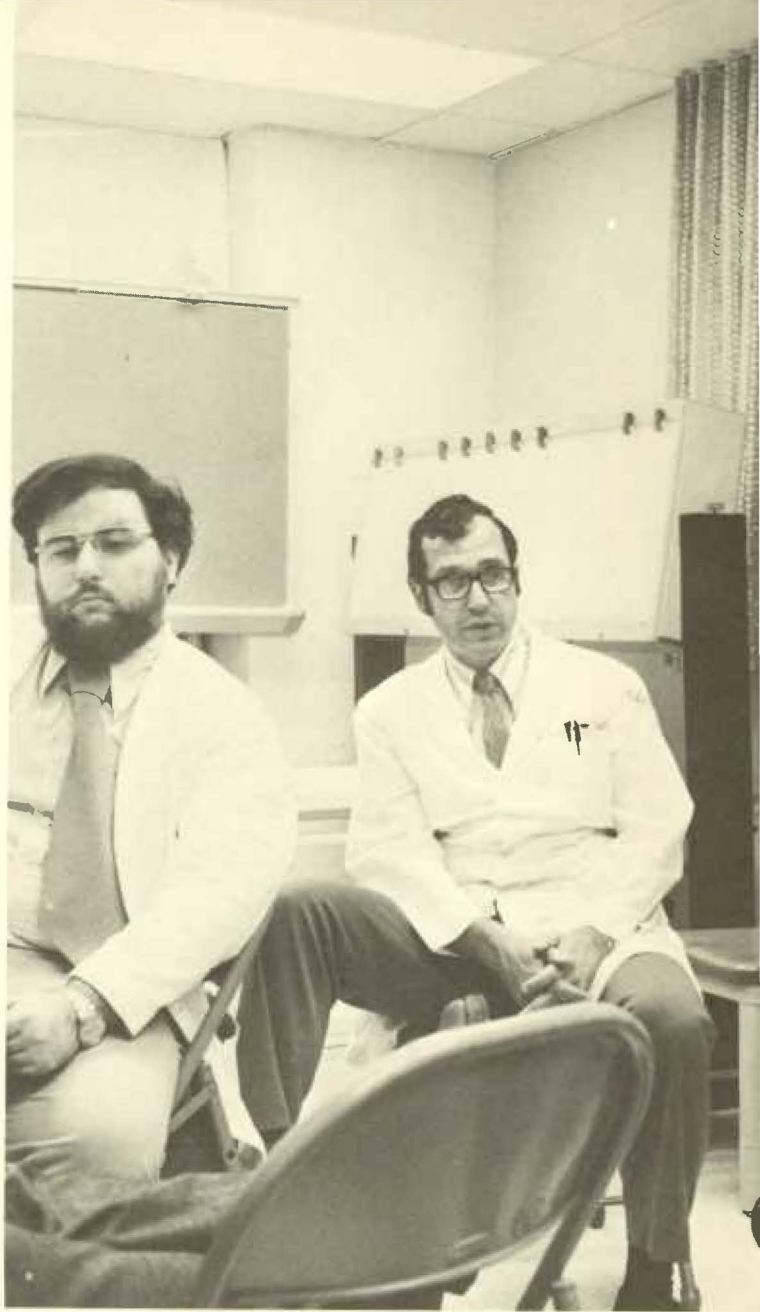
Drumming up business?



The daring young man on the flying trapeze.

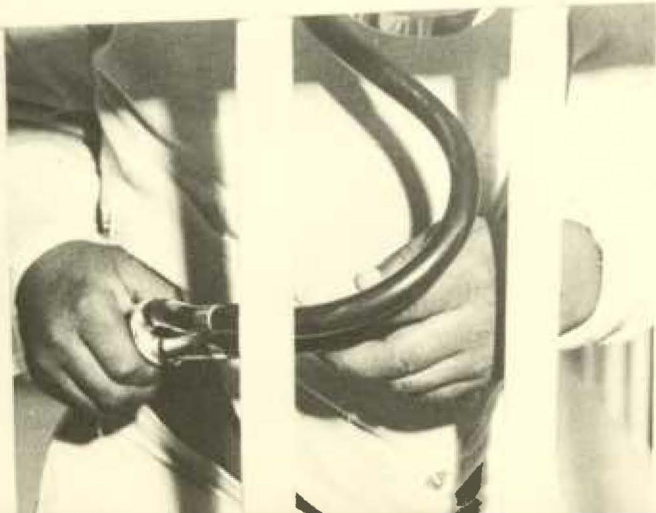


If I die prematurely, at any rate I shall be saved from being bored
by my own success.
Samuel Butler (ajm/icm)



If you make children happy now, you will make them happy 20 years
hence by the memory of it.

Kate Douglas Wiggin (cam/ortho)



Work is the crabgrass in the lawn of life.
Snoopy (ajn/pharmy)



Half of the people are stoned,
And the other half are waiting for the next election.
Half the people are drowned
And the other half are swimming in the wrong direction.
Leonard Berstein (gmo/pharmy)



Not much of an excuse *from* living, is it?



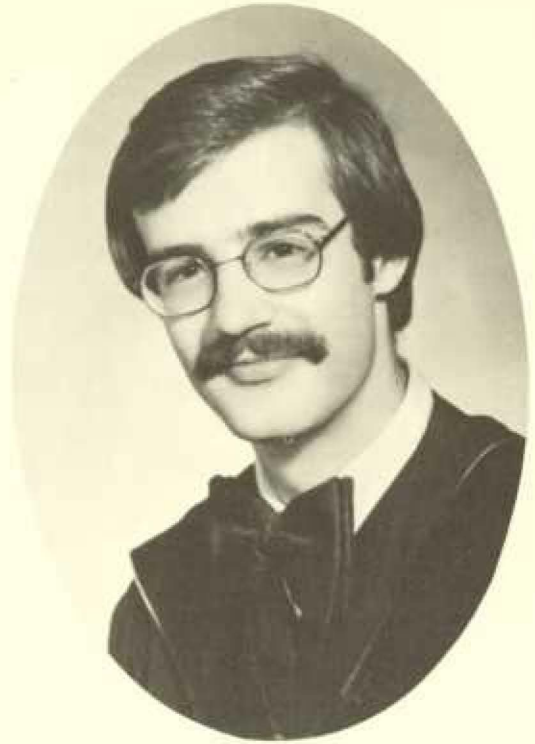
Power does not corrupt men; fools, however, if they get into a position of power, corrupt power.
George Bernard Shaw (dsj/icm)





William G. Palace, M.D.

Lehigh University, B.S. '67
Internal Medicine



C. Paul Pancereu, M.D.

Pennsylvania State University, B.S. '72
Anesthesiology



Stanley Scott Paist, III, M.D.

Williams College, A.B. '69



The Mütter Museum



Joseph Hancock, M.D.



Shelley J. Parr, M.D.

Bucknell University, B.A. '71

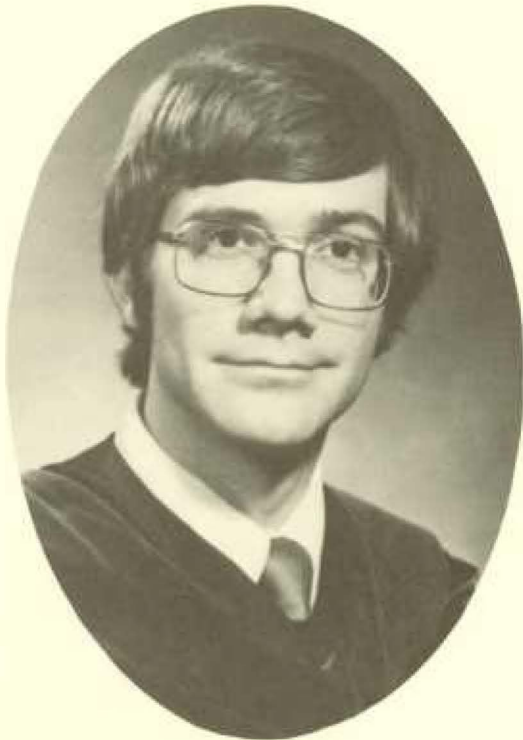
Chair Made For Jackson

The first major medical advance of the Twentieth Century, the development and use of the bronchoscope, came through the genius and wizardry of Chevalier Jackson (class of 1886). From a family of limited means, Jackson worked to pay for his medical education by toolmaking, selling books and cooking on a Nova Scotia fishing vessel. While a student he came under the influence of Dr. Jacob Solis-Cohen, leading laryngologist of the day, who sent him to study with Mackenzie, England's finest. Finding the rigid scopes too awkward and limiting, upon his return he borrowed money (and time) from his practice to devise a new instrument, the bronchoscope (together with an esophagoscope to explore esophagus and stomach) for direct visual examination—and surgery—of the bronchial passages. This opened an entirely new surgical field as well as permitting safe removal of foreign bodies from the bronchial tree, esophagus, and stomach. Before graduating the Class of 1975 should make at least a brief visit to the College of Physicians on 22nd Street to see the world's largest single collection of foreign bodies removed by Jackson (as well as the unique Mütter Mu-

seum compiled by Dr. Thomas Dent Mütter of the famous Faculty of 1841).

Jackson's fame spread world-wide, with patients coming from distant foreign lands. After accepting the Chair of Laryngology at Pittsburgh in 1912 he contracted tuberculosis and, following recovery, came back to Jefferson's newly created (expressly for him) Chair of the science and medical specialty of Bronchoscopy which he, himself, had given to the world. Jackson, as other prominent Philadelphia physicians, held appointments at other hospitals and medical schools. He never accepted salary from his academic posts and, due to the great percentage of free and volunteer clinical work he performed, was usually in limited financial status. A modest man, sympathetic and generous, he was a true genius, honored by all developed Nations.

Together with W.F. Manges (Class of 1903), a pioneering Jefferson roentgenologist, methods were devised to locate foreign objects not opaque to X-rays. Indeed, Manges by himself contributed many new methods and refinements in the relatively new science of roentgenology.



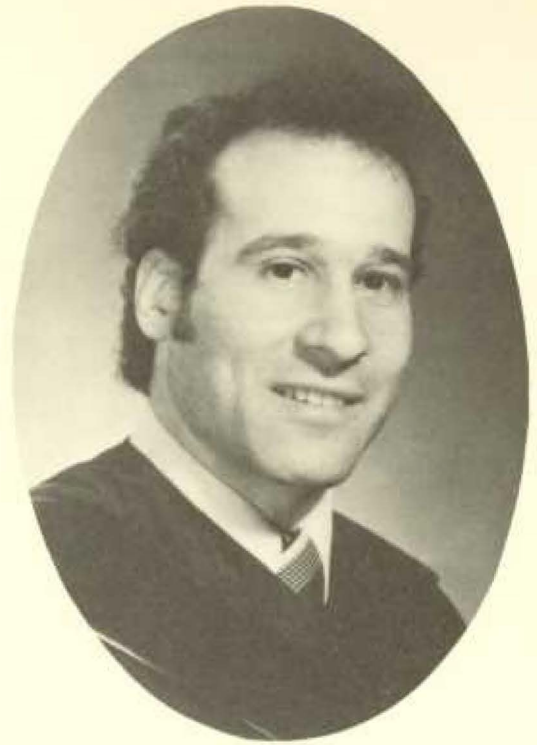
Alexander G. Paterson, M.D.

Washington and Jefferson College, A.B. '71
Family Practice



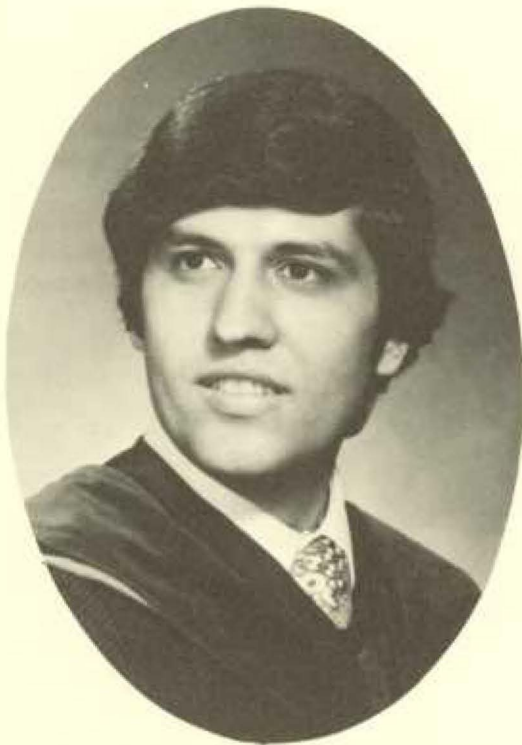
Jeanne M. Pelensky, M.D.

Drexel University, B.S. '71
Internal Medicine



Mark J. Pello, M.D.

Rutgers University, A.B. '71
Surgery



Alexander R. Pedicino, M.D.

Saint Joseph's College, B.S. '71
Family Practice





Frank Penater, M.D.

Saint Joseph's College B.S. '71
Family Practice



E. Douglas Pepper, M.D.

Washington and Jefferson College, B.A. '71
Family Practice

Fist Fights For Free Health Care

A "best seller", even ahead of love and sex (!), was the autobiography of famous Victor Heiser, Class of 1897, entitled "An American Doctor's Odyssey." This unusual story starts with his floating down the flood waters, atop a disintegrating roof, watching his parents being swept to death in the famous Johnstown Flood. A collector's item now, each Jeff student and physician should have it and read it. Following his graduation Heiser joined the forerunner of the U.S. Public Health Service (then under the aegis of the Marine Corps), worked in the quarantine Service, and was largely responsible for the establishment of the Public Health Service as we know it. Also, under the auspices of the Rockefeller Foundation, he undertook to eradicate endemic and epidemic diseases from the Philippine Islands. His phenomenal success, among others, with smallpox and cholera is well known; less well known is his developing, with Rockefeller finances, The Medical College in the Philippines. One day, at age 92, he recalled the "old days" at Jeff. Streetcars were pulled by horses, as were ambulances; emergency teams from the different medical schools would race to the scenes of accidents or disasters to provide

free (!) care to the injured. If a tie occurred there would first be a free-for-all fist fight to see which team would give the free care!

Realizing the great good that women could accomplish in the College and hospital the Board of Trustees, upon the urging of Dr. J.M. DaCosta, appointed women "Visitors" in 1890 (The Maternity Department had its own Women's Committee in 1892). The "Board of Women Managers" had responsibilities in the Hospital, in 1892 and, also, for student's social activities and welfare. The latter committee provided a reading room, financed a Medical Library (1896), and oversaw recreational programs. The Trustees disbanded these women's committees (1908) and in 1909 substituted the "Women's Auxiliary", apparently due to Sub-Dean Patterson's (a bachelor) conviction that women should be concerned with hospital but not with College affairs. Soon the present name was instituted, The Women's Board of Jefferson Hospital. Recently, and appropriately, a Faculty Wives group was formed whose interest is being extended, but cautiously, into student welfare and other College activities, unfortunately abandoned fifty odd years previously!



Paul



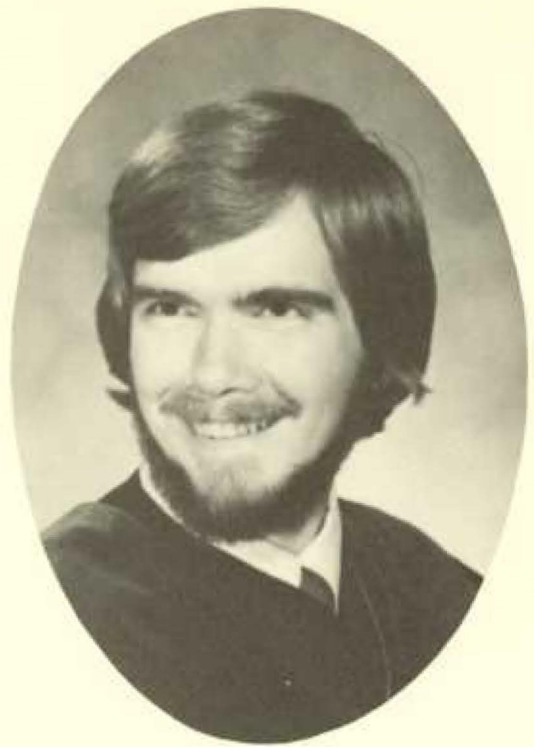
Michael D. Perilstein, M.D.

Temple University, B.A. '71
Internal Medicine



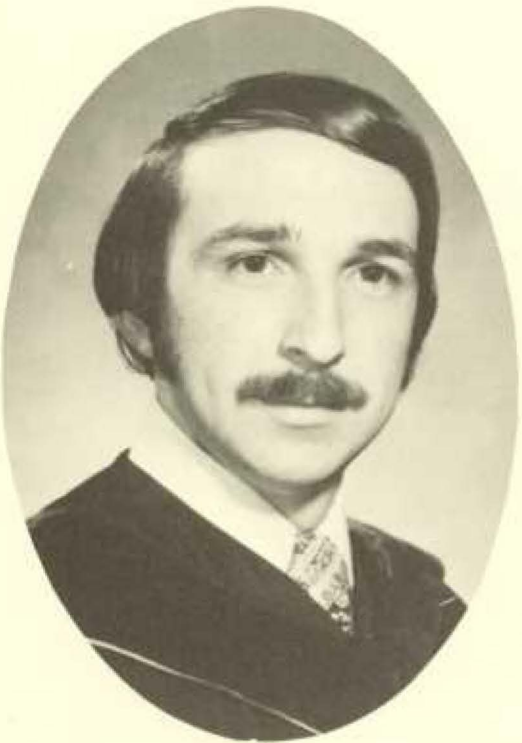
Gail Sheryl Piltzer Goldstein, M.D.

Pennsylvania State University, B.S. '71
Anesthesiology



Paul Robert Piriggi, M.D.

Seton Hall University, B.S. '71
Obstetrics and Gynecology



Paul Allen Piccini, M.D.

Villanova University, B.S. '71
CMDNJ-Rutgers Medical School, M.M.S. '73
Internal Medicine



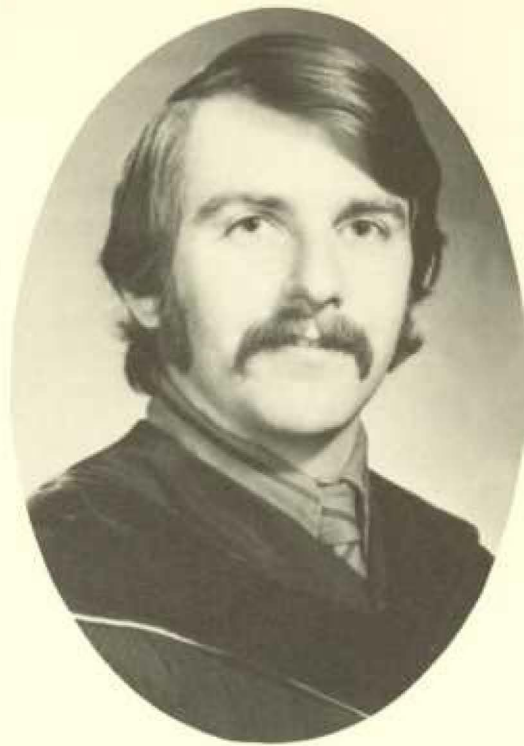
Surgical Amphitheater
"The Pit"



Joseph

Randall E. Pitone, M.D.

University of Miami, B.S. '66
Psychiatry



Laurence R. Plumb, M.D.

U.S. Naval Academy
Old Dominion University, B.A. '72
Internal Medicine, Public Health Service

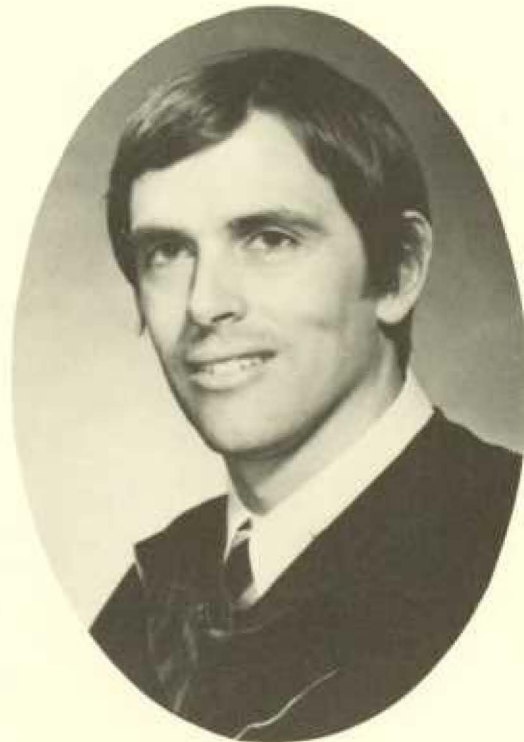
Dissatisfied Patient Shoots Surgeon

Tuberculosis was prevalent well into this century. To care for these sufferers Jefferson established a tuberculosis hospital and treatment center at 3rd & Pine Streets in 1913. Patients requiring extended hospitalization were sent to our Pocono Mountain retreat at "White Haven". Later, Pine Street patients were transferred to the newly renovated old Howard Hospital renamed Barton, at Broad and Fitzwater Streets. At these locations patients were cared for in unsurpassed facilities while students and physicians enjoyed unequalled opportunities for study and treatment of this recurring disease. More recently the Barton Division was moved into the "Old Hospital," occupying the modernized Second Floor.

In 1925 the "highest hospital in the U.S." was opened: The Samuel Gustino Thompson "Annex". All corners, floor to walls and walls to ceiling were rounded, leaving no crevices or crannies difficult to clean or for bacterial growth to occur unchecked, a fine thought but not repeated in present day hospital structure. Jefferson pioneering and leadership in clinical teaching was expressed, also, in the new Thompson Annex, the great circular clinical amphitheater ("PIT") extending

through two basement levels and the first floor. Here, as in its predecessors, the physician would, before the entire class (and guests) examine the patient, make a diagnosis and, if an operation were indicated, would proceed to operate. This kind of effective clinical teaching originated at Jefferson, spread throughout the medical world and dominated clinical pedagogy for more than a hundred years. Recent necessary renovation destroyed the historic "Pit" and substituted a rather anemic successor. The new Clinical Amphitheater has less than one third its predecessor's seating capacity and effectiveness as a teaching (and inspiring) center.

Patient dissatisfaction with medical services is not new. But retribution in earlier times sometimes took different routes. Dr. Duncan Despard, assistant to Dr. John H. Gibbon, Sr., and an excellent surgeon in his own right, had repaired a hernia on a patient who, it was found later, was mentally deranged. In a fit of reprisal the dissatisfied patient procured a pistol, went to see Dr. Despard, and promptly shot him through the head (no court costs, no lawyer's fee, just incarceration in the booby hatch!).



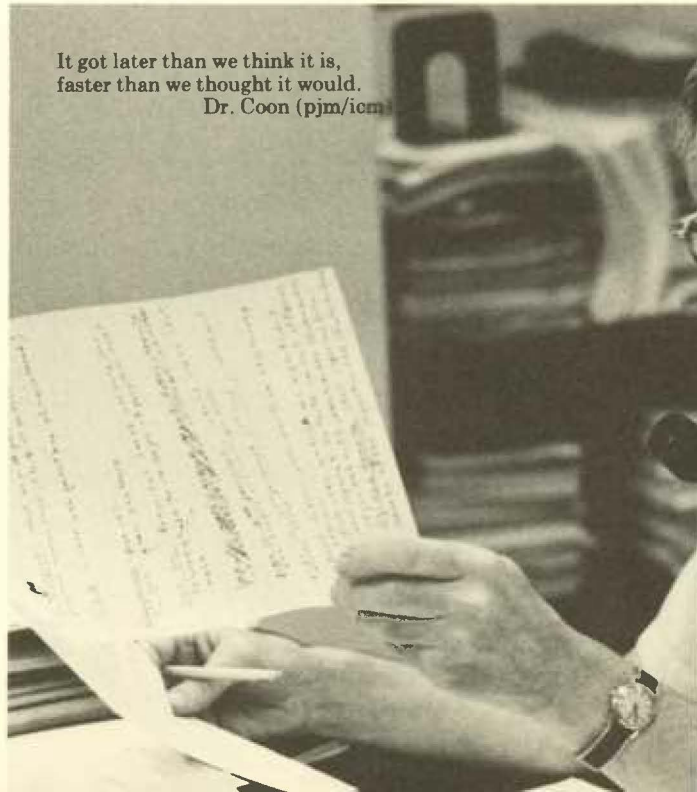
Steven G. Pratt, M.D.

University of Southern California, B.A. '67

The Department of Pharmacology



One pill makes you larger, one pill makes you smaller.
And the ones that Mother gives you, don't do anything at all.
Jefferson Airplane



It got later than we think it is,
faster than we thought it would.
Dr. Coon (pjm/icm)

JEFFERSON MEDICAL COLLEGE

LECTURES

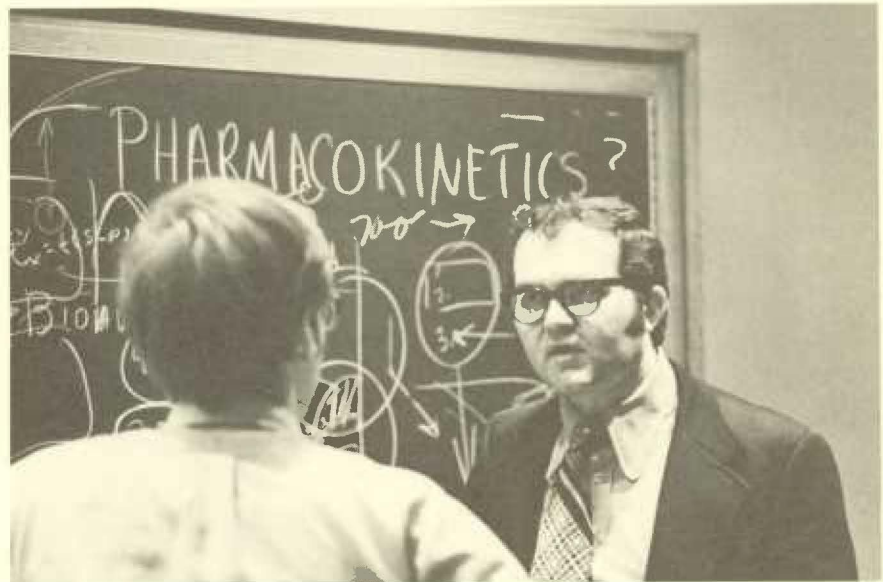
Therapeutics & Materia Medica.

By John Barclay Biddle, M.D.

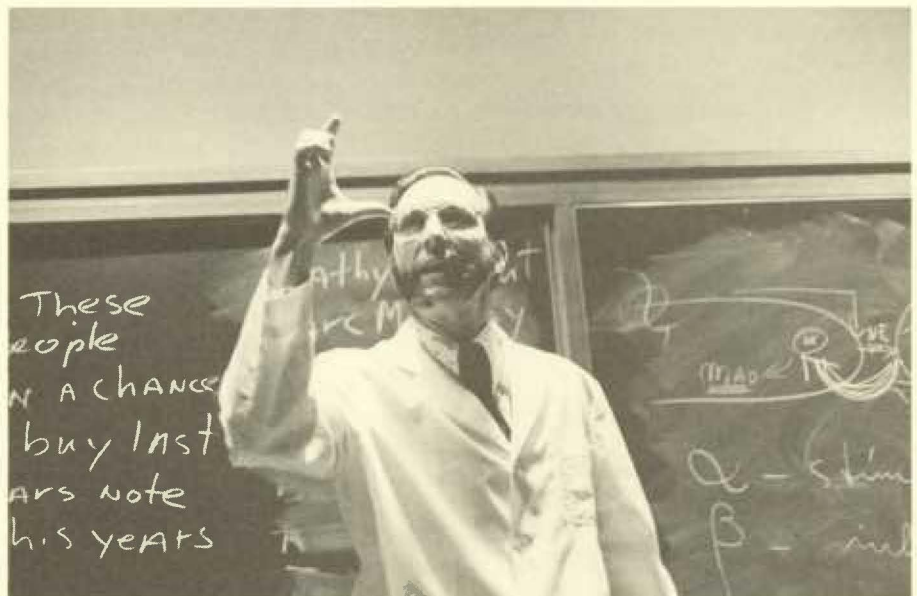
In M.D. H. Bing
Philadelphia, August 18, 1904



We can bring you up, we can bring you down.



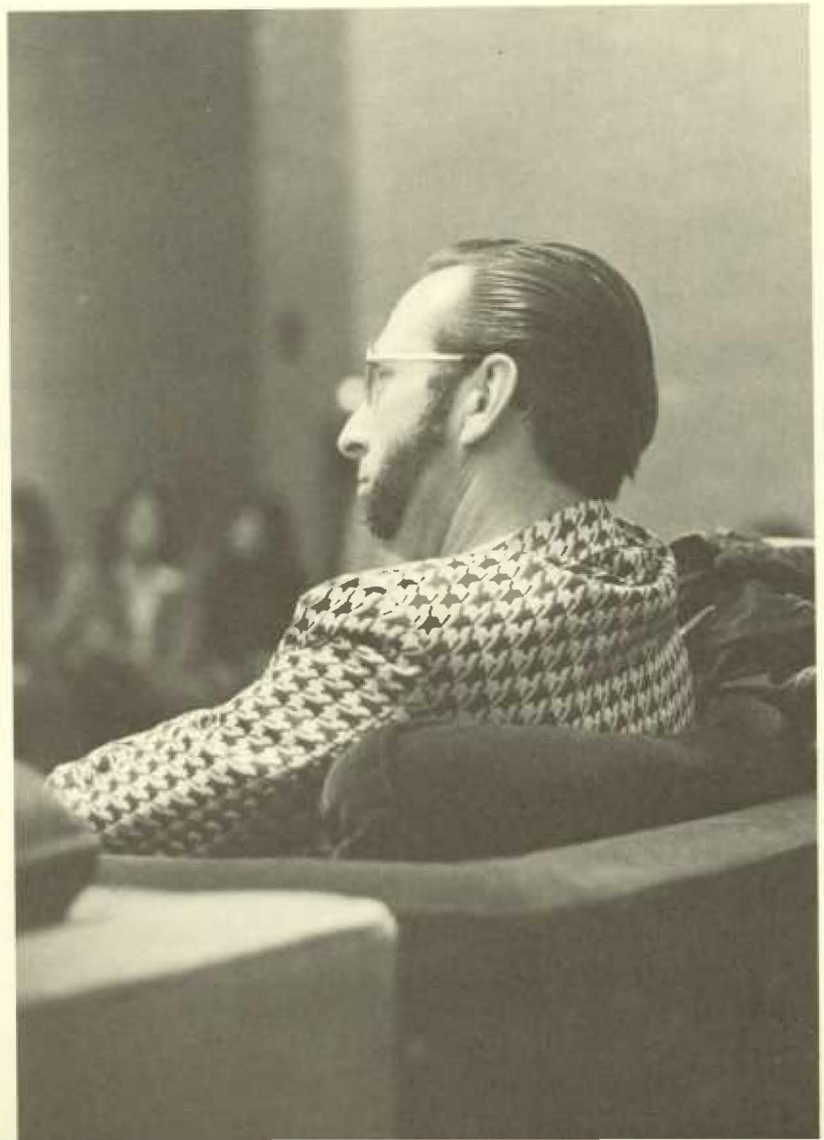
To write prescriptions is easy, but to come to an understanding with people is hard.
Kafka (wjb/chpm)



Tolerance is not a phenomenon associated only with drugs. In fact, it looks as though human beings become tolerant to any experience that they indulge in too frequently.
Andrew T. Weil, M.D.



Falcons?



This disease (Parkinsonism) is picked to show that *on occasion* a drug is selected for use based on a logical, planned evolution of thought, and not just a trial and error approach.
Lenny Katz, M.D. (ajn/icm)

The Department of Physiology

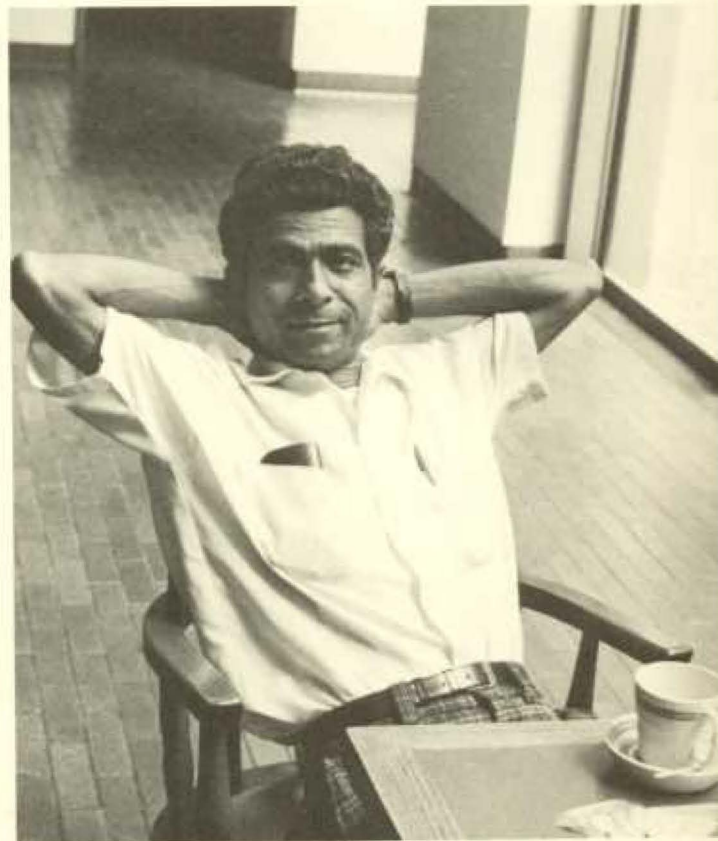


Dr. Friedman suggests that the student use the text in order to gain a more full understanding of the physiology of the digestive tract.

ssp/physio



It doesn't matter who you love, or how you love, but *that* you love.
Rod McKuen (cam/icm)



But the flower leaned aside
And thought of naught to say,
And morning found the breeze,
A hundred miles away.
Robert Frost (cam/anest)



Dr. DeBias started the lecture with the comment that the physiology department has been criticized in the past for asking the same question on the tests of two successive years and marking different answers correct.

ssp/physio



Do not talk poetry except to a poet; only the sick know how to sympathize with the sick.

D.T. Suzuki



Imagination was given to man to compensate for what he is not; a sense of humor was provided to console him for what he is. Adam Smith



Students, salesmen
MUST make an
appointment to see
Dr. SUGMAN.



To copy others is necessary, but to copy oneself is pathetic.

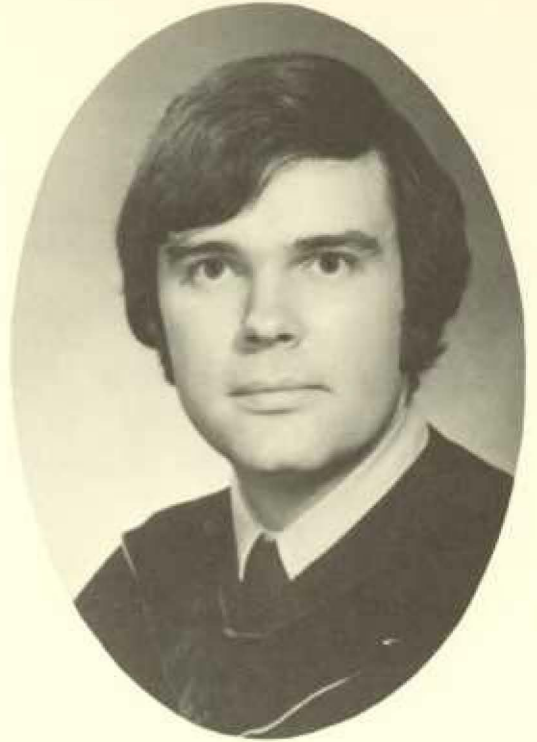
Pablo Picasso (ajj/path)





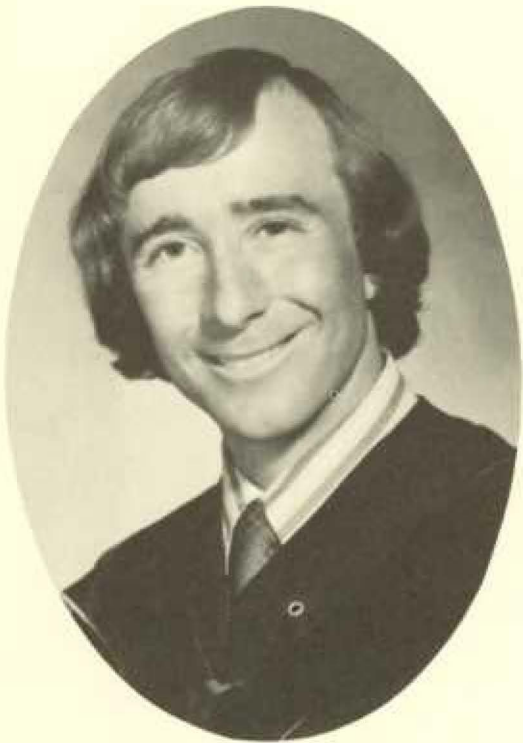
Mark E. Rayner, M.D.

Pennsylvania State University, B.S. '74
Surgery



John Patrick Rogers, M.D.

King's College, B.S. '71



Jay Rauth, M.D.

Yale University, B.A. '70
Ophthalmology

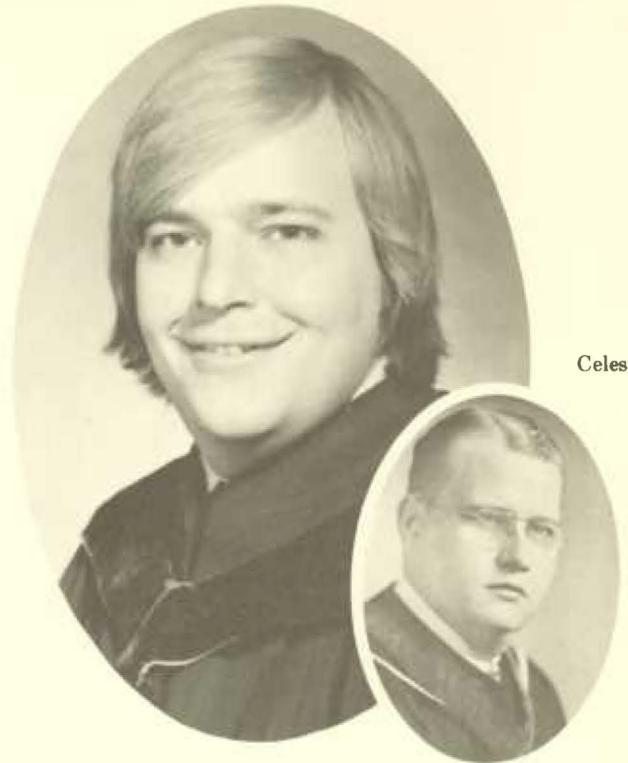


Daniel Baugh



George M. Romanzo, M.D.

Saint Joseph's College, B.S. '71
Family Practice



Celestin

John Michael Rominger, M.D.

Saint Joseph's College, B.S. '71
Internal Medicine

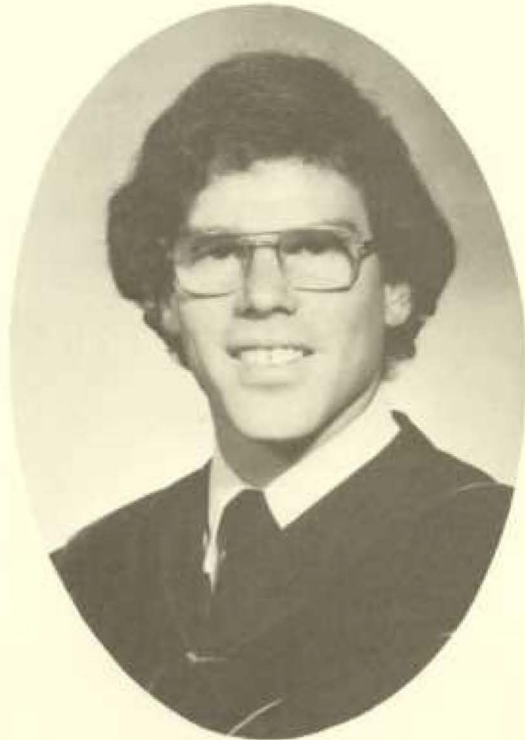
U. Of P. Seeks Jefferson Plum

Affiliation with other institutions has been explored many times; at least twice with Princeton, once with Rutgers and, among others, with the University of Pennsylvania. The latter had been prompted (1917) by Penn's Trustees and ours. Preliminary agreements were drawn up, and stationery was printed with the names of both institutions. Executive Faculty approval, although reluctant, was given. At the final meeting, Hon. Daniel Baugh "pledged his fortune" to keep Jefferson independent, sentiment against the merger burst forth and the plan was dropped. It had become clear that the prospect of merger, coming soon after the famous Flexnor Report on medical education (1910), was considered appropriate, but it could be that the real plums sought were Jefferson's world-wide reputation, the newly opened Daniel Baugh Institute of Anatomy, and our illustrious faculty and its leadership in American Medicine.

Mr. Baugh's total contribution to Jefferson was probably without equal, to the hospital as well as the college. As only one example, after supplying horse-drawn ambulances he also presented electrically powered ones (with chargers to rejuvenate the batteries) and, after being proven reliable and

practical, he provided ambulances with internal combustion engines.

Ross V. Patterson (Class of 1904), was a colorful figure in American Medicine. Older Alumni recall "Pat" well. They tell of students (sometimes) frequenting one or more of the little "hotels" in the area to visit women of the oldest profession and, when raided by police, giving their names as Ross V. Patterson, John Chalmers Da Costa, and others of the Faculty. With great understanding and without recorded retribution the real Patterson, et al, would come to their rescue at the (since abandoned) Twelfth and Pine Streets Police Station. Patterson wanted to be a full professor of medicine. His faithful secretary, so it is said, wanted to help, so she suggested to students that they submit a petition requesting his appointment. This was done, and he was given the appointment, but the Faculty became so insensed that they threatened to resign, and they would have except the Board rescinded their action. Patterson, upon urging, started the Heart Station and extracted \$25.00, personally, from each patient for each EKG, no matter who did the work (for no fee). But upon his death (1938) his Will directed more than \$600,000. to Jefferson!



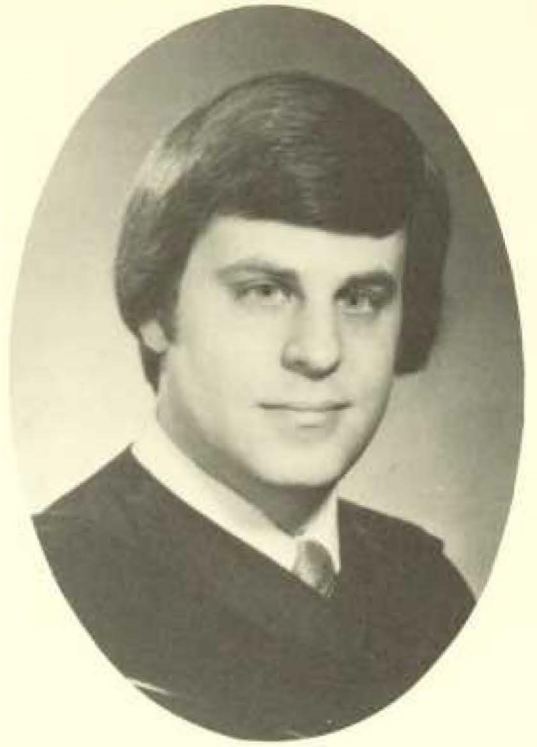
Gary Iran Rosenthal, M.D.

University of Pittsburgh, B.S. '71
Radiology



Paul J. Ruschak, M.D.

Washington and Jefferson College, B.A. '71
Internal Medicine



Joel M. Rutenberg, M.D.

University of Pennsylvania, B.A. '71
Internal Medicine



William F. Rosner, M.D.

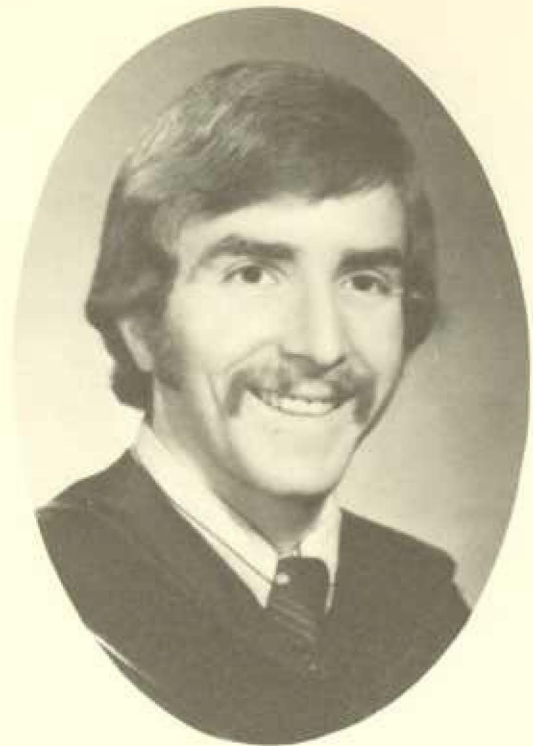
University of Pennsylvania, B.A. '70
Radiology





Arthur C. St. André, M.D.

University of Notre Dame, B.S. '71



Jerry Salkowe, M.D.

Pennsylvania State University, B.S. '73

Curtis Clinic Inadequate

Following the death of Patterson, Henry K. Mohler became Dean. (Mohler had been the ring leader in the move not to merge with Penn.) Mohler, together with support from the Alumni, became interested in new quarters for Anatomy. I was asked to provide preliminary plans, and three conferences with architects resulted in plans for a 4 story (plus two partial floors) building to be located at Eleventh and Walnut on the site of Samuel D. Gross's residence, and later occupied by the Student Nurses' Residence. But the untimely death (1941) of Dean Mohler and pre-occupation with the demands of World War II ended the plan. The Nurses' Residence bears the name of James R. Martin (Class of 1910), Emeritus Professor of Orthopaedic Surgery and Associate Dean, whose generous gift made the Residence possible.

At the start of World War II and at the call of the government, the 38th Hospital Unit was reorganized at Jeff. Totally, more than 2,400 Jefferson Alumni entered the Service in the Medical Corps. Dr. Baldwin L. Keys headed the 38th whose distinguished record is entered in Jefferson tradition. The War, of course,

disrupted the lives, and livelihoods of many Jeffersonians. One example was the refusal to accept back Dr. R. Bruce Nye to the post of Medical Director which he left to serve in the 38th. Dr. Nye, as true an Alumnus as ever graduated, was subsequently appointed Associate Dean by Dr. George A. Bennett (Dean 1950-58).

The present College Building at 1125 Walnut was completed in 1929 (and still without a name after 45 years!), the envy of all medical colleges at that time. Mr. Samuel Parsons Scott endowed our Library in 1931, more extensive by far than that of any other independent school. Our Librarian (Professor Robert Lentz, succeeding Wilson) is a leading Medical library scientist in America. Intelligently concieve to permit expansion, this building was not totally used until the early 1950's!

The Curtis Clinic, named from benefactor Cyrus H.K. Curtis (Curtis Publishing Company) was named in 1931. Although considered inadequate by today's standards, in this clinic more patients have been treated than at any other similar facility of today.

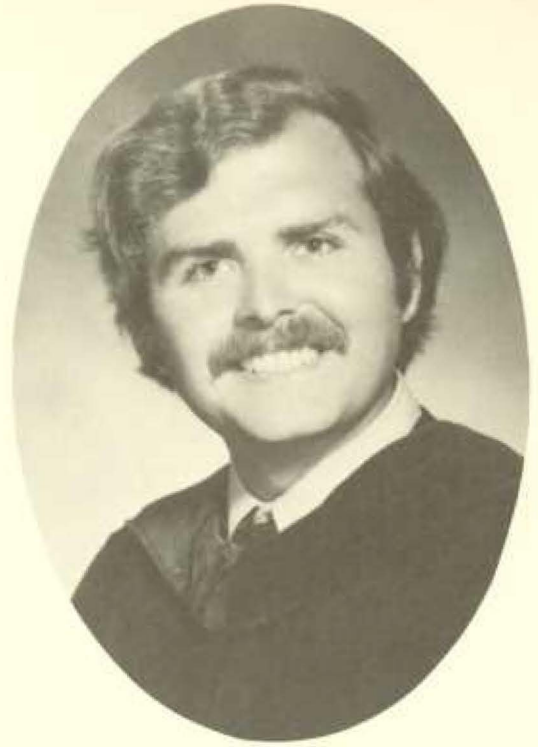


John Thomas Santarlas, M.D.

LaSalle College, B.A. '71
Family Practice

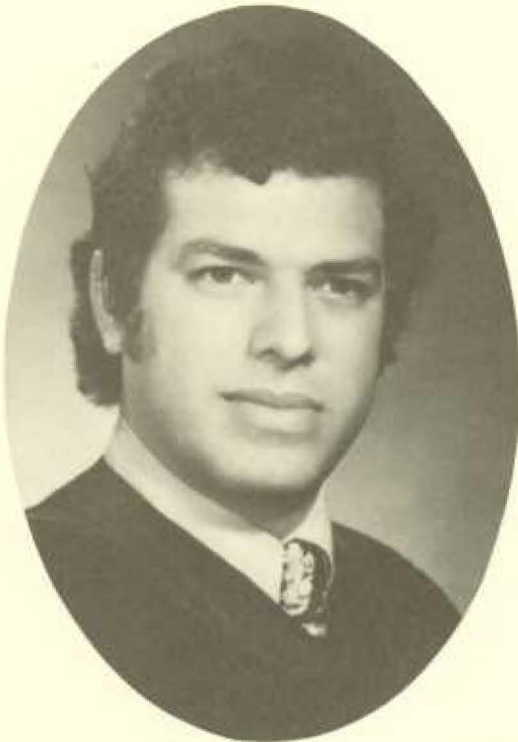


J. Parsons Schaeffer, M.D.



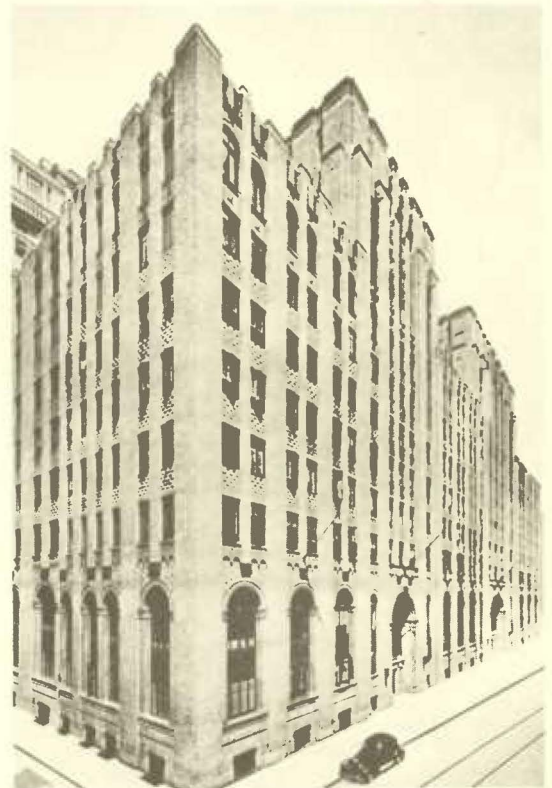
Norbert D. Scharff, M.D.

Saint Joseph's College, B.S. '71
Internal Medicine

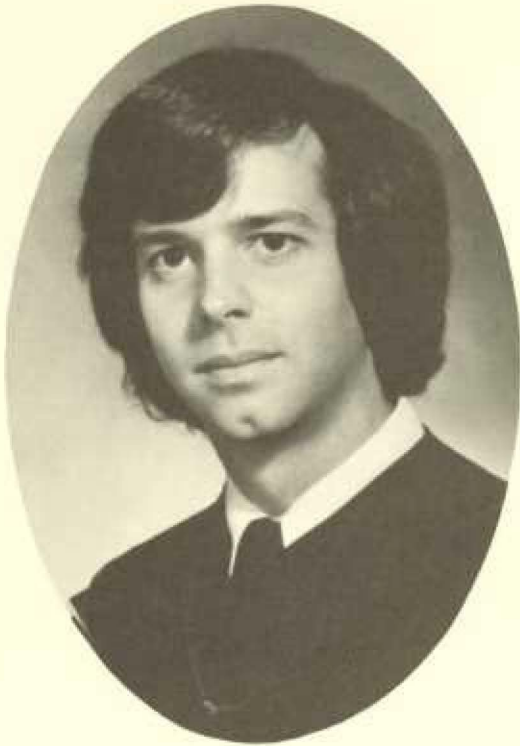


Robert Thayer Sataloff, M.D.

Haverford College, B.A. '71
Otolaryngology



Curtis Clinic



Donald E. Schepps, M.D.

Hofstra University, B.A. '71
Surgery



Charles

William Schlechter, M.D.

LaSalle College, B.A. '71
Emergency Medicine

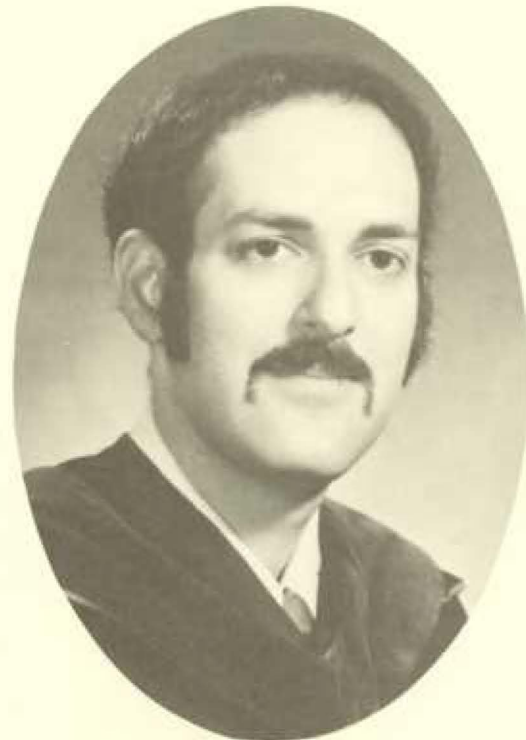


Bacteriology of Cigars Studied

Following the death of Dean Mohler (1941) Jefferson called to the Deanship one of her illustrious sons, William Harvey Perkins (Class of 1917), an internationally known medical educator and Preventive Medicine specialist. Jefferson had lagged behind in basic science strength and research due to the traditional emphasis on clinical medicine, but Dean Perkins, with the support of enlightened Trustees, speeded expansion of all faculties, especially in the basic sciences, supported research, and started our explosive interest in academic medicine (but not to the detriment of our traditional role in producing general practitioners of the highest rank). Dr. Perkins years in the Near East left him in fragile health and, failing, he asked the assistance of Dr. George A. Bennett (M.D., Munich, 1937) who had succeeded J. Parsons Schaeffer in the Chair of Anatomy (1948). Dr. Perkins retired from the Deanship in 1950. A learned man, Dr. Perkins was a specialist in Darwinism, had amassed many Darwinian memorabilia, had written on Evolution, and was a philatelist of great note. Another philatelist of international

fame was Henry E. Radasch (Class of 1901), Professor of Histology and Embryology, specializing in rocket, balloon, and pioneering air mail. His stamp exhibits traveled over North America, Europe and Eurasia. Radasch had a "bible", his Manual of Histology. Twenty years out of print, used copies still sold at old Leary's Book Store for \$30.00! "Rad's" salary was meager so he was permitted to sell microscopes to students. His little black book carried a red mark after the name of each purchaser!

A favorite of Jefferson students for 40 odd years was Randle C. Rosenberger (Class of 1894). Appointed Professor of Bacteriology and Preventive Medicine in 1899, "Rosey's" memory was phenomenal. Until his death he could call by name every student and colleague he had met. He was skilled in several areas: bacteriology, hygiene, pathology, preventive and clinical medicine. His paper on Bacteriology of cigars caused cessation of the use of spit by cigar makers to adhere the wrapper leaves; his work on botulism in careless commercial canning is as alive today as then.



Edward S. Schulman, M.D.

Washington College, B.S. '71
Internal Medicine

The Department of Psychiatry



Is not life a hundred times too short for us to bore ourselves?

Nietzsche



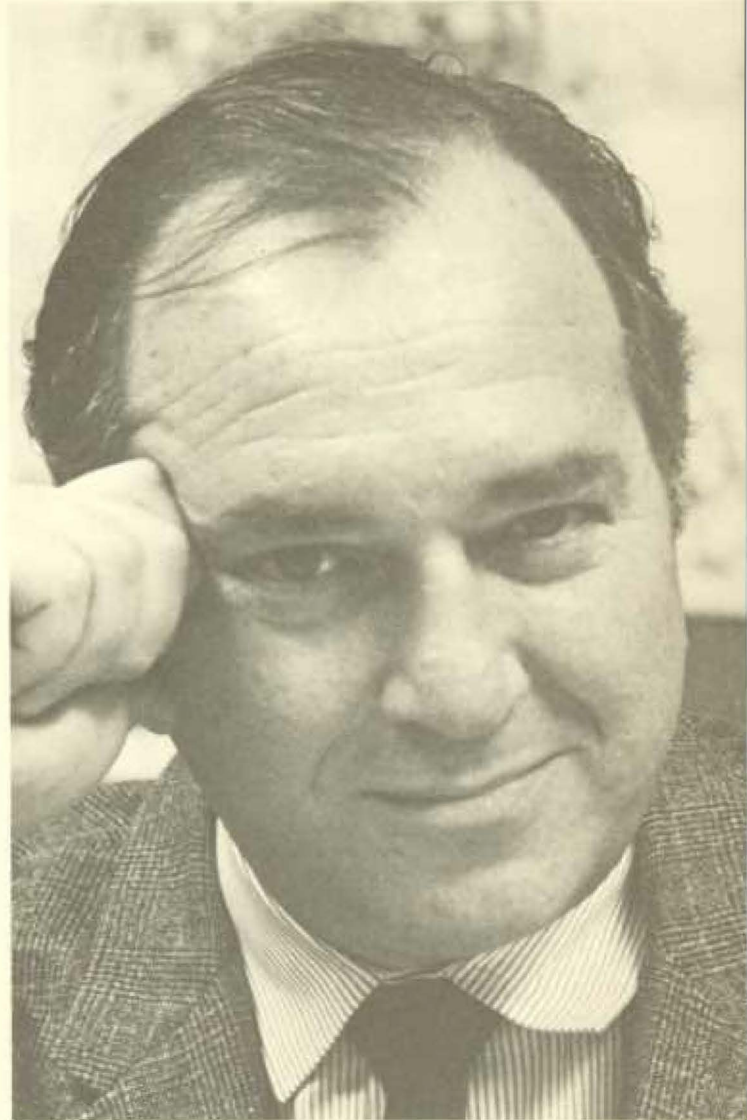
more than such an intercourse. Mechanical employments are often of great benefit, in the management of lunatics.

Remediate management. The remedies most efficacious, are: blood-letting, where there is much arterial excitement; purging; blisters;

We always knew the psychiatry department was backing us up.



If you stop to be kind, you must often swerve from your path.
Mary Webb

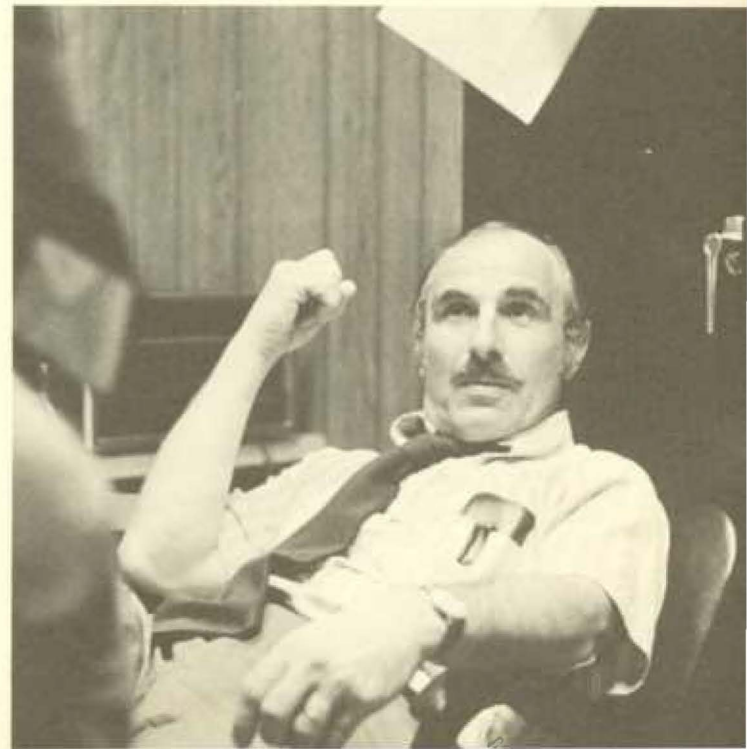


"Is it true that LSD is really the big 'O'? (Orgasm)"
Dr. Copeland, February 1974

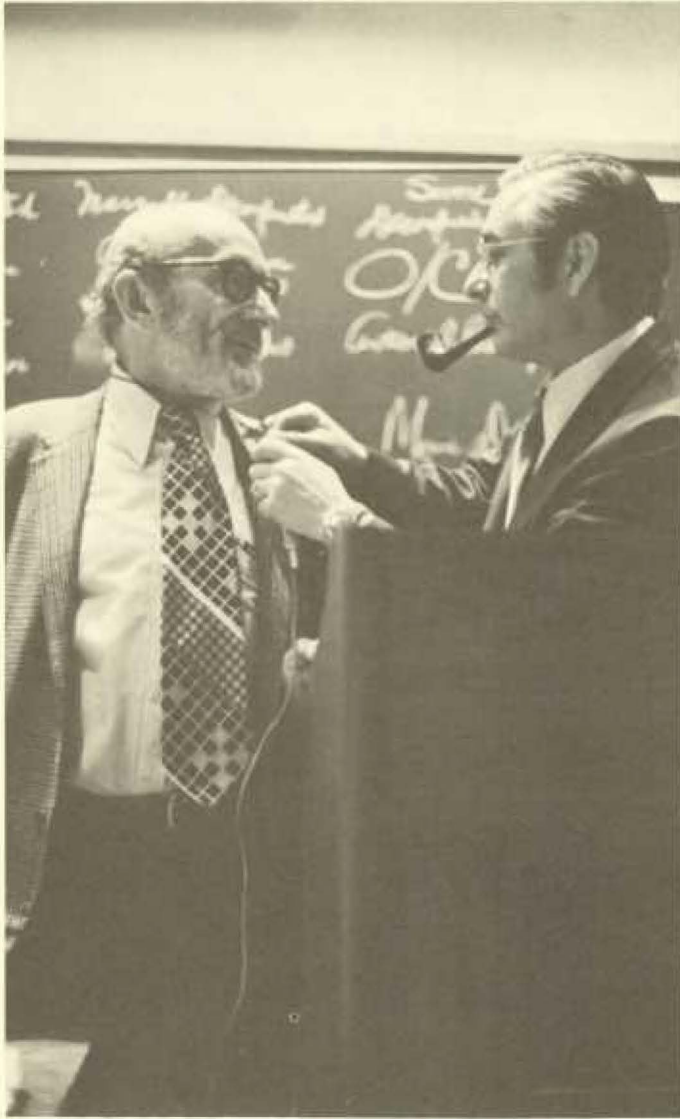
ed, that cold is more favourable to recovery, than warm weather.
Pathology of Insanity. Many pathologists contend, that the mind is never deranged idiosyncratically; but always in consequence of some physical disorder, whether functional or organic, of the animal system. To this opinion, I am myself inclined to give my assent. This subject is fully discussed in the lectures.

A foolish consistency is the hobgoblin of little minds.

Emerson



Are transvestites homosexuals?
Woody Allen (ajn/sex and law)



We've got to live, no matter how many skies have fallen.
D.H. Lawrence



Confidence, like the soul, never returns whence it has departed.
Publilius Syrius (cam/ortho)

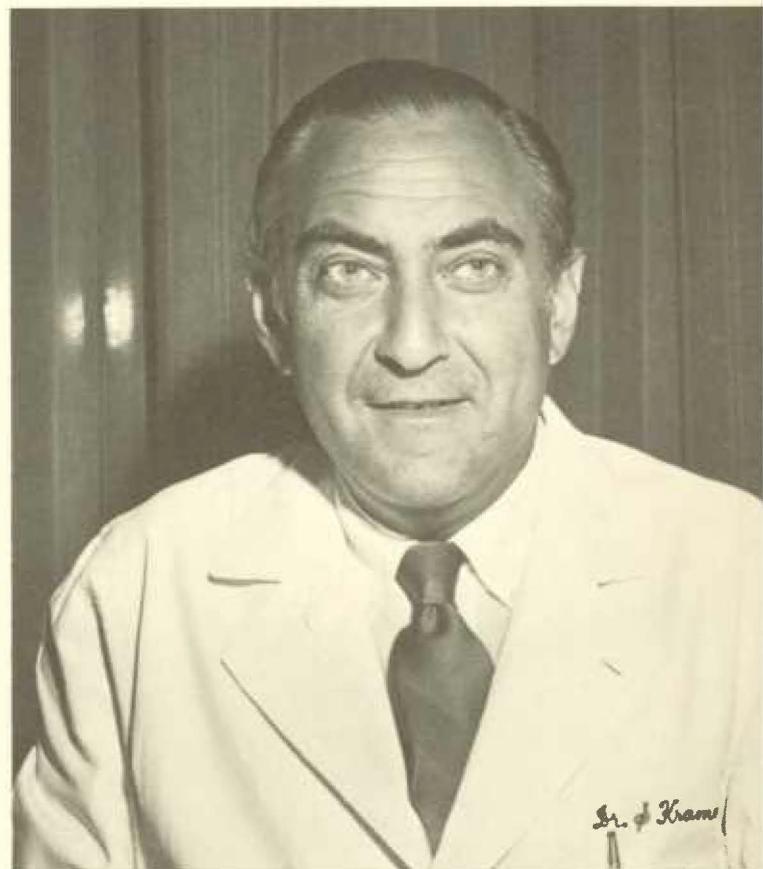
The Department of Radiation Therapy and Nuclear Medicine



Here's one who didn't get away from Black Arthur.

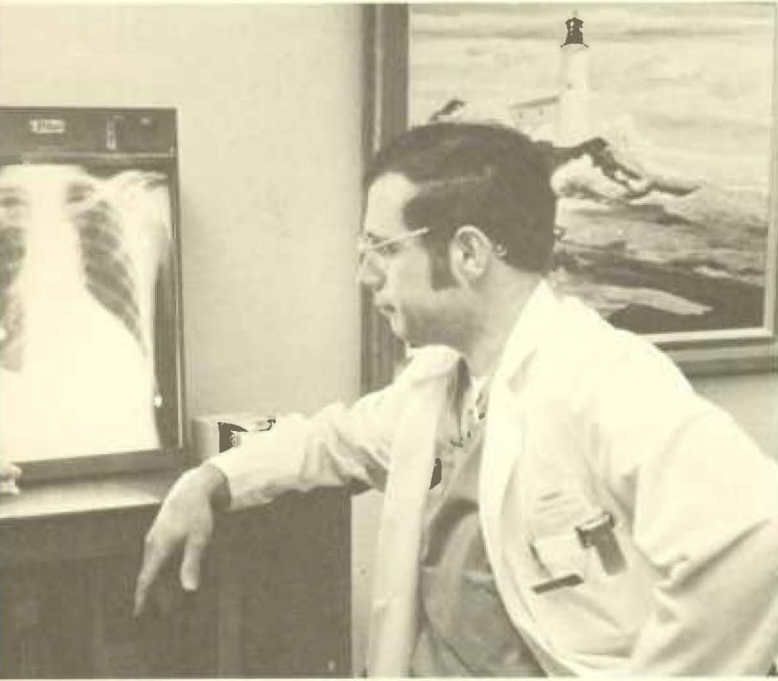


Black Arthur will never catch me.



Even without seeing the films, I can tell you that cereal X-rays are indicated. (Crunch, Crunch)

The Department of Radiology

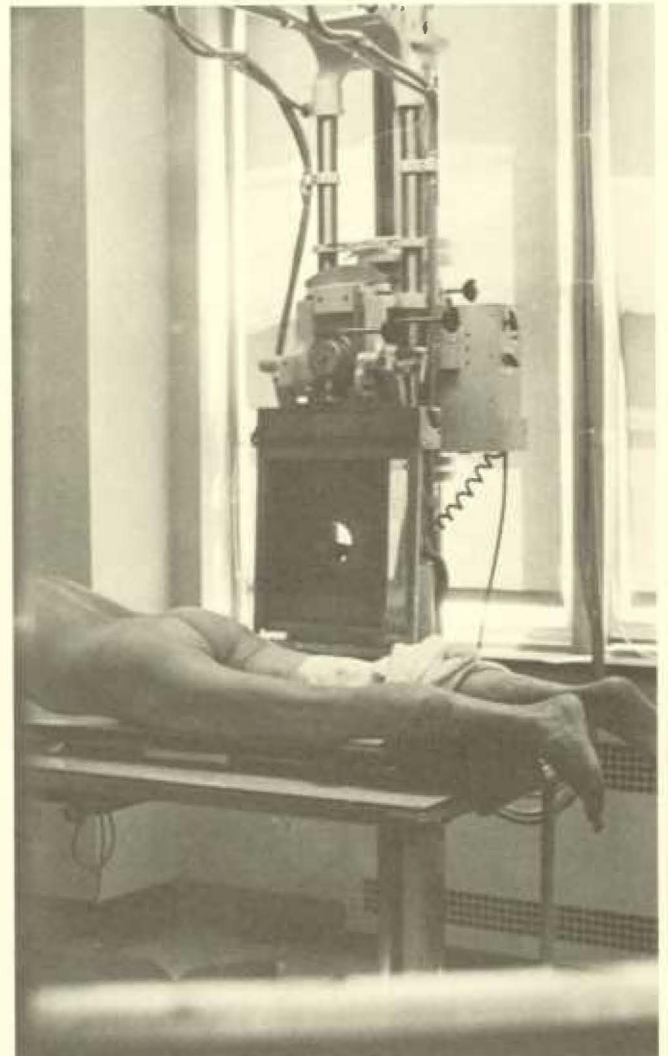


Too bad they're not in color.

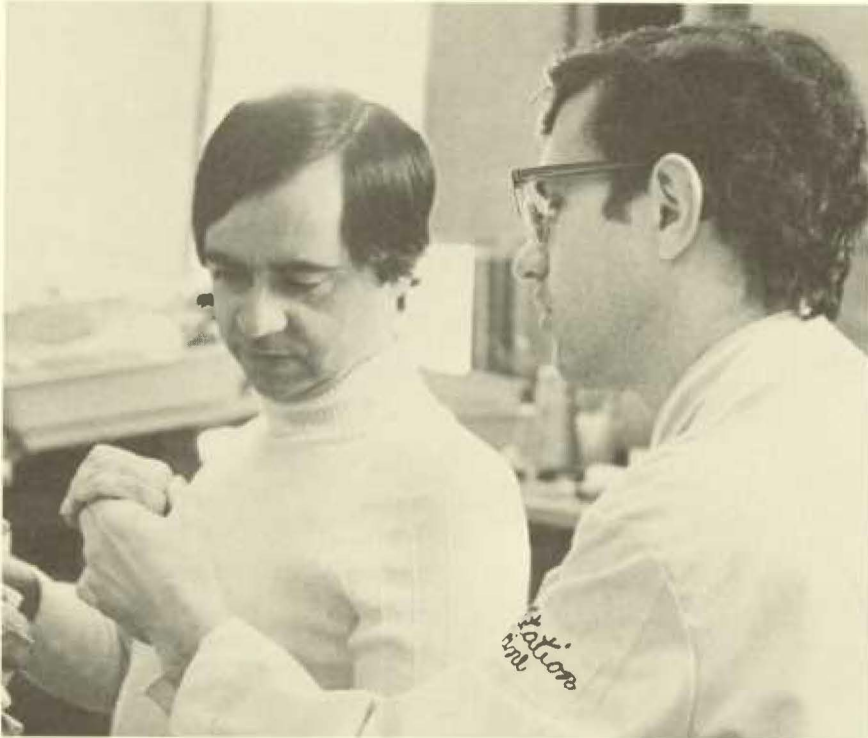


It's not hard to do the right thing. The hard thing is knowing what the right thing is to do.

L.B.J. (dsj/pharmacy)



The Department of Rehabilitation Medicine



The only thing is to peg away. If one only makes up one's mind badly enough to do a thing, one can't help doing it.
Somerset Maugham (rm/radiology)



Even concubinage has been corrupted—by marriage.
Nietzsche



We are moving by slow steps. But it is not impossible that we shall win through.
Lavoisier





Darryl M. Sexton, M.D.

Saint Paul's College, B.S.
Internal Medicine



Lewis S. L. Sharps, M.D.

LaSalle College, B.S. '71
Surgery



Dere Francis Seelaus, M.D.

Georgetown University, B.S. '71
Internal Medicine





Sheryl Lederman Silfen, M.D.

Douglass College, B.A. '71



Joan Witherspoon Simpson, M.D.

University of Pennsylvania, B.A. '60
Obstetrics and Gynecology

Leukemic Donates Cardeza

The 1950's held successes, sadnesses and renewed vigor for Jefferson. The most important advance in the Middle of the Century was the perfection by John H. Gibbon, Jr. (Class of 1927) of the "heart-lung machine" and its successful use by him in the historic open-heart operation on a young female patient. Dr. Gibbon literally "held America's surgery in his hands," although briefly, but the rapid extension of surgery utilizing his by-pass technique is a continuing testimonial to his genius which has brought high honors from all the world, save only the Nobel Prize.

Emergency dental services in the Hospital were provided early, later a small dental clinic was established with funds obtained by Emerson R. Sausser, D.D.S., from the Kress Foundation, (our Sausser Dental Clinic). The Sausser Clinic not only provides services to in-house patients and to outpatients (including school children) but, for years, the clinic's recent director gave instruction in oral medicine and hygiene to Jefferson students (as part of the curriculum) but was never honored by appropriate faculty status and rank!

The specialty, and science, of Hematology has an enviable tradition

of strength at Jeff. America's most prestigious physician-scientist group concentrating on functions and diseases of the blood and blood-forming organs was made possible by the substantial bequest from a grateful patient, and her husband, the Charlotte Drake Martinez Cardeza Foundation. Mrs. Cardeza, suffering from leukemia, was a patient of Dr. Harold Jones who was named first Director of the Cardeza Unit and given Executive Faculty status. Another alumnus, Dr. Leandro Tocantins, succeeded Jones and, in turn, was followed by Dr. Allan Erslev whose role in the identification and function of erythropoietin is well known.

The rapid increase of faculty in the basic sciences of the late 30's and 40's brought great competence in basic research. Recognizing that a modern medical school must not only produce physicians but basic medical scientists as well, a study and research program leading to the Doctor of Philosophy and Master of Science degrees was instituted in 1948-49, called The Board for the Regulation of Graduate Studies. This program, carefully nurtured and controlled, later became one of America's finest.



J. Marion Sims, M.D.

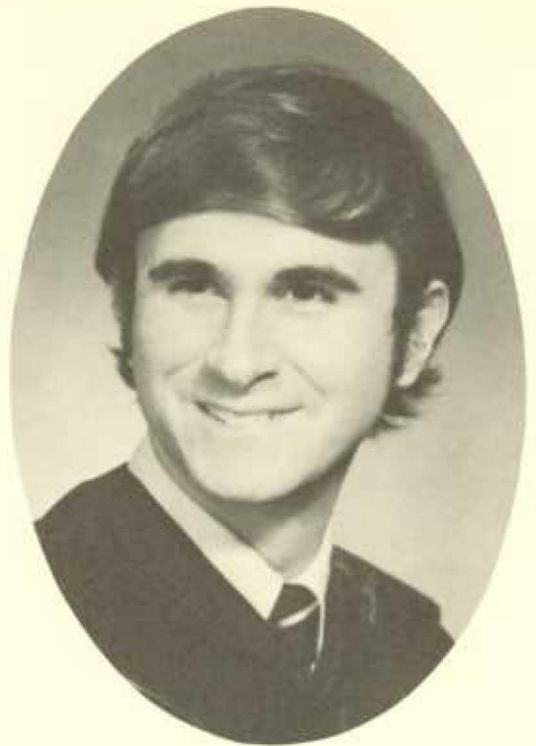


Donald



Crawford C. Smith, M.D.

Amherst College, B.A. '71
Surgery



Joel H. Sokol, M.D.

Temple University, B.A. '71
Surgery



Arthur Sitelman, M.D.

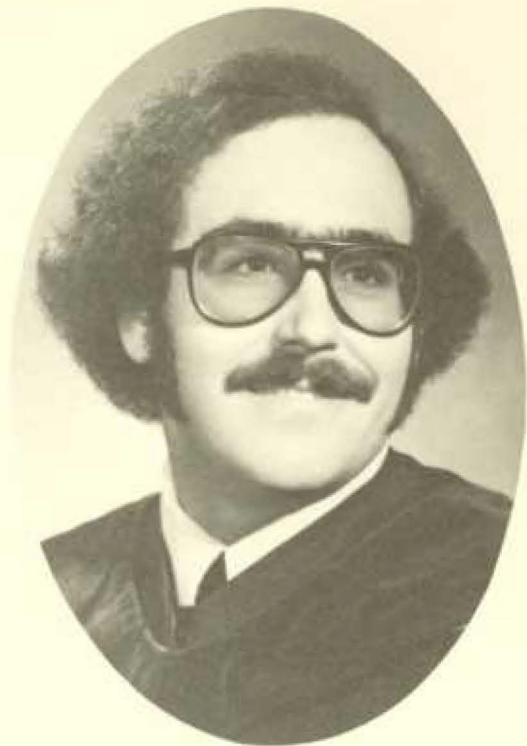
Pennsylvania State University, B.S. '73
Pathology



A Professor's Office



Solomon Solis-Cohen, M.D.



William A. Spohn, M.D.

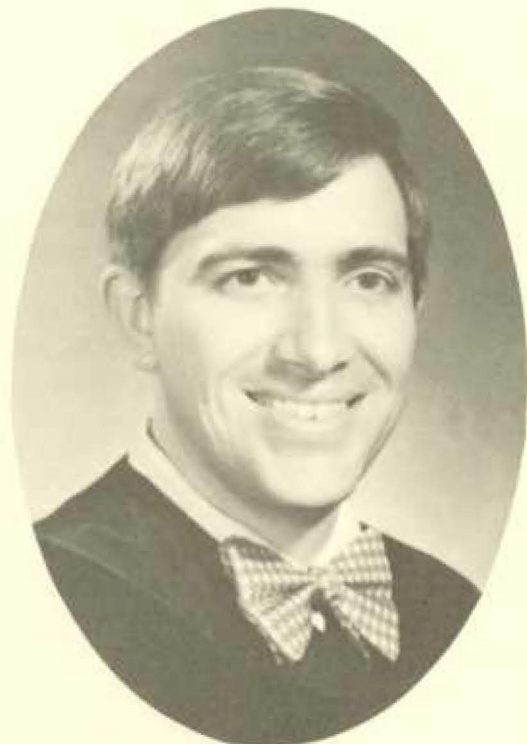
Pennsylvania State University, B.S. '74
Pediatrics

Dean Caught in Cross-Fire

The 1950's also gave us the towering Foerderer Pavilion complete with all facilities required by a modern hospital, but unfortunately construction budget limitations necessitated omitting general air conditioning. Some ill feeling developed among the clinical faculty during solicitation of building funds for the Pavilion which, coupled with some personality incompatibilities, resulted in one department chairman resigning and initiating an unjustified attack on the College in general, (and even on young men who had returned to Jefferson after residency training elsewhere, with threats to discredit them professionally).

Further problems ballooned, Certain of the department chairmen, and others, felt that important college decisions were being dictated by a small group rather than by general faculty consideration. Hatreds developed, sides were chosen and personal attacks ensued, focussed primarily on Dean George A. Bennett who was probably not entirely blame-

less, but was caught in the cross-fire. Dr. Bennett a superb anatomist and teacher, was called to the deanship upon the retirement of Dr. William Harvey Perkins and, without extensive preparation for such a hot-seat, became the scape-goat for the actions and decisions of others. An unfortunate episode at Georgetown, years earlier, where Dr. Bennett was a department chairman at age 29, gave ammunition to his several enemies who went so far as to claim that he had no M.D. degree. But Bennett was a classmate, at Munich, of Dr. F.X. Hausberger who could attest to the true facts. Bennett's life at Jefferson grew more stressful, his health failed and he succumbed to a fatal coronary attack in 1958 refusing, to the end, to fight back at his enemies for fear that the College would be harmed by such a squabble and its reputation sullied. (Not all Alumni Faculty held the good of the College foremost during this period.) The 1950's brought still another problem.



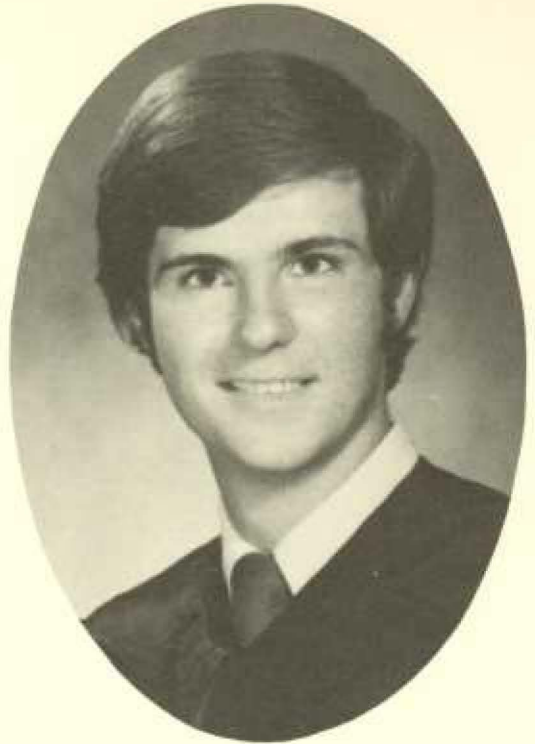
Thomas Harold Sprague, M.D.

Washington and Jefferson, B.A. '66
Michigan State University, M.S. '68
Family Practice



Marc E. Sternberg, M.D.

Washington University, B.A. '71
Pathology



Michael Paul Stewart, M.D.

Georgetown University, B.A. '71
Surgery



Keith M. Staiman, M.D.

Yeshiva University, B.A. '71
Pediatrics



Anatomy Lab, DBI



Irena O. Stolar, M.D.

Temple University, B.A. '71
Internal Medicine



Bruce Jeffery Stratt, M.D.

Pennsylvania State University, B.S. '73
Radiology

Communism at Jefferson!

Sparked by Senator McCarthy and his war on Communism, the Pennsylvania Legislature, among others, prohibited State tax-derived funds to be used to pay the salaries of anyone found not loyal to the U.S. Government and Constitution. Our President, J.L. Kauffman (Adm. U.S. Navy, Ret.), had to attest to our having no disloyal employees on our payroll before receiving our State appropriation (without which we could not operate!). One day the F.B.I. and the State Police presented the Dean and Adm. Kauffman with extensive documentation showing Communist membership and activities on the parts of several of our younger faculty (and other Philadelphia medical schools had similar

visitations). Those named were given a hearing in private at Jeff, held in great fairness, since Dean Bennett felt that their professional futures would be less harmed than by public exposure. They were given the opportunity to resign, one or two did, and the others following involuntary separation went to their union headquarters (American Association of University Professors) and claimed unfair treatment. Without appropriate investigation of the matter the AAUP placed us on their blacklist, a most presumptuous action. (I'm glad I never joined the union!) We remained on the blacklist until Dr. Peter A. Herbut became President and righted the matter.



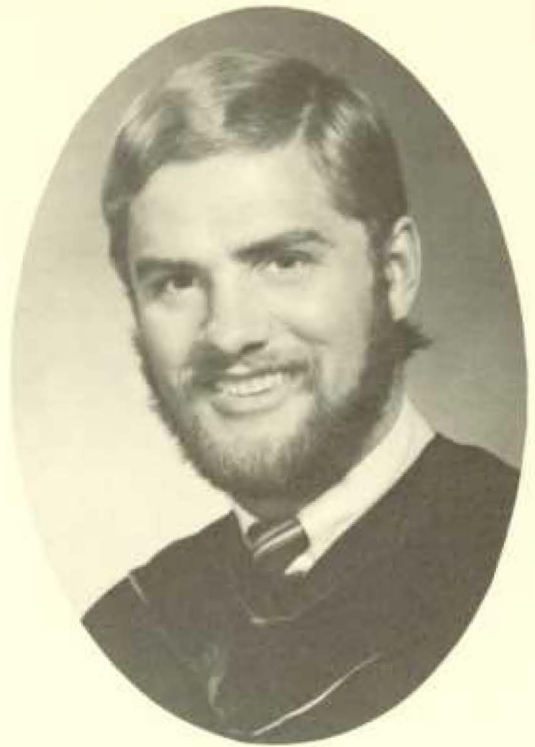
Kenneth R. Strehle, M.D.

University of Miami, B.S.
Family Practice



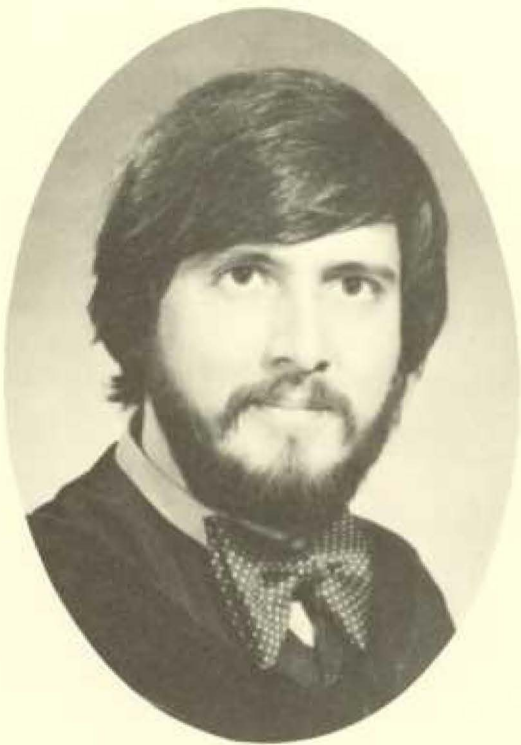
Kennith O. Thompson, M.A.

University of Delaware



Stephen C. Townsend, M.A.

Princeton University, A.B. '71
Pediatrics



David O. Thayer, M.A.

Grove City College, B.S. '71

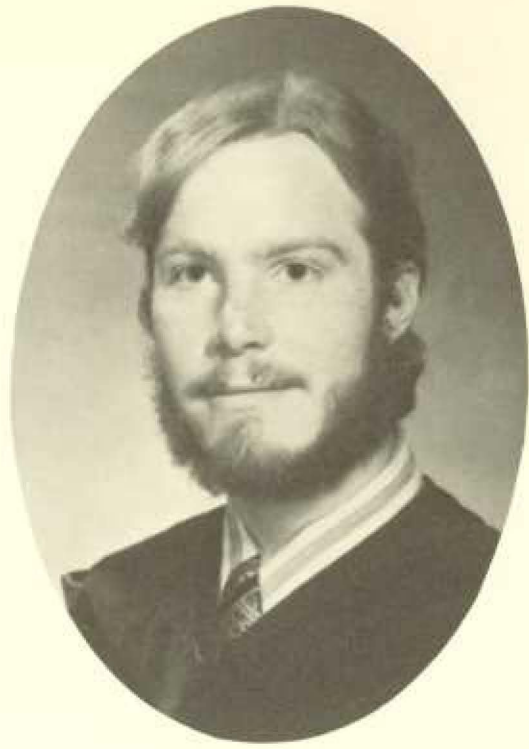


The Jefferson Rugby Team



Bruce C. Turner, M.D.

University of Delaware, B.A. '71
Internal Medicine



Lee Swenson Valentine, M.D.

Pennsylvania State University, B.S. '73
Pediatrics

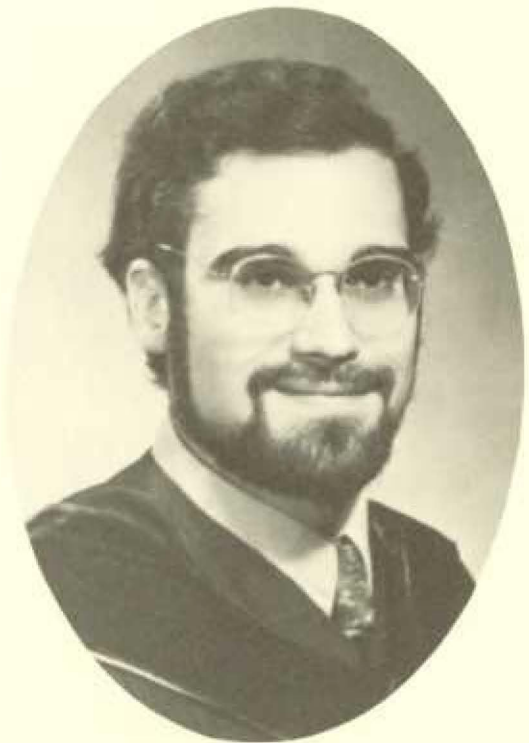
Male Chauvinism Ended

Faculty squabbling ebbed with the coming to the deanship of Dr. Wm. A. Sodeman, who left the McGee Professorship and Chairmanship of Medicine to accept the post. Sodeman was our most widely known dean in the medical world up to 1968 (since Patterson). His professional stature and national influence was the proper prescription for our maladies of the '50's and, with the opening of the James R. Martin Student Nurses Residence in 1959, we escaped with a sigh, into the '60's.

Jeff had always been a "male" institution, even to its plumbing facilities, holding early that women's places were in their homes and that their natural emotional makeup prohibited their study of medicine. College catalogues (bulletins) in the early 1900's carried the note that only men's applications would be accepted! It was also felt that proper instruction in urology, gynecology, proctology, and obstetrics could not be given to a mixed class! But I feel a good bit of reluctance sprang from the fear that the tradition of telling "jokes" and stories in class by the professor would be terminated, and that the custom of "passing him up" from the first (eager-beaver) row to the uppermost would suffer. And,

after all, how could women take an effective role in the Freshman-Sophomore fights for right-of-way on the stairs in the "Old" Hospital and College during the change of classes? And would they with proper dignity learn to chew tobacco during laboratory sessions?

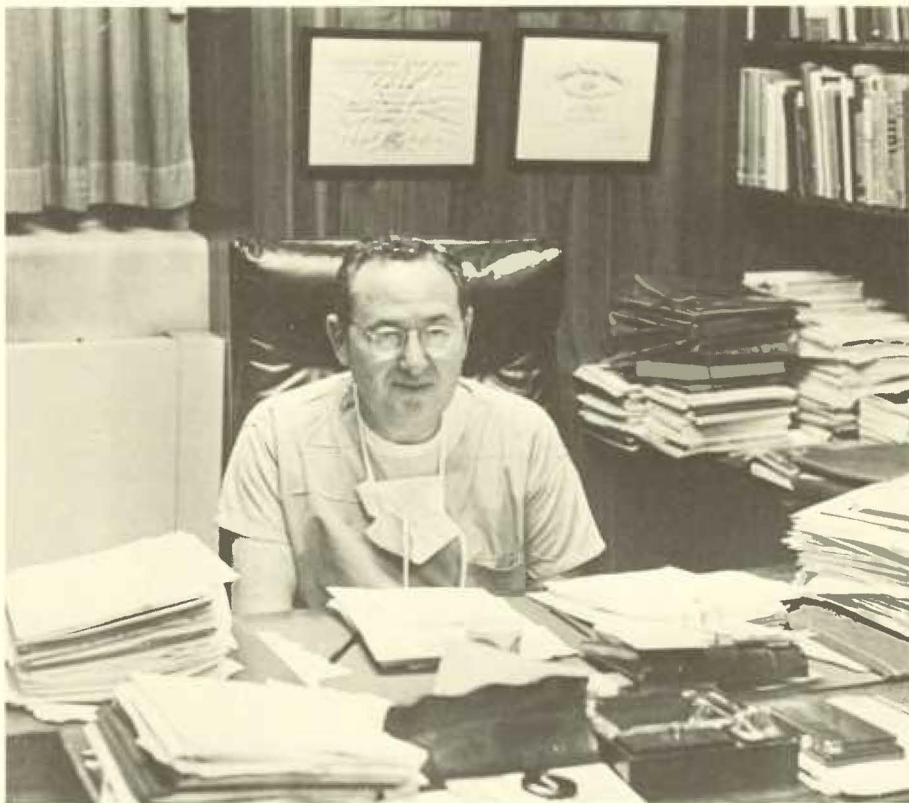
Behind the coming of women to Jefferson lies a tale, the veracity for which I cannot vouch. It is said that at the last regular Executive Faculty meeting of each academic year the only bachelor (a microbiologist) would move that the Faculty go on record as not opposing the entrance of women. Since over the years no on seconded, the motion had always died. However, the year came when the same motion was made, the hour was late and, everyone feeling our bachelor was still "tongue-in-cheek", someone automatically seconded and the deed was done. The press grabbed it and the situation was out of hand. Our women students, especially those of the first few years of mixed classes, outperformed their male counterparts in several areas, thus proving that the extra expense for plumbing was truly justified (but the stories did stop, or at least the level of their humor was elevated).



John M. van Summern, M.D.

University of Michigan, B.S. '71
Family Practice

The Department of Anesthesiology



Boys and Girls: It is OK to pass gas in the operating room, but try not to do it on a crowded subway.



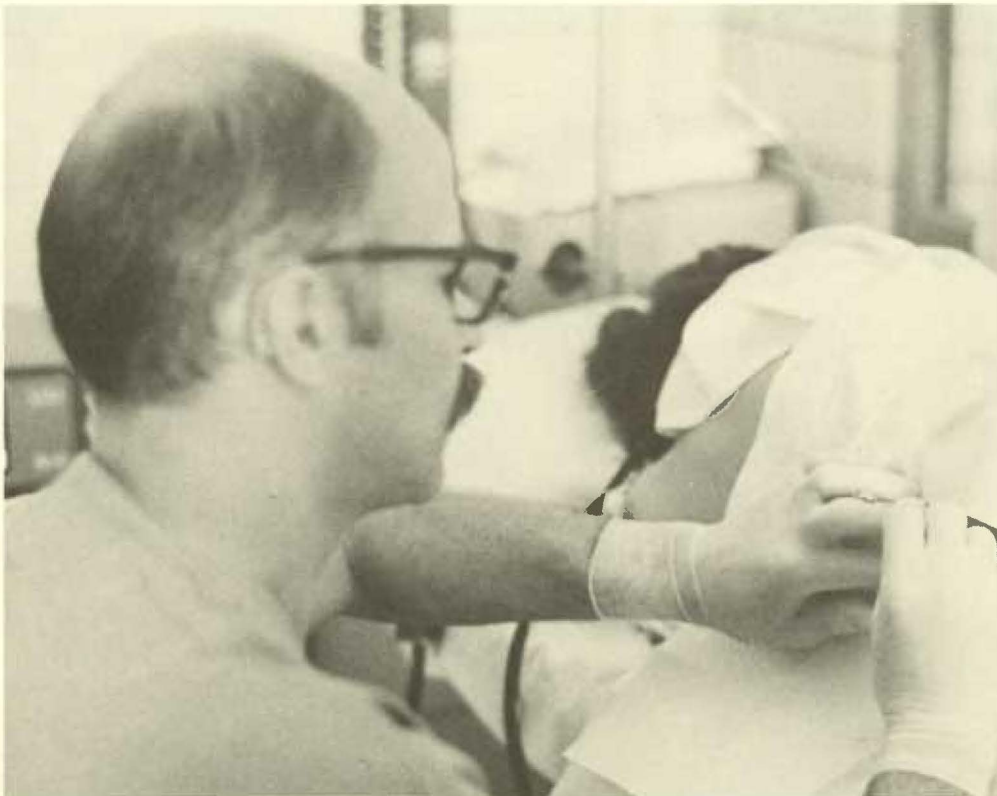
What do you mean, the patient is asleep and no anesthesiologist is present?

A physician is a person who pours drugs of which he knows little into a body of which he knows less.

Voltaire



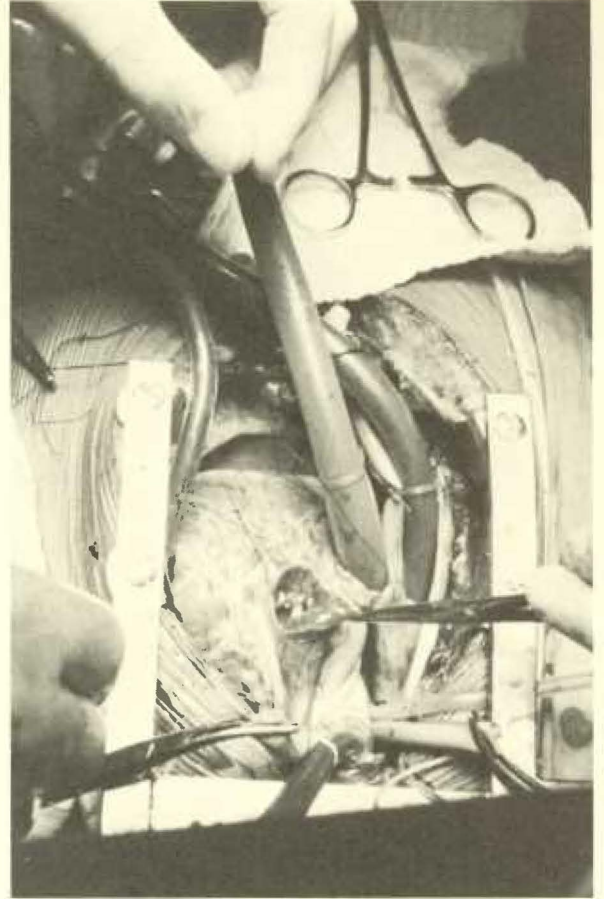
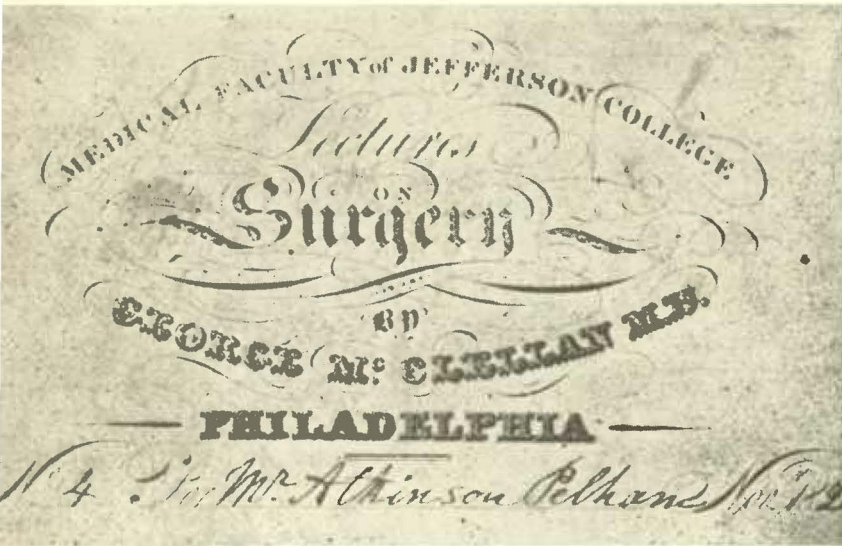
The concentration of gases in the operating room is too minute to have any noticeable effect on the anesthetist.



A souvenir from a Jacoby Travel Service preceptorship to study voodoo.

Extreme remedies are very appropriate for extreme diseases.
Hippocrates

The Department of Surgery



To cut is to cure.
Gordon Schwartz, M.D.



Gordon, your paper on the advantages of modified radical mastectomy
is a classic.

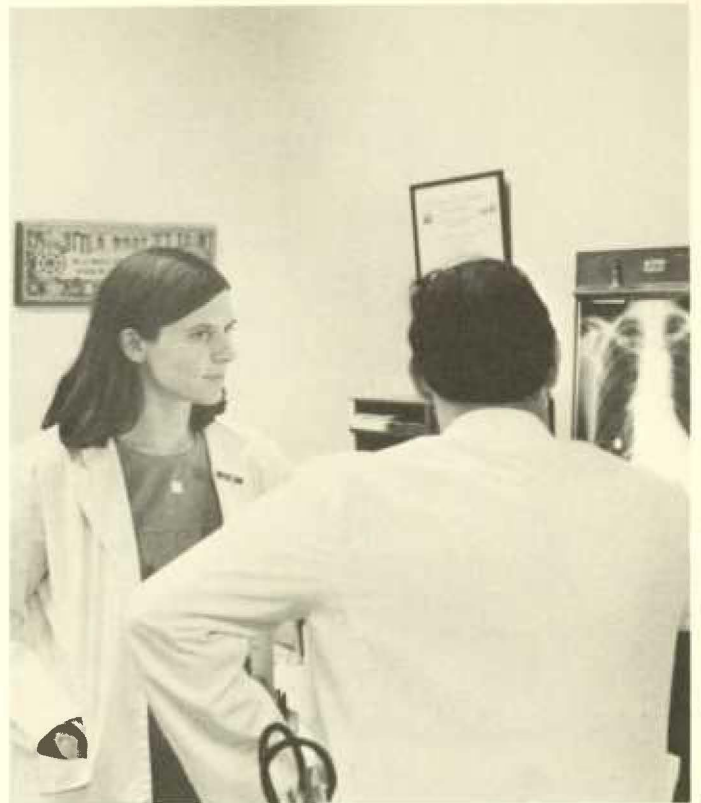
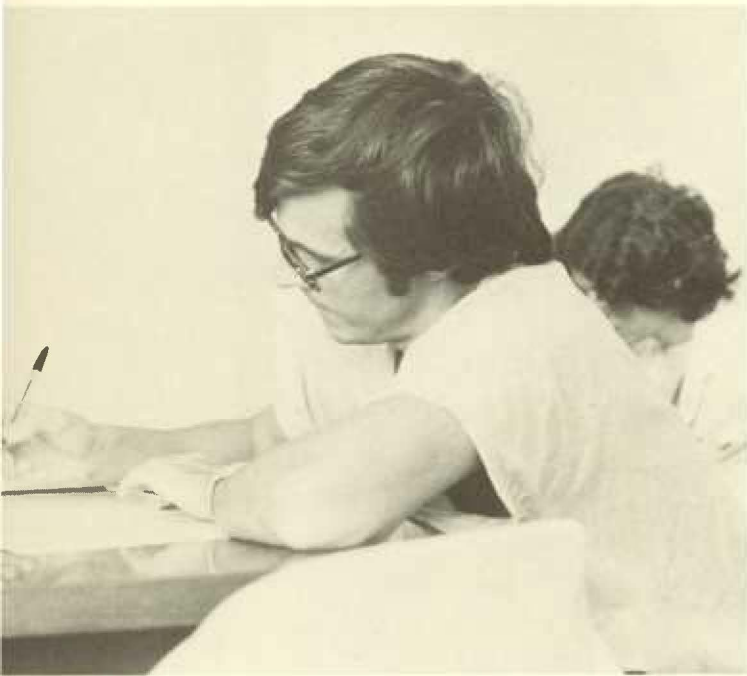


Inspector Reynaud: "Why did you come to Casablanca in the first place, Rick?"
Rick: "The waters, I came for the waters."
Inspector Reynaud: "But there is no water in Casablanca."
Rick: "I was misinformed."

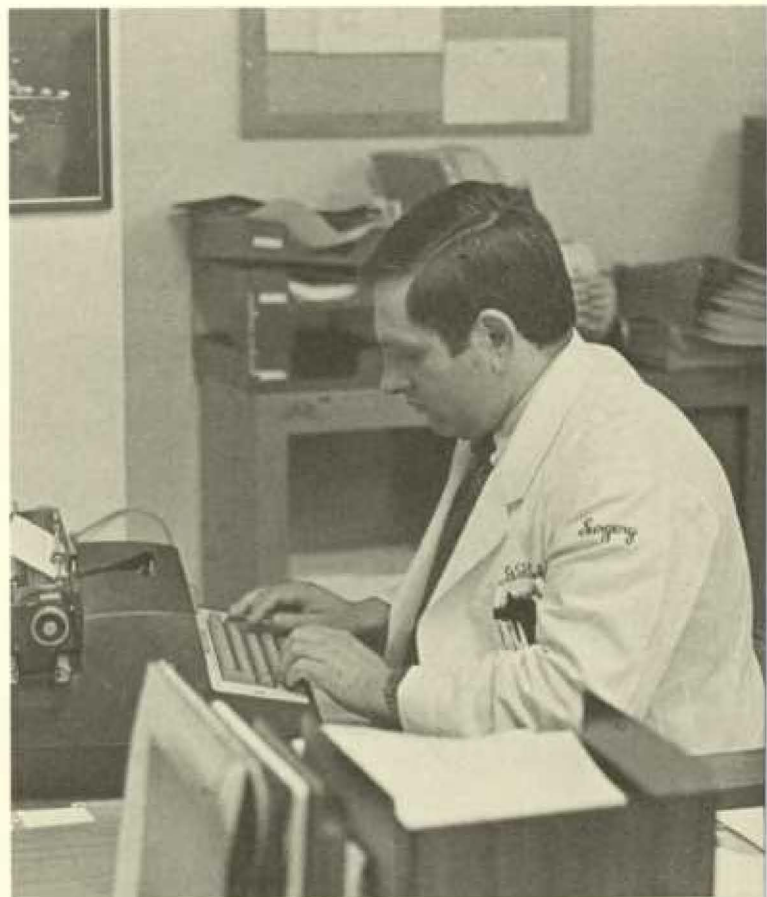
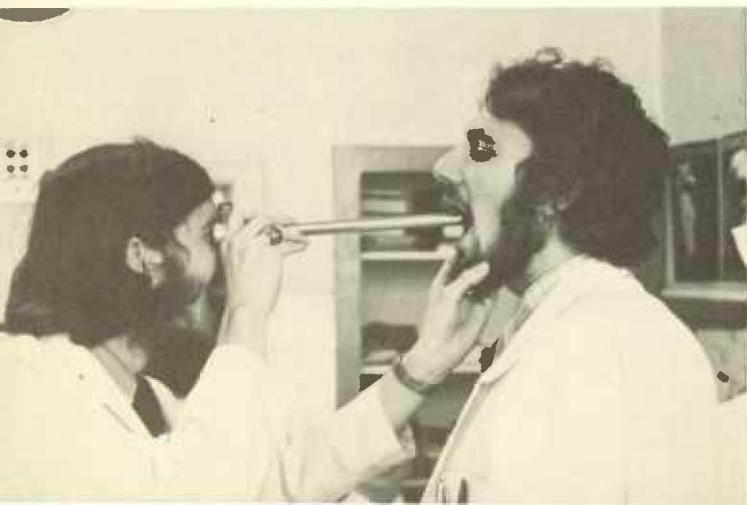
ssp/path



Since answer 2 is wrong, that eliminates choices A, C, and E. Now I have a 50-50 chance of guessing the right answer.
Handbook, Jeff Tech, college of Medical Knowledge.



A sigmoidoscope is an instrument with an asshole at both ends.



Typing is not easy for one not used to using his hands.



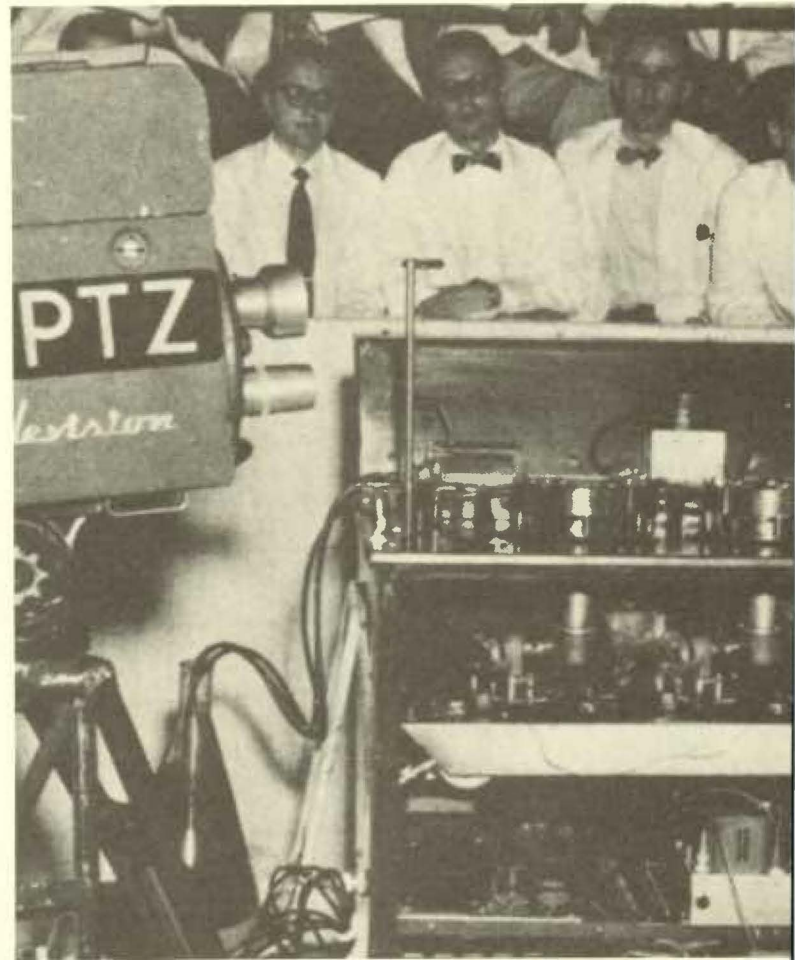
When I go to a hospital or a doctor, I want the doctor working for the individual and not for the government.

ex-President Richard M. Nixon



I don't know why it is we are in such a hurry to get up when we fall down. You might think we would lie there and rest a while.
Max Eastman

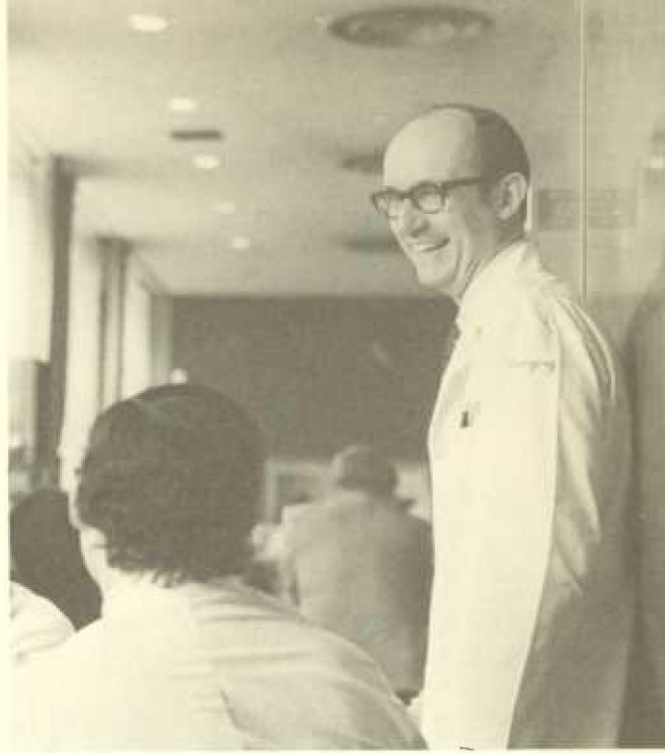
Students are encouraged to develop closer working relationships with the student nurses.



Hi boys and girls! It's Howdy Doody Time! And today, we have show and tell . . .

How can you be in two places at once, when you are not anywhere at all?

Firesign Theatre



I may not have many patients, but I certainly operate a lot on the ones I have.

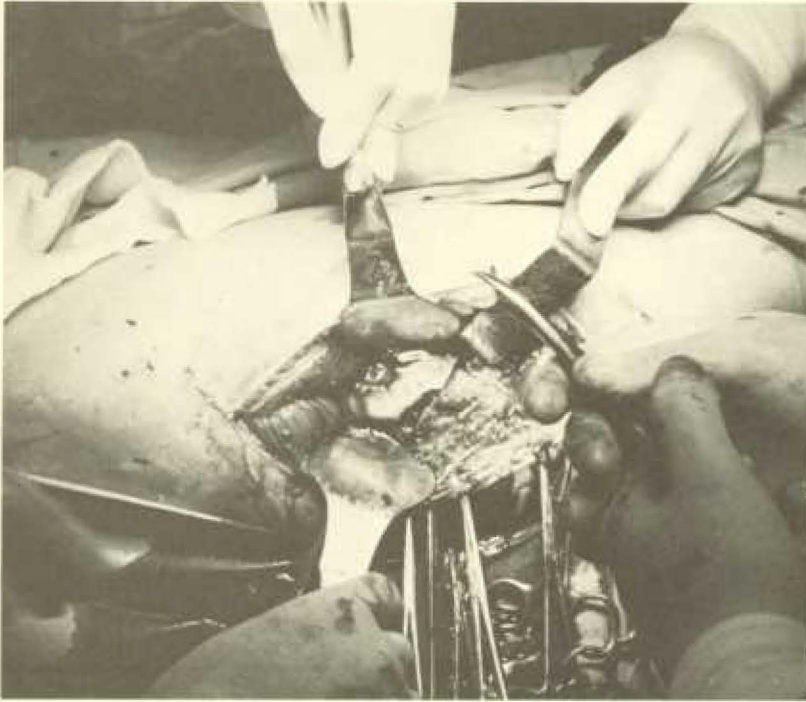
Dr. Colberg



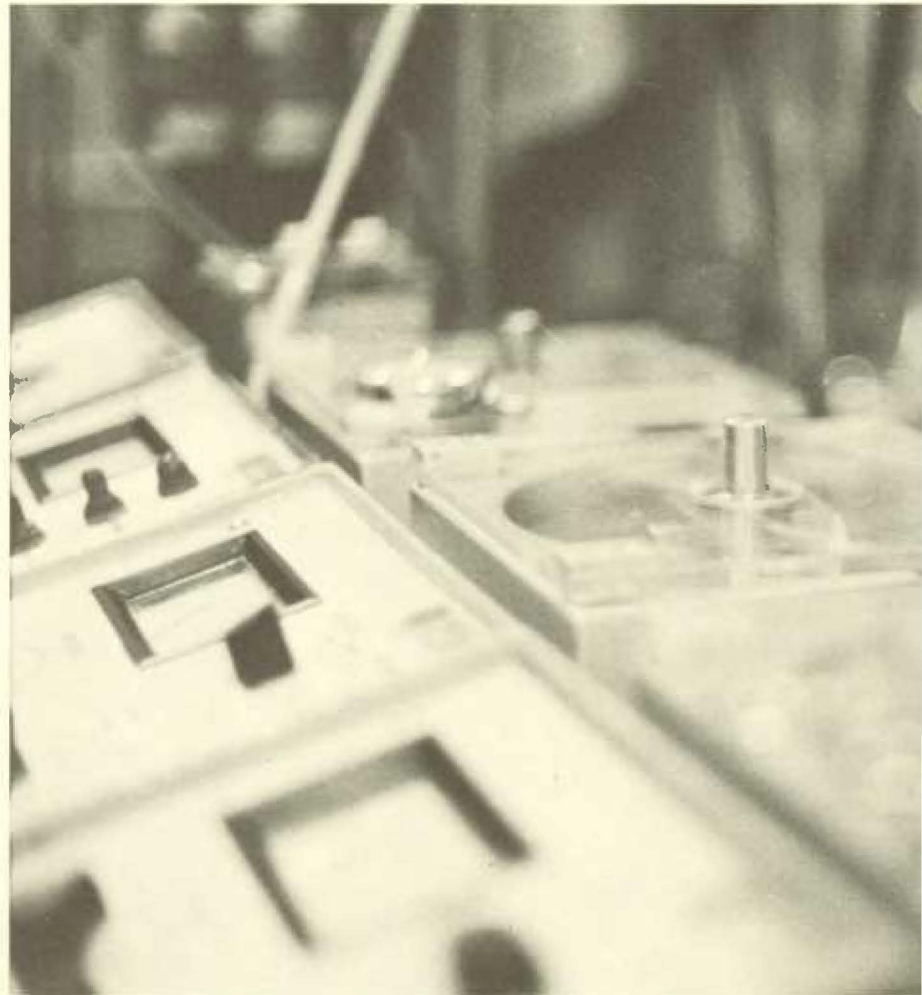
When you are up to your ass in alligators it is sometimes difficult to realize that your goal was to drain the swamp.

anonymous (larp/ent)

What this country needs is a good 5¢ cigar.
Thomas Riley Marshall



His friends gave him something to dismember him by.
G.E. Aponte, M.D.



How could the pupil perform what the master cannot manage,
even if he'd always been attentive?
Siegfried to Mime in *Siegfried* (gmo/path)

It is hard to study diuretics for long, because you have to get up and go to the bathroom so often.

The Department of Urology



WATER WORKS

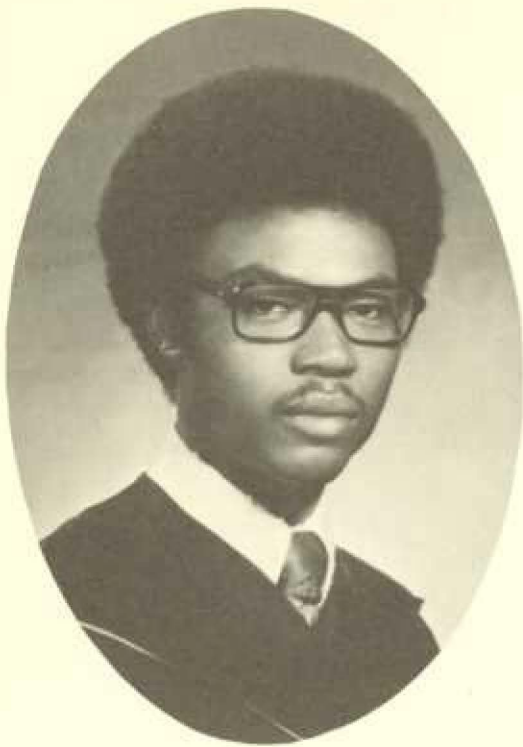
If one "Utility" is owned
rent is 4 times amount shown
on dice.



And if it's a private patient, you deflate the balloon *before* you remove the catheter.



I'll be away on vacation next week, so go see my secretary. She'll take care of you.



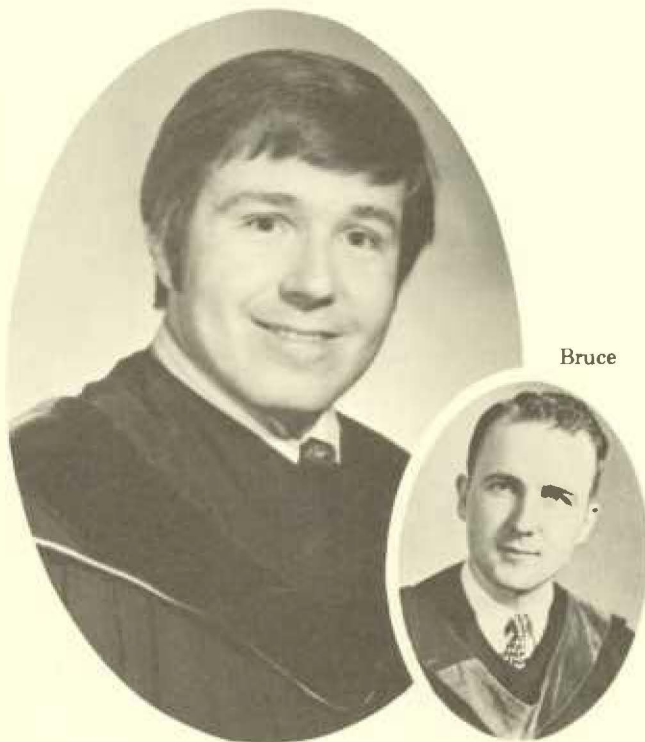
Vernon van Bolden, M.D.

University of Texas at Austin, B.A. '71
Neurosurgery



John C. Vander Hulst, M.D.

California State University, Long Beach, B.A. '71
Internal Medicine

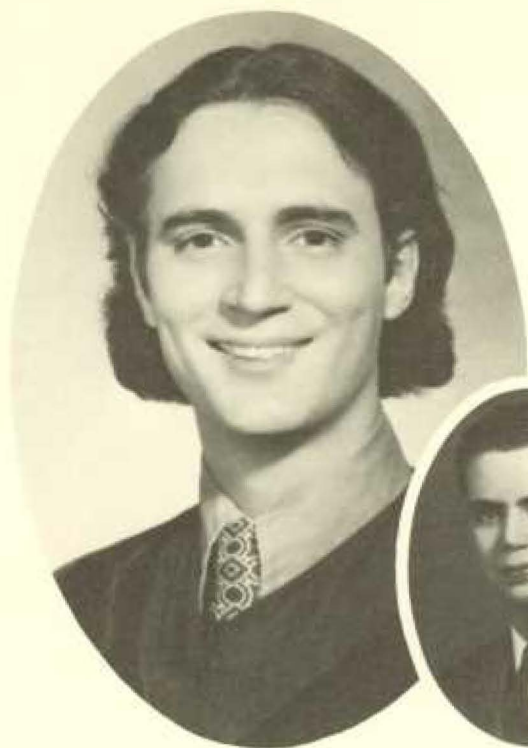


Bruce Harris Van Branken, M.D.

University of California, Riverside, B.A. '71
Family Practice



Jefferson Nurses Home



Frank



Roy Theodore Heve, M.D.

University of Dayton, B.S. '71
Obstetrics and Gynecology



Gladi E. Blasca, M.D.

Muhlenberg College, B.S. '71
Internal Medicine

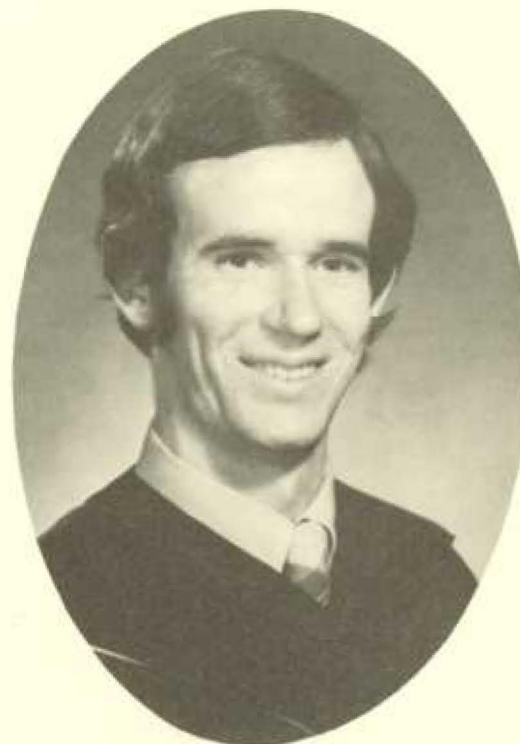
Herbut takes Reins

Intense planning through the 60's came to fruition with the opening of magnificent Jefferson Hall, now named Jefferson Alumni Hall, with its Commons facilities, dining hall, Faculty club, and its 5 floors, each 1 block long by 1/2 wide, devoted to basic sciences, teaching and research.

Bright, new, milestones in Jefferson history, although recent, are of great significance as we face the future. Mr. W.W. Bodine left our Presidency to become Chairman of the Board of Trustees, and new Trustees with broadened perspective were added to that august group; Dr. Peter A. Herbut, former Chairman of the Department of Pathology became President; Dean Sodeman left to assume Directorship of the Life Insurance Medical Research Fund; and Dr. Wm. F. Kellow, with extensive background in medical school administration, medical academics, and clinical medicine (University of Illinois and Hahne-mann) became Dean. Dean Kellow and President Herbut took over the reins at a most challenging point in Jefferson history and with great skill, and deep dedication, are coping masterfully with financial problems, faculty reorganization, changing patterns of practice, curriculum, State and Federal funding of medical education,

and similar problems facing the medical school and the medically oriented university of today.

Following abandonment of a plan to affiliate with Pennsylvania State University President Herbut, with the support of the Trustees and Faculty, accomplished the fulfillment of our Charter of 150 years by implementing the phasing over into full University status with its several arms. The first being, naturally, Jefferson Medical College, followed by The College of Graduate Studies (Dr. Robert Baldrige, Dean), Thomas Jefferson University Hospital, and the College of Allied Health Services (Dr. John Goldschmidt, Dean). The School of Nursing (Diploma) continues and a baccalaureate program in Nursing has been added which, together with practical, certificate, associate and baccalaureate degree programs in the various health sciences and professions, promise aid to the physician in his new responsibilities in the effective delivery of health care. And you well know the exciting plans for new student housing, a Continuing Medical Education facility, the enormous 11th to 10th, Chestnut to Samson, Hospital and Clinical Teaching facility, and the underground parking project.



Paul Marley Wall, M.D.

Saint Joseph's College, B.S. '71
Internal Medicine



Nathan Mei, M.D.

Swarthmore College, B.A. '71
Internal Medicine



Michael Z. Weiner, M.D.

Temple University, B.A. '71
Internal Medicine



Robert E. Wall, M.D.

Wesleyan University, B.A. '67
Obstetrics and Gynecology



The Daniel Baugh Institute of Anatomy



David L. Weiss, M.D.

Pennsylvania State University, B.S. '73
Surgery



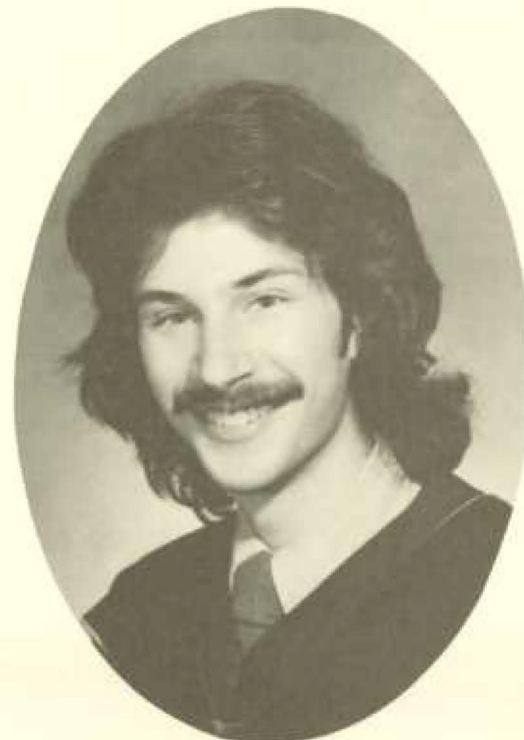
Justin Fredric Weiss, M.D.

Pennsylvania State University, B.S. '74
Radiation Therapy

Saloons and Bars Near D.B.I.

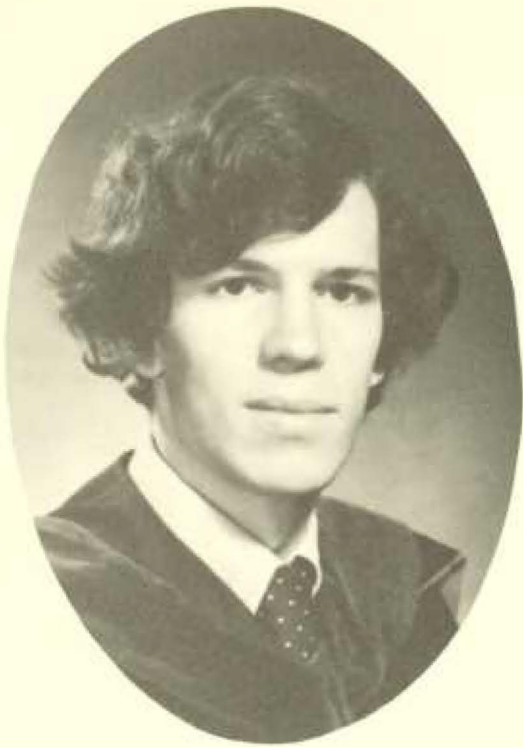
It has been a great temptation to expand this historical account to include the many more significant organizations, activities, and people and their contributions to a greater Jefferson for example, our Volunteer Faculty, whose role in teaching is not only absolutely essential but is unsurpassed; the medical fraternities that supplied nearly all the student housing and social activities for ages; the student professional honor societies; student athletics (football and fist-fights in early days—basketball and soccer recently); student publications; Charlie Platz's Saloon of the old days where a penniless and hungry student could find rest, relaxation, solice and a free (or credit) sandwich and beer; Chassie's Bar so conveniently near old D.B.I. that a thirsty anatomy student could sneak relief from a parched throat and the smell of phenol; and Dr. Watson's Pub which is gaining

status at Jefferson akin to that of Zink's at Cornell and Maury's at Yale. Left untold, & are the high places achieved by Alumni in Military Medicine (including Surgeons' General), Johnathon Letterman's (1849) American Ambulance Service, Presidents of the American Medical Association, founders and officers of basic and clinical medical societies; the great advances through Jefferson research; the contributions of such men as Francis T. Stewart (1896) who, save for his early death, would have become, unquestionably, America's greatest surgeon and, among so many others, such men as Dr. Hobart Hare whose famous admonitions to students included, "Give the proper dose! Not like pouring 3 c.c. of medicine into the Delaware River at Trenton, then collecting 3 c.c. at Philadelphia one week later and giving 3 drops per dose!"



Mark I. Weissman, M.D.

Pennsylvania State University, B.S. '73
Pediatrics



C. Forrest West, M.D.

Williams College, B.A. '71
Family Practice



William



Douglas H. West

Ohio Wesleyan University, B.A. '71
Orthopedic Surgery



Marc J. Wertheimer, M.D.

Swarthmore College, B.S. '71
Internal Medicine

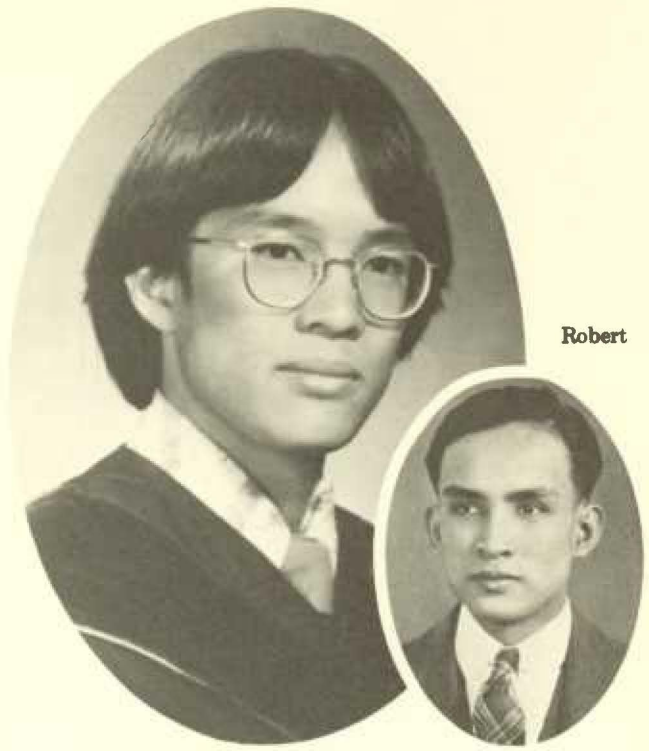


Dr. Bernard J. Alpers



Edward S. Williams, M.D.

Drexel University, B.ChE., '64
 Pennsylvania State University
 Internal Medicine



Robert

Bradley Daijung Wong, M.D.

Yale University, B.A. '71
 Surgery

You, Too, Can Be Immortal

I sincerely hope that one may be forgiven for not including in detail, but mentioning by names only, such Jefferson immortals as the successive members of our Board of Trustees and of men like the Montgomery's (Thaddeus and John), Kenneth Fry, Thomas Shallow, William T. Lemmon (continuous spinal anesthesia), George Willauer (thoracic surgery), David M. Davis, Kenneth Goodner, Virgil Moon, Clifford Lull, Baldwin Keys, Edward Bauer, Martin Renfus, Hayward Hamrich, Adolph Walking, R. Bruce Nye, Louis Clerf, David Morgan, Bernard Alpers, George Muller, Hobart Reiman, Benjamin Haskell, Anthony De Palma, Paul Swenson, Philip Hodes, Reynolds Griffith, Warren B. Davis, Fred Harbert, F.M.H. Friedman, Norris Vaux, Elmer Finik, Henry B. Decker, Earl Thomas, Gruber Cantarow, Castallo, Matthews, Detriech, Hunt, Shannon, Mullen, Anspack, and the many, many more, some of whom have finished their tasks and have joined the Great Physician, while others are continuing to add lustre to their (and to your) Alma Mater.

To list the names and to extoll the accomplishments of our current Faculty would, one feels, not only violate their characteristic professional mod-

esty but could tell only half the story, for their creative activities will continue into the future.

In closing this account of your Medical Alma Mater, one trusts that its contents have helped to install in each of you a just feeling of pride in your College and of its status in American Medicine. One hopes, also, that you realize that Jefferson's greatness came from, and is measured by, the men who, before you, have dedicated their lives to improve medical education, to increase medical knowledge, to serve their patients and their fellowmen more effectively, and to improve the standards and the status of the Medical Profession.

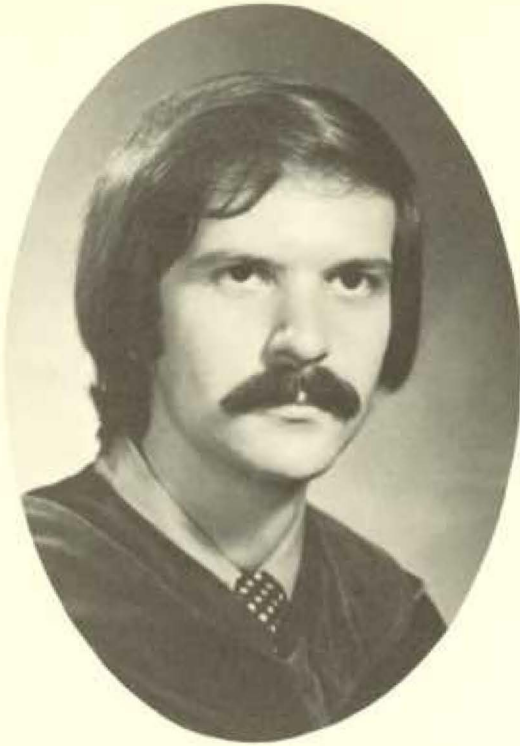
As I close this historical account of our grand old College with its 150 years of extraordinary contributions to American Medicine I am assured that history will indeed repeat itself, and that the names of many of you will stand high in your profession and will in turn be included in the richness of the history and tradition of Jefferson Medical College. So, my message to each of you, of 1975, is simply: Be proud of your heritage, and God speed!

Andrew J. Ramsay



Victor L. Moo, M.D.

LaSalle College, B.A.
 Radiology



Mark Alan Zager, M.D.

Muhlenberg College, B.S. '71
Family Practice



Harry G. Zegel, M.D.

Ursinus College, B.S. '71
Urology

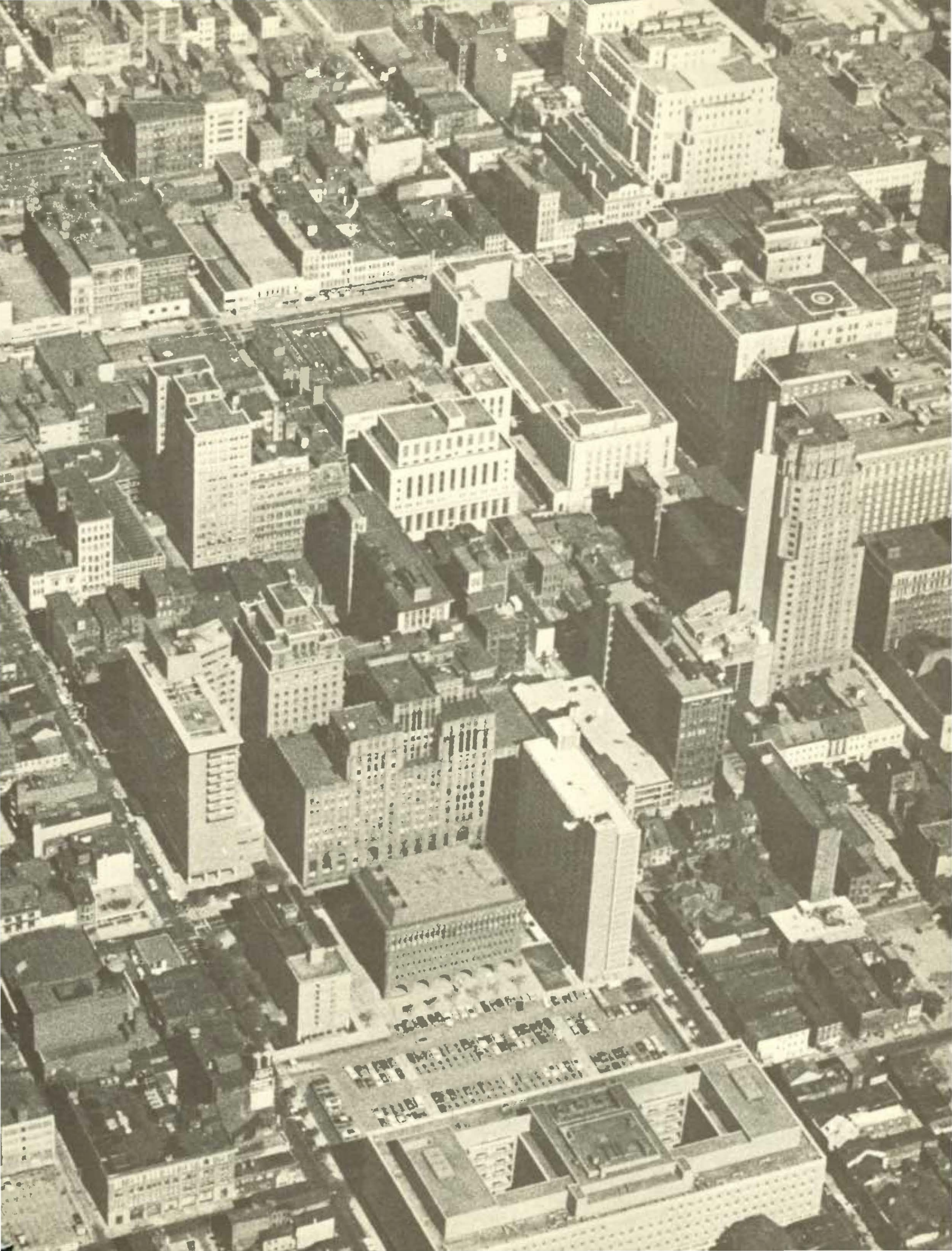
**The Following Students Did Not
Wish to Participate In *The 1975
Clinic*:**

Joseph M. Branconi
Linda M. Ekman
Alan Goldberg
Zachary Schlaff

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And surely not the least, our older Alumni who, with characteristic devotion to Jefferson Medical College and to the profession of Medicine, hold high the light of America's largest and most prestigious "independent" medical school, and whose anecdotes alone would fill a volume.



The Senior Class Gift

Jay Jacoby, B.S., M.B., M.D., Ph.D.,

Professor of Anesthesiology

and

Chairman of the Department



Artist: Charles Diletto

"Of course I'm very honored to have been selected by the senior class to have my portrait painted . . . to me, Jefferson is a special school. You see, there are two types of medical schools. One type has faculty members whose first interest is research, and the students are second. The second type, and Jefferson is one of them, has faculty members whose main interest is in the students, in trying to teach them and prepare them to be the best clinicians they can be, after they graduate." These words best bespeak the philosophy of Jay J. Jacoby, Professor and Chairman of the Department of Anesthesiology, and show why, after a career which has spanned five medical schools, three chairmanships, and several teaching awards, he has been selected by this year's Senior Class to have his portrait painted.

His career in medicine began with receipt of the M.D. degree from the University of Minnesota in 1941. Following an internship at the Kings County Hospital in New York, he served in the U.S. Army during World War II. Upon completion of his tour of duty, Dr. Jacoby completed both a residency in Anesthesiology and a Ph.D. in Pharmacology at the University of Chicago-Billings Hospital. He was next named Associate Professor in Anesthesiology at Ohio State, becoming Chairman in 1950. From 1959-65, he was Professor and Chairman of the Department at Marquette University Medical College. From there, he came to Jefferson, in the present capacity of Chairman. The author of many scientific and academic papers, he is Diplomate of the American Board of Anesthesia, and a brother of Alpha Omega Alpha, Sigma Xi, and Phi Delta Epsilon. In 1966, he was named an honorary brother of Phi Alpha Sigma.

"Since the campus student uprisings in the late 1960's I've noticed a decline in the students' attitudes here. It's what you could call a lack in the 'need for excellence'. You can see it, for example, in the marked drop in attendance in Saturday morning classes. I'm not sure what causes it . . . I am sure that there are good lectures, and there are bad lectures. But if the professor is responsible enough to prepare and come to deliver a lecture, then the students should be responsible enough to come to lecture. After all, even one bad hour of lecture is better than no lecture at all. If the students do not feel the lecture is presented well or prepared adequately, it should be their responsibility to go to the lecturer and tell him this, not to stay home and sleep, which I'm sure many do. Students should want to come to lecture to learn—this applies to all lectures in the four years. Now, everyone wants more leisure time, more hours off. But, I'll tell you, experience is the way to gain excellence, and if you can spend more time being available and willing to work, you will have more opportunity to see new clinical situations, compared to your fellow student who is late or goes home early."

"There is a passiveness, too, shown by the students. A cancelled lecture is viewed as a bonus, a free hour. If

an instructor is late, the students will sit around and wait, instead of trying to get hold of the lecturer and remind him about the lecture . . . many times, an instructor is held up, or even forgets, so the students should try to prod him or remind him. You students are paying a great deal of money for your education, and you should try to get as much out of it, as possible."

"I don't think there is any real blame that can be given. After all, this wanting of more leisure time, this lack of a need for excellence, can be seen throughout society, in all levels. What we're experiencing here is just a reflection of what society is experiencing, in general, today."

The curriculum: "I realize that many changes are constantly being made in the curriculum. It really presents as a paradox to me: the explosion of medical knowledge is amazing, yet the time spent in classrooms or in the hospitals is being reduced. And there is no substitute for educational time lost or reduced . . . I think that if students have gripes—which they certainly can—they should go to the deans or to the curriculum committees as individuals or in groups, and present their views, and work with them in getting better changes made."

Women in medicine: "When it comes to women in medicine, I feel that all the barriers and prejudices are gone. Yet I still feel that it's harder on women than men, going into medicine. I guess some male chauvinism shows through in my feelings that it's harder for women—yet I know, working with the female residents in our department, that the long hours make it harder, especially if they have a family at home . . . they're just as good as men, though, when it comes to being doctors!"

Future of medicine: "Socialized medicine has been gradually coming about for many years, in the form of third-party groups like Blue Cross and Blue Shield, the armed forces, and others . . . really, the only bad part I see in it is the paperwork. The doctors most resent all the time spent away from patients and with the paperwork. Unfortunately, it is a case of bad logistics, which is part of any beauracracy. The high officials don't have the training and the understanding: what they want is progress without performance, which is not good."

Family practice: "It is very good to see the trend increasing in general practice. I like to think of a good general practitioner as a doctor good beyond belief, for he has to be so many things at once to all his patients. Really, I know so many specialists who would really fear being a general practitioner, and not be able to make it as one."

As a teacher, as a physician, and as a human being, Jay Jacoby combines qualities that very few have, and that all who come in contact with him try to emulate. No small wonder, then, that his should be the 1974-75 Senior Class Portrait!

Mark Dembert

A History of the Class of 1975

Orientation

Dr. Kellow welcomed us to Jefferson by calling our class "the seediest looking bunch of medical students" he had ever seen. Our class met this pronouncement with wild applause, one of the last times we applauded anyone. Dr. Ramsay told us that we were "colleagues," and we actually believed it. Naiveté showed through in other ways as we bought microscopes we didn't know how to use and textbooks that we didn't need. We heard about '1,2,3,4 questions' and 'both and neither' questions; we found out about cockroaches and the Duck Lady, and it started to dawn on us that over the next four years, things would almost never be what we thought they were going to be.

The Pre-clinical Years

One remembers the lectures. The front rows were nearly always occupied by the same people in the same seats: Sjanna (Mary Medicine) Johnston needleworking feverishly, John (Amphetamine) Santarlas scribbling notes and leaping to the tape recorder, Alan (Foramen Rotundum) Gold already looking like a 20-year gynecologist, Lew Sharps wearing *that* white coat (which he was destined to wear to the National Boreds, parts I and II), and John VanderHulst asking his incisive questions. We learned that usurping one of their seats was as easy

as body-checking Dave Schultz.

The lecture halls were witness to much that was bizarre: Steve Horowitz nuzzling his bovine friends while Dr. Shea played his transparencies like violins in tracing the path of the VIIIth nerve; Dr. Maurer, in his sharp clothes (eternally 'one of the boys') loudly and clearly asleep in the front row while Dr. Suld, from his own department, struggled with the English language and steroid chemistry. There was ugliness on both sides as members of the class shouted at Dr. Kalf concerning two points on a Biochemistry text.

The Mezzanine lecture room saw Ted Feinstein and Lew Sharps elected as the first class officers, and that, aside from organizing and occasionally running (usually in circles) the note-taking service, these people were almost never heard from again. It was in the Mezzanie that we first met Sara Spagnuolo (to become famous—or infamous—during Embryology as STS), little realizing that she would single-handedly confuse the autonomies of sweating for all time. There we found out about David Mayer, Mike (flaccid) Flacco, and Allan Neff. We found out that these were people who had to be in charge of things (that the things they were in charge of were largely inconsequential is secondary). For these orphans of War Protest Movements past, the war had ended too soon, for they were only happy when organizing, haranguing, or mimeographing.





It was in Solis-Cohen that Bob Wall succeeded Ted Feinstein as President of the class, and his election made us wish that 'invisible Ted' was back. Hardly a day went by without a petition, questionnaire, or notice. If very many people had actually *read* all those words, President Wall wouldn't have lasted one year, let alone three.

However, in neither lecture room did we ever learn to listen to the lectures over the din of "The St. Joe's Boys" Perpetual Conversation. This conversation seemed to have had its start somewhere back in 1967, and it seemed to have no end at all, being resumed exactly at 9 o'clock each morning just as the lecturer began to speak. The only respite gained from the noise was on those increasingly frequent mornings on which Joe Korey, Al Pedicino, et al. decided to take up their Perpetual Pinochle Game. We found that (Nor) Bert Scharff could sleep his way to academic awards, that Bob Houston only appeared to be doing very little work, and that without his beard Pat Coghlan would still look like a Campbell's Soup Kid. We discovered that no one could correctly pronounce Craig Muettterties or Nathan Wei, that Joan Simpson sneezed at least once in every lecture, and that Tony Van-Bolden was always late. For everything. And who remembers the name Marilyn Cahilly? (Possibly only

Jon Kay) We discovered that Darryl Sexton either smoked and stayed thin, or didn't and didn't, that even the Gordons couldn't tell the Morningstars apart, and that Bob Sataloff really wasn't a 47-year-old former Robert Hall's salesman. Most of all, we learned to memorize trivia. We learned that hysteria was contagious, and we learned that we could, indeed, get a job done under pressure.

From its very first moment, when the great God Curve descended upon us to stay for four years, until the last question on the final exam, Biochemistry taught us more than we wanted to know about the Jefferson way of doing things. Dr. Zeiger didn't look like a professor, Dr. Diamondstone didn't talk like a professor, and Dr. Allen, remembered as the only person who wrote *everything* (including his jokes) on the blackboard, didn't treat us like a professor—as evidenced by the ten minute standing ovation we gave him. On the other hand, *we* didn't treat Dr. Kalf like a professor, jeering and hissing his attempts to tell us about Actinomycin D and about how 219 of 227 people could miss an exam question of his. But most importantly, it was during Biochemistry that we began to be prepared for THE BOARDS, the 'cruel mistress' to whom the governors of Jefferson actually pay homage.

Anatomy came and we swallowed hard as we met our cadavers. We tried to be very cool and detached as the cadaveric hair and skin and smell collected beneath our fingernails, and as Dr. Hausberger rooted through his 'spare parts bin' for that special arm or torso. Dr. Shea collected his band of followers, answering their questions by rewinding his invisible mental tape to the proper place and pressing the 'start' button. Dr. Hausberger was another good friend and ally to his 'Hausflies' with his indefatigable explanations and re-explanations of the "uzzer muscles," and Dr. Parke was graphic in his anatomic descriptions. (Come to think of it, the uterus really *does* look like a basketball player palming the ovaries in its outstretched arms.)

As Winter merged imperceptibly into more winter, so did Anatomy merge with Histology, a course led by a Roman Emperor best remembered for a slide of sperm in the rectum. Dr. Jensch remained the students' best friend and teacher, but not even he, nor the rays from Dr. Moscowwitz's pink carnation, could rescue us from Neuro-Anatomy.

In Neuro, we were totally unprepared for the Moscowwitz hand-outs which soon became all but unreadable under the weight of multi-colored pencil. Without Sara Spagnuolo's notes of these lectures (with *her* versions of the drawings) we might never have learned anything. Who can forget Dr. Masters' lecture on the ten layers of the retina, or the tracts of the basal ganglia? (Better yet, who can remember them?) It was left to Dr. Diane Smith to provide what grace there was to Neuro, but her efforts proved to be in vain as a score of 25% right on the practical proved enough to pass. Some of us still think that the MLF is a Southeast Asian political organization.

As all things come to an end, so did that winter quarter. Yet the worst was still to come. First, a little man with a white lab coat and hair to match led us into his version of physiology, replete with dog labs, aberrant EKG's, and multi-factorial polygraphs. Freddie's band included crew cut Dr. Mackowiak, extolling the efficacy of Jack Daniels in shifting the cardiac function curve ("upwards and to the right, . . . or is that downwards and to the left . . . Oh well; it's it's it's it's the idea that counts.") It included The Muscle Lady's t-tubules, Dr. Banarjee demonstrating lung pathology with his non-stop smoking machine, and Dr. Z., the incredible Polish talking kidney.

Then one day, the Earth trembled, and amidst spewed up mimeographs there emerged The Gonz. As his awed disciples, blinded by an ever-sartorial show and captivated by a wit that only those in the front rows could hear, we were little aware that our class would be the last to see the Aponte Golden Dome in the flesh. But Spring Pathology was only training for the real thing, and with "Defects of Metabolism" clutched in our hands, we were ready for Summer, some to travel to the medical centers of Europe, Asia and Israel (anywhere the Sun was shining) as guests of J.J. Jacoby's Anesthetic Travel Bureau.



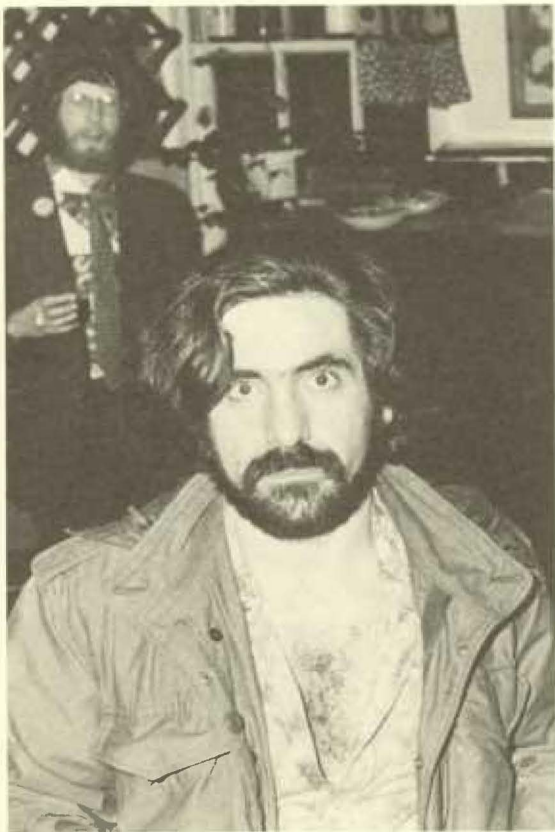


Major League Pathology began the second year with handouts and Kodachrome reviews becoming a way of life. We went to lectures (where 'Sarge' McCloskey waited daily for John McGowan to stop talking), we visited picture displays (to see strawberry moles and rachitic rosaries and to learn what John Hageman looked like in his trainman's outfit), and "gradually yet surely" we learned about orange tonsils, blue nevi, and gray skin ("from certain silver-containing medicaments . . ."). Some of us even began to feel that possibly we were actually going to become doctors, that if one knew Pathology, how much more was there to know? But these fleeting misconceptions melted in the heat of that monstrous final, an exam in which it took 45 minutes just to fill in the answer sheets at the end. Perhaps the thing that one remembers most about Pathology is finishing that test and handing it in.

After the grind of Pathology we hoped for a breather. Marc Sternberg called his wife to tell her that he was coming home from the library, and Ed Schulman was rumored to be moving his sleeping bag out from under the piano in Jeff Hall. Our hopes proved groundless, however, as Micro and Pharmie descended with an audible crash.

Microbiology is remembered as a course in which the details of *Erysipelothrix* cell-wall synthesis and the life-cycle of the Reduviid Beetle became 'important'. The labs were run by enthusiastic and hard-working people, and the gram-stained fingers and rectal swabs would have been almost worthwhile if any of us had actually cared whether or not *Salmonella* Derby is indole positive or not. Unknown specimens remained unknown as the fudge-factor became palpable clinical entity, and we got to see a jar of real Anchovie Paste (possibly complete with scale model plastic amoebae). It certainly is lucky that no one expects us to remember any of the myriad parasites of Dr. Smith.

Yet the Winter was not lost completely as the narcotic drone of Dr. Mandel's monotone was offset by the good teaching of the good guys from the other side of the third floor, the pharmacologists. Handouts consisting of encyclopedic listings of thousands of drugs became commonplace, and the exotic and unmentionable became the unpronounceable and unrememberable (later in our careers to become the totally unusable). But as Coach Tony Triolo always seemed on the verge of telling us, when the going gets tough the tough get going. Dr. Coon was there with his very appropriate silver pail, and Dr. Vogel with his autonomic crossword puzzles and limericks (which seemed to have suffered in his translation). These and other men took a *very* boring subject and transformed it into one that was only somewhat dull.



A 'little course' was defined as one in which the notes weren't arranged in order (nay, the staples even pulled out) until the night before the test. These courses provided background noise to the "Big Six." Genetics was fine with Dr. Carpenter's 'eye-resting' slides and Dr. Jackson's gorgeous lectures replete with e.e. cummings quotes. Biostats, according to the Gospel of The Duke of Chance, was entertaining for those of us that showed up, and CH & PM provided us with an opportunity to share in Dr. Williams' humor and to see how stained glass windows are made.

"Approach to the Patient" made its debut during our first year, taking up Monday afternoons with Dr. Atkinson telling us, "ya gotta *know* this stuff." We also got to see at least 1000 of Dr. Luscombe's slides of skin lesions and to hear, weekly, in detail, about Paul Berguson's varied infirmities. And we heard Sjanna Johnston ask an authentic Arch Street wino whether or not "his stools were ever malodorous." When this question was met with a predictably blank stare, Dr. Atkinson translated: "Does your shit ever smell *real bad*?" In retrospect, exchanges like that seem better than *two-thousand* skin lesions.

"Medicine in Society" was largely a joke, with Dr. Biehle providing most of the laughs (as well as free condoms), and the Psychiatry Department provided us with a seemingly never-ending supply of inept, dis-interested lecturers who equated showing up and talking with teaching. These Mary Herman memorial lectures, coupled with the indifference and hostility of the Head of the Department, culminated in the famous 'boycott' of the 2nd year exam. In this effort, our class seemed to be trying to show that it could be just as petty and badly organized as anyone. (We succeeded). The Psych Department reacted with their usual well-adjusted maturity and gave all the 'scabs' who took the exam grades of 90 to 100, putting the rest of the class (well over 180 people) on academic probation. The strikers were eventually allowed to take a make-up exam and we all were graded on a pass/fail basis. Did the boycott change anything in the Department of Psychiatry? Does anyone care?

In "Introduction to Clinical Medicine" (a crash review course for National Boreds) it seemed as if we were given all of medical knowledge in ten weeks. It was here that we were introduced to men and topics which we were to see and hear many times. Dr. Simenhoff and Sodium, Dr. Zimskind and overflow incontinence in verse, Dr. Kowlessar and peroral biopsies of sprue, and Dr. Wise with his advice on the everyday office management of Aspergillosis.

We learned to load our white coats with at least 18 pounds of equipment, and staggering slightly under the weight, we learned to drop flashlights, notebooks, and copies of *Bedside Diagnosis* on the floor. Thus prepared, we had the depressing task of descending in packs of two on some poor, unsuspecting cachectic,

and history-and-physicalling him into submission. After three hours of questions ("Do you have any sick hamsters or urinating rats at home?) and poking around ("Well, then, does *this* hurt?"), we emerged to write six page H & P's, replete with negatives (not many of them pertinent), which were either criticized unduly or ignored completely. These embarrassments and frustrations passed, however, and we all learned something. Wes Hardin learned that not all pain is angina, Alan Gold learned that not everyone has D.U.B., and Harry Zagel learned that obtaining a good voiding history can be as satisfying as choosing a fine wine.

The National Boards came and our class did exceedingly well, only two people (of 220) failing. We found that Jefferson had indeed prepared us for answering those 1,000 questions. We had learned such timeless Oslerian truths as, "if 1 is false, then 3 has to be false." and "if in doubt, put E." That we knew anything at all about taking care of sick people seemed an extra, an unexpected dividend. "These are the priorities," we had been told, and we had responded. We had chosen memorization over thought, automatism over imagination, and we entered the 'clinical years' well-equipped to deal with interacting myofibrils, but unequipped to deal with other human beings. Jefferson had taught us little of that interaction.

The Clinical Years

The "Class of 1975" as a distinct entity ceased to exist during our third year. Theoretically, the class was supposed to be together on Saturday mornings. Actually, it was not together at all. Once those endless lottery meetings (with Wong proposals and 3x5 cards in wastebaskets) had ended, we scattered to take advantage of our last Summer vacation. The next Fall saw the class splintered into groups and sub-groups, making any formal recording of events an impossible job.

The rotation in Surgery began with Jefferson's own "gosh, gee whiz, boys and girls" telling us about the history of surgery, and went swiftly downhill from there. We were sent off to the affiliated hospitals to learn that being a 'ccIII' is short for being a lackey, and that retracting the liver for three hours is very hard on one's back. We learned that most surgeons really haven't ever grown up, that recitation of the blood supplies to the internal and external hemorrhoids may pay off in being allowed to place skin stitches, and that the student *always* cuts the sutures 'too long' or, sometimes, 'too short.' Surgery was 20 minute H & P's, being awakened in the OR with cries of "retract please," 10 minute IV lifetimes, pain meds at 2 a.m., ER admissions at 3 a.m., H & H's at 4 a.m., IV's at 5 a.m., sleep until 6 a.m., and rounds at 6:30 with the rest of the day spent wondering what was wrong with being a CPA or selling insurance.

Pediatrics was quite a change. Breath sounds were a lot louder, and patients' histories were much softer. For the first (and possibly the last) time in medical school we felt that the patient had absolute faith in us—they knew we were going to hurt them. We found that it was the mother who needed treatment, that in most cases nature would do very well in treating the child. "Primum non nocere" became a valuable dictum, along with Dr. Olshin's Law: "Don't just do something, stand there!" For those of us at Mercy Catholic, Dr. Hervada provided good teaching and good laughs in equal proportion. We learned about the gag reflex and about droplet infections at the same time, as those 2-day sniffles became 6-week miseries while our lymphocytes struggled with antigens they hadn't seen in years. Days in the well-baby clinic never seemed to produce any of that type, but once we learned the proper dosage of Actifed and how much Similac was enough, playing doctor didn't seem so hard. So long as the resident was within easy call. Pediatrics was fun, and except for the grimness of A.L.L., we left it reluctantly.

Obstetrics and Gynecology was characterized by imagination. We imagined the potential embarrassment in every pelvic exam, and we imagined many of our findings. We couldn't help marveling at the sight of a baby being delivered and at what God had done. But three times between 2 and 4 a.m.? We sweated and choked at the moment of truth when we put on our catcher's mitts and faced that occiput for the first time. "Remember, gentlemen, the perineum doesn't lie." Gynecologic work-ups were unbelievably short and incomplete (did she say "five boys" or "fibroids"?) and it seemed after a while that *everyone* had D.U.B. or trichomonas.

It was during Medicine that many of us yearned for the good old days back in the first two years. We were given authority ("you may sign ccIII after your name") and responsibility ("listen, I know you've already done four work-ups tonight, but could you do this last one as a favor?"). We were treated with equal respect by the patients ("get out of here! I don't want no student touching me!") and by the attendings ("you mean you're a third year student and you can't give me a good description of Wegener's Granulomatosis?"). We learned about ROUNDS. Sitting rounds, walking rounds, talking rounds, work rounds, formal rounds, informal rounds, grand rounds and mostly, boring

rounds and standing around rounds, (Editors' note: not to mention 1/4 pound of ground round). We learned that a working knowledge of Harrison was a given. It was in the journals where points were really gained and lost. Some of the articles quoted on rounds even existed. We found that our H & P's were almost never read and that our notes were ignored completely. In short, we found out about Medicine.

For those with Psych in the Summer, Summer vacation had returned after all. By Landplane or 'Frankmobile' we went either to Coatesville or Delaware State, to suck in a few bennies and hear about some good perversions. Overall, the lectures were good, with people like Dr. Clifford Scott doing their best to make sure that we learned something. Golf games were sharpened, and touch football became an art form. The patients were alternately interesting and depressing as we learned that schizophrenia is truly the chronic disease with the most overall morbidity. We found out that schizophrenics can sometimes make a frightening amount of sense, and we constantly measured ourselves against the 'normal,' not always with comforting results. After Psychiatry, a six-week elective and then on to Senior year.

Senior year brought us no more Saturday classes (for many this represented no change), and, with National Boreds II out of the way early, Senior year brought new piece of mind. In some obscure way (possibly by osmosis or active transport) we had learned things about taking care of sick people. The knowledge had accumulated imperceptibly, the infarcted spleens of Sickle-Cell and the characteristic murmur of Mitral Insufficiency creeping into our brains almost while we weren't looking. For many, it was during Senior Medicine that some confidence crystalized. We found that we reacted appropriately when called, that the proper drugs and dosages began to come to mind automatically, and, perhaps most importantly, that we began to keep our heads in time of crisis. The harassment and the pettiness continued of course, but our capacity to deal with them had increased. Senior year held the anxiety of The Match, and fatigue which was both elective and required; but it was during Senior year that many of us had our first inkling that Medicine would no longer seem an adversary, but would become an increasingly trusted ally.

Scott Paist (SSP)
Mark Dembert (MLD)

"Never give a frustrated English major nine-tenths of a
stencil with nothing important to type on it.
ssp/physio

A Naked Lady?

"What do you say to a naked lady?" So goes the title of a movie a few years back that some of you undoubtedly had the pleasure, or displeasure, of experiencing. That question precisely describes the problems and frustrations that we've all faced too often during the last four years. With a little imagination one could ascribe to Jefferson the role of a naked lady.

Throughout the admissions procedure the lady refused to disrobe, to display to us her true self, "in all her glory"—or lack of it! On the contrary, she was a tantalizing hussy, exposing that with which she was most abundantly endowed, concealing that of which she was most ashamed, and plastering cosmetics over all that by necessity was exposed but imperfect by her own unreasonable standards. Our first date was encouraging; our engagement was soon announced.

The wedding day came quickly. That sunny day in September, 1971, went well; but the wedding night was a thundering shock. We finally saw the lady—naked! We realized our initial relationship had been simply an infatuation. During our abbreviated courtship, she had concealed her nauseating traditions, hidden her genuine attitudes, smeared her ruddy face with cosmetics, meanwhile, seducing us with the enticing cleavage between Scott and Orlovitz and displaying as much of her Jefferson Hall thigh as she dared, lest she be labeled immoral. God, what frustrated fools we were! She lay before us without the garnish and lavish trappings of our previous encounters.

Jefferson Hall, with its shapely calf, dimpled knee, and slender thigh, was only the residence of soporific upon soporific—three, four, sometimes more each day. We learned to loathe the sight of those legs, in spite of their superficial attractiveness. Again we were frustrated fools—but it was too late.

Her seemingly slender abdomen at 1025 Walnut was quaintly charming to the unenlightened. Yet, without her mantel she was marred by the striae of the many pregnancies she had carried—she was by no means a virgin. The voluptuous hips of Jefferson Hospital which she moved with enticing agility was nothing more than revolting adipose. As her corset fell, it revealed yet one more frustrating aspect of our naked lady.

What did we say to the naked lady once we discovered the fraud that had been perpetrated? That undoubtedly varied among the two hundred of us who were married to her. Some, disgusted with the grotesque site revealed to them on their wedding night, filed for immediate annulment—without consummation. Others took advantage of the proverbial "flag" and "did it for their country"—again and again—without a word of disenchantment, without a note of criticism. Still others decided that their naked lady needed a thousand-dollar facelift, bilateral silicone implants, massive lipectomy, and a hundred-dollar Elaine Powers special—immediately. Finally, a few went to bed that wedding night emerging from the honeymoon with a knowledge that their naked lady was more than an ugly and battered old woman. They



looked beyond her faults, her blemishes, her weaknesses, and discovered an experienced woman of the world with much to offer. She was a paradox—a goddess, yet a harlot; a teacher, yet a pupil; a reward, yet a penalty; a disease, yet a cure; a disappointment, yet a hope. Despite their initial negative impressions, they searched beyond her shortcomings to find that which was of value. To them, the naked lady was not repugnant. They found good despite the evil.

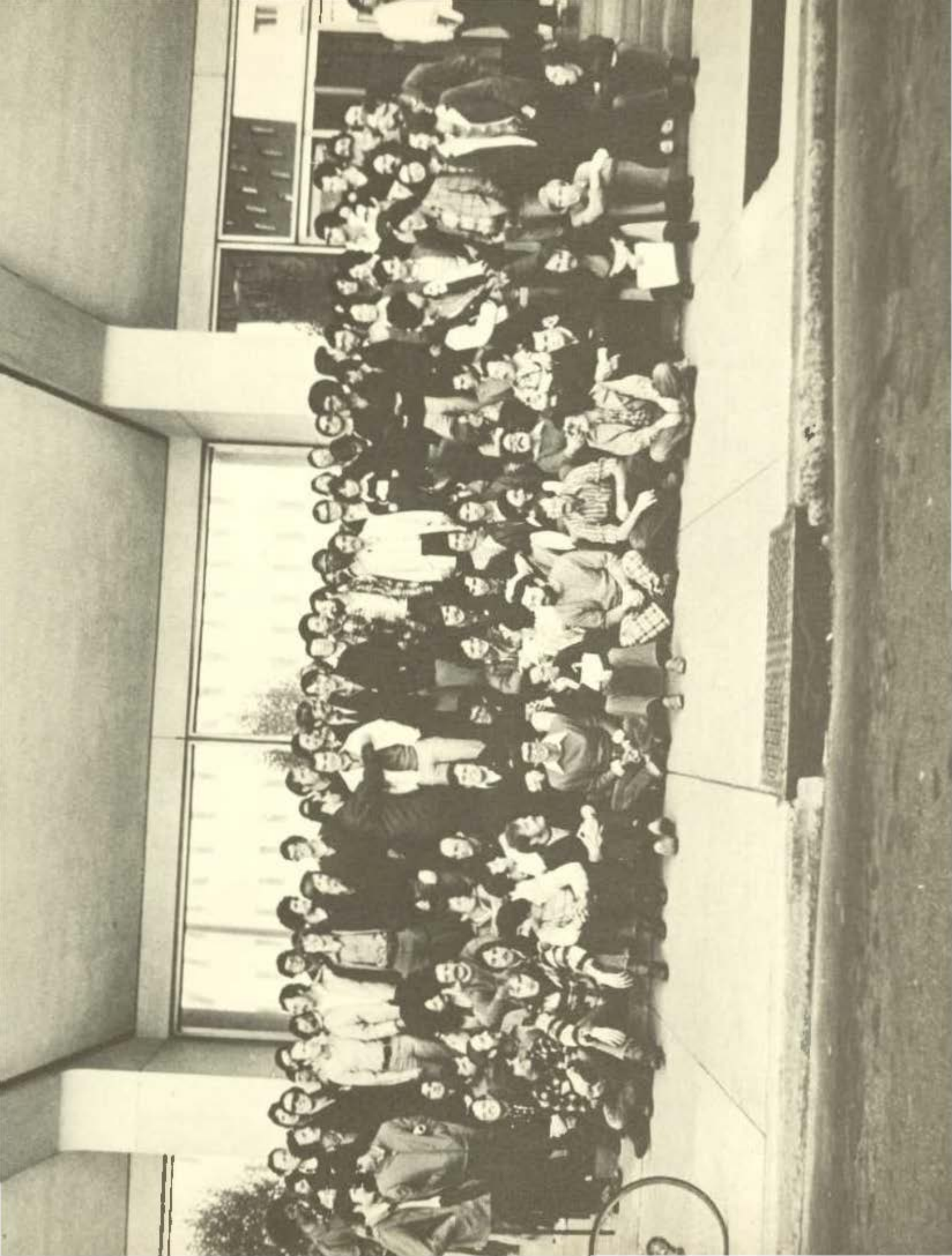
So what did we say to the naked lady? Some, overcome by their frustrations told her, "Go to hell!" Others were silent; their hypocrisy was nauseating. Some, blinded by their disappointment, simply castigated her without mercy, failing to uncover the good that was hidden,

but there to be found. Finally, some possessed the maturity and wisdom to search for the strengths that she concealed with her obvious deficiencies. They complimented the naked lady for that which she had to offer; They criticized her for her evident faults, encouraging her to endeavor to change and improve.

As we bid farewell to Jefferson, perhaps we should all ask ourselves what we've said, what we are saying, and what we will say in the future to this naked lady. More importantly, contemplate what we'll say to the next naked woman we meet—hopefully, we will have learned more than we think from this lady named Jefferson!

Bob Wall

President, Class of 1975



ACADEMY OF MUSIC.

Annual Commencement

OF

The Jefferson Medical College,

OF PHILADELPHIA.

FRIDAY, APRIL 2d, 1886,

AT NOON.

STAGE TICKET.

9

Administration





**Peter A. Gerbut, M.D., C.M., D.Sc.,
President, Thomas Jefferson University**



Bored of Trustees?

On Beginning Another One Hundred and Fifty Years

Each year I am privileged to speak to the new entering class of Jefferson Medical College during its first day on this campus, and I emphasize that this is a new beginning and that such opportunities should not be overlooked as a time to make a personal assessment of one's life. Jefferson Medical College has just completed 150 years of medical education and research, and the 1975 graduating class represents the beginning of a new sesquicentennial period. So this is an opportunity to make an assessment of the activities and accomplishments of our school.

The medical schools of the United States represent a great national resource; the only resource for new physicians and one of the most important resources for new knowledge. These same medical schools derive great benefit from privileges which are extended to them by local and national government bodies. Medical schools are exempt from taxation; they receive operating and developmental support from government sources; their faculties are consulted about new legislation and government policies that have a bearing on education and research in medicine. These benefits bring responsibilities, and the medical schools are expected to assist our local and national leaders in solving the important health problems which face our country and our communities.

Today the nation is faced with a need to improve our system for health care. We need more stress on preventive medicine, but we also need a better means for providing for the sick and injured, especially at the level of primary medical care. The faculty of this medical school has deliberated these difficult problems during your student years at Jefferson, and you have observed the responses which we have developed. There has been an extensive rearrangement of the curriculum for undergraduate medical education; an entire new academic department in the area of family medicine has been established; there has been a total reorganization of the programs of ambulatory care; new hospital affiliations have been developed in order to provide students with experiences which cannot be furnished in the facilities of the university itself; a new arrangement for admitting students from rural communities has been established to effect a better distribution of physicians; and relationships have been made with a hospital in a small community so that primary care can be demonstrated in a totally different setting from our other affiliated programs.

As you make an assessment of your medical school at the beginning of its new sesquicentennial period, you should give consideration to the way in which it tries to meet its responsibilities to society. Trying to help the nation meet the unfulfilled needs in primary care is one way in which Jefferson is recognizing its responsibilities. Yet it is not the only way. Like most medical schools, Jefferson has strengthened its faculty in the various medical specialties in recent years, and this must be maintained if the quality of medical care is to be enhanced. Likewise, the research programs at Jefferson have been strengthened and supported so that new knowledge will continue to grow. Our efforts in patient care have been broadened and redirected from time to time to fulfill the changing needs of our community. Jefferson is providing more young people with an opportunity for medical education even though our resources are smaller than some other schools.

Before you leave Jefferson, observe all that it stands for and be proud to be a part of it. Carry that pride with you and let it be a reminder for you always to measure up to your heritage as a Jeffersonian. Good wishes!

William F. Keenan

We thought that moon-lighting was frowned upon by the Administration.



William H. Kellow, B.S., M.D., D.Sc.,

Dean, Jefferson Medical College

Vice-President, Thomas Jefferson University



**Robert C. Mackowiak, A.B., M.D.,
Associate Dean and Director of Student Affairs**



**John H. Killough, B.S., Ph.D., M.D.,
Associate Dean and
Director of Continuing Education**



**Samuel S. Conly, Jr., A.B., M.D.,
Associate Dean and Director of Admissions**



Any friend of the Dean's is a friend of mine.

The Duke of Chance



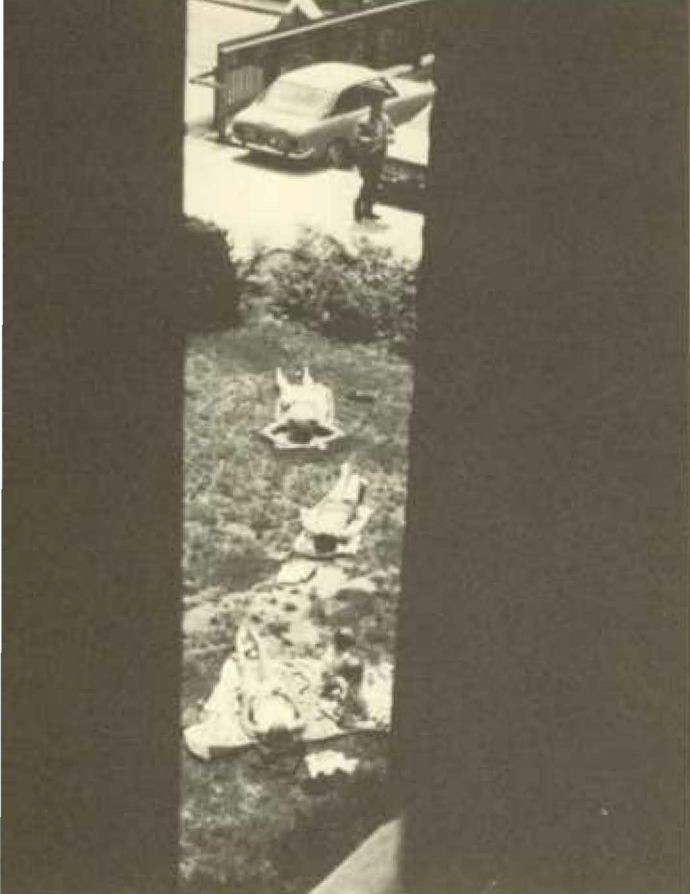
Well, September registration is in a few days; time for me to go on vacation.



**Joseph S. Gonnella, A.B., M.D.,
Associate Dean and Director of Academic Programs**

... there is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. Machiavelli

I feel that every medical student should have a course in business management, income taxes, and corporate structure.



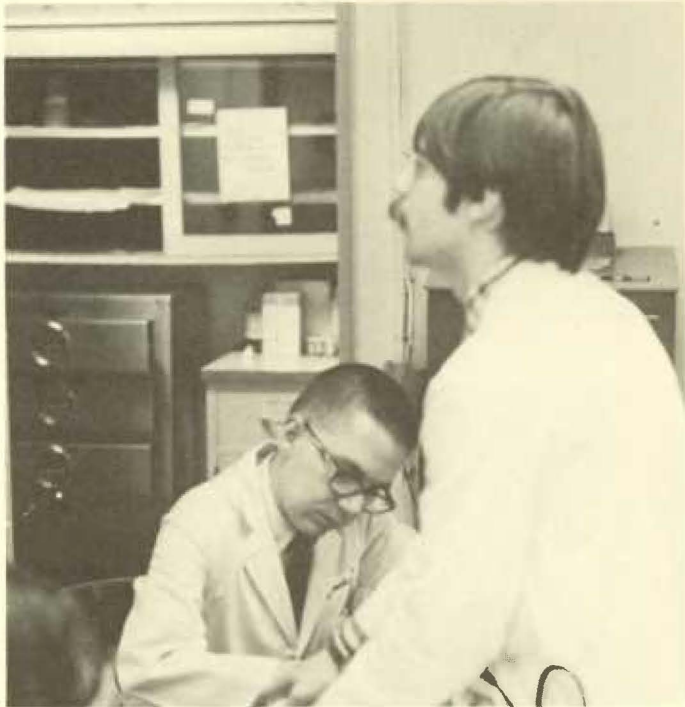
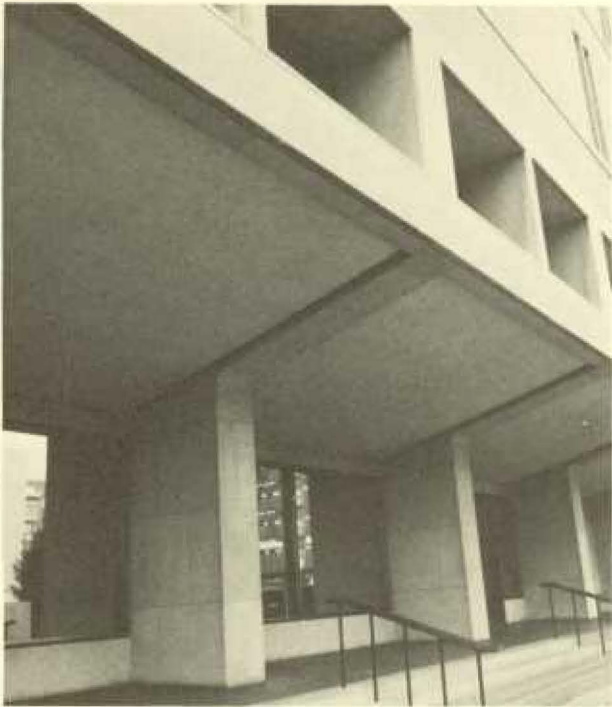
History has shown that wherever the press is not free, neither are the people.
Claude Lewis (dsj/pharm)

If you find a path with no obstacles, it probably doesn't lead anywhere
Frank A. Clark (ajn/icm)

JEFFY TECH, COLLEGE OF MEDICAL KNOWLEDGE.

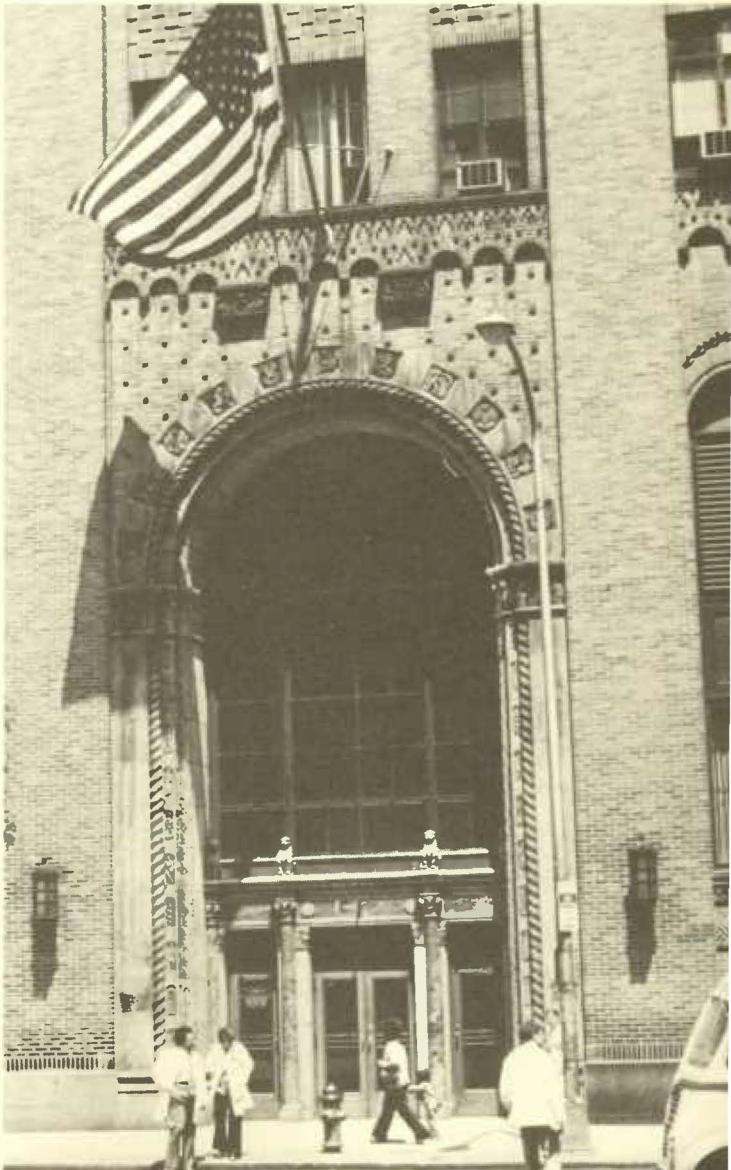
There is a revolution going on in the treatment of Coronary Artery disease. We as physicians must realize that not every patient is a surgical candidate (sorry Wes).

dsj/icm



Jefferson is a medical center whose primary purpose is the education of students.

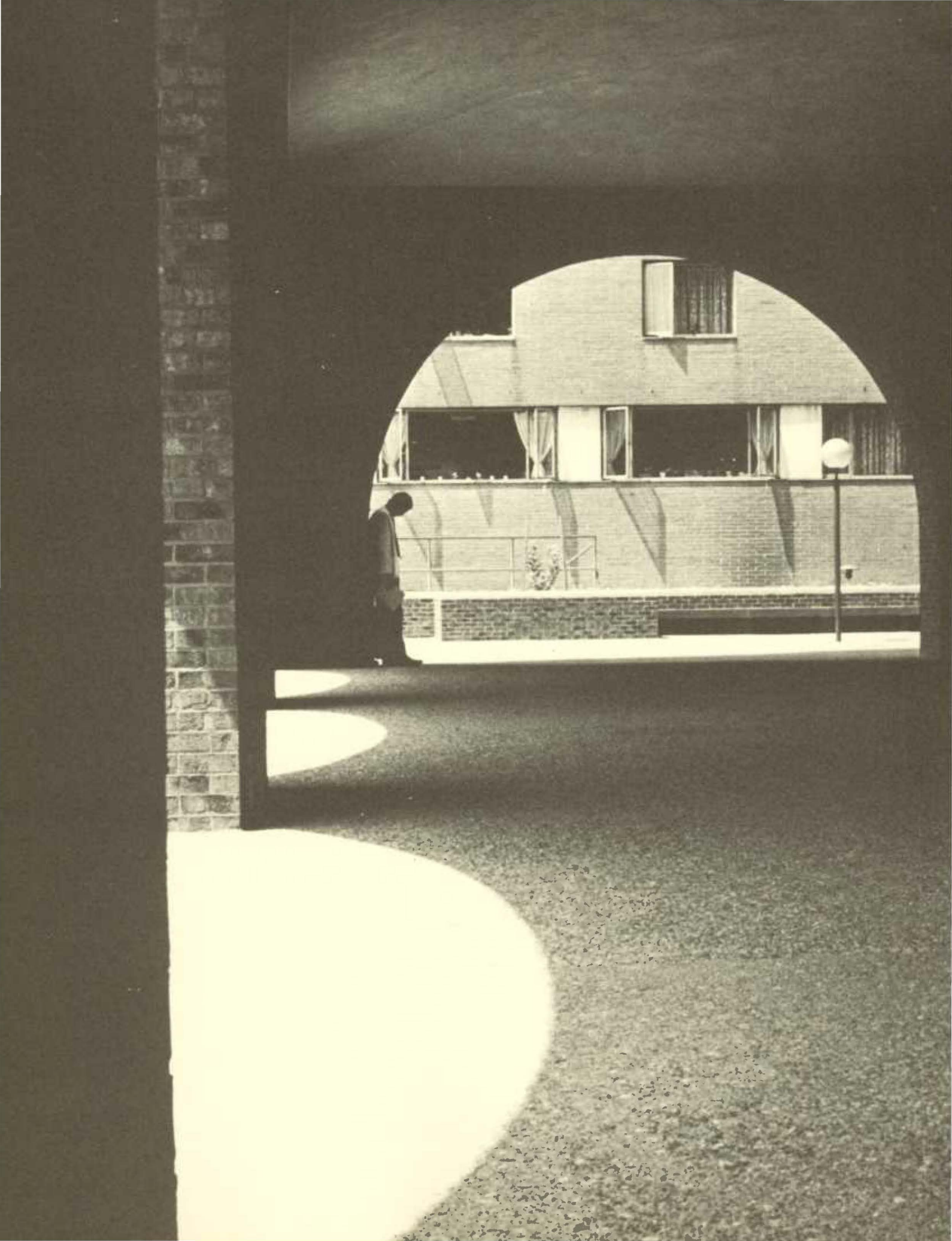
p. 12, student handbook (tjm/icm)





... the eternal civilizing voice of women who know that men are fools and children, and irresponsible.
Loren Eiseley





The Affiliated Hospitals

Recent graduates of Jefferson, including the Class of 1975, have accepted the concept of obtaining a large share of their clinical medical education at affiliated hospitals rather than at the parent institution as a way of medical life at Jefferson. At any one time during the clinical years, sixty five per cent of the student body will be obtaining instruction off campus at an affiliated hospital.

Extensive use of affiliated hospitals for medical student teaching is a rather recent innovation at Jefferson, related in part, to the rapidly enlarging classes. Initial tentative steps toward affiliation were taken by individual department chairmen during the 1930-1950 era in an effort to gain a larger teaching volume for their particular specialty. At one time or another during this period, Jefferson maintained loose departmental ties with many area hospitals including Episcopal Hospital, Germantown Hospital, Pennsylvania Hospital, Philadelphia General Hospital, and the Philadelphia Hospital for Contagious Diseases. A verbal agreement to affiliate with Cooper Hospital during the "Fifties" was said to have been solemnized

by a handshake. A more formal "memorandum of affiliation" with Lankenau was drawn up by Dean Sodeman and his staff in 1966.

Times and conditions change. By 1968, it became apparent that it was necessary to negotiate formal affiliation agreements with hospitals to maintain medical school accreditation. Associate Dean Robert P. Gilbert was the architect of Jefferson's two first formal affiliation agreements, with Mercy Catholic Medical Center in 1969, and Methodist Hospital in 1970. Associate Dean John Killough replaced Dr. Gilbert as the person relating to affiliations in 1970.

Jefferson now directs its extensive affiliated hospital program under formal guidelines set forth by the Affiliation Committee as a "Policy Statement" issued in 1973 and ultimately approved by the Board of Trustees.

John Gartland, M.D.
Chairperson
Affiliations Committee



Bryn Mawr Hospital





Chestnut Hill Hospital



The affiliation in Surgery between Jefferson Medical College and the Chestnut Hill Hospital began in 1961 through the mutual understanding of Dr. John H. Gibbon, Jr., Professor of Surgery at Jefferson, and Dr. Joseph W. Stayman, Jr., Director of Surgery at Chestnut Hill Hospital. The program first consisted of the rotation of senior students through the hospital. The following year, Residents were assigned to the rotation and Chestnut Hill Hospital was approved by the Joint Commission for residency training. The affiliation has been very satisfactory for both institutions and it has grown until at the present time there are six Junior core students and three residents assigned to the Chestnut Hill Hospital. We also have space for one or two elective students. With the new curriculum of this year, Chestnut Hill is involved in teaching Orthopaedics, Urology, and Anesthesiology to the Junior core students. Chestnut Hill Hospital offers a variety of surgery in the teaching program. All types of surgery with the exception of open heart surgery are performed here. Also, being a community hospital, there is a considerable amount of acute surgery and trauma. The Surgical Department is also involved in the training of residents and students in the Family Medicine Program which has recently been established at Chestnut Hill Hospital in affiliation with Jefferson Medical College.

In July 1974 Chestnut Hill Hospital was approved for a three year residency in Family Practice. Three residents are appointed each year for a period of three years and the fully activated program will have nine residents.

The Family Practice Unit is located in a separate building on the Hospital grounds. The Unit is staffed by three full time physicians in addition to the resident staff.

Junior students from Jefferson are assigned to the Unit for a six week clerkship with a portion of their time being spent in the offices of family practitioners in the community.



Cooper Hospital





THE COOPER HOSPITAL
Camden, New Jersey 08103

The Cooper Hospital, serving Southern New Jersey since 1875, is one of the largest non-profit community hospitals in the state. It is in the midst of a \$32 million modernization and expansion program which has further enhanced its position as a truly regional medical center and teaching institution.

The over 600-bed hospital is equipped with a new Intensive Care Unit, a Cardiac Unit where cardiac monitoring is provided, a Cardiac Cath Lab, a complete Pathology Department, a Department of Radiation Therapy and Nuclear Medicine, and a full Department of Radiologic Physics.

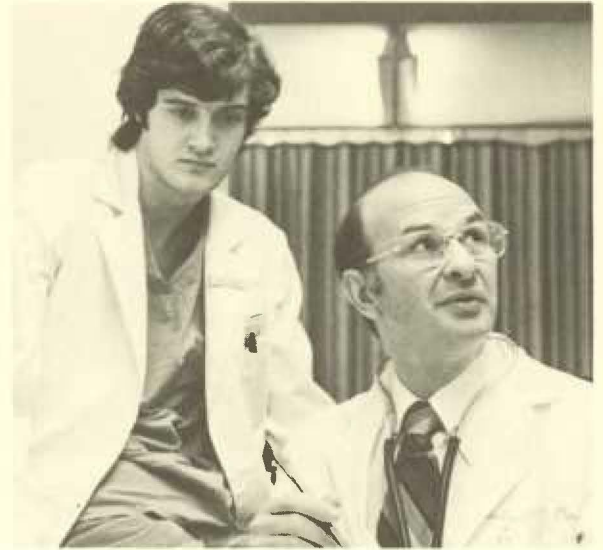
The Cooper Hospital Departments of Medicine, Surgery, Pediatrics, Pathology, and Obstetrics and Gynecology have American Medical Association Council on Education accredited intern and residency programs.

Our Medical Library is the most complete center in the Southern section of the state with over 6200 volumes and yearly subscriptions to 119 medical journals.

The Department of Continuing Medical Education provided over 1000 hours of American Medical Association Council on Education approved continuing education programs for members of the medical staff and community physicians. The Cooper Hospital is one of the few hospitals in New Jersey originally approved by the AMA for Category I teaching programs.



Daroff Division of Einstein Medical Center



Medical education is a tradition at the Daroff Division, Albert Einstein Medical Center, 5th and Reed Sts. Known as Mount Sinai Hospital when its doors first opened in 1899, the Hospital began teaching programs for interns and residents in 1909, programs which have continued to this day.

The Daroff Division's affiliation with Thomas Jefferson Medical College and University perpetuates this tradition. An informal affiliation between the two institutions came about in 1968 when Charles Fineberg, M.D., chairman of the Surgery department at Daroff and professor of Surgery at Jefferson, arranged for junior and senior surgical students from Jefferson to take both assigned and elective courses at Daroff. Then, in 1970, a formal affiliation in Surgery between the two institutions was signed, an action which led to the signing of a second affiliation between the respective departments of Medicine in 1972.

Programs for Jefferson students at Daroff include Junior Medicine, and Surgery (also Anesthesiology, Urology, and Orthopedics), and Senior Medicine. These include time in the Intensive Care Unit, and the Emergency Department. Sophomores are present to learn the art of history taking and physical examination, and freshman spend time in the Emergency Unit. Many elective courses are also available.

Curriculum for students include assigned textbook reviews and conferences; medical and surgical x-ray and pathology conferences; weekly staff conferences; audio-digest reviews; assisting surgeons in and out of the operating room; and caring for patients on the hospital floors and in the Intensive Care Unit.

Another aspect of the affiliation is nurses' training. In 1973, junior and senior nursing students from TJU's School of Allied Health Sciences began a rotation at Daroff as part of their training for Baccalaureate Degrees in Nursing.

Delaware State Hospital
Coatesville U.A. Hospital



Lankenau

Hospital





Lankenau Hospital has long recognized its obligation to provide an atmosphere where the attending staff are willing to give their time and share their knowledge and experience. The hospital was founded in 1860 as "The German Hospital" and appointed its first resident physician in 1866. An informal affiliation between Jefferson and Lankenau Hospital began in 1949 when Lankenau was an aging Victorian edifice at Girard and Corinthian Avenues. In 1953 Lankenau moved to over 80 acres, formerly occupied by a country club. The informal arrangement for clinical training of Jefferson students at Lankenau was formalized in 1968.

The house staff participates actively in student teaching, while students participate in patient care, and a true camaraderie exists between medical students and house staff. At present, Lankenau Hospital has close to 60 house staff, distributed among the divisions of medicine, surgery, obgyn, and pathology, in approved training programs. Close to 50 percent of the house staff is recruited from among Jefferson graduates. Many of the Hospital's early resident physicians were Jeffersonians as well. One of the first was Dr. Marcus Franklin (Jefferson 1870) who later became an attending physician and claimed to have performed (in 1880) the first vaginal hysterectomy in Philadelphia, and probably in the U.S. He also claimed to be the first to use salicylic acid in the treatment of rheumatism and the first to treat alcoholic insomnia with chloral hydrate. Also prominent in 19th century medicine was another Jefferson alumnus, Dr. Victor G. Heiser (Jefferson 1897). He carved a prominent niche for himself as a pioneer in public health work, and authored a best-selling autobiography about his world-wide adventures, "An American Doctor's Odyssey."

Lankenau's size (approximately 425 beds) is a distinct asset. The number of beds makes it economically possible to provide almost all useful patient services. Thus, Lankenau has both a surgical and medical intensive care unit, the latter particularly geared to coronary care; a renal dialysis unit; special laboratories in the pulmonary, gastrointestinal, neurological, and hematological departments; and other specialized services. Open heart surgery and renal and hip transplant surgery are being successfully performed at Lankenau. Yet, the size of the hospital is small enough to promote close interpersonal relationships. Indeed, one of the favorable comments frequently received from students and house staffers alike is that they come in close daily contact with all levels of attending staff, including the chiefs.



Latrobe Area Hospital



Latrobe Area Hospital is located 35 miles east of Pittsburgh nestled in the foothills of the Allegheny Mountains. The city, although in a rural setting, is offset by a wealth of diversified industries and is known as the United States capital of the cemented carbide tool industry and the high speed and tool steel industry. Its proximity to Pittsburgh offers a full complement of cultural activities and conveniences. The nearby Laurel Highlands Recreational Area offers 11 ski centers, fishing streams and hunting in abundance. Historical settings are located nearby, such as Ft. Ligonier which offers colonial lore and tradition, Bushy Run Park of French and Indian fame and Ft. Necessity, built by George Washington in 1754.

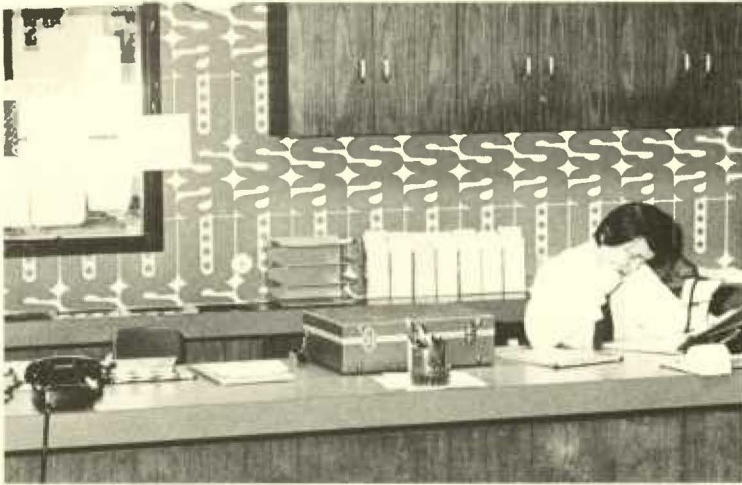
The 350 bed hospital serves 125,000 persons in its continually expanding facility, offering full emergency, medical, surgical, pediatric, obstetric, orthopedic, intensive-coronary care, restorative, extended, mental health, home health, ambulatory and preventative care services along with all ancillary services such as physical therapy, occupational therapy, respiratory therapy, audiology and speech pathology, etc. The local communities are serviced by the hospital based Latrobe Area Hospital Ambulance Service and the Ligonier Ambulance Service on a 24 hour basis. Over 70 physicians offer full diagnostic and therapeutic services at the fully accredited institution.

The recent Family Medicine affiliation with Jefferson Medical College provides better primary care for the people of the Latrobe Area Hospital community. The residents and student physicians, who reside in the nearby Carriage House, are provided with a broad range of experience in community medicine. All of this is supplemented by an organized continuous education program. The latter, monitored by the Department of Family Practice at Jefferson Medical College, particularly emphasizes the role of the family physicians in a community hospital setting.

With widespread community support—the physicians and students find themselves "involved"—thereby simulating the actual experiences to be anticipated in this special medical discipline.

The role of the Latrobe Area Hospital in the field of medical education has been dedicated by the Board of Governors to the development of an excellent Family Medicine Program. To this end—new and even more exciting innovations may be expected.

Our Lady of Lourdes Hospital



Our Lady of Lourdes Hospital is the newest of the major affiliates associated with Thomas Jefferson University. Lourdes is located in Camden, New Jersey, immediately adjacent to Collingswood, a ten minute walk from the Ferry Station of the High Speed Line, and approximately thirty minutes from center Philadelphia. A large portion of the attending staff are Jefferson alumni, and the hospital has been Jefferson oriented since its origin in 1950. Upon completion of the new wing, now under construction, the hospital will consist of 384 beds and 40 bassinets. Residents and students from Thomas Jefferson University now rotate through Lourdes in Medicine and Pediatrics. Surgery will begin its rotation in July, 1975; Obstetrics will follow. Electives are offered in all major departments.

The 170 bed Medical Service, under the direction of Doctor Francis X. Keeley, provides a broad base for the hospital's service and educational functions. The Division of Cardiology, Gastroenterology, Genetic Counselling, Hematology, Pulmonary Medicine, Nephrology, Neurology and Oncology, are active subspecialties.

At Lourdes, the Hemodialysis and Renal Transplantation programs, under the direction of Doctor John Capelli, are the Regional Centers for Southern New Jersey in Nephrology.

Modern Coronary Care and Intensive Care facilities provide specialized care. Doctor Joseph Sokolowski, has developed an active community-oriented Pulmonary Care Department, with clinical laboratory facilities and a technician training program. Doctor Carla E. Goepf, is Program Director in Internal Medicine.

2100 deliveries were performed at Lourdes in 1974, with increasing emphasis on the "high-risk" pregnancy. Fetal monitoring is performed during most labors. Estriol, amniocentesis and biochemical monitoring are part of the care of the high-risk pregnancy.

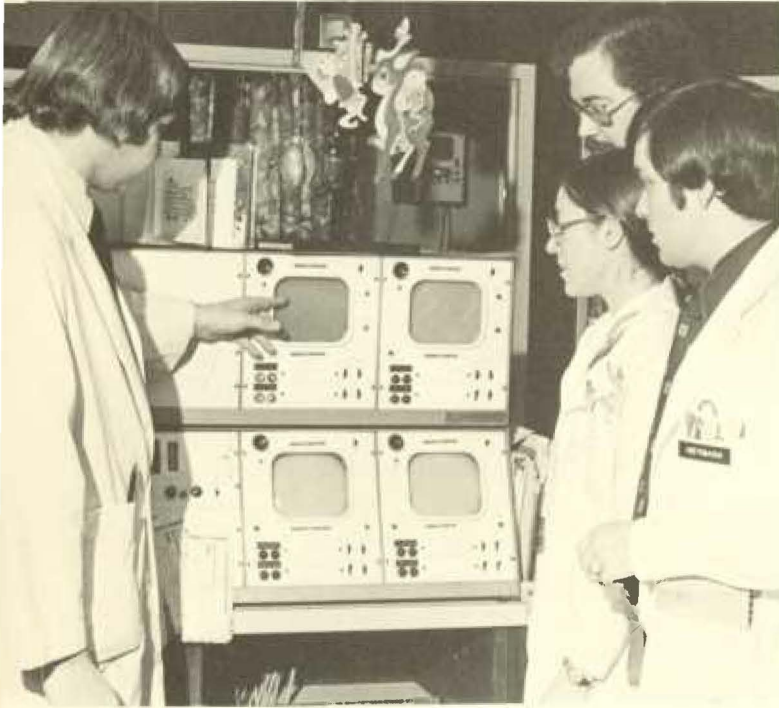
Pediatric residents and students rotate through Lourdes' 30 bed Pediatrics Department. Doctor Anthony J. Repici, and his group, see many interesting Pediatric patients. Our Lady of Lourdes is developing a Unit for Neonatal Intensive Care and Perinatology that will service Southern New Jersey. Doctor Barton Friedman, is Program Director.

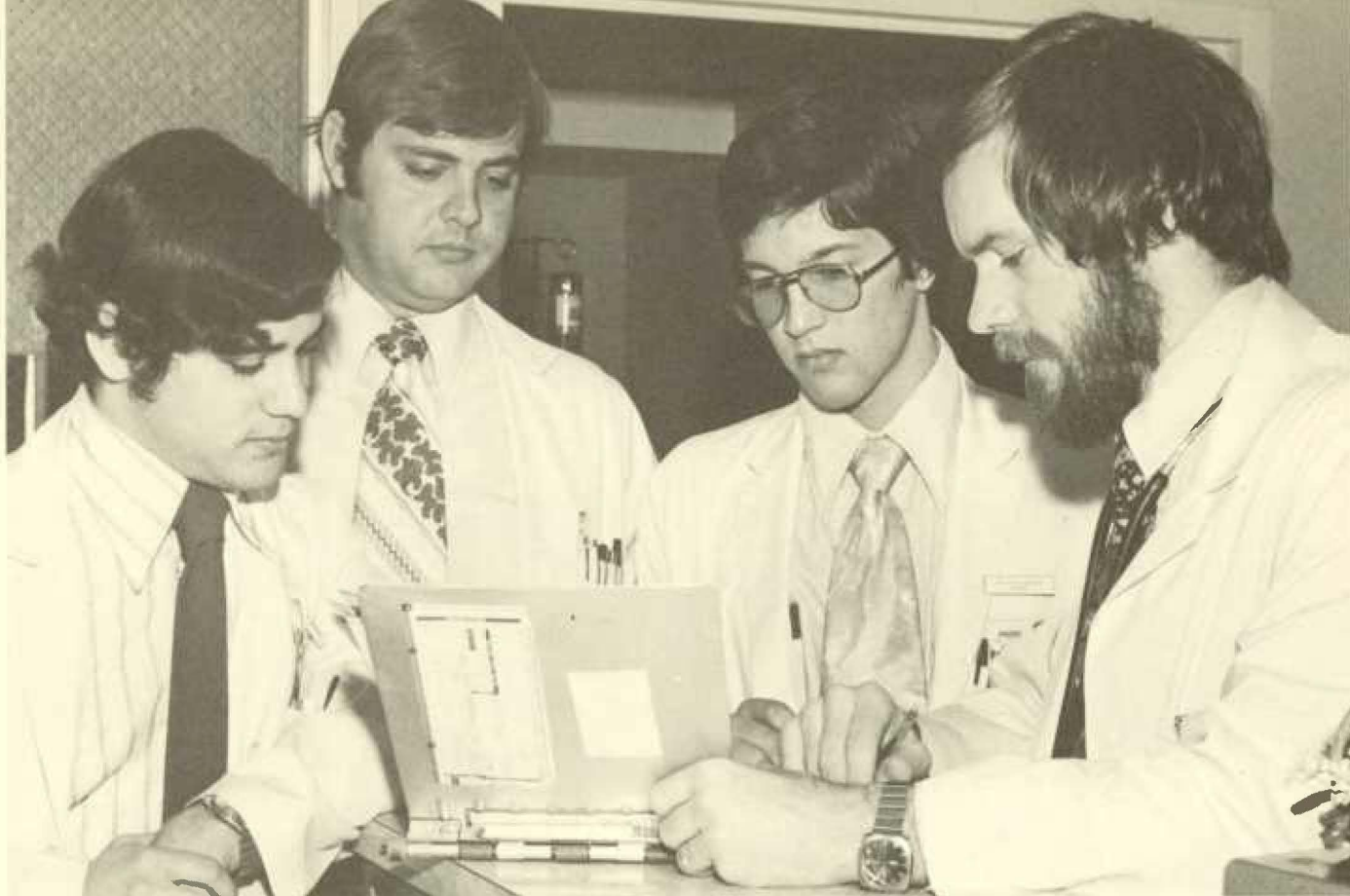
Lourdes' Family Health Center, now in its second year, provides outpatient care to many patients from both the urban and suburban areas. Pediatrics and Obstetrics are particularly active.

Our Lady of Lourdes Hospital is one of four hospitals in New Jersey granted funds by the Office of Consumer Health Education, to stimulate programs in community health education. Programs are being conducted in pre and postnatal care, preoperative counselling, diabetes classes and postmastectomy counselling. Programs are being developed for the patients who have sustained myocardial infarction and cerebral vascular accidents.



Mercy Catholic Medical Center





Of all the major health centers on the Delaware Valley scene, the Mercy Catholic Medical Center quite likely has the highest percentage of Jefferson Medical School graduates. Of the 313 physicians on active staff (exclusive of consultants), 89 received their medical schooling at Jefferson.

The Center itself has an interesting history. Its Misericordia Division got under way in 1918 when there were still open stretches of farmland and countryside beyond 52nd Street. It is now the hospital hub of the Cobbs Creek community. Over its six decades, Misericordia has grown in size and stature from a 100-bed institution to its present 330-bed capability.

Its sister Division, Fitzgerald Mercy, in suburban Darby, was built in 1932. Its 370-bed dimension, together with Misericordia, make Mercy the fourth largest health care center among the 80-plus institutions in the Delaware Valley area. Last year, the 71,000 patients served by its Emergency Rooms was the third highest total in the region.

Mercy, an acute-care teaching hospital affiliated with Jefferson Medical College in its teaching program, is fully-accredited by the Joint Commission on Accreditation of Hospitals.

The Departments of Medicine, Surgery, Obstetrics and Gynecology, and Pediatrics at Mercy epitomize the symbiotic relationship that can and does exist between Jefferson and one of its key teaching hospitals. The teaching is carried out by 22 full-time and 81 part-time physicians; patient material is exceeded in teaching quality by none other in the region. The key cadre of the program is the Residents, who complement the Interns and the teaching staff. Especially active are special units in Cardiac and Intensive Care, Renal Dialysis, Oncology and Emergency Medicine. There are also extensive opportunities for students to observe and take part in diagnostic and therapeutic procedures carried out in Pulmonology, Gastroenterology, Hematology and Cardiology.

While many active staff members from Jefferson hold tenures that reach back a generation or more, the modern influx of Jefferson men and women may quite likely be traced to the classroom and clinical exposure experienced by the past decade's crop of Jefferson medical students. The annual series of teaching seminars are presently widely recognized for the content and quality of subject matter covered, and the noteworthy credentials of the specialists who make up the panel of special guest lecturers.

During the current year, ground was broken for the new \$3-million Ambulatory Health Care Center at Misericordia, which along with a \$2-million modernization program simultaneously under way at Fitzgerald Mercy, will lend further resources to an ably staffed and well equipped focal point of efficient health care in the greater Philadelphia area.



Methodist Hospital





Methodist Hospital opened in 1892 and for the past 82 years has been proud to serve all the health care needs of the Community.

Methodist Hospital has had a teaching association with Jefferson Medical College dating back to the 1950's, when medical students took clinical clerkships in Medicine, Surgery, and Obstetrics and Gynecology, at this South Philadelphia landmark. The arrangement between the institutions continued into the 60's, with more students obtaining portions of their clinical training at this 249 bed community hospital.

As Jefferson Medical College expanded its enrollment, the need for well-defined affiliate teaching facilities was evident and Methodist Hospital signed a formal affiliation agreement in 1970. This opened a broad range of clinical facilities to medical students in their clinical years.

During this current year, senior students who are rotating through Methodist Hospital are receiving their Medicine and Orthopedic training. Junior students receive training in Ob-Gyn and Surgery (which included Anesthesia, Urology, and Orthopedics). Elective programs are offered in Medicine, Surgery, Ob-Gyn, Neurology, Cardiology, Emergency Medicine, and others. Last year, for the first time, freshman students were exposed to 'live patients' in the Emergency Room at Methodist Hospital in the "Introduction to the Patient" course.

The community hospital atmosphere at Methodist affords students, interns, and residents the opportunity to see the practical side of medicine, as opposed to the 'ivory tower' atmosphere that pervades medical centers. It allows the house staff to feel they are a part of the medical team treating the patient, rather than just another strange face looking at a disease.

Methodist Hospital looks forward to the future and the expansion of its affiliation with Jefferson Medical College.



Thomas Jefferson University Hospital





You are probably familiar with many of the programs and services offered at the Thomas Jefferson University Hospital. TJUH is the principal teaching hospital associated with Jefferson Medical College, as over 40% of the total clinical rotations for the Jefferson students are conducted at TJUH. Clinical experience is provided in nineteen of our Hospital's clinical departments supporting a dynamic curriculum which is constantly undergoing revision to meet your needs.

We strongly believe that there are advantages both to the Hospital and Medical College in this relationship. In addition to providing an on-going interchange of information between the Medical College Faculty and the Hospital Medical Staff, the clinical opportunities provided in the Hospital help in postgraduate house officer recruitment and in the later continued education of physicians. We look forward to many of you who will be continuing your medical education as first year postgraduate members of the House Staff at TJUH.

Thirty-seven (37) first postgraduate year positions, evolved from the internship programs, are being offered in 1975-76 to students in the Class of 1975. The positions include twelve (12) in Medicine, three (3) in Obstetrics and Gynecology, six (6) in Pediatrics, six (6) in Surgery, six (6) in Family Medicine and, for the first time, four (4) flexible first year postgraduate positions. Those of you who have elected this flexible program will have the opportunity to prepare for concentration in a particular discipline, but will still have considerable latitude in the scheduling of your rotations. The flexible programs have also been designed for those graduates who have not yet made career decisions or for those who desire a broad base of clinical experience before embarking on a specialized, restricted area of study.

Those of you who have narrowed your choices for areas of specialization have probably enrolled in categorical or categorical* programs supervised by a single clinical discipline, but which also provides for study in some discipline other than your primary area of specialization. In addition to the programs listed above, first year postgraduate positions are being offered to 1975 graduates in the Departments of Anesthesiology, Dermatology, Pathology and Clinical Laboratories, Rehabilitation Medicine, Psychiatry and Human Behavior, Radiology, and Radiation Therapy and Nuclear Medicine.

I am sure that your years at the Thomas Jefferson University have been memorable and rewarding, and trust that your clinical experience at TJUH has been especially satisfying in your total educational process. I hope that our Hospital will continue to serve you as you embark on your new careers. Best wishes to the Class of 1975.

Edwin L. Taylor
Hospital Director





The Medical Students' Health Service



BRIEF HISTORY OF THE NAVAL REGIONAL MEDICAL CENTER AND NAVAL HOSPITAL, PHILADELPHIA, PENNSYLVANIA

The Naval Hospital, Philadelphia, Pa., authorized by an act of congress approved on 12 February 1931, was commissioned on 12 April 1935. The cornerstone for the hospital was laid on 27 October 1933 and construction was completed in February 1935. The initial bed capacity was 650 patients, but this was increased during World War II by the construction of two additional wings onto the main building.

Today, the bed capacity is 800 under normal operating conditions. The recent inpatient work load is reflected by a daily patient census range of 600-700. The outpatient work load for the hospital alone is over 225,000 visits per year. For the entire region, with its fifteen Branch Dispensaries, the work load exceeds 500,000 visits per year.

The hospital operates an extensive Intern and Residency Training Program. In 1974 there are 115 Medical and Dental Officers undergoing training at this command. In addition, there are usually foreign Medical Corps Officers who are undergoing Observerships and on-the-job training at the hospital.

On 1 January 1973, the Chief of Naval Operations established the Naval Regional Medical Center, with the hospital as the headquarters. The Regional Medical Center consists of the hospital and Branch Dispensaries located at the following activities:

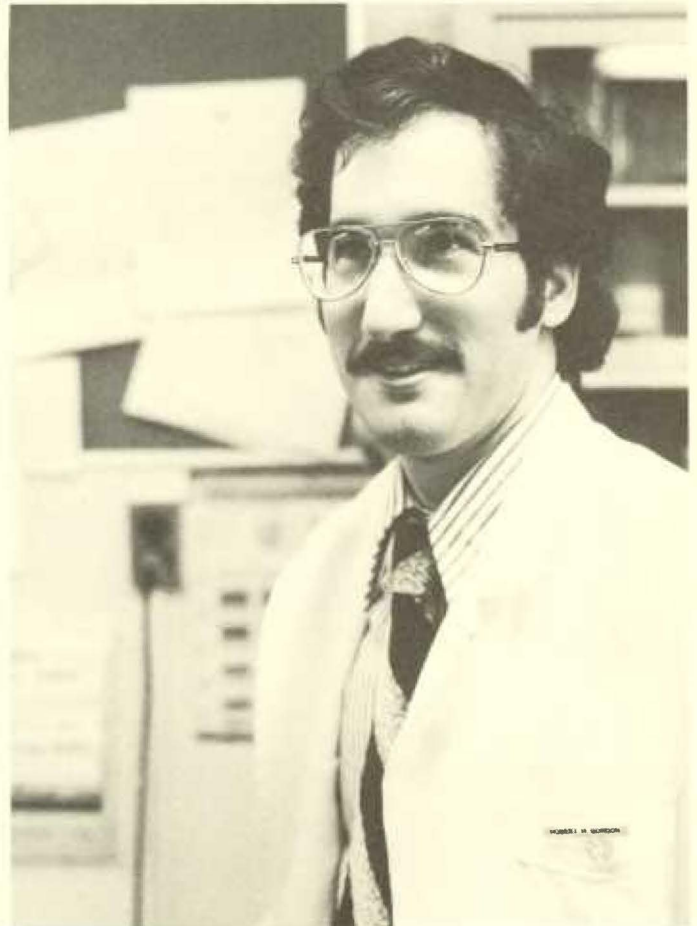
- Naval Shipyard, Philadelphia, Pa.;
- Navy Publication and Forms Center, Philadelphia, Pa.;
- Marine Corps Supply Activity, Philadelphia, Pa.;
- Naval Air Facility, Warminster, Pa.;
- Naval Air Station, Willow Grove, Pa.;
- Naval Air Station, Lakehurst, NJ.;
- Naval Training Center, Bainbridge, Md.;
- Naval Facility, Lewes, Del.;
- Naval Air Propulsion Test Center, Trenton, NJ.;
- Naval Support Activity, Brooklyn, NY.;
- Naval Ammunition Depot, Earle, NJ.;
- Naval Home, Philadelphia, Pa.;
- Ships Parts Control Center, Mechanicsburg, Pa.;
- Veterans Administration Hospital, St. Albans, NY.;
- Naval Damage Control Training Center, Philadelphia, Pa.

Wilmington Medical Center



When You Think of Residencies—
Consider Wilmington Medical Center
When You Think of Practice—
Remember Delaware





Wilmington D.A. Hospital





Non-Academic Programs

The Student Council



1974

Officers: President: David P. Mayer
 Vice-President: Allan Jay Neff
 Treasurer: Michael P. Flacco
 Secretary: Margaret Brunt

1975

Nancy Roberts
 Jean Halpern
 David Olson

Class of 1975: Robert Wall, Jack Hocutt
 Anne Hench, Jon Kay, John
 Santarlas.

Class of 1976: Neil Flomenberg, David Olson,
 Mike Treat, Gene Wolfel.

Class of 1977: Juanita Cornish, Bill Egge-
 broten, Jean Halpern, Mary
 O'Connor, Paul Weber.

Class of 1978: Fred Pavlikowski, Norman
 Rosenthal, Ron Springel Fred
 Teichman, Dale Tucker.

IFC:
 Advisor: Burt High
 Gordon Schwartz, M.D.



Honor Among Thieves

One of the more significant issues that the Student Council has discussed this past year (bicycle racks and refreshments not withstanding,) has been the installation of an Honor Code at Jefferson Medical College.

As I write this in early February, the college-wide acceptance of the honor code is progressing forward if somewhat haltingly. The Council has presently endorsed an official version of the document and has overwhelmingly recommended to have acceptance of the code made a pre-requisite for matriculation at the college. I believe that the question of an honor code is much broader than merely one of signing a seemingly inane exam-time pledge of honesty.

The ongoing functional effect of a personal lack of self-respect, combined with a similar institutional attitude, has combined to produce at Jefferson rather low morale and low regard for the institution. The basic Jefferson education is more than adequate, but something appears lacking. While vast amounts of increased funds might be seen as the answer, I feel that we could do very nicely with the resources at hand. Jeff students, while not the research elite of America, certainly are no slouches. With this in mind, the stage could be set for making medical school a stimulating, emotionally maturing and much more positive experience.

Just imagine what could be the sequelae if students stood up and stated for all to hear that they were going to assume responsibility for monitoring their own behavior and for keeping a watchful yet friendly eye on that of their peers. That is a way of saying that your malpractice is really connected with mine. The M.D. whose patient relationships are so disturbed that malpractice suits are precipitated, will tend to form a focus for negative feelings toward all physicians, and add to the already skyrocketing malpractice rates and the steadily slumping physician image. The same analogy could be drawn between one medical student's negative actions toward the nursing staff and the often unpleasant reaction that medical students receive from the staff.

Students appreciate a little lee-way and an opportunity to demonstrate their (growing) maturity. If we could practically demonstrate this by actively supporting the Honor Code, then just possibly this would lead to other benefits. These might include studying, doing course work and taking exams at an individual pace; or perhaps sharing course work with students in related fields. As a sprinkling of other medical schools do, we could even have the experience of obtaining consultations from other students during exams; duly giving credit for the consult, of course. The mere experience of asking for the aid might prove valuable.

The frontier and interface with real situations is close at hand. We *are* graduate students and one of the greatest assets we can develop is personal and intellectual integrity. It's a sad commentary that persons such as ourselves, soon to take on the confidence of others, are now not trusted to keep our own houses in order. We have to affirm, perhaps, even re-affirm, that we trust ourselves and expect others to do the same. The buck *must* stop somewhere.

The quality of emotional support and the role-model that a faculty training its future peers should give us, is directly related to the students' abilities to earn what they have demanded, and to utilize it when received. One of the best ways we might earn this is through active support of the Honor Code.

It all comes down to you . . .

Best of the future,
David P. Mayer
President, Student Council



Thomas Jefferson University Forum



Jefferson Commons





Cakewalk





A different kind of Weed (Larry) often abused at Jefferson.



I certainly am flattered by the size of the genital-warmer that I got as first prize in the Raft Debate.



... and there is hamburger all over the highway in Mystic, Connecticut.

Firesign Theater



The Thomas Jefferson University Choir



Barry Skeist, President; Helen Crispino, Vice-President; Curtis Cummings, Treasurer; Suzanne McManus, Treasurer; Joanne McClintic, Secretary; Nancy Parks, Secretary; Leigh Baltuch, Recording Engineer; Robert Sataloff, Conductor; Nancy Redfern, Organ; Terry Scanlon, Piano.

Soprano: Sally Brown, Bonnie Esten, Marciana Filippone, Eileen Healy, Anne Hench, Mary Keller, Sherri Kline, Sally Krussman, Patsy Maguire, Julie Mahon, Joanne McClintic, Sue McManus, Laurie Medill, Karen Mirecki, Marge Osborn, Nancy Parks, Andrea Rothman, Susan Szydlowski, Liz Thiolo, Pat Thompson. *Alto:* Sally Bange, Joanne Burke, Anita Carter, Helen Crispino, Nancy Donovan, Joan Fowler, Joan Frelond, Kathy Kogut, Kathy Kreider, Susan Lanahan, Roxanne Lasure, Marie Peretti, Nancy Redfern, Darlene Ribaric, Janice Richmond, Melissa Riedy, Terry Scanlon, Claudia Schmidt. *Tenor:* Larry Beatty, Doug Brozell, John Coyle, Chuck Herold, Peggy Kampmeier, Robert Lamparter, Donald Myers, Dave Nickeson, Glenn Scimonelli, Paul Scimonelli, Myron Schwartz, Scott Shumaker. *Bass:* Buzz Berger, Solomon M. Berman, Glenn Billingsley, Curtis Cummings, Tom Friedman, Pete Gkonos, Brad Hayward, Dave Lauter, Robert Moore, Barry Skeist, Dave Stepansky, Dave Trump, Randy Young.



Music is powerless to express anything at all.
Igor Stravinsky



The Jefferson Ethical Society

"Designed with your mind in mind"



Jean Riley, Chairperson; Ronald Springel, Treasurer; Ryan Mintek, Secretary.

Mike Flacco, Larry Cook, Joe DiSaverio, Bob Sataloff, John Santarlas, David Mayer, Allan Neff, David Reed, Nancy Roberts, Bruce Morganstern, Jeff Dietz, Norman Rosenthal, Jack Brillman, Paul Pilgrim, Howdy Doody, Shelly Snyderman, Ellen Freedman, Duncan Salmon, Alan Sears, Marc Rosimer, Jean Halpern, Ken Levin, Paula Mintek, Elyse D'Angelo, Barbara Mateucci, Jeff Sands, Dean Solomon, Liz Thiolo, Gene Wolfel, Judy Solomon, Larry Glazerman, Wade Berretini, Wyn Wygal, Carol Doroshow, Dr. and Ms. Laird Jackson, Dr. and Ms. Wes Parke, Jean Manser, Norris Manser.





i've
been
up
for
a
week,
but
i'm
coming
down.
i'm
high
all
right,
but
not
on
false
drugs.
i'm
high
on
the
real
thing;
a
carwash,
premium
gasoline,
and
a
shoeshine



pastor
rod
flash,
firesign
theater



The Hobart Amory Hare Society



Edward Schulman, President; Carol Boerner, Vice-President; Philip Nimoityn, Secretary; John Nevulis, Treasurer; Joseph Medoff, MD., Advisor.

Seniors: Angelo Agro, Jerry Belsh, Richard Bennett, Howard Berlin, Gerard Berry, Joseph Branconi, Edward Catherwood, Stephen Conrad, Lawrence Cook, Irwin Goldstein, Richard Gordon, Robert Gordon, Nathan Jacobson, James Jones II, Jonathan Kay, William Kitei, Joseph Korey, Gregory Lewis, Dale Linton, Hyman Lipsitz, Geno Merli, Fred Miller, Stephen Mory, John Nansteel, William Palace, Jeanne Pelensky, Paul Piccini, Gail Pilzer, William Rosner, Joel Rutenberg, Robert Sataloff, Arthur St. Andre, Arthur Sitelman, Paul Wall, Marc Wertheimer, Edward Williams. *Juniors:* David Berry, Scott Bowman, Glenn Charleton, Halley Faust, Paul Gilman, Larry Glazerman, Robert Goldberg, George Heymach III, Kenneth Klein, Stuart Kushner, Andrew Levin, Norman Levin, Manuel Morman, Ted Parris, Pichard Pierotti, John Sanstead, Mark Shucker, Johannes Weltin, Dean Winslow, Eugene Wolfel, Michael Zamore.



The J. Marion Sims Society

Alan C. Gold, President; Norman Rosenblum, Vice-President; Cynthia Altman, Secretary-Treasurer; Warren Lang, M.D., Faculty Advisor.

Seniors: Ted Feinstein, Lenny Grossman, Robert Gumnit, Ted Veve. *Sophomores:* David McDonald, Rosalie Frazer. *Freshperson:* Marilee Frazer.

The John H. Gibbon, Jr., Surgical Society



Eugene Hughes, President; Michael Stewart, Vice-President;
Steven Horowitz, Treasurer; Wes Hardin, Secretary.

Seniors: Robert Cain, Joseph DiSaverio, John Doherty Jr., Irwin Goldstein, Robert Houston, Mary Rayner, Lewis Sharps, Harry Zegel. *Juniors:* Harry Bade III, John Nevulis. *Sophomores:* Jim Bagian, Glen Barnes, Michael Hofmann, Vincent Ligato, G. Geoffrey Miller, Tom Novinger, David Shea, Larry Smyth, Jr. *Freshmen:* David Ginsburg.

The Pediatrics Society



The Christian Medical Society



Don Playfoot, President; Ed Jordan, Ken Sommerville, and Eric Johnson, Vice-Presidents; Janet Jordan, Secretary-Treasurer.

Members: Joan Storer, Kin Long, Pat Schaefer, Patti Gwartz, Tom Morrow, Steve and Lorraine Mory, Jim McGeary, Peggy Zimmerman, Sue Johnson, Anne Hench Billingsly, Doug and Maria Pepper, Cheryl McJunkin, Jennifer Lohr, Susan DeFord, Phyllis Holbrook, Becky Wood, Liz LeCappelain, Dottie Glasgow, Page Montgomery.

The Ariel

Editors: Mark Dembert, Frank Chervanek, Curt Cummings, John Lammie, Jim Burke, Nancy Redfern.

Photography: Larry Glazerman
Staph: Halley Faust, Bob Levin



Alpha Omega Alpha



Lewis Sharps, President; Michael Besozzi, Vice-President; Gonzalo Aponte, M.D. and Warren Lang, M.D., Faculty Advisors.

Christopher Anthony, Joseph Branconi, Gordon Brodie, Joseph DiSaverio, John Domanski, Thomas Ellenberger, Alan C. Gold, Geoffrey Hallock, Robert Houston, Jonathan Kay, Peter Klacsmann, Craig LaForce, Hyman Lipsitz, Randall Maguire, John Nansteel, Thomas Nasca, Gary Owens, William Palace, Steven Pratt, George Romanzo, Norbert Scharff, Donald Schepps, Edward Schulman, Thomas Sprague, Marc Sternberg, Bruce Stratt, Bruce Turner, Stephen Townend, Kenneth Thompson, John Van Summern, David Weiss, Marc Wertheimer, Harry Zegel.

The 1961 Society



Carol Boerner, Juanita Cornish, Carol Doroshow, Elyse Dubin, Susan Eisenhower, Janet Altaveer, Barbara Gold, Crissy Grad, Beth Hodge, Marian Klepser, Tina Krause, Pat Harper, Joanna Miller, Nancy Roberts, Serl Rosenschein, Cindy Sears, Helen Ting, Nancy Scheimer, Kathleen Ugurbil, Sno White, Roxie Wimberley, Sandra Wolf, Elizabeth Thiolo, Stanley Cohen, William Miller, Ann Reilly.

The Student American Medical Association



Co-Presidents: Moiz Carim, Marc Finder, Murali Jasty, Ferd Massimo, Fred Teichman.

The Family Physicians Society

Al Paterson, President; Gary Purdue, Vice-President; Frank Chervenak, Treasurer, Ken Thornton, Secretary; Gordon Brodie, Social Chairman; Bob Lamparter, Publicity Chairman.

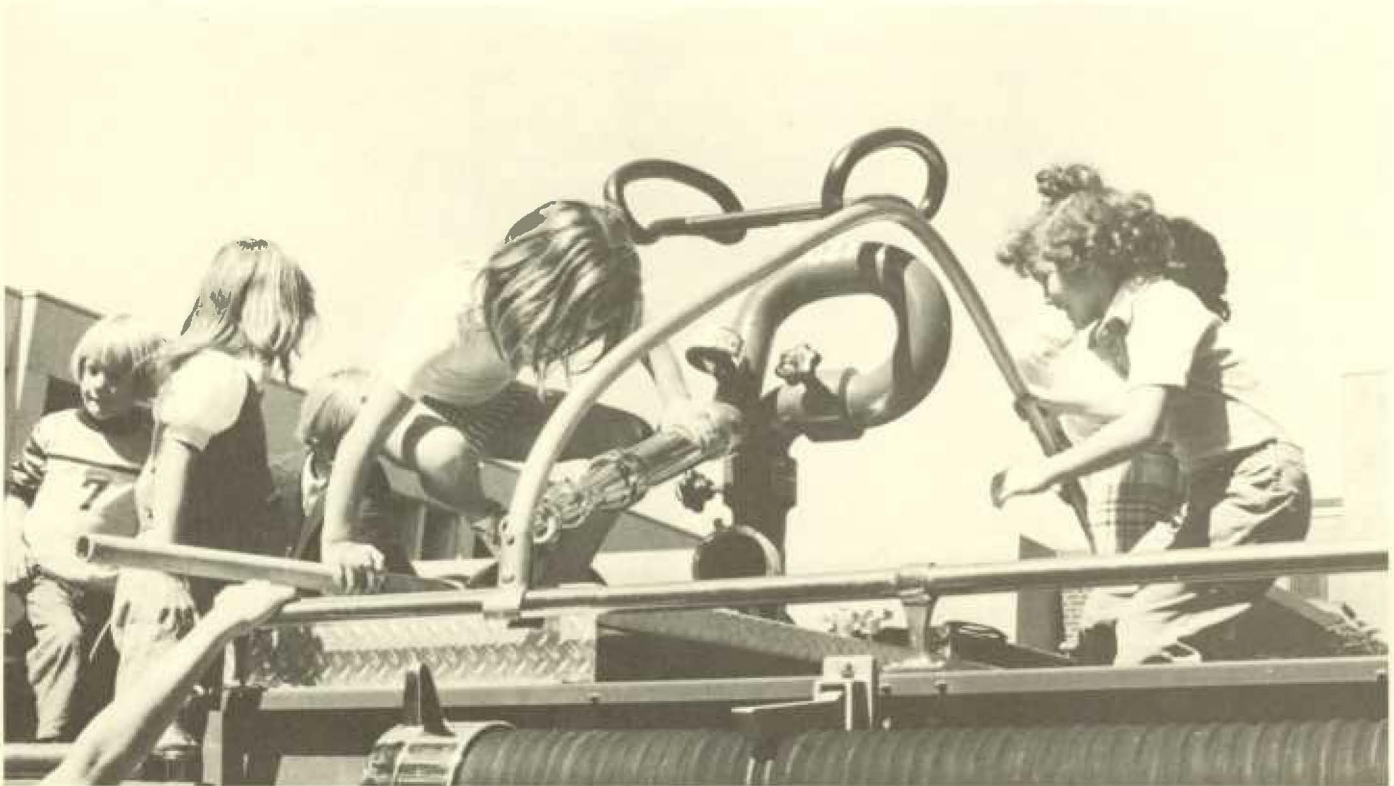
Seniors: Mark Dembert, Steve Glinka, Bernie Oddi, Frank Penater, Doug Pepper, Jerry Salkowe, John Santarlas, Bruce Van Vranken, Mark Zager. Juniors: Liz Beuchler, Mark Clark, John Cribbe, Bob Farquharson, Kathleen Grant, Jerry Groll, Ivor Lewis, Paul Long, Jim McCann, Don Martin, Joe Purvis, John Ralph, Nancy Sator, Mark Shucker, Brian Udell, Hans Weltin. Sophomores: Bob Atkinson, David Bauman, Jim Burke, Tom Campfield, Tom Delehanty, Stephen Fehnel, Michael Hofmann, Sherri Lauback, John Piatt III, Bill Peck, Vincent Roman, John Samma, Roxie Wimberly, Robert Zukowski. Freshpersons: Bob Boran, Richard Buza, Jose Garcia, Frank Guillard, Bruce Hall, Leonard Herman, Rudolph Krafft, Raymond Leidich, Carol Love, Stephen Mayer, Arthur Patterson, Raymond Pekula, Stanley Peters, Joseph Petrozza, Timothy Ryan, Ron Springel, David Trump, Marie Uberti, Chi-Lun Wang, Frank Yohe.



The Interfraternity Council



Bert High, President; John Peters, Vice-President; Ned Armstrong, Social Chairman, Scott Liggett, Sports Chairman.



*Alpha
Kappa
Kappa*



Robert Lawlor, President; Dave Berry, Vice-President; Joe Gerard, Treasurer.

Seniors: Geoffrey Barger, Tony Caruso, Dick Jackson, Randy Pitone. *Juniors:* Jack Liggett, Larry Lyons, Dave Olson, Mike Treat, Dick Whittington. *Sophomores:* John Bartges, Scott Cherry, Dave Eisner, Greg Hoffman, Frank Klinger, Scott Liggett, John Peters, Rocky Weber. *Freshmen:* Fred Dalzell, Dan DiCola, Ray Halbach, Art Heller, Dave Lauter, Duke Miller, John Patterson, Jim Ryan.



*Kappa
Beta
Phi*

David Moore, President;
Jerry Salkowe, Vice-President;
Paul Wall, Secretary;
Bob Leipold, Treasurer;
Gonzalo Aponte, M.D.,
Grand Swipe.

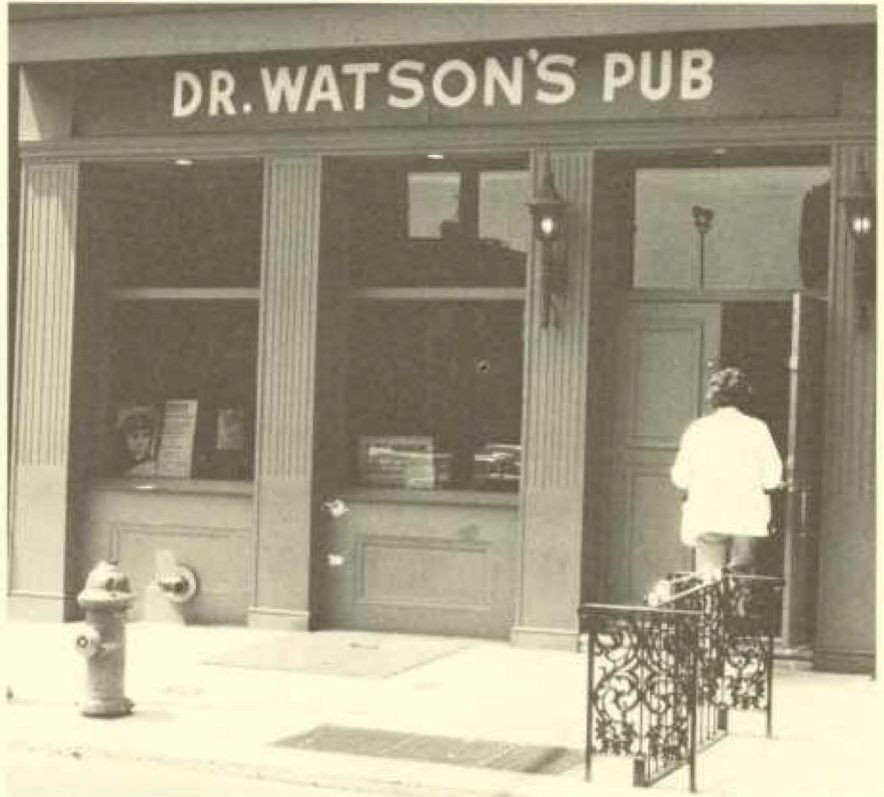
Seniors: Jerry Berry, Steve Glinka, Lenny Grossman, Tom Nasca, George Romanzo, Gary Rosenthal, Jere Seelaus, David Thayer, Bruce Van Vranken. *Juniors:* Harry Bade, Scott Bowman, Rick Cherkis, Bill Daly, Rich DeAndino, John Donahue, Bob Farquharson, Mark Gernard, Bert High, Kurt Jens, Bob Kloss, Bob Krall, Jack Liggett, Guy McElwain, Mike Meloni, Bill Weisel, S. Ralph Ytterberg. *Sophomores:* Bob Atkinson, Bruce Bender, Alec Bodestab, Bill Bodestab, Ed Bogner, Mike Brady, Tom Campfield, Ralph Carabesi, Allanna Fehlandt, Steve Fehnel, Greg Hoffman, Eric Jazheimer, Harry Knowles, Bob Lawlor, Vince Ligato, Scott Liggett, Don Savage, Rocky Weber.



Nu Sigma Nu

Bert High, President; Geoff Miller, Vice-President, Tom Campfield, Secretary; Steve Fehnel, Treasurer; Mike Hofmann, House Manager; Jerry Salkowe, Social Chairman.

Seniors: Steve Glinka, Jere Seelaus, Bruce VanVranken. *Juniors:* Richard Cherkis, Guy McElwain. *Sophomores:* Dale Goode, Vincent Ligato, David Shea. *Freshmen:* Stanley Cohen, Ken Kovalsky, Boris Sawula, Tom Talamo, Doug Yingling.



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Seniors: Alan Bierlein, Nat Jacobson, Ed Schulman. *Juniors:* Tom Hetrick, Ed Jordan. *Sophomores:* Jay Ginsberg, Stan Solinsky. *Freshmen:* Rich Abramowitz, Rip Corwin, Bob Herman, Larry Kuklinski, Ray Pekala, Joe Petrozza, Howard Weitz.

Phi Chi



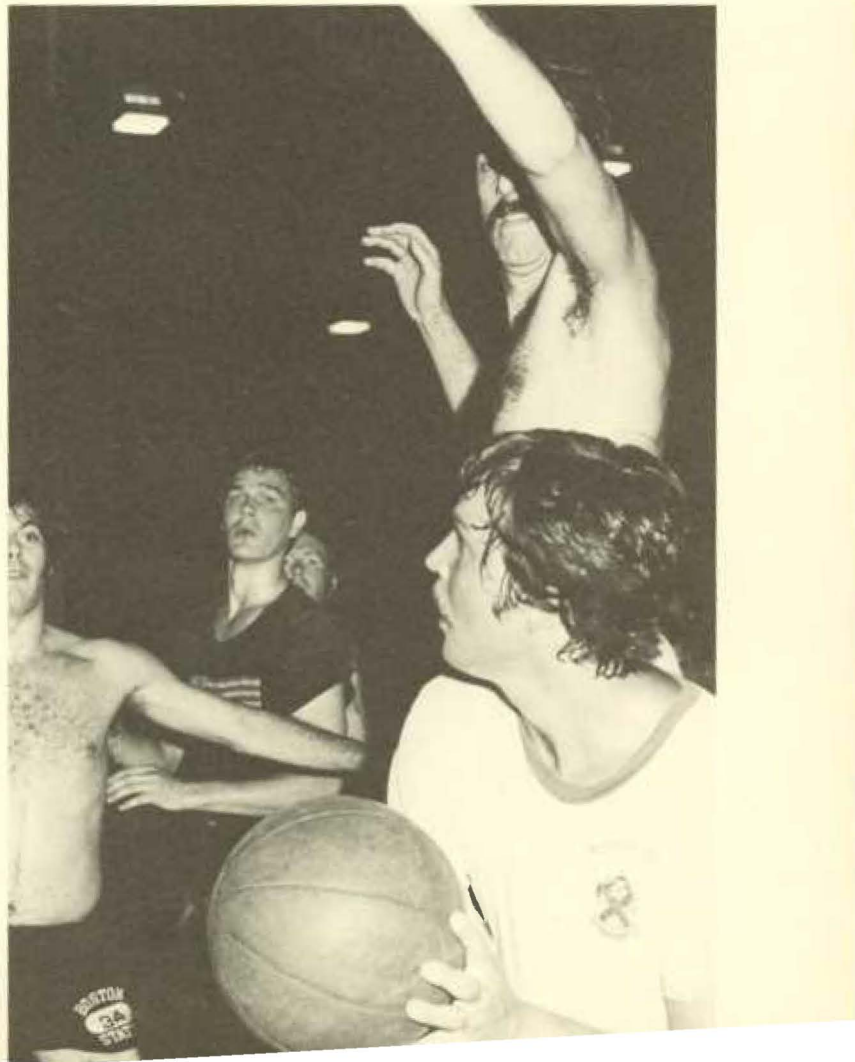
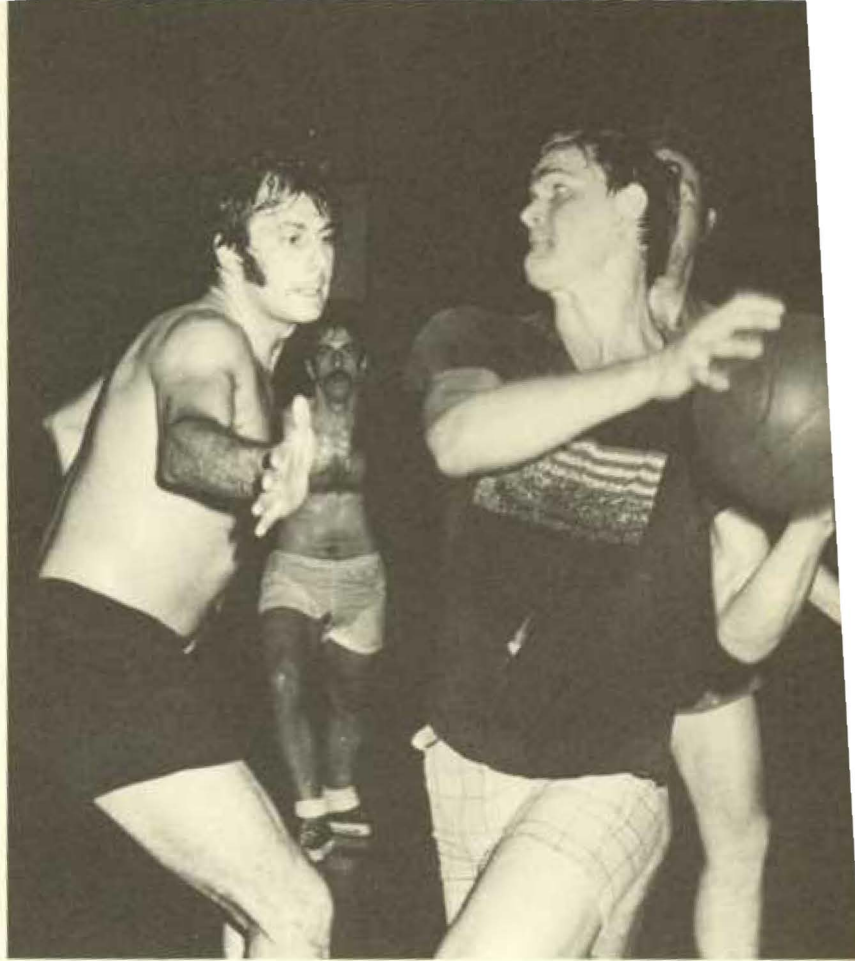
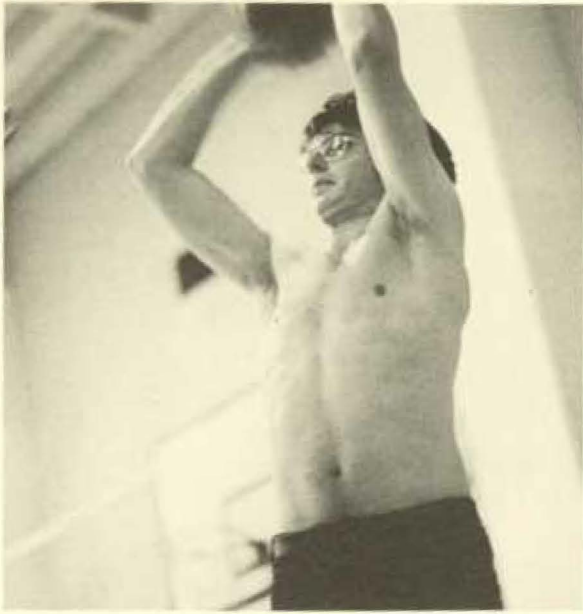
Seniors: Skip Good, Jack Hocutt, Sam Hughes, John Santarlas, Bruce Turner. *Juniors:* Harry Bade, Rich DeAndino, John Donahue, Bob Farquharson, Mark Gerard, Bob Kehn, Bob Kloss, Bob Krall, Bob Leipold, Mike Meloni, Dave Nutter, Sam Ruby, Kent Sallee, Bill Weisel, Steve Ytterberg. *Sophomores:* Leigh Baltuch, Dave Bauman, Bruce Bender, Alex Bodenstag, Bill Bodenstag, Ed Bogner, Rob Boova, John Camas, Tony Carabesi, Keny Carey, Moiz Carim, Tim DeBiasse, Frank DeLone, Leopoldo DeLucca, Bob Doll, Jeff Elkind, Ron Frondutti, Eric Jazheimer, John Kelleman, Tim Loftus, Bob Miller, Jay Peacock, Don Savage, Tom Sharkey, Frank Wright. *Freshmen:* Rich Buza, Gary Cassel, Gregg Cregan, John Dethoff, Tom Hutchinson, Robert Huxster, Glenn Hyatt, Scott Krofft, Bob Lintz, Eric Michael, Robert Molino, Barry Packman, Fred Pavlikowski, Cliff Pemberton, Harry Rosenblum, Tom Scott.

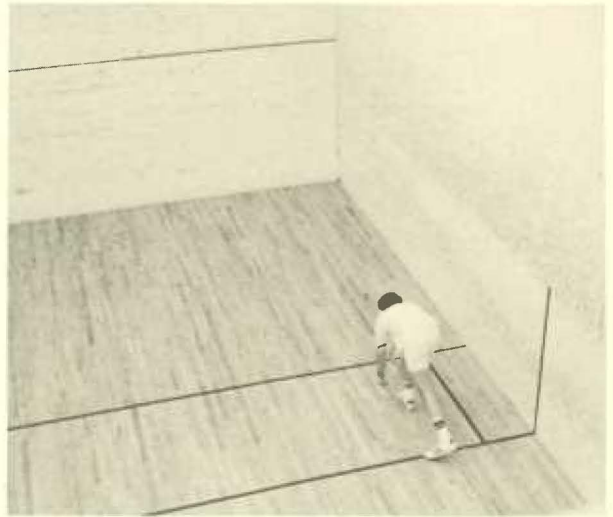


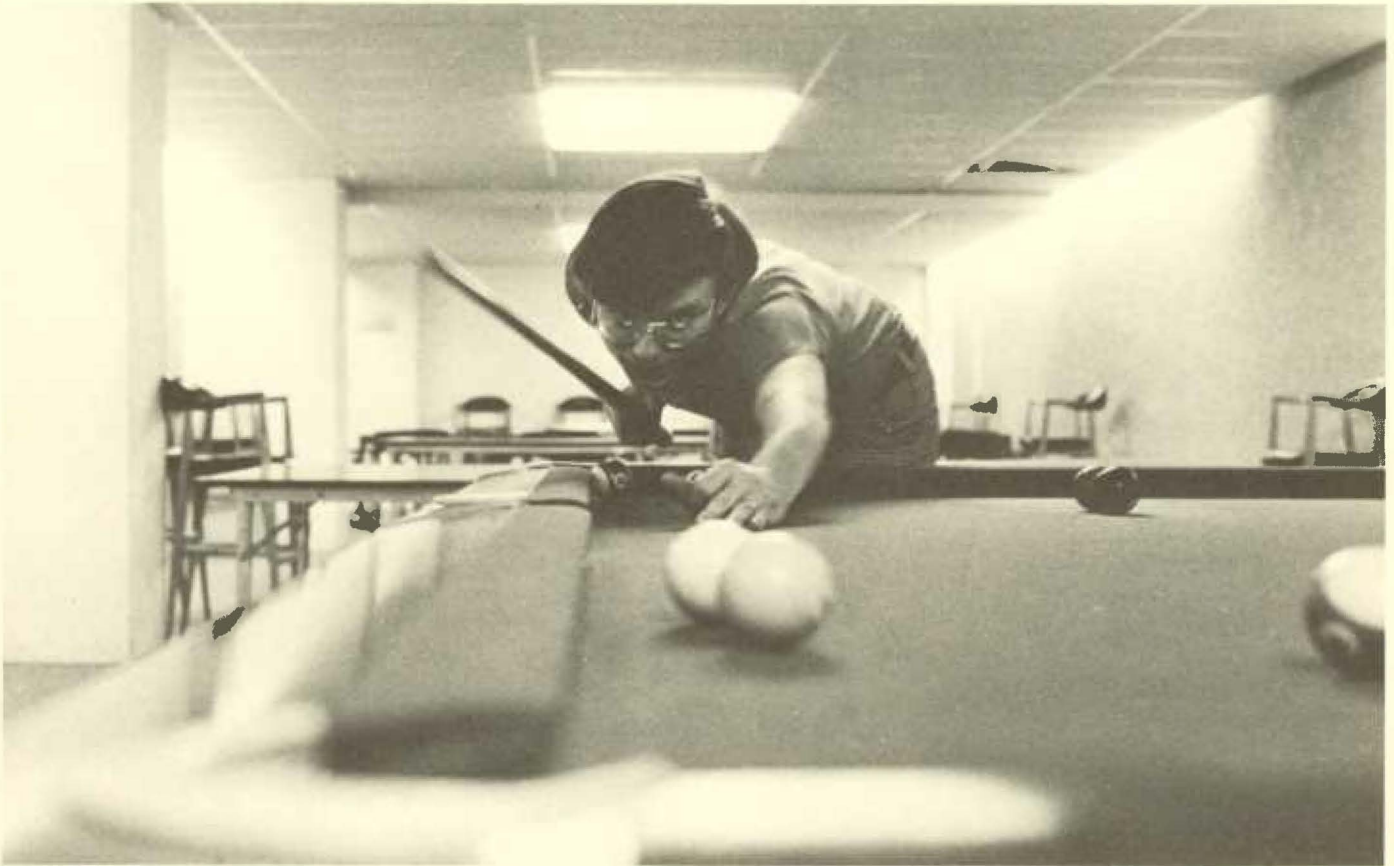
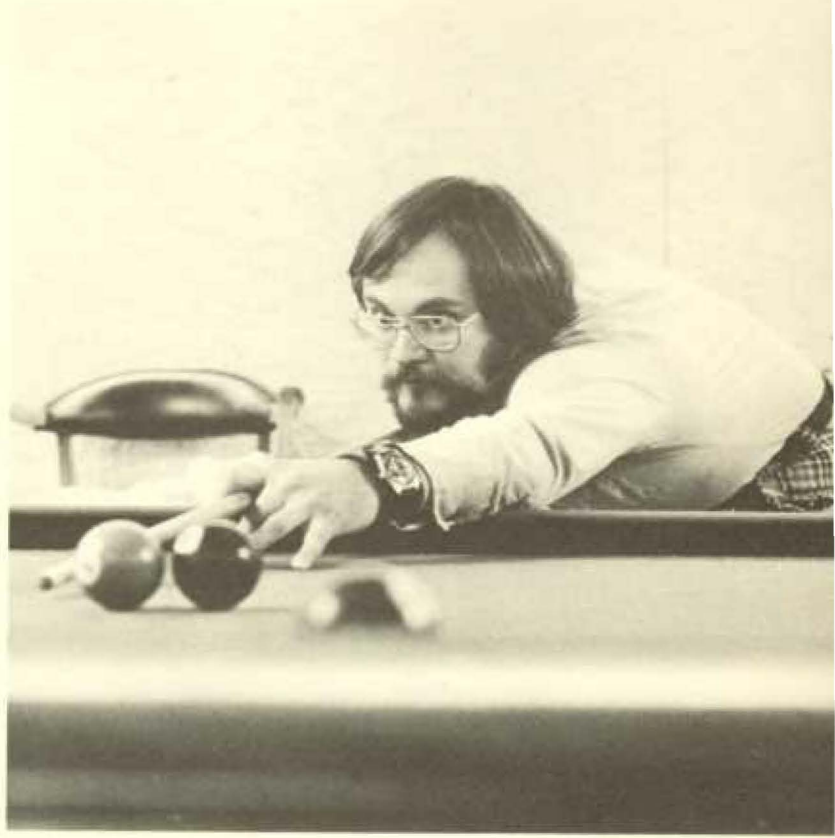
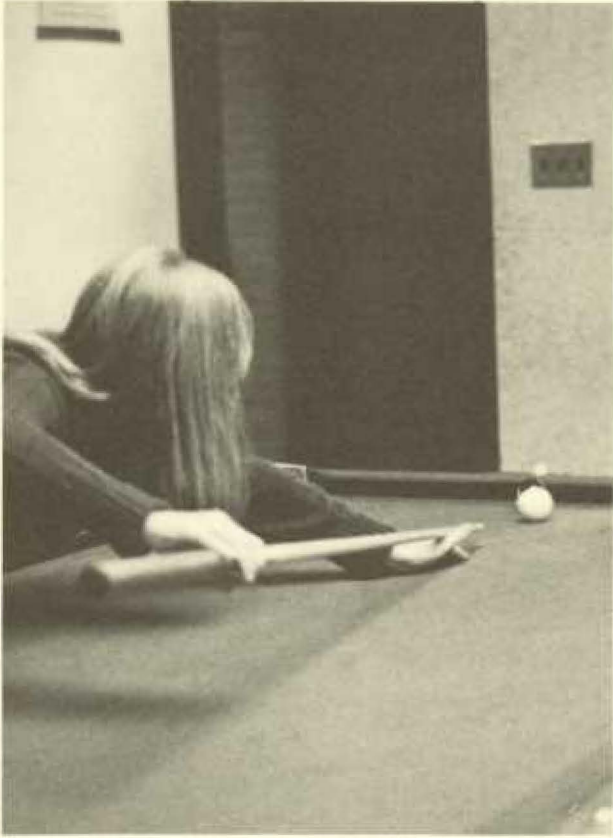
Theta Kappa Psi

Terry Cohen, President; Mark Weissman, Vice-President; Chang-Hai Lai, Secretary; Mike Weinberg, Treasurer; Ken Finkel, House Manager; Stu Kusher, Assistant to the Secretary; Moiz Carim, Special Assistant to the Secretary; Mike Schwartz, Confidential Assistant to the Secretary; Joe Lombardo, Recorder; Emily McGowan, Animal Keeper; Duncan Salmon, Director of Food Services (Fish and Poultry); Gregg Allan, Director of Custodial Services; Seth Weissman, Music Director; Bernard Raleigh, Rodent Control.

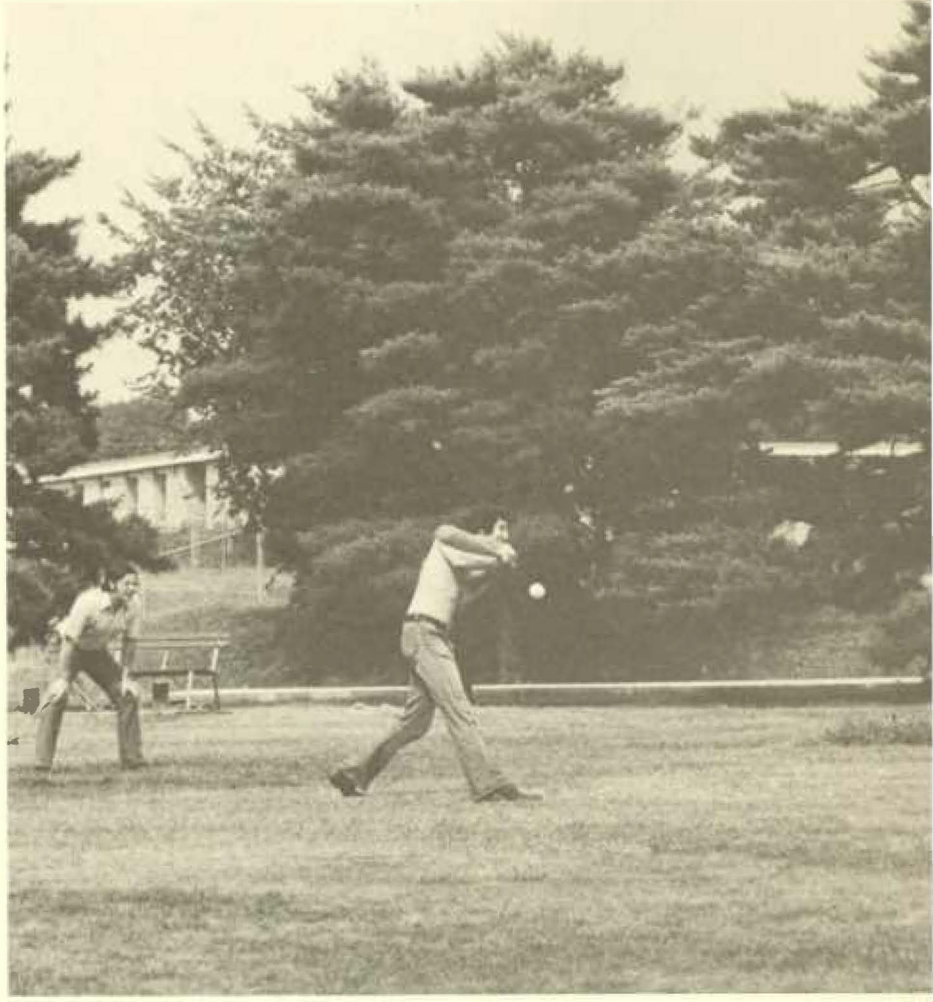






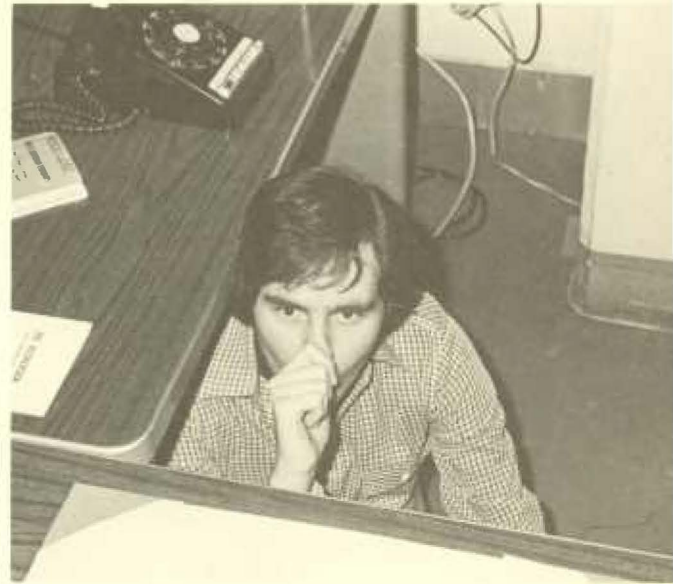








Thank You



Indispensible Help . . .



Special Thanks To:

William E. Braden

Anthony P. Caruso

Lou Ann Cotton

Mark L. Dembert

Nancy S. Groseclose

Violet Leszcynski

Nancy McCue

Lynne Miller

William J. O'Brien

S. Scott Paist

Suzanne Pinkston

Barbara Pizzelli

Theresa Powers

Jules Robinson

Joan Schott

Earl Spangenberg

The Zamsky Brothers:

David
Richard
Stephen



The Editors



Over a year ago, when we started this Mess, it hadn't occurred to us that there are levels of organization in a yearbook that are far beyond the powers and abilities of us mortal mice. Now that this Mess is over, the experience of putting the *Clinic* together seems worth the effort. However, had we to do it over again, we certainly would reconsider the obsessions with completeness and innovation which were the source of much aggravation and the consumer of enormous amounts of time. Luckily, the present curriculum allowed ample time to do the work.

On the other hand, there were some lighter moments. The combined business and pleasure of captioning led to many hours of laughter and no small amount of satisfaction. And then there was the time that police used our office to stake-out one of the *other* houses of ill repute in the immediate Jefferson area (see the letter from our Class President). In order to leave no panes unbroken in Jefferson's glass menagerie, we decided that wherever one of *our* pictures appeared, the other two editors chose an appropriately compromising photo.

Having three editors make the work load less unbearable, and allowed for a rare moment of relaxation. Each of us have our areas of expertise, and that facilitated dividing the work-load. Michael was in charge of business, financing, and all matters monetary. David was in charge of photography, and while our staph contributed some of the photos, David printed and spotted them all. Allan was chief obsessive-compulsive, in charge of details, minutia, and organization.

We are sure that the book is a reflection of its three editors, and in our own defense we would like to say that most of the outrages were meant to be constructive. In conclusion: what you see, is what you get.

Happy Entrails

allan david michael





The Yearbook Staff

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David Mayer
Allan Neff

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MICHAEL FLACCO
TREASURER

February 24, 1974

Mr. Michael Flacco
Mr. David Mayer
Mr. Allan Neff
Class of 1975
Jefferson Medical College
1025 Walnut Street
Philadelphia, Pennsylvania 19107

Dear Sirs:

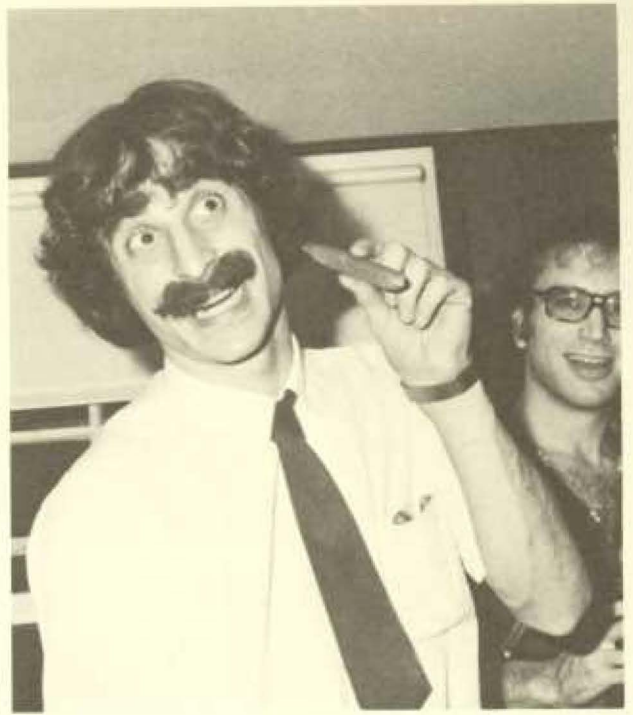
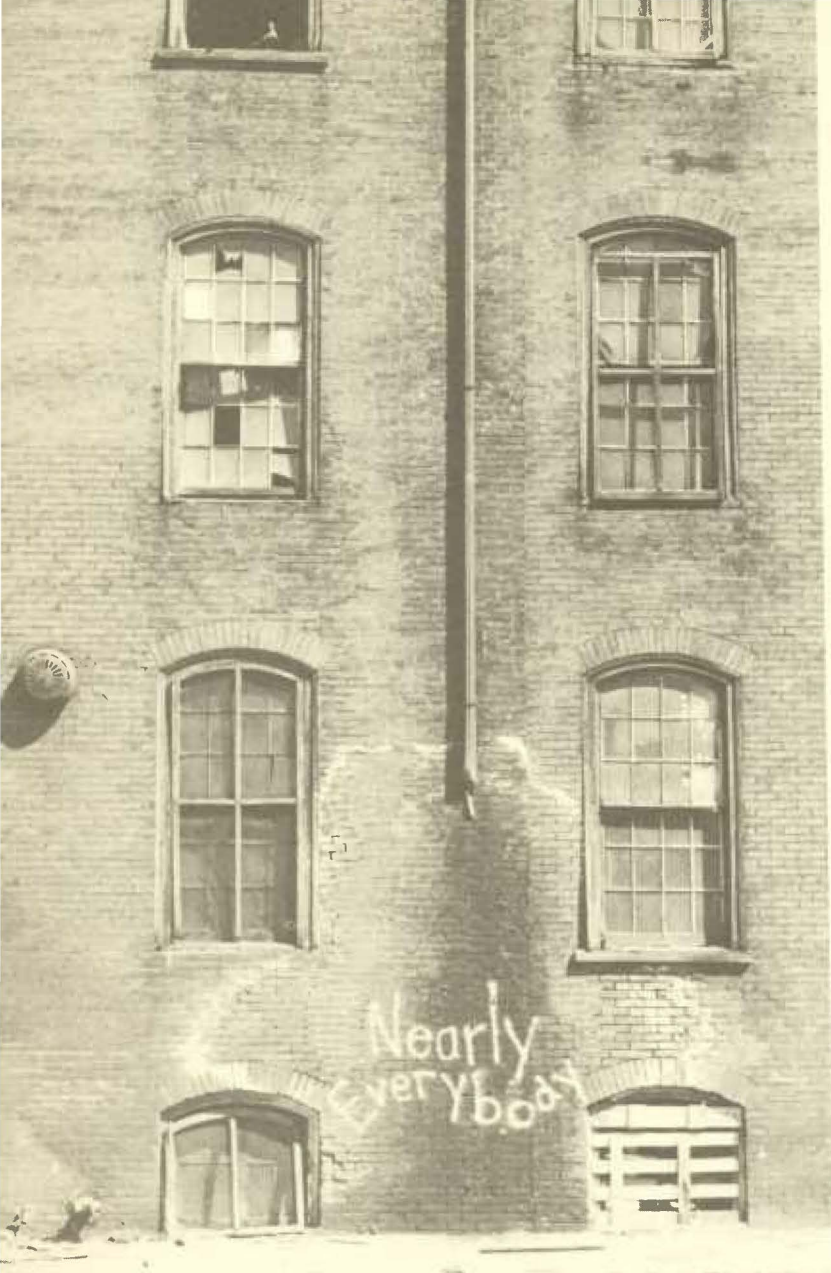
Congratulations on your endorsement as Co-Editors of the Jefferson Medical College Yearbook, 'The Clinic', for the Class of 1975. It is the feeling of Council that your qualifications are all too obvious, and that we can rest assured that the 1975 Clinic will be a memorable one.

Your display of interest and determination, combined with natural creativity, merged into a humble approach toward your work, are a sure sign of success. We look forward to your yearbook.

Warmly,
David P. Mayer *Allan J. Neff* *Michael P. Flacco*

David P. Mayer, President
Allan J. Neff, Vice-President
Michael P. Flacco, Treasurer

cc: Robert Mackowiak, M.D.
William Kellow, M.D.
Gordon Schwartz, M.D.
Arthur Owens,



Everybirdy?





Post-Graduate Education



Angelo Salvatore Agro, M.D.
Christopher M. Anthony, M.D.
William A. Auritt, M.D.
David Axar, M.D.
William Bader, M.D.
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Geoffrey R. Barger, M.D.
Lawrence C. Beatty, M.D.
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Richard Bennett, M.D.
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Winslow J. Borkowski, M.D.
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Theodore Albert Feinstein, M.D.

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Thomas Jefferson University Hospital, Phila.
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Mercy Hospital, Penna.
University of Miami Affiliated Hospitals
Thomas Jefferson University Hospital, Phila.
Conemaugh Valley Memorial Hospital, Johnstown Pa.
Albert Einstein Medical Center
Thomas Jefferson University Hospital, Phila.
Mount Sinai Hospital, Miami Fla.
Thomas Jefferson University Hospital, Phila.
Abington Memorial Hospital, Penna.
Misericordia Hospital, Phila.
Allegheny General Hospital, Pittsburgh Pa.
United Hospital Center, West Va.
Thomas Jefferson University Hospital, Phila.
Wilmington Medical Center
Thomas Jefferson University Hospital, Phila.
Medical College of Wisconsin Affiliates
University of Connecticut Affiliated Hospitals
St. Vincent's Hospital, Mass.
University of Oregon
Misericordia Hospital, Phila.
Thomas Jefferson University Hospital, Phila.
Fitzgerald-Mercy Hospital, Phila.
Hahnemann Medical College Hospital, Phila.
Thomas Jefferson University Hospital, Phila.
Springfield Hospital, Mass.
Norwalk Hospital, Conn.
Wilmington Medical Center
Hahnemann Medical College Hospital
Northwestern University Medical Center
Abington Memorial Hospital, Penna.
St. Vincent's Hospital, Mass.
U.S. Naval Hospital, Phila.
Institute of Living, Hartford, Conn.
St. Vincents Hospital, New York City
St. Vincents Hospital, New York City
Monmouth Medical Center, N.J.
Norwalk Hospital, Conn.
Lankenau Hospital, Phila.
McKeesport Hospital, Penna.
George Washington University, D.C.
University of Maryland Hospital
Thomas Jefferson University Hospital, Phila.
Chestnut Hill Hospital, Penna.
Thomas Jefferson University Hospital, Phila.

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- Robert S. Fields, M.D.
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 Lawrence Gibel, M.D.
 Barbara Brownlee Gibson, M.D.
 Joseph B. Giletta, M.D.
 Lawrence M. Ginsberg, M.D.
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 Paul Edward Goldberg, M.D.
 Irwin Stuart Goldstein, M.D.
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 Leonard Grossman, M.D.
 Robert Hale Gumnit, M.D.
 John Randolph Hain, M.D.
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 Anne Hench, M.D.
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 Steven A. Kolker, M.D.
 Joseph John Korey, Jr., M.D.
 Karen Faye Kuhns, M.D.
 Mary Louise Kundrat, M.D.
 Craig Fred LaForce, M.D.
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 Gregory Lee Lewis, M.D.
 Wilmington Medical Center
 D.C. General Hospital, Washington
 Hartford Hospital, Conn.
 Mercy Hospital, Penna.
 Waterbury Hospital, Conn.
 E. Maine Medical Center
 Misericordia Hospital, Phila.
 Bridgeport Hospital, Conn.
 Latrobe Area Hospital, Penna.
 Johns Hopkins Hospital, Maryland
 Misericordia Hospital, Phila.
 Albert Einstein Medical Center
 Robert Packer Hospital, Penna.
 Thomas Jefferson University Hospital, Phila.
 George Washington University, D.C.
 University of Michigan Affiliates
 Philadelphia Naval Hospital
 Good Samaritan Hospital, Oregon
 Springfield Hospital, Mass.
 Lankenau Hospital, Phila.
 Thomas Jefferson University Hospital, Phila.
 Medical College of Virginia
 Bridgeport Hospital, Conn.
 Wilmington Medical Center
 Dartmouth Affiliated Hospitals, N.H.
 Barnes Hospital Group
 New York Medical College—Metropolitan
 Philadelphia Naval Hospital
 Thomas Jefferson University Hospital, Phila.
 Wilmington Medical Center
 Hahnemann Medical College Hospital, Phila.
 Allegheny General Hospital, Penna.
 Thomas Jefferson University Hospital, Phila.
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 Temple University Hospital, Phila.
 Bryn Mawr Hospital, Penna.
 Medical Center Hospitals, S.C.
 Medical College of Wisconsin Affiliate
 Milwaukee County General, Wisc.
 Wilmington Medical Center
 Thomas Jefferson University Hospital, Phila.
 Albert Einstein Medical Center
 Johns Hopkins Hospital, Maryland
 New England Medical Center, Boston
 Abington Memorial Hospital, Penna.
 Abington Memorial Hospital, Penna.
 Allegheny General Hospital, Penna.
 North Carolina Memorial
 Thomas Jefferson University Hospital, Phila.
 Thomas Jefferson University Hospital, Phila.

Post-Graduate Education

- Dale Linton, M.D.
Dr. David Lipsitz, M.D.
Edward Lowenstein, M.D.
Randall Lynn Maguire, M.D.
Thomas Michael Malachuk, M.D.
Herbert E. Mandell, M.D.
Jeanne Ireland Manser, M.D.
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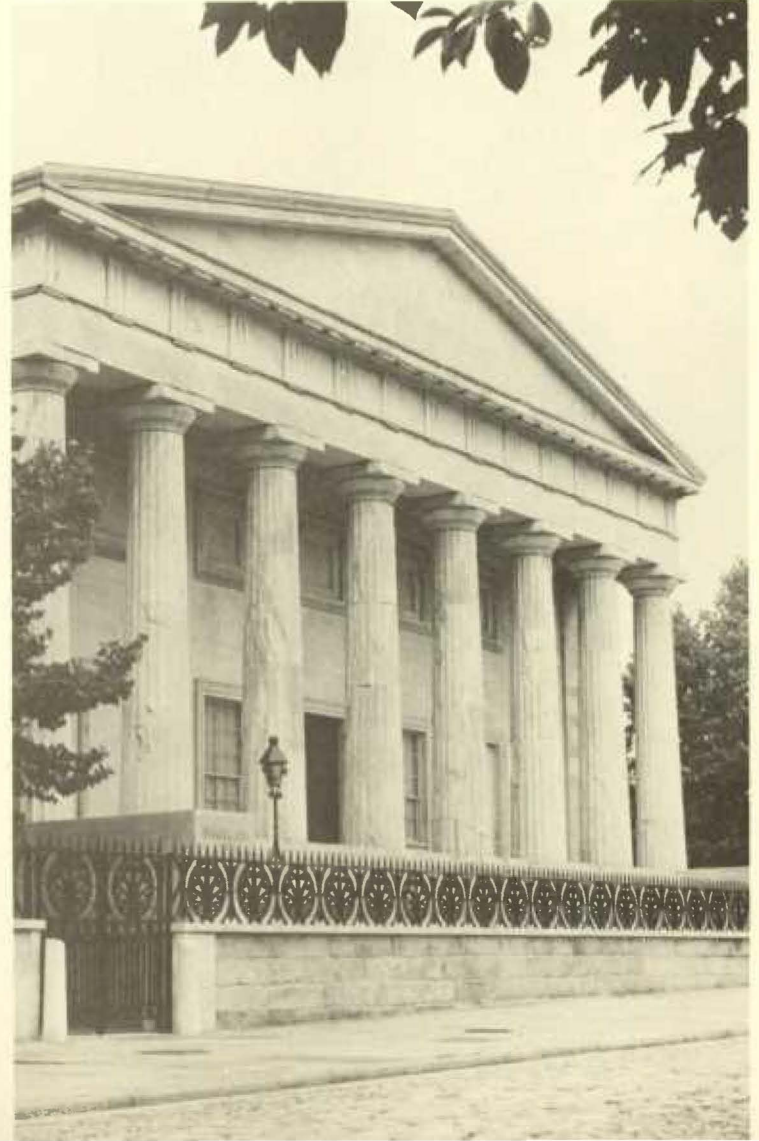
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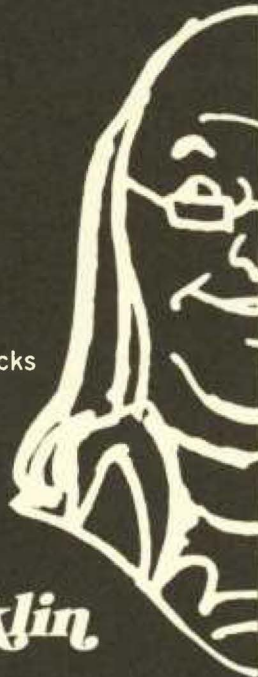
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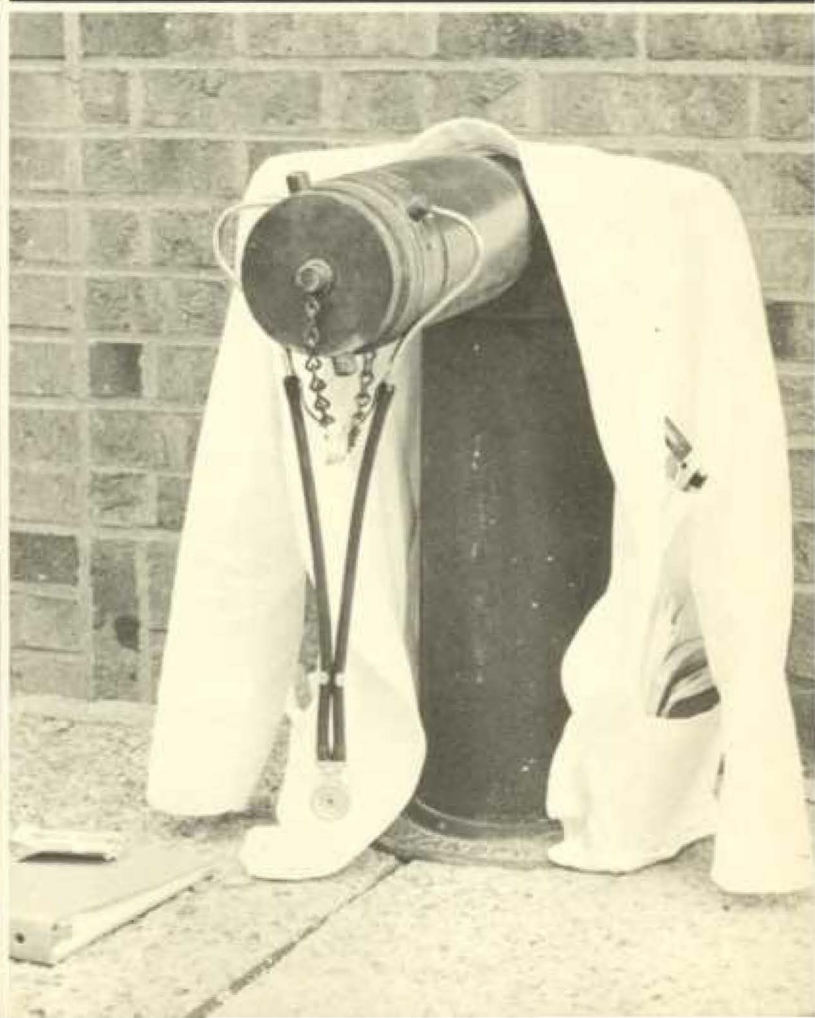
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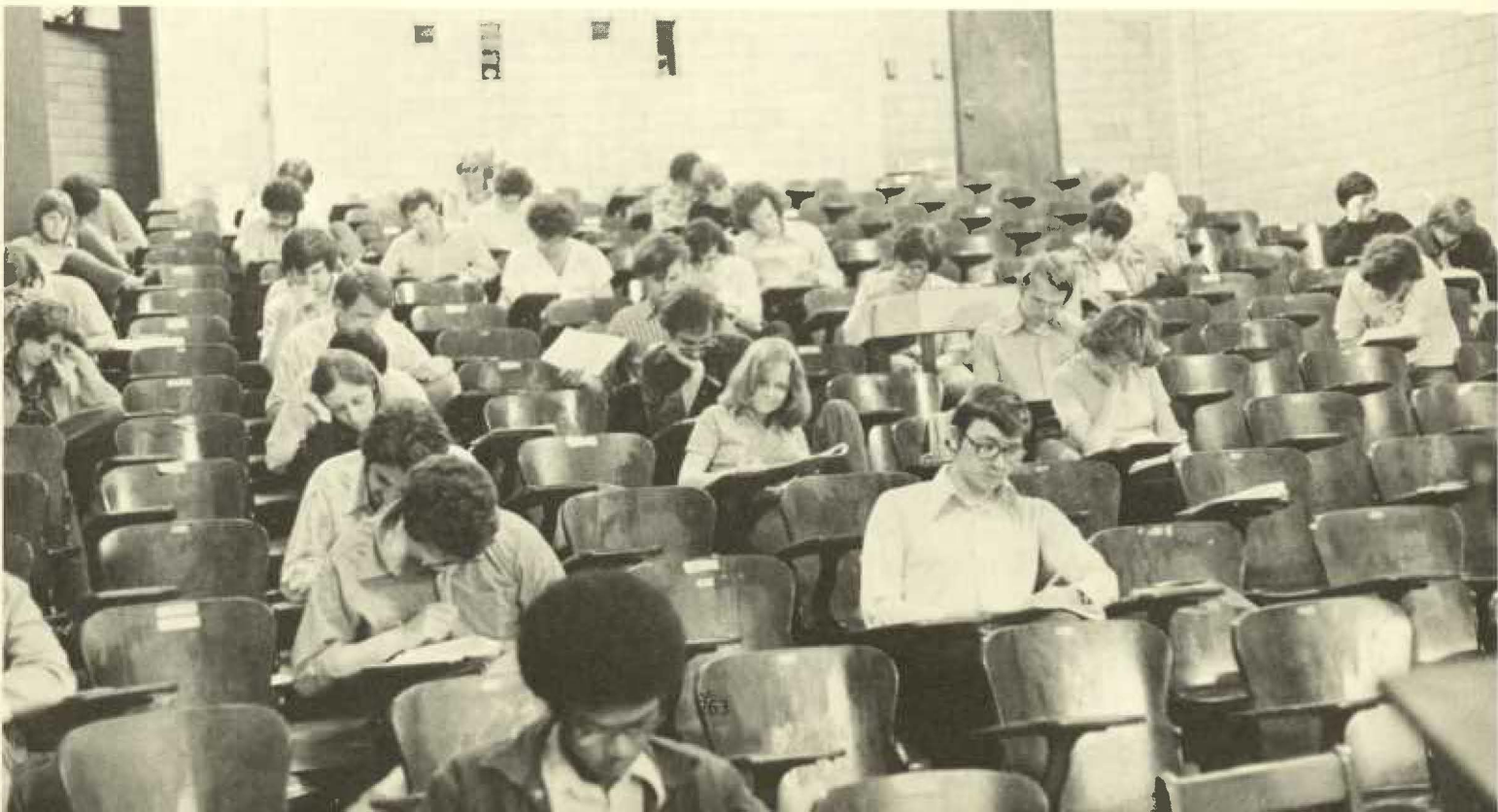
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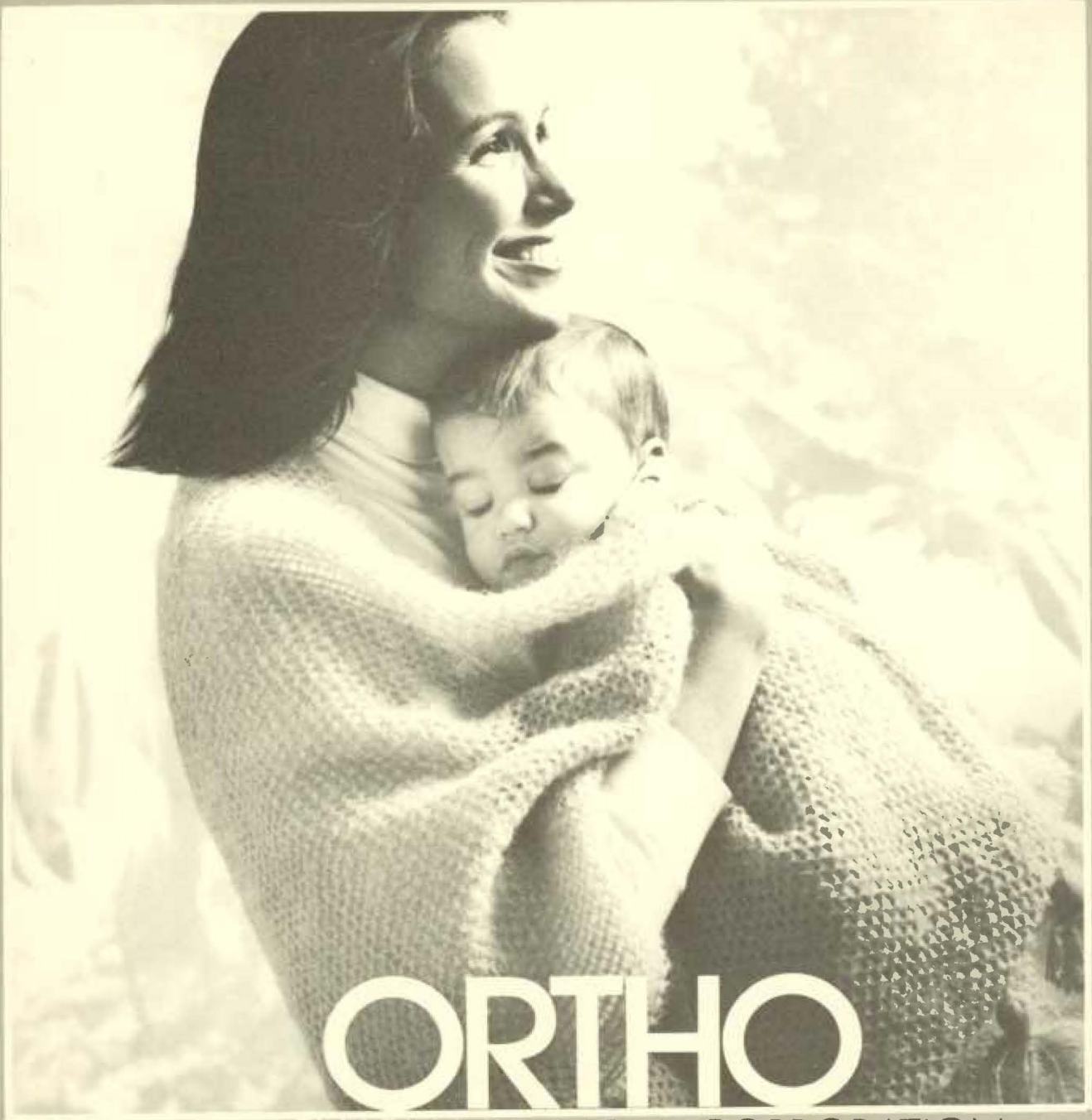
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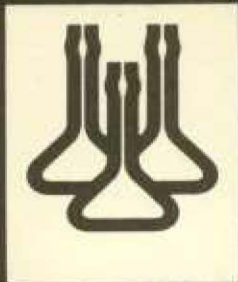
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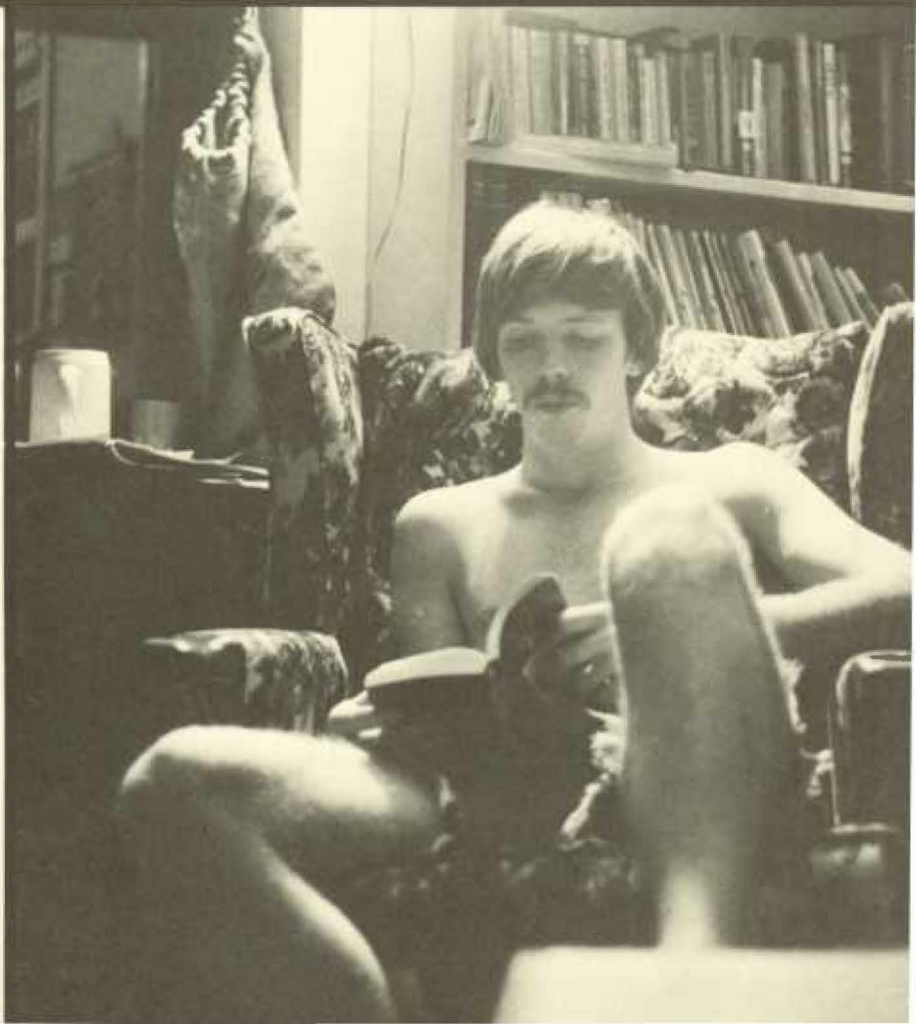
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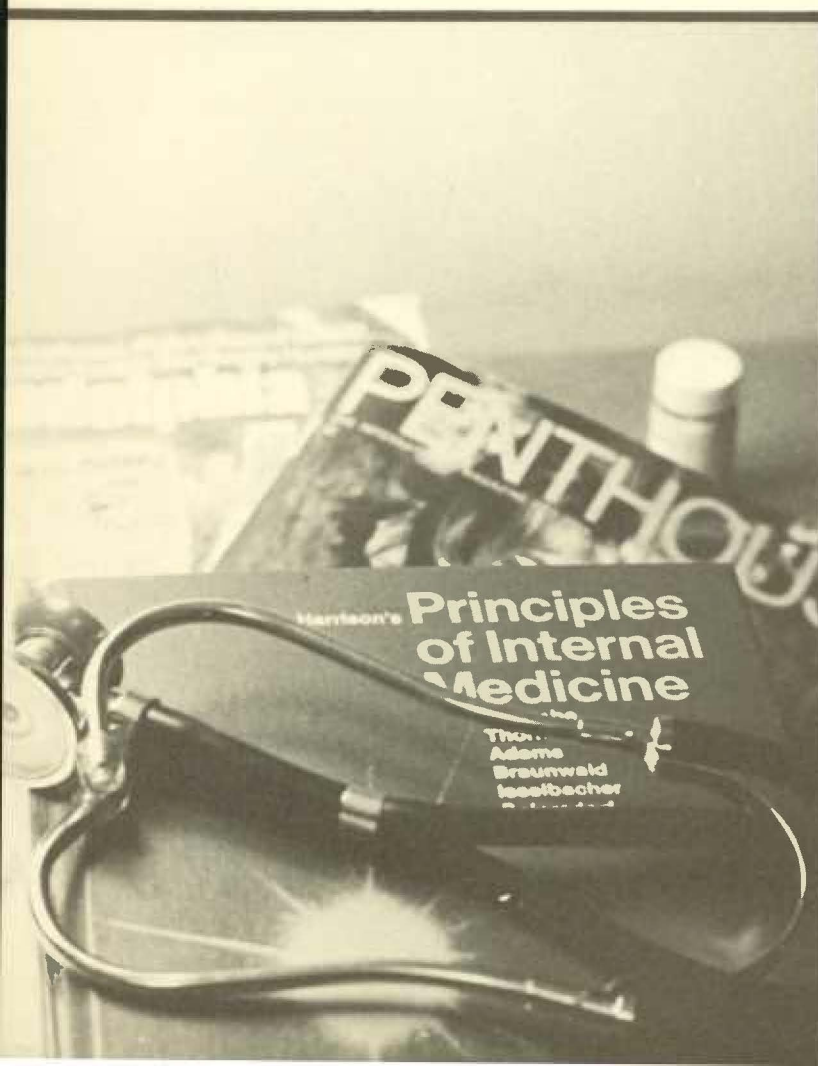
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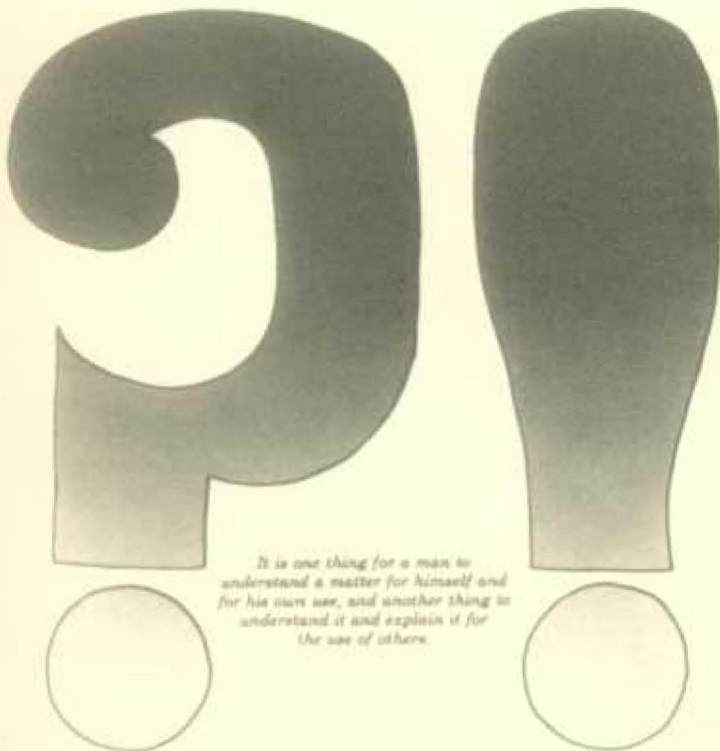


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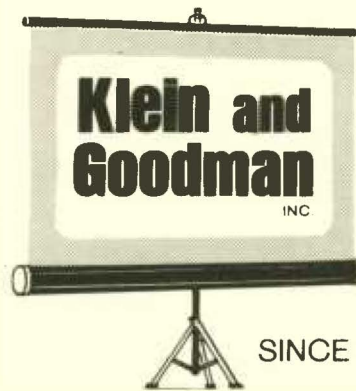
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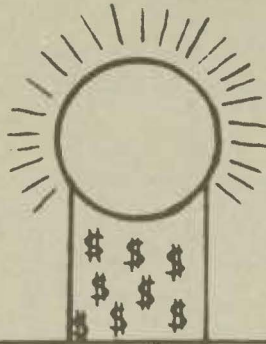
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START



Consider being a history major, but take pre-med instead. Lose one turn but increase your chances of getting in.

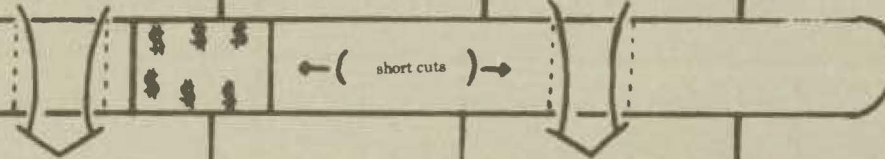
You went to a pre-med factory: no points awarded, no turns lost, but advance token nowhere. You do, however, get to continue the game.

Five Year Penn State/ Jefferson Square, take short-cut.

You were an undergrad at Harvard. Advance two spaces.

You are the child of a loyal Jefferson Alumnus, take short-cut.

Lose one turn for being a hot-dog.



MCAT time, and your general knowledge is barely above random guessing. Lose only your self-respect.

lose two clinical turns

You spend too much time partying and smoking: Lose one turn. Consider applying to grad school.

Your grades are really poor. Go back to the alumni square

Apply to Jeff Tech with your twin, advance two spaces.

START: (Begin Medical School) Draw one pre-clinical card.



Dys-orientation square. You are forced to party all through Biochem.

You believed that National Boreds don't really count at Jefferson. Lose two turns.

Draw Pre-clinical Card

You finally catch on to the secret of multiple-multiple choice exam questions. Advance two spaces.



You take ICM and Physical Diagnosis at Jefferson Hospital. You learn little, have a lousy experience, and lose first clinical turn.

National Boreds Part I: sweat a lot, defecate a lot, sleep a little. Reconsider applying to grad school.

Draw Pre-Clinical Card

Someone gave an exam and switched the multiple-multiple choice answer key. Since of course you didn't read the instructions, go back two spaces.

START : (Begin Clinical Years) Draw one Clinical Card

Dys-Orientation Square. You have difficulty reading charts, examining patients. Lose one turn (however, since classmates also have difficulty, no one can get ahead of you)

You are in the middle of a long case in the O.R., and have to urinate. Lose one turn, and 450cc of urine.

A friend calls from Washington and invites you for a visit. Arrange an internship interview there so you can have the time off. Advance one space.

You are on call every third night, and are getting physically wiped-out. Lose something (at this point it doesn't matter what).

Draw Clinical Card

Time for the Junior Medicine final. You clutch and can't remember the normal values for either serum rhubarb or porcelain. Lose nothing.

Draw Clinical Card

You are on call at Jefferson Hospital, and there is no bed for you to sleep in. Lose one turn, and Jefferson loses another alumni \$\$

An internship by any other name would still smell like one.

START (also end) of Beginning. Begin Internship.

You apply to the NIRMP after signing your contract, and pray that you aren't caught for a violation (chances are remote.) Advance two spaces.

The Game of Medical School

Official Rules For

THE GAME OF MEDICAL SCHOOL

(Henceforth called *The Game*)

1. Before starting, you must 'dream the impossible dream.' Assuming you possess a touch of idealism and a lot of rescue fantasies, you are allowed to play. However, there is another prerequisite, you must be 'acceptable' to the others already in *The Game*. Apply and sweat.

2. Assuming you are allowed to play (and only 14,000 out of 35,000 are allowed), you will need one half of a pair of dice (referred to as a DIE.) You don't need a full pair of dice because, as they say, "you ain't goin' nowhere" for four years. You will also require about \$40,000 and/or someone to support you while playing. For specially selected players, you can mortgage your soul to the 'Service' of our nation for the right play. You move your token (which is the only thing you receive free) the number of spaces indicated on the DIE. You will, (if you choose to play *The Game* by the rules) advance token to (the nearest railroad?) the indicated square. Upon reaching the correct space, you have the following two options: (a) take a number two pencil and blacken in the square—without making any stray marks, or (b) follow the instructions on the square. Spaces are either Pre-Clinical (color me gray and boring) or Clinical (color me a bloody red.) No fake money is needed because you never receive anything for your effort. You can only move on to the end and accumulate *Future Doctor of America* (F.D. of A.) or *Peer Review* points.

3. When the player has completed his trip through medical never-never land, he/she collects his/her plastic, reusable, diploma. However, a recommended substitute is a large roll of toilet paper. Just fill in at the top of each tear—off diploma, "Diploma—Jeff Tech, College of Medical Knowledge," and the name of the winner. The players should individually total up their respective points in the respective categories. Once totalled, each player has the option of not revealing his/her score unless a signed court order is present. However, a special exception is made if the Utilization Committee Card is held by another player.

4. All players that finish *The Game* are declared winners-by-default. There are, after all, no winners in real life, so why should this game be any different? However, so you still have a reason to play, all those who finish will also be guaranteed a job of some kind.

5. If you land in a Study Square occupied by another player, you have the right to leave.

6. If you don't like the rules of *The Game*, you may:

1. Infiltrate the system from within
2. Leave it
3. Love it
4. Escape into academia and teach medical students the rules

editors' note: we aren't saying which choice we picked, if any.

SPECIAL CARD

Utilization Committee Card

Once drawn by a player, this card may be kept. It entitles bearer to demand explanations for everything, from everyone.

PRE-CLINICAL CARD

You wore a white coat to National Boreds: congratulations. You gain no bonus F.D. of A. points, but lose two peer review points.

PRE-CLINICAL CARD

They've just told you in lecture what the life expectancy and suicide rate are for doctors. You are considering proving them right, but can't spare the time because there is a Path exam. Move ahead three pre-clinical spaces, then back three, then four spaces over the Ben Franklin Bridge.

PRE-CLINICAL CARD

This is a free ticket to Dr. Mackowiak's office. This entitles bearer to a short discussion 'On the virtues of Jack Daniels versus marihuana.' Gain three peer review points if you convince him to try it.

PRE-CLINICAL CARD

You joined the Navy to see the black side of your bank balance. Bombs Away. Napalmolive is a good surgical scrub. Anyway, the bills are paid for. Advance one pre-clinical or clinical space for the lowered anxiety level. Lose four years later.

PRE-CLINICAL CARD

You just took part I of the National Boreds. Aren't you glad you didn't bother to study? (Biochem can't be relavent anyway.) Lose one turn because you took the summer off from medicine. Gain 3 clinical spaces for resting your battered mind, and one suntan.

PRE-CLINICAL CARD

You have been looking in your microscope so long that you are finally starting to see things. Unfortunately, what you see is what you get: 1/2 an F.D. of A. point, no peer review points, and cirrhosis at Doc Watson's.

PRE-CLINICAL CARD

You just got your transcript (11 weeks after the end of the term), and it looks like a refugee from Biostatistics final exam. Gain 1 F.D. of A. point, and lost 1 hour each Wednesday chatting with the registrar secretaries. Is a 2-credit grade of 77 2 better than a 3 credit 74 4?

PRE-CLINICAL CARD

You were reported by an allegedly reputable member of the faculty as having been 'barefoot in the halls.' Congratulations. You receive 3 peer review points, and lose one F.D. of A. point. Too Bad. Keep on trucking.

PRE-CLINICAL CARD

You are reminiscing about Orientation, and Dr. Brent is telling you about "Medicine, an excuse from living." You're thinking that Medicine isn't much of an excuse for anything. Good insight. You receive 2 F.D. of A. points, and two peer review points.

PRE-CLINICAL CARD

The CH & PM department just released the results of their annual 'sexual activity' survey of your class. You were rated as 'retarded to neuter.' Gain 1/4 on an F.D. of A. point, but lose 1/2 of a peer review point.

PRE-CLINICAL CARD

You finally 'scored' with that sharp junior nursing student. Unfortunately, she turns into a pumpkin on midnights during the week and at 2 a.m. on weekends. Advance one pre-clinical space. However, the relationship is so satisfactory that you end up with her room-mate the following week. Lose your next turn. Enjoyably.

PRE-CLINICAL CARD

You went home for a holiday and some of Mom's food. You also (conveniently) forgot to leave your white coat at Jefferson after you worked up your first patient in ICM. Receive 3 F.D. of A. points from mom ('my son the doctor'). Also money for next month's rent. (Good thinking!)

MUMMERS' PARADE

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Department of Recreation

WEDNESDAY, JANUARY 1, 1975

8:00 O'clock A.M.



ADMIT BEARER TO STAND
CITY HALL



COUNCILMANIC STAND

CLINICAL CARD

Well, hot-dog, you're back home admiring your Library of Medical Knowledge, thinking how much you've accomplished. Unfortunately, you also know how little you've read from that library. You still receive a couple of used F.D. of A points.

CLINICAL CARD

Your first case in the O.R. is a Miles Resection. Your deepest gut feelings well up into your mask. Unfortunately, you are 'sterile,' and holding a retracted liver, so you can't leave the room. You are allowed to scratch surgery from your future plans, and be on call every third night.

CLINICAL CARD

The idea of graduation feels outstanding. Unfortunately, it is a week later and you now realize that the Internship (. . . a rose by any other name . . .) will be a very long year. Oh well, dig in.

CLINICAL CARD

You want to spend six weeks in another country, so you contact Jacoby Travel Service, and sign up for an anesthesiology preceptorship in Stockholm. Receive one F.D. of A. point, two peer review points, and three free saunas.

CLINICAL CARD

You have managed to catch Dr. Gordon Schwartz speechless. Receive four peer review points, and lose one breast (isn't that a bit radical?)

CLINICAL CARD

You've pulled Jefferson Hospital for six out of six of your junior clerkships. You've considered suicide, but Dr. Mackowiak tells you he has f-f-faith in you. Move 1/2 the number indicated by the throw of your DIE. Also, lose two turns waiting for the elevator operators to finishing transporting the maintenance personnel.

CLINICAL CARD

It's National Boreds time again. Now in the new and improved part II version. Unfortunately, like the New Nixon, it's more of the same old gas. The glossys were prepared by a first year radiology technician student, but luckily the National Boreds are only an experiment. (That's right, isn't it?)

CLINICAL CARD

It's winter, and you want a long week-end to go skiing. Arrange an interview at the University of Vermont on a Thursday, so you can leave Tuesday night (after all, Wednesday is only a half day.) Receive no F.D. of A. points, 6 peer review points, and hopefully, no tattle-tale broken bones.

CLINICAL CARD

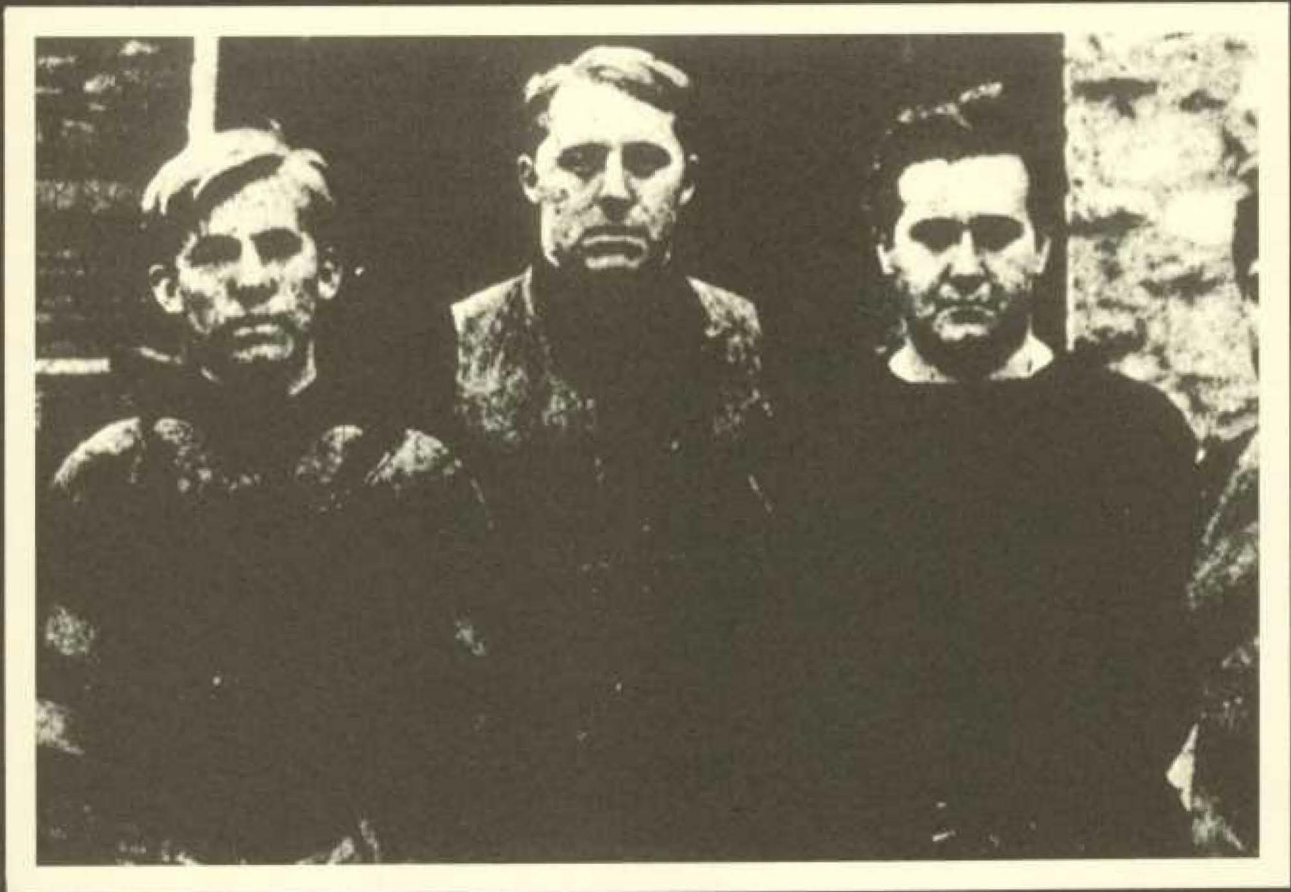
For Penn Staters only—Others can feel older. Well, you don't have to sneak into Watson's anymore. "The child is father to the man," or something like that. How do you feel? Great, huh? Well, that's all right, you've got all those extra years later . . .

CLINICAL CARD

You realize that graduation is coming. Advance your head. But don't go anywhere yet. You may, however, have a residency interview in Florida and California every other week. Jack up your spirits a couple of healy notches.

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In Memoriam

Charles M. Gruber, A.B., A.M., Ph.D., M.D.
Emeritus Professor of Pharmacology
William T. Lemmon, Sr., B.S., M.D.
Emeritus Professor of Surgery
Patrick R. Meloro, A.B., M.D.
Clinical Assistant Professor of
Obstetrics and Gynecology
Priscilla E. Morales—Non, M.D.
Instructor in Pediatrics
Marilyn Schotland, A.B., M.D.
Assistant Professor of Pediatrics
Rendall R. Strawbridge, M.D.
Honorary Clinical Assistant Professor
of Medicine
Leonard J. Thompkins, A.B., M.D.
Assistant Professor of Pathology

I KNOW
WHAT I
WANT TO
BE WHEN
I GROW
UP.



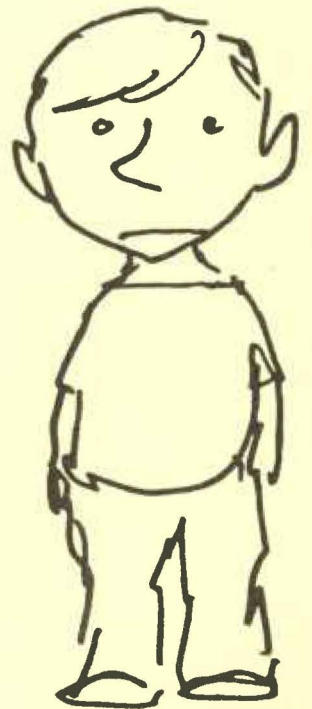
A
NOBODY. -



SO
I'LL
BE A
DOCTOR.



AND
MAKE
MY
MOTHER
PROUD
OF
ME. -



BUT I
CAN'T. -



BECAUSE
IT WILL
BREAK -
MY
MOTHER'S
HEART.



BUT
INSIDE
I'LL
BE A
NOBODY. -



THAT WAY
SHE GETS
WHAT SHE
WANTS -
AND I
GET WHAT
I WANT.



Sub Text

7-30

