
Summer 1987

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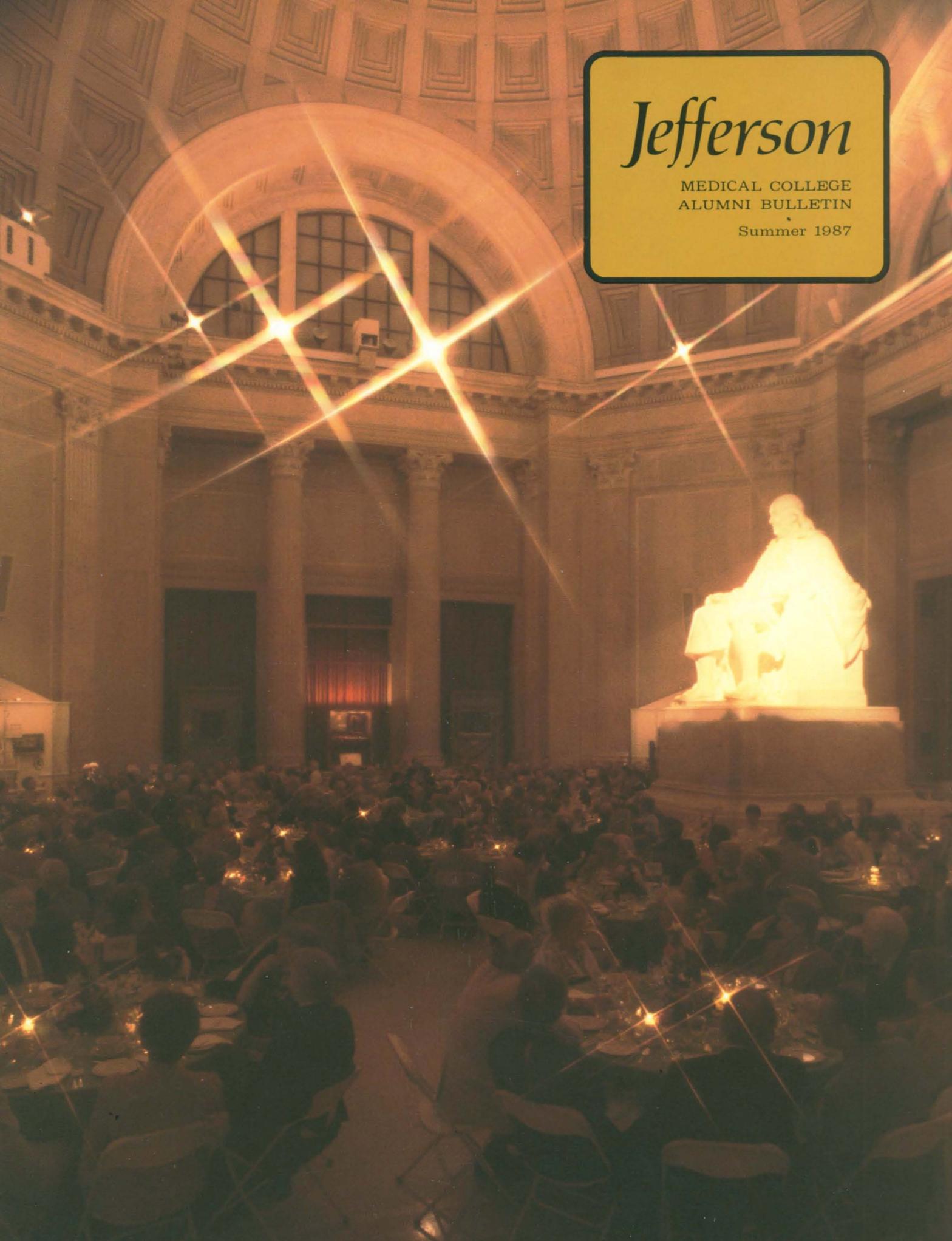
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Jefferson

MEDICAL COLLEGE
ALUMNI BULLETIN

Summer 1987

The Weekend Banquet



Left photos, top to bottom: President Robert Poole '53 serves as toastmaster for the June 5 banquet. Dr. and Mrs. Henry H. Perlman '18 are welcomed by President Lewis W. Bluemle. From left Mrs. Joe Henry Coley, Dr. David R. Brewer 'S44, Father Edward C. Bradley '55 and Dr. Coley '34 during the cocktail hour at the Franklin Institute. From the top: from left: Dr. Thomas M. Thompson '37, Dr. Jack W. Fink '54, Dr. Paul A. Bowers, reunion chairman for '37, and the Carl G. Whitbecks '37, reminisce. Dr. and Mrs. Russell E. Allyn '37 and Mrs. Maurice Abramson share Jefferson stories. Dr. and Mrs. Herbert A. Luscombe '40 open the alumni gift presented to him for his new position of Professor Emeritus of Dermatology.





Inside front cover



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Reunions '87

An overview of the June activities leads into a presentation of eight of the Clinic lectures.

Milton H. Gordon, M.D. '37
Robert H. McCarter, M.D. '42
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Phillip J. Marone, M.D. '57
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Scott E. Hessen, M.D. '82

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Joseph L. Seltzer, M.D. '71

Jefferson Scene

The College's highest accolades were conferred upon several distinguished alumni, with the Achievement Award going to William R. Fair, M.D. '60, the Alumni Senior Award to Alexandra H. Simkovich and Senior Portrait Presentation to Robert L. Perkel, M.D.

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On the cover:

The handsome rotunda at the Franklin Institute was the setting for the 1987 Banquet on Friday, June 5. The inside front cover presents a collage of several guests that evening. Robert Sataloff, M.D. '75 opened the special evening singing the Star Spangled Banner.

Class Notes

Among the many items in this section, the friends and colleagues of Warren P. Goldburgh, M.D. '52 honor the cardiologist with a portrait presentation, and two alumni received honorary degrees.

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Don Walker

Senior Special

An article describing the life and times of the class of 1987 draws attention to this year's graduating class, as does an impressive list of hospitals where seniors matched this year.

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Weekend Reunion Spectacular

If the city of Philadelphia has chosen to mark a major historical event during this, the bicentennial year of the signing of the Constitution, Jefferson Medical College has chosen this historical year to inaugurate a series of first-time reunion events. For the first time since its inception in 1870, the Alumni Banquet was held at the Franklin Institute on the Parkway. The marble rotunda on the museum's ground floor provided an elegant setting for the candlelight banquet. Following dinner, the lights were dimmed, and the massive statue of Ben Franklin was illuminated for a sound-and-lights show about the historical statesman.

The senior party at the Port of History Museum on Thursday night was another first-time reunion event. Traditionally, the seniors have attended the Alumni Banquet, but this year, the Alumni Association decided to give the seniors a party they could call their own.

Another first during this banner year was the weekend format for reunion activities. On Saturday morning, an alumnus from each of the returning five-year classes presented a clinic talk on a topic in his area of expertise. Eight of these papers are reproduced on the following pages.

After the clinic talks, Joseph S. Gonnella, M.D., Dean of the Medical College, welcomed returning alumni at the Dean's luncheon in Alumni Hall. The luncheon was followed by a tour of the new Bodine Center. Carl M. Mansfield, M.D., Chairman of the Department of Radiation Therapy and Nuclear Medicine and his faculty, led an enthusiastic crowd through the new facilities.

Reunion parties for each class were held Saturday afternoon and evening at facilities around the city. Thanks to the new weekend format, the parties drew approximately 20% more attendees than they have during previous years. All years were well represented, with 30 guests rallying around James E. Bowman, the very vigorous agent for the class of '27. A final first at this year's series of reunion activities was the farewell brunch on Sunday. Mimosas and Bloody Marys got things underway and cocktails were followed by a buffet including special individual omelets.

It was a terrific 1987 reunion weekend.

Vascular Surgery: State of the Art

by R. Anthony Carabasi III, M.D. '77

It is my good fortune to practice vascular surgery at a time when many new advances are being made in both the diagnosis and treatment of vascular disease. Although the current times are exciting, I would be remiss when discussing current vascular surgery if I did not recall several of the great men of the past who made our current specialty possible.

In 1759 Hallowell attempted to close an injury of the brachial artery by placing a pin across the defect. He then sealed the injured segment by wrapping a crude suture in a figure of eight manner around the pin. This represented the first known attempt to repair an injured vessel without compromising the lumen. In 1877 Eck experimented with the first vessel to vessel anastomosis. This was carried out between the portal vein and the inferior vena cava in the experimental laboratory. Even today, the portacaval shunt remains a useful technique for refractory bleeding from esophageal varices.

In 1902 Carrel first described his triangulation technique for constructing a vascular anastomosis. This technique could be applied to any artery or vein to enable the surgeon to do a complete repair without stenosing the lumen of

the vessel. In 1906, Goyanes first described the successful repair of a thrombosed popliteal aneurysm by utilizing autogenous vein. This technique was quickly adopted by other surgeons and since that time the utility of venous grafts for all types of reconstructive surgery has been firmly established.

The use of homografts was first described in 1948 by Gross who used human arterial grafts to repair congenital heart defects. This technique was quickly adopted by other vascular surgeons such as Oudot, who in 1951 described the replacement of the distal aorta and aortic bifurcation using a cadaver aortic homograft. In 1951, Dubost used a homograft to successfully replace an abdominal aortic aneurysm. Finally in 1952, Voorhees and Jaretzki reported on the use of vascular grafts made of vinyon N to replace diseased arterial segments. It was the widespread availability of these arterial substitutes which, in my opinion, has allowed vascular surgery to flourish and which has stimulated much of the current research relative to suitable arterial and venous conduits.

For the purpose of this discussion, I would like to separate the current state of the art in vascular surgery into two categories: new techniques in diagnosis and current therapeutic modalities.

Diagnostic Techniques

There is generalized agreement that the gold standard for vascular diagnosis

is the arteriogram. Although in the early 1980's many investigators were enthusiastic about the potential of intravenous digital subtraction angiography, this technique failed to meet expectations. This technique was subsequently modified for use via an arterial route, and now yields satisfactory films of most vascular beds. Arterial digital subtraction angiography has several advantages, not the least of which is that the amount of contrast required is much less than that required for a conventional arteriogram and thus the risk of renal injury is reduced. Patient tolerance of the procedure is also greatly enhanced because the discomfort associated with the injection of large amounts of contrast is largely eliminated.

Much attention has been turned toward the non-invasive diagnosis of vascular disease. High resolution real-time ultrasonic evaluation has proven utility in the diagnosis of vascular disease, particularly in the carotid circulation. The combination of real-time scanning and spectral analysis known as "duplex" evaluation has proven to be extremely reliable in the evaluation of the degree of stenosis in the carotid system and in addition has the advantage of providing valuable information about plaque morphology.

Recently several interesting innovations in the field of ultrasound have been made. Quantum Medical Systems has developed a technique which can

Dr. Carabasi is Associate Professor of both Surgery and Radiology at Jefferson.

display flowing blood as a color pattern superimposed on the conventional two dimensional gray scale ultrasound image. This "color doppler display" adds a unique dimension to the ultrasound information in that flow toward the probe can be visualized in one color, usually red, and flow away from the probe can be visualized in another color, usually blue. Areas of increased velocity will shift the color toward white. Areas of extremely complex flow can be easily visualized utilizing this real-time color doppler scanning technique. Color doppler has proven especially valuable in diagnosis of occlusion of the internal carotid artery, which has been difficult to evaluate with conventional B-mode imaging. The technique is also useful in diagnosing other difficult arterial problems, such as false aneurysms.

Another interesting innovation in ultrasound technology involves the utilization of contrast agents which can be detected utilizing ultrasound scanning techniques. Dr. Barry Goldberg, Professor of Radiology and Head of the Division of Diagnostic Ultrasound, (JAB Fall, 1986), and myself have been selected to perform the laboratory evaluation of a new contrast agent, which hopefully will have clinical relevance in the near future. The contrast agent achieves its effect by trapping gas molecules within a galactose matrix. This material is then injected intravascularly and can be detected utilizing ultrasound scanning. It is hoped that these contrast agents will further improve our ability to detect subtle flow abnormalities in the arterial circulation. In addition, the technique may lend itself well to detecting intraluminal filling defects such as one might find with deep venous thrombosis. Investigation of these contrast agents as a screening test for DVT in high risk patients will be a large part of our research efforts.

Therapeutic Modalities

Among the many recent technical advances in vascular surgery, none is more exciting than the use of the non-reversed *in-situ* saphenous vein for femoral-tibial bypass. This operation

was first proposed several decades ago by Dr. Hall, but has recently been popularized and perfected by Dr. Robert Leather and the late Dr. Allastar Karmody from Albany, NY. My associate, Dr. Michael Moritz, and I learned the technique from these two surgeons and on October 28, 1985 we performed the first successful *in-situ* bypass done at Thomas Jefferson University Hospital. This technique involves exposing the distal tibial vessel and the proximal



Dr. Carabasi

inflow vessel which usually is the common femoral artery. The saphenous vein is then exposed in the groin and the first valve in the saphenous vein is incised utilizing the valve scissors. The vein is then anastomosed to the common femoral artery and utilizing a number of side branches along the course of the vein, valvulotomes are introduced into the vein and the valves are lysed. This permits utilization of the nonreversed saphenous vein with min-

imal dissection, thus preserving the vasovasorum which are critical to maintaining structural integrity.

Another advantage is that the intimal lining of the vein is also preserved which is very important in maintaining early patency in these small grafts. Finally, it allows the larger, proximal vein to be anastomosed to the larger common femoral artery and the smaller distal saphenous vein to be anastomosed to the tibial vessel, yielding a better size match at both ends of the bypass. This technique has allowed us to be very successful in salvaging ischemic extremities by utilizing arteries which measure 1.5 to 3 mm in diameter. In addition, it has permitted us to use saphenous veins with distal diameters of 2 mm which previously would have been rejected as suitable conduits for reversed saphenous vein bypass.

In very high risk patients with suitable lesions, we have recently utilized the technique of percutaneous laser angioplasty. Working in conjunction with Dr. Geoffrey A. Gardner, Jr., who is the head of the Division of Interventional Radiology, and Dr. George P. Teitelbaum, also of the Division of Interventional Radiology, we successfully planned and carried out the first percutaneous laser angioplasty done at Thomas Jefferson University on April 29, 1987. This procedure consists of a diagnostic angiogram to evaluate arterial anatomy. If the patient has a suitable lesion, the trimedynne argon laser can be utilized to open a totally occluded segment of a superficial femoral artery. This is done by attaching the laser filament to a metal tip. This apparatus is then introduced percutaneously and advanced to the lesion in the appropriate artery. Laser energy is then used to create thermal energy in the metal tip which is then passed through the area of occlusion. Following this a dialating balloon catheter is placed into the newly created lumen and the vessel segment is dilated. At the time of this writing, three such cases have successfully been accomplished at Jefferson and we look forward to being in the forefront of this effort over the next several years.

Fiberoptic technology has allowed the design of instruments which can be placed into the arterial and venous circulation to allow direct visualization of arterial lesions. Working again with Doctors Teitelbaum and Gardner in the Division of Interventional Radiology, and with my associate, Dr. Diane R. Gillum, '81, we have recently utilized the trimedyn angioscope intraoperatively to evaluate recurrent stenoses in our dialysis access grafts. The angioscope is introduced through an incision made in a thrombosed graft and passed both proximally and distally looking for areas of scarring and intimal hyperplasia. Once these areas are outlined, it is possible to utilize balloon catheters or rigid dilators to correct the stenotic areas and thus restore patency. This approach offers a marked advantage over our previous techniques of blind balloon thrombectomy without precise correction of underlying stenoses. It is hoped that as more experience is gained with this technique, our grafts can be kept patent for longer periods of time. In addition, as our degree of sophistication with laser technology improves, it will be possible to place laser fibers through the working channel of the angioscope and perhaps use laser energy to remove areas of scarring and intimal accumulation.

The saphenous vein obviously remains the "gold standard" as a vascular replacement graft. In certain instances where no vein is available for vascular reconstructions, particularly those involving small diameter vessels, no suitable vascular prosthesis is currently available. A basic hypothesis has been that a functioning endothelial lining is critical for the proper functioning of any arterial or venous conduit. There has been intense research in the field of endothelial cell biology and it has been my good fortune to be associated with Dr. Bruce E. Jarrell '73 and Dr. Stuart K. Williams in the development of techniques to isolate human endothelial cells which may then be used to line small caliber vascular prosthesis. Current technology has made it possible to utilize fat as a source for microvascular endothelial cells. These can be provided in surprisingly large numbers

from modest amounts of readily available adipose tissue.

Our current research centers upon methods for obtaining sufficient numbers of endothelial cells to completely cover small caliber vascular prostheses within a time period which is compatible with the time it takes to do a standard vascular reconstruction. Ideally then, at the beginning of the reconstructive procedure, a small amount of the patient's own fat would be harvested in the operating room and while the proximal and distal dissection is taking place, the endothelial cells would be harvested and prepared for implantation on the graft. The blood contacting surface of the graft would then be completely coated with the autologous endothelial cells at the time of implantation. If this cell lining exhibits the antithrombogenic nature which we have observed in animal studies, this technique would theoretically have the ability to prevent the early thrombosis which is such a frequent occurrence in these small grafts.

An additional application of this technology may be in the use of these cells to repair injured vessels. In even the best of hands, balloon angioplasty is associated with an early recurrence rate of approximately 25-40%. Presumably this is due in part to damage to the intimal lining of the blood vessel leading to a local hypercoagulable state. If a system could be developed to reendothelialize these injured surfaces, it is theoretically possible that this could favorably effect the long-term results of these procedures. Likewise, following procedures such as carotid endarterectomy, which leave behind a large area of denuded vessel wall, it would be advantageous to line the injured vessels with a layer of functioning autologous endothelial cells.

All of the advances which I have mentioned are in the early stages of development. As vascular surgery heads into the 1990's, it will be incumbent upon those of us in vascular surgery, interventional radiology and basic science to advance and perfect the techniques now available, as well as to continue to seek new ways to diagnose and treat vascular disease. □

Services as a Civil Air Surgeon in Israel

by Milton H. Gordon, M.D. '37

In 1974, after practicing medicine for 38 years, I moved to Israel with my wife and within two months was offered the position of Chief Medical Officer for the Civil Aviation Administration, known in Israel as the Civil Air Surgeon.

For over 30 years I had been interested in aviation medicine and had become a commercial pilot and flight instructor, accumulating over 5000 hours of experience. During that time I became a member of a number of aviation medicine societies, served on aviation accident investigation committees and was appointed a Federal Aviation Agency Medical Examiner.

During the 1967 and 1973 wars in Israel I worked as a volunteer in two Israeli hospitals. Those experiences, plus other visits made with my wife, led to our decision to move to Israel where my background as a pilot and a physician gave me qualifications not ordinarily found in Israel. As a result,

Dr. Gordon has served as Chief Medical Officer for the Civil Aviation Administration in Israel since 1974.

my avocation became my new vocation in our new life.

The medical departments of most civil aviation administrations have a great deal in common. Like my counterparts in most developed countries of the world I am responsible for all aspects of medical licensing of air crew and tower operators; for supervision of first aid at airports and medical kits carried by aircraft; and for accident investigation. However, agriculture aviation, which is one aspect of civil aviation that is extremely important in Israel, has presented me with my most interesting and challenging problems.

The production of food and fiber for local consumption and export based on relatively small irrigated plots with high-yielding potential makes the agricultural aircraft an important element in Israel's farm programs. More than 70 turbine and piston powered airplanes and helicopters fly almost year round, spreading pesticides, defoliants and fertilizers over 25 million acres on various crops such as cotton, cereals, vegetables and orchards.

Since Israel is a small state, the size of New Jersey, with most of its population and farms in the center and north of the country, farmland and villages mingle together, and pesticide application is a difficult and hazardous undertaking. To protect the population, measures are carried out to reduce or avoid the drift of chemicals to neighboring houses and to dispose of chemical wastes without harming underground water.

Spray pilots' daily workload is punishing, with early work hours; four to five hours of flight time; 10-15 take-offs and landings; low-altitude runs usually no more than three to six feet above ground; several hundred 180 degree turns; frequent passes under telephone and power lines; and exposure to noise, vibration, gravitational forces, heat stress and pesticides including organophosphates and organochlorines.

Early on, the large number of flying accidents of agricultural aircraft gave me concern about pilot fatigue from low-level flying and exposure to chemicals in the spray swaths. I was able to institute regulations limiting flight time

and duty hours for agricultural pilots and requiring biweekly blood cholinesterase activity tests during the season when cholinesterase-inhibiting chemicals were applied.

To qualify for spraying, the pilot must hold a commercial pilot's license and a special agricultural rating. This requires passing a course of training in agricultural flying technique and a course in the toxicology of pesticides which then qualifies him for a license to spray parathion and herbicides. He must have a medical recheck by a civil aviation doctor every six months.

Studies were performed on the exposure of pilots and ground crews to work hazards including combined exposures to noise, vibration, G forces, heat stress, pesticides and dehydration. I am happy to say that progress has been made in implementing recommendations from these studies. Pilots who work with chlordimeform, also called gallicron or fundal, a chemical that is carcinogenic in certain laboratory animals, receive a weekly urine metabolite assay for determining exposure. Although electroneuromyography testing was carried out to detect early

or low-level effects of exposure to organophosphates, our findings did not indicate a role for such testing as a screening procedure.

In early years, phenoxy herbicides like 2, 4, D and 2, 4, 5-T were universally applied over wheat fields and rangeland and no one worried about their toxicity or exposure to spray personnel until after the Vietnam war, when Agent Orange and Dioxin came to public attention. In the 1950s and 60s, 85% of the total number of insecticides applied were cholinesterase-inhibiting. No routine field testing was carried out for exposure despite signs of toxicity and carcinogenicity from animal experiments. Today we would never consider applying these chemicals and exposing crews to them without monitoring exposure.

As the use of agents other than cholinesterase-inhibiting chemicals are gradually increasing we must develop methods to monitor exposure. In 1978 synthetic pyrethroids were introduced as insecticides in controlling cotton pests. Their use is gradually increasing. Current field experience and impressions suggest that they are much less hazardous to humans than are the organophosphates.

Our spraying companies maintain computerized records containing the following data: pilot's name; date, time and location of spraying; temperature and wind direction; name and quantity of pesticides; type of airplane used. In addition, the pilot has a personal logbook recording the materials he has used and the duration of his exposure to them. We are using this data for long-term epidemiologic follow ups. Past experience has taught us the lesson; treat any pesticide with caution.

In addition to my responsibilities mentioned above, because Israel is such a small country I am personally involved in teaching at the Israel Air Force flight surgeons' course and giving lectures to cockpit and cabin crews.

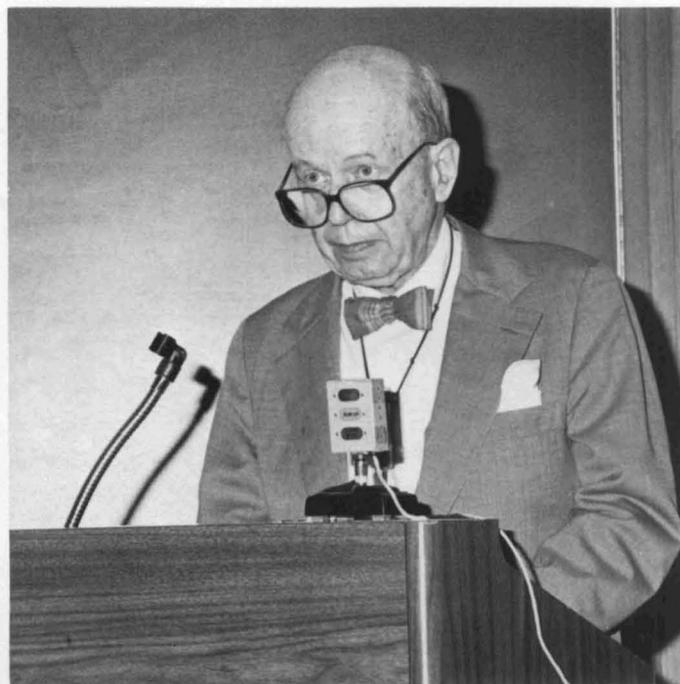
The necessity to make periodic practical flight checks as a crew member has enabled me to maintain my close relationship with the flying environment, one of the real benefits of my work. □



Dr. Gordon

Our Environment, Our Selves

by Robert H. McCarter, M.D. '42



Dr. McCarter

The focus of this presentation is on the internal environment in which we all function, those psychological forces which war against or collude with ourselves as well as that part of the external environment which constitutes parents or their substitutes. Adoption, adoptees, adoptive parents, birth parents and surrogacy are my subjects.

The great sense of reward I feel from having found my daughter, who was put out for adoption 40 years ago, has motivated me to speak on this subject. As a clinician over the years it developed into a deep personal conviction that I must find her. It was my work as a therapist that more and more convinced me of the primary impact of what is too often taken for granted: knowing the self.

My focus will be on the needs and rights of the adoptee. The first and foremost of these is the right to be nurtured by a mother. When the normal course of conception and birth is

Dr. McCarter, Senior Psychiatric Supervisor at Judge Baker Guidance Center until 1986 in Boston, is Assistant Clinical Professor of Psychiatry at Harvard Medical School.

changed, special needs and special rights arise for the child.

The adopted child has the need and thus the right to the sole and exclusive nurture of the adopting parent during infancy, pre-school, latency and adolescence. There is sufficient evidence that this is essential for deep bonding between mother and child resulting in feelings of trust and certainty. That certainty is a right the adoptive mother must have if she is to give it to the child. She can then delegate as she wishes (for better or worse) and often does.

The adoptee, from the person of the adoptive parent, needs access to genetic information available from his or her earliest days. This, along with as much family history as is available, can be tremendously important. Transmission of such diseases as muscular dystrophy, huntingdon's chorea and others can thus be avoided. Psychologically fears of incest can be counter-acted. There are adoptees who avoid marriage because of these fears.

Following adolescence, the adoptee needs access to the birth parents as desired. If adoptive parents would aid

this desire, they will be perceived by their adopted children as enriching their lives. Adoptive parents consequently clearly distinguish between their nurture role and the genetic role of the adoptee's birth parents.

Because of the adoptee's need to complete his own sense of authenticity I stress the adoptee's right to contact birth parents. This is essential to the development of a full sense of self as consciously experienced by some adoptees. There are articulate spokespersons for this such as the writer Betty Jane Lifton, herself an adoptee. She and many other believe the adoptee suffers from genealogical bewilderment that is comprised of low self-esteem, lack of trust and preoccupation with fantasy.

Adoption itself poses a profoundly difficult problem. How are these children to overcome the fact that their birth mother has given them up? At heart, the child can only see it as rejection. In my clinical experience rejection is seen as not caring and is interpreted, as proof to these children that there is something wrong with them. It is for this reason that I strongly urge that

adoptees have contact with birth parents as soon as it will not interfere with the nurturing role of adoptive parents. There should be no naive expectation of healing all wounds but of strengthening the sense of self so adoptees can better cope.

This leads to another need. The adoptee must have access to all records dealing with birth and adoption. As an advocate of open records, I hope this provides any adoptee with a greater sense of who she or he is.

The adoptee's search for contact and information about his birth parent is now greatly aided by agencies specializing in search. The International Soundex Registry in Carson City, Nevada, and the Adoption Connection in Peabody, Massachusetts, are leading examples. They provide adoptees and birth parents the chance to make contact. If only one applies, no contact is made; there can be no intrusion on those who do not wish it. When both apply, a reunion can take place.

Probably one of the strongest points favoring the making of such contacts is the overcoming of fantasy. To replace fantasy with reality will not make life any less complex. It does mean that who one really is comprises what has really taken place from one's earliest beginnings including from whom one stems. I believe it adds to what one experiences as real and true. Even painful reality is better than unremitting fantasy.

Perhaps the day will come when mothers will do in great numbers what I heard two different women describe at the American Adoption Congress in Boston. In these cases, birth mothers and adopting mothers met and shared (in one case before the child's birth so that the adopting mother was present at delivery) their intentions, their knowledge and their feelings. Even after adoption, these mothers were able to keep some contact, relieve one another's doubts or anxieties and enrich their trust. How could this help but rub off and benefit the child?

There are an estimated 5,000,000 adoptees in our country. I believe they all need open, honest communication. Who ever heard of a happy secret? □

Rotator Cuff — 1987

by Phillip J. Marone, M.D. '57

In the 30 years since graduation there have been some changes regarding the diagnosis and management of rotator cuff disease. Primarily these are in early diagnosis and management, pre and post-operatively. We are able to diagnose quickly with an increased degree of accuracy and we seem to understand some of the mechanisms of rotator cuff disease. Therefore, the treatment is quicker and has improved results.

Dr. Anthony F. DePalma '29, Dr. Gerald E. Callery '43, and others did cadaver studies reporting that aging was the cause of cuffs to degenerate. Others have elaborated on this cause. Another theory is that rotator cuff disease occurs secondary to hypovascularity of the rotator cuff in and about the supraspinatus tendon, biceps tendon and the infraspinatus tendon at the tendinous/ osseous interface. This was demonstrated by Dr. Richard Rothman, the current Chairman of the Department of Orthopaedics at Jefferson.

Dr. Marone, Chairman of Orthopaedic Surgery at Methodist Hospital, is Clinical Professor of both Orthopaedics and Rehabilitation Medicine at Jefferson.

son, in association with Dr. Wesley Parke of the Department of Anatomy. They demonstrated the hypovascularity at the junction of the tendon and osseous vessels which were entering the tendons. Their conclusion was that degeneration of the cuff was secondary to hypovascularity. This also was pointed out by Drs. Mosley and Rathbun in later publications. Neer stated that the functional arc of the shoulder is equal to forward flexion, therefore, impingement occurs on the coracoacromial ligament and the inferior aspect of the acromion. It was Dr. Neer's conclusion that cuff degeneration was secondary to repetitive mechanical impingement.

A combination of factors, therefore, is responsible for rotator cuff disease, that is aging, hypovascularity, impingement and overuse.

The muscles which are involved with rotator cuff function are the supraspinatus, infraspinatus, teres minor and subscapularis. Most of these functions are compressors of the humeral head into the glenoid/labral socket. Individually, the supraspinatus is a forward flexor and an abductor in the scapular plane of the humerus. The infraspinatus

tus and teres minor are external rotators; and the subscapularis is an internal rotator. As a group the last three muscles are humeral depressors. Initially, the supraspinatus was thought to be the initiator of abduction and then the deltoid was to take over and complete the abduction or forward flexion of the humerus.

Recently, Dr. Stephen Howell and I demonstrated conclusively that the supraspinatus functions as a forward flexor and abductor of the humerus. The torque created is equal to deltoid function. When one selectively blocks the axillary nerve it paralyzes the deltoid muscle function. If the suprascapular nerve is blocked then that will paralyze the supraspinatus function. When both nerves are blocked both deltoid and supraspinatus fail to function, therefore, forward flexion and abduction in the scapular plane cannot occur. When the individual nerves are blocked there is active forward flexion and abduction in the scapular plane; however, only half the amount of torque is generated compared to when both nerves are intact. It has been concluded that deltoid and supraspinatus muscles were able to generate equal torque. They each supply half of the effective forward flexion and abduction of the humerus in the scapular plane.

The terminology is somewhat confusing, however. It means the same if called an impingement syndrome, a supraspinatus syndrome, a painful arc syndrome, a strain of the rotator cuff or a bursitis of the shoulder.

The pathology is a tendon strain followed by inflammation. Fibrosis about the tenosynovium will then occur and will lead to tearing of the tendon. This occurs either as an acute or chronic presentation. These tears are partial or complete. The end stage of severe, longstanding rotator cuff disease is arthropathy which in essence is an arthritic shoulder.

The stages of rotator cuff disease, as outlined by C. Neer, are as follows:

- Stage 1—Edema and hemorrhage in someone less than 25 years of age. This course is reversible.
- State 2—Fibrosis and tendonitis, ages 24 to 40. Recurrent pain with



Dr. Marone

activity is associated with this and is at times reversible.

Stage 3—Bony spurs, with tendon impingement of the spurs, age greater than 40. This leads to progressive disability.

Physical findings may be atrophy about the shoulder girdle, especially, supraspinatus and infraspinatus. There is pain to palpation anteriorly about the shoulder which can be pinpointed at the insertion of the supraspinatus into the tuberosity. Passive motion is always greater than active motion. There is significant crepitation about the shoulder joint and a jog or click is often heard and felt with motion. There is weakness about the shoulder in forward flexion and abduction in the scapular plane as the result of involvement of the supraspinatus muscle-tendon complex.

Shoulder pain can be deceiving and, causes must be ruled out. They are:

- 1. Shoulder instability
 - a. Anterior
 - b. Posterior
 - c. Multi-directional

- 2. Acromioclavicular joint disease
 - a. Arthritis
 - b. Osteolysis
- 3. Cervical spine
 - a. Herniated disc
 - b. Arthritis
 - c. Metastatic disease
- 4. Brachial plexus stretch injury
 - a. Traumatic
 - b. Overuse with entrapment
- 5. Turner Parsonage Syndrome
- 6. Intrinsic shoulder pathology
 - a. Rotator cuff problem (strain acute and chronic)

Diagnostic evaluation following the taking of history and the physical include regular x-rays, special x-ray views, arthrogram, ultrasound and MRI.

Although plane films are often negative, certain indicators will point towards chronic problems. These are sclerosis about the greater tuberosity, acromial spurring and a decreased acromial/humeral distance. Calcification is sometimes noted on the plane films. Arthrography is the "gold" standard and the most sensitive and specific study one can do. The M.R.I. and ultrasound are new imaging techniques which are just beginning to be evaluated. Since they are non-invasive techniques they are both promising and hold promise for the future.

Management Of Rotator Cuff

Conservative management as noted in Stage 1 & 2 is carried on for at least three months. If after this time there is no improvement an arthrogram is scheduled, especially, if the patient agrees to surgery. It is possible that the arthrogram will not reveal a tearing of the cuff. In this instance surgery still will be indicated if there is a resistance to the treatment program. Most orthopaedists will wait six months or longer for a Stage 2 rotator cuff problem to clear prior to surgery being performed. Most patients with rotator cuff tearing do well without surgery. A recent article by Takagishi revealed 44% of documented tears by arthrogram improved without surgery. Most of those tears were interpreted as small.

The non-operative management of rotator cuff tears involves the following

program: prevention i.e. avoid the activity which causes the impingement, N.S.A.I.D., ice massage, heat, ultrasound, P.N.F. patterns, stretching and strengthening exercises, and occasionally steroids either orally or by injection.

Surgical Management

Once a tendon is torn it usually has progressed beyond the capabilities of a non-operative treatment since progressive disability is likely. Timing of surgery is an important concept to understand since tears should be treated before retraction and fraying prevents anatomical reconstruction. It has been determined by various authors including Drs. Bassett, Cofield, Howell and me that anatomic reconstruction done within a three to six month period gives the best overall result. Some surgeons will operate on acute traumatic tears within the first three weeks if there is no improvement in pain and function. This type of situation usually is a massive avulsion in a young person and excellent results are to be expected. The operative management of tendon tears depends upon the type, size, and whether they are partial or complete.

1. Debride and suture longitudinal tears side to side.
2. Transverse tears are debrided and usually sutured to the anatomical site of avulsion, the greater tuberosity.
3. Larger or transverse or horizontal tears should be anatomically reconstructed if at all possible.
4. If you cannot anatomically reconstruct large retracted tears, accept the defect, move local tissue about or attempt a free graft.

Many orthopaedists accept the defect as long as there is debridement of local tissue with a resection of the anterior and inferior portion of the acromion with the coracoacromial ligament.

The desired result of surgery for rotator cuff disease is a smooth surface with an increased outlet. The coracoacromial ligament and the anterior inferior aspect of the acromion should always be resected. Not only does this give an increased outlet but more

importantly it gives a better surgical exposure for repair of the rotator cuff. Dr. Hawkins in 1985, and Drs. Bassett and Cofield in 1983 stated that if a tear is less than 2.5 centimeters there was an associated greater strength and increased range of motion as an end result. Dr. Gore with a Cybex evaluation in 1986 came to the same conclusion.

In 1987, Dr. Howell and I demonstrated that anatomic reconstruction done relatively early gives greater strength than non-anatomic reconstruction. This also was a Cybex study on a selected, significant group of people. Whether or not one detaches the deltoid in the approach is the preference of the surgeon. Some believe that if you do not detach the deltoid you will have the ability to move the shoulder sooner and, post-operatively, those patients have greater strength. The recent studies by Dr. Howell and me, alluded to above, demonstrated that detaching the deltoid does not compromise the end result as long as it is properly resutured to its acromial bed.

Surgical management, therefore, is necessary to decrease pain, increase function and increase strength.

Post-Operative Management

This is the most important part of rotator cuff surgery. The arm usually is positioned at its side and should not be in an airplane splint or casted in abduction. Physical therapy is the most important facet in the management of the surgical treatment of rotator cuff disease. It should be supervised for one year in order to get the best end result.

The following is a summation of the program:

1. Functional forward flexion, with impingement of hypovascular tendons on the coracoacromial ligament and inferior acromion is the usual cause of rotator cuff disease. Aging also plays a role.
2. Progressive pathology occurs in three stages: edema, fibrosis and tendonitis and tendon tearing.
3. Age related cases are uncommon under 40 years.
4. The most common presentation is a 50-year-old male with the grad-

ual onset of shoulder discomfort who may have sustained an acute incident.

5. Night pain is a cardinal sign in rotator cuff disease. Muscle atrophy is usually evident. Weakness is significant if properly tested. Passive motion is always greater than active motion. The impingement signs and tests are positive.
6. Diagnostic studies include x-ray, arthrography (Gold Standard). Ultrasound and M.R.I. are new and their efficacy is still to be determined.
7. Most patients improve without surgery but need a physical therapy program.
8. Most surgeons will obtain an arthrogram if there is no improvement after three to six months of active treatment.
9. Most surgeons will operate if arthrography is positive and the patient continues to have functional disability.
10. Some patients will require decompression even with a negative arthrogram.
11. Surgery includes the resection of the coracoacromial ligament with an anterior, inferior acromioplasty with rotator cuff repair if present.
12. Supervised post-operative physical therapy is essential to improve the end result.

Addendum

An interesting sideline as to the economics of medicine and specifically rotator cuff surgery is outlined as follows: in 1957 the cost of a room at Jefferson was \$50.00 a day, in 1987, \$525.00 a day. In 1957 the patient remained at Jefferson for a minimum of five days. In 1987, a patient remains one overnight stay, therefore, one day. For Blue Shield payments in 1957 there was no usual and customary fee, therefore, the top Plan B fee was \$150.00. To my recollection \$500.00 was the fee charged by most active shoulder surgeons at that time. Today, 1987, the Blue Shield usual and customary fee is \$2000.00. □

Diet, Exercise & Longevity

by Paul H. Jernstrom, M.D. '47



Dr. Jernstrom

The late entertainer, Maurice Chevalier, when asked if he minded growing old replied, "Not when I consider the alternative."

Preservation of function, postponement of chronic disease and foreshortening of disability are important health goals in our aging society. Aging is an on-going, biological process of built-in-obsolence with a fixed life span for each species.

Giant California redwoods are said to live 3,000 years, tortoises 150 and man aspires to 100 years while a May fly lives one day. Equadorian Vilcaba-

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mans, Pakistani Hunzas and Russian Georgians participate in foot races during their nineties and many live to 113 years or more.

Life span or "maximal survival time" is the age reached by very few individuals in a large population. It has remained at about 100 years, unchanged for the last 500,000 years.

Life span varies among different species. A mouse lives three years, dogs 20, apes 50 and man 110 years. What has increased is life expectancy, or the "50% survival time," the average number of years to be lived by a person. During the Iron Age it was 18 to 22 years. In ancient Rome it rose to 40, in 1850 to 49, in 1900 to 67, in 1960 to 72 and currently is 74 years.

The rise in life expectancy between 1900 and the present occurred via con-

trol of infectious diseases, use of immunizations and antibiotics. Americans aged 65 and over have increased from 4% in 1900 to about 12% of the population in 1980 with increases expected during the next generation.

There are many theories of aging with no single theory explaining the process, which is probably multifactorial. There are two major theories of aging: 1) genetic, and 2) wear and tear. The former includes finite doubling potential, protein codon restriction, immune senescence and endocrine pacemaker. The "genetic program" theory postulates control of aging in the nucleus of the cell thought to be programmed in a finite manner.

L. Hayflick, in 1973, posited a factor in the nucleus continuously tracking the life span of each cell. The number of human fibroblast divisions in tissue culture is fixed at about 50 doublings and then the cell unaccountably dies. Young cells frozen after 20 divisions and thawed will take up where they left off, dividing 30 times before dying.

The "codon restriction theory" infers a constantly operational program in chromosomes, commencing in embryonic development and continuing with growth differentiation, maturation, senescence and death. The primary aging event would be the switching off of linear sequencing of amino-acid triplets restricting nuclear capacity to transcribe and translate messages required for mitosis and other vital cell functions.

The "immune senescence theory" proposes that aging results from variations in antigens and antibodies determining "self," loss of tolerance to "self" leads to autoimmune phenomena, degenerative changes, aging and death, exemplified by systemic lupus erythematosus (SLE). Implicit in this construct is the decline of immune function as a genetically defined, primary event, with the thymus, as "organ clock." Thymic mass is less than 15% of its maximum by age 50. T-cell proliferative capacity steadily declines with age. Immunodepression results in reversal of the T-4/T-8 helper/suppressor ratio vividly portrayed in the current AIDS epidemic.

An immune system out of control is a double-edged sword. It not only fails to protect, it actively destroys the body. The normal response declines, no longer reacting effectively, not only against donated tissue, but also against aberrant cells as cancer cells. The graft versus host response has features of accelerated aging such as failure to thrive, loss of hair, vascular and renal damage—all shortening life span.

The immune system is regulated by a collection of genes in a single chromosome, number six, our major histocompatibility complex (MHC). MHC is organized as a super blood group system with a great number of different groups including the human leukocyte antigens (HLA). The "endocrine pace-maker theory" proclaims that the endocrine system contains the "aging pace-maker" through its failing hypothalamic neuroendocrine control over end-organ function. The hypothalamus regulates the pituitary which, upon stimulation, releases hormones as ACTH, TSH and gonadal stimulating hormones capable of inducing the onset of aging.

The "wear and tear" theory includes free radical oxidant damage, lipofuchsin accumulation, macromolecular cross-linkage and somatic mutation and error. Among the various "wear and tear" theories, cell damage from action of "free radicals" has gained most attention. Utilization of oxygen is vital as it is the basic fuel for cell metabolism, but it has serious undesirable side effects damaging tissues.

Free radicals are among the by-products of oxygen metabolism. They are volatile impaired electrons as hydroxyls and peroxides. They react with unsaturated lipids, proteins and polysaccharides. Free electron radicals are short-lived oxidants damaging DNA and cell membranes. They are produced continuously in small quantities from exogenous sources as radiation and endogenously via enzymatic degradation.

Free radical oxidants disrupt chemical bonds leading to polymerization, mutation, loss of enzymatic integrity and cell death. Anti-oxidants thwart the toxic effects of free radicals, making

them more stable and less likely to continue their destructive activity.

Intrinsic free radical scavenger anti-oxidants include glutathione, catalases, peroxidases and superoxide dismutase (SOD).

Diet can be supplemented with extrinsic anti-oxidants as vitamin E, the vitamin C derivative, ascorbyl palmitate, BIS hydroxy toluene (BHT), bioflavinoids as carotene, the aminoacids cysteine and methionine and the trace metal selenium.

Lipofuchsin accumulation is gradual and incessant interfering with and decreasing vital exocyclic function.*

Free radical oxidants attack mitochondria, lysosomal sacs and the golgi apparatus and their debris is deposited in cells of the brain, heart and skin. Lipofuchsin accumulation is increased in Alzheimer's disease and other dementias. Drugs as centrophenoxine or meclofenoxate, dimethylaminoethanol (DMAE), pantothenic acid and choline can decrease mental confusion and cognitive dysfunction in demented patients.

Macrofollicular cross-linking refers to the build-up of cross-linked collagen fibers. These inert fibers are elongated proteins which undergo minimal turnover with passage of time. They are constantly bombarded by free radical oxidants, resulting in formation of cross-linkages which prevent the parallel fibers from slipping by each other and stretching. The collagen fibers stiffen and immobilize, eventuating in arthritis and the so-called "stiff man syndrome."

The "Somatic Mutation and Error Theory" maintains that increased random errors of DNA replication not adequately repaired, lead to errors in translocation and transcription, resulting in formation of abnormal proteins and mutations. Efficiency of DNA repair is directly proportional to life span among animal species.

There is no known regimen to eliminate inevitable aging, but there are tactics to slow it down and extend life

**Exocyclic* — cyclic chemical compounds having their double bond in the side chain.

span. R. L. Walford, a 65-year-old Pathology Professor at UCLA, in 1983 listed three routines, the combination of which can prolong life span to 130 or more years. These are:

1. Severe caloric restriction.
2. Reduction of body temperature.
3. Regular daily aerobic exercise.

Caloric restriction refers to undernutrition without malnutrition. The diet is high in nutritive quality and low in calories.

Walford eats two meals per day, five days per week, and fasts for two days. He settles on 1,500 calories per day on non-fasting days, supplemented with vitamins, minerals and anti-oxidants.

Diet and exercise on a daily basis are incorporated in this life style. Hunger is a habit and becomes an addiction to many people, just as does smoking tobacco and imbibing alcohol.

Diets of long-lived Vilcabamans were low in animal fat and protein, high in vegetable protein, carbohydrate and fiber from fruits and vegetables. There is a striking correlation between fiber content and prevalence of diverticulitis, hemorrhoids and bowel cancer. These diseases are rare in third world countries where average oral to anus transit time is 36 hours. These three diseases are common in the United States and Europe where the average transit time is 72 hours.

Reducing body temperature a few degrees decreases the metabolic rate and extends life span. Fish reared in water colder than normal double their life span, growing faster and larger than fish in warm water.

Walford took rectal thermometer readings in Hindus practicing yoga and transcendental meditation. They were able to reduce body temperature one-half to one or more degrees and maintain same for several hours daily. He theorizes that lowering body temperature diurnally and sleeping cool nocturnally, could extend human life span up to 30 years.

Despite the current vogue exercise is enjoying, recent estimates of physical activity indicate that 40% of the population is completely sedentary and only 20% exercise with the frequency and intensity necessary to maintain cardio-

vascular fitness. Inactivity and gluttony play a pervasive role in our lack of wellness. Americans overindulge by ingesting excesses of hard fat, glucose, salt, alcohol and nicotine resulting in the medically recognized "Disuse Syndrome," by W.M. Bortz. It is defined as cardiovascular vulnerability, obesity, musculoskeletal fragility and premature aging. Disuse is physically, mentally and spiritually debilitating. Fortunately, it is reversible. One of the extraordinary attributes of the human body is its resilience and ability to recoup.

One must become a soldier in the war against the "Battle of the Bulge," eat less, keep cool and exercise more. Keep in mind that a pound of fat requires 3,500 calories to "burn off." Remember that the body makes fat from protein and carbohydrate. Almost everything one eats can be converted into fat. The cure for obesity is the

combination of undernutrition without malnutrition supplemented with vitamins, minerals and daily aerobic exercise. Aerobic exercise is walking briskly, running, bicycling, rowing and swimming.

Heart rate should be raised during 30 minutes of daily aerobic exercise to achieve the "conditioning effect." This level varies with one's age. It should be between 115 and 140 for those of us 60 to 64 years old. Pulse rate should reach 80% of maximum sustained for 30 minutes every day.

Static exercise as weight lifting and body conditioning may result in a handsome torso, but not a healthier one. Aerobic exercise adapts the body to assimilating, transporting and utilizing oxygen at an increased rate.

Cardiac stroke volume increases and pulse rate slows at any activity. Triglyceride and cholesterol levels decrease while HDL and carbohydrate

utilization increase reducing resistance to insulin.

Glucose appears to be a prime cause of aging. It damages protein and accretes (binds) along the DNA helix, jamming the protein generating system and damaging collagen via increasing cross linkage of fibers. Excess salt intake contributes to hypertension, which contributes to half of the deaths in the U.S. annually. Sodium is a "silent killer," and the link between it and hypertension is as firm as the link between high cholesterol and heart disease.

It has been demonstrated that adopting and maintaining the regimen of a diet of undernutrition without malnutrition, keeping cool and exercising aerobically daily will extend life span for many years. The consequences of practicing this routine are potentially profound for the individual and for society. □

Computers in Clinical Medicine — A Tool Whose Time Has Come

by Scott E. Hessen, M.D. '82

Of all the new technologies introduced into clinical medicine, few have had a more dramatic impact than the computer. At the same time, perhaps no other new technology has been as strongly resisted by physicians. Despite this resistance, computers are changing the face of clinical medicine in many ways,

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and I believe that the potential for further major advances is great.

Hospitals and larger group practices have used computers for many years for record keeping and billing. I will not discuss these aspects of computer usage as they are familiar to all of us. Time and space do not allow a complete discussion of all aspects of computer usage in clinical medicine, so I will focus on several areas within my subspecialty that are rapidly changing

because of the introduction of computer technology. Before discussing specific applications, it is helpful to review specific advantages and disadvantages of computers that suit them to various applications in clinical medicine.

The first advantage that computers have is that unlike most humans, computers are "good with numbers." Likewise, computers are well suited to perform tedious, repetitive actions—jobs that few people do well. The ability to do repetitive tasks with numbers allows the computer to perform functions such as image reconstruction and digital signal processing. Another advantage is that computers have excellent long-term memories. The capacity to store and organize large amounts for the easy creation and use of data bases. The most important disadvantage is that until recently they have had a poor "human interface." That is, one had to invest a lot of time in learning to use the computer before being able to accomplish anything significant. Fortunately this aspect is rapidly changing for the better.

Perhaps the most apparent applica-

tion of computers to clinical diagnosis is in the area of image processing. Examples of image processing include the CAT scan (Computerized Axial Tomography), MRI scan (Magnetic Resonance Imaging), PET scan (Positron Emission Tomography), digital subtraction angiography, nuclear medicine gated ventriculogram or MUGA (Multiple Uptake Gated Acquisition) and color-flow mapped Doppler echocardiography. All of these technologies require extensive mathematical computation to reconstruct each image from the raw data. Each of these techniques or devices would be virtually unusable without computers. By organizing the numerical information into a form that is readily understandable (i.e. an image), these devices have revolutionized our ability to visualize patient anatomy and display pathophysiology.

Another use of computer technology in clinical medicine involves signal processing. Computerized signal processing has been used for many years in non-medical applications to enhance the information content of a signal while reducing its extraneous background noise. Examples in medicine include visual, auditory and somatosensory evoked potentials which are useful for neurologic diagnosis, and signal-averaged electrocardiography (SAECG), which is currently being investigated at many medical schools including Jefferson. Most work with the SAECG involves its use in predicting risk for ventricular arrhythmias after myocardial infarction (MI).

Although noninvasive tests are helpful in predicting which patients are at risk for life-threatening ventricular arrhythmias after myocardial infarction, programmed electrical stimulation performed during an invasive electrophysiologic study remains the gold-standard test in 1987. Patients in whom sustained ventricular arrhythmias can be induced by programmed stimulation of the heart have a high incidence of sudden death and clinical tachyarrhythmias. Preliminary data show that the SAECG may be nearly as good as programmed stimulation at predicting patients at high risk for serious arrhythmias after MI.

The most common mechanism for sustained ventricular tachycardia (VT) after the acute phase of MI involves localized reentry of conduction in a region of the heart which conducts the electrical impulse more slowly than normal myocardium. These regions of slowed conduction are often located near the border region between normal and infarcted tissue. Electrical conduction in these areas often extends well beyond the termination of normal electrical systole as measured by the end of the QRS complex on the surface electrocardiogram. Because of the small amount of tissue conducting in these abnormal areas, the net signal is small compared to the total QRS, and is usually below the noise level of the ECG signal. If the noise can be reduced and the ECG signal amplified several hundred times, these signals can often be detected.

This is exactly what the SAECG does. When the ECG signal is summed over several hundred cardiac cycles, noise, being random in nature, tends to cancel, while the ECG signal, being periodic, become stronger. The amplified signal can then be processed to show areas of late conduction called late potentials. It is felt that the areas of slow myocardial conduction are directly responsible for the genesis of these late potentials. The presence of a late potential on the SAECG seems to identify patients at risk for serious ventricular arrhythmias who may benefit from more aggressive evaluation and therapy. Likewise the absence of a late potential implies a relatively good prognosis after MI. Early data suggest that the SAECG is a good or better than other noninvasive data and approaches invasive programmed stimulation in its ability to identify patients at high risk. The beauty of the SAECG is that it can be performed in any physician's office in under 10 minutes with little training. Ongoing work at Jefferson and other medical centers is being done to more fully develop the SAECG into a useful clinical tool.

The final application I will discuss uses the ability of the computer to organize and remember information. We at Jefferson and others have set up

clinical data bases to help answer clinical questions. Clinical information and test results from patients undergoing such studies as echocardiography, cardiac catheterization and electrophysiologic testing are entered into a computer. Follow-up data are also entered as that information becomes available. This accumulated wealth of clinical information can then easily be searched to answer specific clinical questions.

Until now, major clinical questions have required large randomized trials to answer. Such trials are expensive and require many years to complete. Often the data acquired is rendered obsolete by interim advances in diagnostic techniques or therapeutics. Since the strict entrance criteria of most trials exclude the majority of patients screened for entry, the data generated is not directly applicable to the spectrum of patients seen in practice. The end result is that there is no prospective data strictly applicable to a large portion of the patients seen by practicing physicians. Most physicians use extrapolations and previous experience to manage these patients. Our memory is imperfect; however, we can use the computer to objectively "remember" similar cases and to provide data on which we may base our therapy. Admittedly, this retrospective data is subject to bias; however this fault may be minimized with careful attention to data collection and interpretation. Similarly, if several independent data bases reach identical conclusions, the chances of bias seem remote. For the instances in which there are marked disagreements, randomized clinical trials could be carried out to settle the issue.

I believe that image processing and signal processing are useful applications of computer technology which have helped clinical medicine in significant ways. However, I believe that use of clinical data bases offers the potential to answer a great many clinical questions at an acceptable cost and in a time frame such that the information retains relevance. This last application offers the most widespread benefit to us and our patients, and makes the computer a tool whose time has come. □

Fetal Diagnosis and Treatment

Ronald J. Wapner, M.D. '72

Amniocentesis has been the major diagnostic procedure over the past 15 years. However, amniocentesis is hampered by being done in the mid-second trimester with results frequently taking three to four weeks to become available. Therefore, many at risk couples for genetic diseases find themselves almost half-way through the pregnancy before information about the genetic status of that pregnancy is available. Recently, the Divisions of Maternal Fetal Medicine and Genetics have been involved in the development and evaluation of Chorionic Villus Sampling, a first trimester technique for prenatal diagnosis.

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The nine to 11 week developing pregnancy differs significantly from the second trimester pregnancy. At this time in gestation, the placental site has not yet formed. Actually, the area that ultimately becomes the placenta is made up of a large number of single cell subunits called chorionic villi. As the pregnancy progresses, these villi will rapidly grow into the wall of the uterus and coalesce into the placenta. These villi have the identical chromosomal karyotype as fetal tissue. Additionally, biochemical and DNA analysis of the chorionic villi mirror the fetus. Therefore, by early retrieval of the extra chorionic villi, we are able to perform a much earlier prenatal diagnosis.

In addition, early chorion villi are mitotically active. Whereas, amniotic fluid is dead and dying fetal debris and requires tissue culture to analyze, chorion villi are actively dividing and,

therefore, can be processed almost immediately. Result from amniocentesis may take three to four weeks to be available, where as results of chromosomes on chorionic villi take only three to four days.

The chorionic villi are easily able to be identified by ultrasound scanning between nine and 11 weeks gestation. The area to become the placenta i.e., the chorion frondosum, is seen as a hyperechoic homogeneous area. Under direct and continuous ultrasound guidance, a 1.5mm diameter catheter is inserted through the vagina and cervix into the major bulk of the chorionic villi. Suction is then applied and the villi are removed. These villi are then identified under a dissecting microscope and processed in the laboratory.

Over the past three years, we have performed over 3000 chorionic villus samplings. Our results have consistently shown a total pregnancy loss rate of approximately 2%. This safety compares quite favorably to that of second trimester amniocenteses. The increased risk of loss of a pregnancy from having a chorionic villus sampling performed, appears to be less than 1%. This safety, along with the early and rapid diagnosis of the chorionic villus sampling, makes this a very attractive procedure for patients at risk for genetic disorders. In the last year, more chorionic villus samplings than amniocentesis have been performed at Jefferson.



Dr. Hessen



Dr. Paul L. Kornblith (right) speaker for the class of 1962 shakes hands with classmate, Dr. William V. Harrer.

Umbilical Cord Sampling:

Within the past two years, the ability to directly obtain a fetal blood sample has become practical. Under direct real time ultrasound guidance, we are able to identify the umbilical cord insertion site. Once this site has been confirmed a 20 gauge spinal needle is then inserted directly into the base of the umbilical cord. A sample of fetal blood can then be removed and analyzed.

Fetal blood sampling in the second and third trimester of pregnancy is frequently performed to delineate questionable amniocenteses results such as, mosaics. Additionally, certain fetuses with congenital structural abnormalities known to be associated with chromosome defects such as, duodenum atresia and omphaloceles can have a rapid and accurate karyotyping performed by this technique. Additionally, fetal blood type, hemoglobin, hematocrit, platelet counts and numerous other biochemical analyses can be performed. Recent investigation is evaluating the feasibility of blood gas analysis

of fetuses that do not appear to be growing appropriately in utero. Until two years ago, one inserted needles into the uterus in the area of the placenta with much trepidation. However, with accurate ultrasound guidance it appears that the pregnancy related loss rate from direct and local cord puncture is 1% or less. Since this technique gives us a multitude of valuable information about the developing fetus, this safety factor appears to be quite appropriate.

With access to the fetal blood stream, the next step is intrauterine intravascular therapy. Until recently, severe Rh sensitization of the mother was treated by the installation of adult O-negative blood into the fetal abdominal cavity. Recently, intrauterine transfusions have been performed by directly entering the umbilical cord, measuring an accurate hemoglobin and hematocrit, and then transfusing the fetus intravascularly to an appropriate hematocrit. Many infants that previously would have died from severe anemia or heart failure can now be treated. Although

Rh disease is not seen with the frequency it had been in the past, there still are a number of sensitized patients referred to centers like ours for this treatment.

Now with access to the fetuses available, a number of other procedures has been attempted. Fetal platelet transfusions have been performed by this avenue for those babies at risk for thrombocytopenia. Bone marrow transplants and the administration of medications have also been attempted. Certainly, one can imagine the other techniques and advances in fetal therapy that will follow shortly.

The last three to five years have shown amazing changes in our ability to investigate and evaluate the in utero environment of the fetus. An area once thought "sacred" appears to be easily manipulated without significant and untoward effects on the pregnancy. However, as new techniques with amazing potentials develop we all have the responsibility to apply these in the most thoughtful and appropriate ways. □



Dr. Wapner



Dr. Robert Early spoke on "The Sixth Sense of Medicine-Humor" for 1952.



Dr. Varano

Update in Therapeutic Gastrointestinal Endoscopy

by Vincent J. Varano, M.D. '67

In the last 20 years, there have been numerous technological advances in the field of medicine and no more so than in gastroenterology. Singular among these advances in gastroenterology has been the development of flexible fiberoptic instruments to aid in the diagnosis, and more recently, the management of gastrointestinal tract diseases. The prospect of peering into the body's recesses and inner sanctums has titillated physicians for hundreds of years. However, it wasn't until the early 1900's that when rigid instruments with good optical qualities were developed to permit investigation of the body's orifices. These applied mainly to the bronchial tree and the esophagus and the lower rectum. It wasn't until the early 1920's that Rudolph Schindler introduced the first semiflexible gastro-scope. This permitted a good evaluation of the stomach, and because of the instrument being semirigid, it was easier to introduce and was much better tolerated by the patient.

However, there were still certain areas in the stomach that were difficult to visualize with this instrument, and it

Dr. Varano, a gastroenterologist, is Clinical Professor of Medicine at Hershey Medical Center.

wasn't until the late 1950's and early 1960's that the first fully flexible fiberoptic instruments were developed. These instruments permitted complete evaluation of the esophagus, stomach and duodenum. In the early 1970's, the flexible colonoscope was introduced. Now total colonoscopy to the cecum, and indeed, into the terminal ileum may be accomplished with the flexible colonoscope. One of the last great endoscopic frontiers seems to be total visualization of the small intestine, and at the present time, there are experimental jejunosopes being investigated to permit total enteroscopy.

One of the first areas where the gastrointestinal endoscopist began to play a major therapeutic role was in the colon. When a patient was discovered to have a polyp in the proximal colon beyond the region of the rigid proctoscope, the clinical decision whether to operate on the patient immediately to remove the polyp or to follow this with serial barium enemas became an important therapeutic decision. However, now with the advent of total colonoscopy and the ability to successfully remove polyps by means of electrocautery snare, polyps anywhere in the colon can be removed successfully via the colonoscope. This has resulted

in the tremendous decrease in morbidity and mortality to the patient, as often these patients are investigated with mild sedation thus avoiding general anesthesia and the need for laparotomy.

The majority of colonoscopic polypectomies also are done on an outpatient basis avoiding hospital stay associated with laparotomy and removal of the polyps via colotomy. Because of this, the economic impact has been important and polyps can be removed much more safely and economically via the colonoscope. Drs. Wolff and Shinya, Beth Israel Medical Center in New York City, were on the forefront of developing these colonoscopy and polypectomy techniques, and at the present time, polypectomy is done routinely and safely by most gastrointestinal endoscopists.

The flexible fiberoptic instruments have played a great impact on the management of patients with upper gastrointestinal tract bleeding. First, they have helped to clearly delineate the exact etiology of why patients bleed from the upper intestinal tract. In the preendoscopic era, approximately 75 percent of patients with upper gastrointestinal tract bleeding was presumed to be secondary to peptic ulcer disease. However, objective criteria in which this diagnosis was made was oftentimes not with good hard data, but with the advent of upper endoscopy. We began to see approximately a third of patients with upper gastrointestinal tract bleeding from acute mucosal lesions such as esophagitis, Mallory-Weiss tear, tears at the cardioesophageal junction, acute gastritis and/or erosive duodenitis. The majority of these lesions oftentimes do not show up on the usual barium upper intestinal tract x ray. The overall mortality from patients with upper gastrointestinal tract bleeding has been approximately 10 percent; approximately 15 percent of patients require some type of surgical intervention.

It is in these latter groups that the hope persists that via endoscopic methods, better ways can be developed to control upper gastrointestinal tract bleeding. Within the last five

years, a number of instruments have become available to help accomplish this goal. Monopolar electrode coagulation is available, bipolar electrode coagulation, heater probe and YAG laser are also available to stop bleeding from ulcer disease or arteriovenous malformations of the stomach. Hopefully, with the use of these techniques, an impact on patients' morbidity and mortality and the need for surgical intervention can be decreased.

Patients who have cirrhosis of the liver and with bleeding esophageal varices have always been a difficult group of patients to manage therapeutically in past years. These patients oftentimes eventually underwent a portacaval shunt which, of course, is associated with a moderate morbidity and mortality, although it has been successful in decreasing the incidence of rebleeding. However, many randomized double-blind studies have shown that there is no overall influence on mortality in patients who undergo portacaval shunt, and at the end of five years, the survival in the shunted versus the non-shunted group of cirrhotics is approximately the same. Because of this, the interest in portacaval shunts has waned, and there has been resurgence of interest in endoscopic sclerotherapy of esophageal varices. Via the endoscope, a small needle is placed into the varix and a sclerosing agent, such as sodium morrhuate or sodium tetradecyl, is injected directly into the varix causing an endophlebitis with eventual clotting of the varix. Once the varices are obliterated over multiple sessions of sclerotherapy, there is a marked decrease in incidence of rebleeding from esophageal varices.

Stenoses which occur throughout the gastrointestinal tract may now be dilated successfully with various through-the-scope balloon dilators. Very tight esophageal strictures, which are not amenable to dilatation with mercury bougies, may be successfully dilated with a balloon dilator passed through the scope itself. For example, patients with adult hypertrophic pyloric stenosis who are poor surgical candidates may have their pylorus successfully dilated with a pyloric dilator;

also, postoperative stenosis anywhere in the intestinal tract and the colon which develops narrowing, again may be successfully dilated. Strictures in the biliary tract are amenable to balloon dilatation, and as long as the scope can reach any area in the intestinal tract, the possibility of dilation of any stenosis with the balloon is possible.

Patients who have had cholecystectomy and develop either a recurrent or retained common bile duct stone can now be managed successfully via endoscopic means. With the advent of the side viewing duodenoscope and the endoscopic papillotomy, the papilla can be enlarged via the endoscope by means of the papillotome, and in the majority of cases, stones within the common bile duct can be removed successfully. This has saved many patients from undergoing reoperation of the biliary tract to remove a common bile duct stone and significantly decreased morbidity and mortality associated with this operative procedure. Patients who have tight papillary stenosis and biliary dyskinesia type syndromes can also be managed successfully with the endoscopic papillotomy. Malignant obstruction in the biliary tract or pancreas can be managed by placing a stent across an obstructed area via the side viewing duodenoscope. Also, nasobiliary stents may be placed via the endoscope if a large stone cannot be removed and solvents can be infused to try to dissolve the stone in this way.

The most recent technological advance has been the application of laser technology to the management of

gastrointestinal tract diseases. A few types of lasers presently in medical use include the carbon dioxide laser, the Argon laser and the neodymium YAG laser. The YAG laser has been shown to be successful in the management of bleeding from peptic ulcer disease and anywhere up to 90 percent of patients with bleeding peptic ulcers may be successfully coagulated using the YAG laser. Also, at lower power settings, arteriovenous malformations in the upper intestinal tract may be managed with the YAG laser and arteriovenous malformations in the colon may be successfully coagulated using the Argon laser.

An important role of the YAG laser in gastrointestinal tract diseases has been the palliative treatment of malignant obstructions in the intestinal tract. Patients who have carcinoma of the esophagus, stomach, colon or rectum who are either poor operative candidates or already have demonstrated metastatic disease may have relief of their obstruction by using the YAG laser. It may permit the patient to swallow normally and have normal bowel function and save the patient undergoing major surgery for just palliation. With the development of protoporphyrin dyes and tunable dye lasers, perhaps curative resection of neoplastic disease in the GI tract may eventually be accomplished. Also, the YAG laser has been used recently in patients with severe radiation proctitis and persistent bleeding which are transfusion dependent. Using low power YAG laser energy, multiple telangiectasias in the rectum may be coagulated, and thus decreases the frequency in the transfusion requirement of this group of patients.

There are other areas where the gastrointestinal endoscopist becomes therapeutically involved. Percutaneous endoscopic gastrostomy for feeding patients nutritionally avoids the surgical gastrostomy and is now done routinely. As present technology continues to expand, I expect that the gastrointestinal endoscopist will continue to play an increasingly important role in the diagnosis and management of gastrointestinal tract diseases. □



The Jefferson Scene

achievement award

This year's traditional Alumni Banquet took place on Friday evening, June 5th. For the first time since its inception over a century ago, the Banquet was held at the Franklin Institute. The museum's large marble rotunda provided an impressive setting in which to confer the prestigious Alumni Achievement Award upon this year's recipient, William R. Fair M.D. '60.

Since 1984, Dr. Fair has been Chief of the Urologic Service and Vice-Chairman of the Department of Surgery at the Memorial Sloan-Kettering Cancer Center, and Professor of Surgery at Cornell University. "Bill was the first person to come to Memorial Sloan-Kettering under the new regime," states his wife, Mary Ann, referring to the recent and well-publicized shake-up in management at Memorial Sloan-Kettering.

What does Mrs. Fair believe her husband's major accomplishments have been in his new position? "Bill has seen to it that the protocol for each patient who comes to the Urology Service at Sloan-Kettering is designed to suit that patient's individual needs. Bill has helped ensure that all available treatments are considered. He has encouraged physicians to consider chemotherapy, immunotherapy and radiation as well as surgery."

Mrs. Fair believes that her husband

has also helped to upgrade the caliber of the urology fellowship program at Sloan-Kettering. Since Dr. Fair became Chief of the Urological Service, entrance into the fellowship program has become more competitive. And while the program has always had a strong clinical reputation, Dr. Fair has greatly enhanced its research endeavors by requiring that all urologic oncology fellows spend two years of basic research before the final clinical fellowship year. Considering that the urology fellows have already spent five to six years in residency before coming to Memorial Sloan-Kettering, this amount of time represents an impressive commitment but one that Dr. Fair says he feels is "necessary in order to train world-class urologic oncologists."

Most notable among his recent accomplishments is Dr. Fair's involvement in the introduction of lithotripsy to the United States. Dr. Fair was the first American to see a lithotripter in use in Germany. This machine disintegrates kidney stones by means of shock waves, making invasive surgery unnecessary. Dr. Fair notes that "today, extracorporeal shock wave lithotripsy (ESWL) is the primary method of treating kidney stones in most developed countries." Dr. Fair was one of only six initial investigators who performed the FDA required studies which proved the safety and efficacy of the lithotripter for use in the United States. Mrs.

Fair, a nurse, is coordinator of the lithotripsy unit that her husband helped establish at New York Hospital. In addition to the clinical use of the lithotripter for stone disease, Dr. Fair has investigated the experimental use of high energy shockwaves in the treatment of cancer and was the first to publish on the potential role of shock waves in oncology.

Previous to his current appointment at Memorial Sloan-Kettering, Dr. Fair served as Chairman of the Urology Program and spent three and a half years as Acting Head of the Department of Surgery at Washington University School of Medicine in St. Louis. He has also served as a Visiting Fellow at the Chester Beatty Cancer Research Institute in London and as an Assistant and Associate Professor of Surgery (Urology) at the Stanford University School of Medicine.

Dr. Fair served his internship and his residency in the army. He met his wife at the Womack Army Hospital in Fort Bragg, North Carolina, where he was a resident and she was a nurse. "We knew each other for only six weeks before we were married," states Mary Ann. "Bill has always thrived on adventure!"

Before coming to Jefferson, Dr. Fair earned a Bachelor of Science Degree from the Philadelphia College of Pharmacy and Science. He graduated from Jefferson Medical College where he was elected Vice-President of his class and a member of AOA. Among the numerous professional societies to which he belongs are the American College of Surgeons, the Clinical Society of Genitourinary Surgeons, the American Association of Genitourinary Surgeons, the Society of University Surgeons, the American Urologic Association, the Societe Internationale d'Urologie, the Association for Academic Surgery, the American Association for the Advancement of Science, the American Society of Nephrology, the American Society of Clinical Oncology and the National Kidney Foundation on whose Board of Trustees he served from 1970-1980. Dr. Fair has also served on the Committee on Surgical Education in Medical Schools. In



The 1987 Achievement Award Recipient, William R. Fair, M.D. '60.

1972, he was elected as a Diplomat to the American Board of Urology. During the same year, he received a Research Career Development Award, the first such award made to a urologist. In 1980, he received the Hugh Hampton Young Award from the American Urology Association for outstanding contributions to urology. In 1985, he received the Third Prize Motion Picture Award for "Innovations in Urologic Surgery: Extracorporeal Shock Wave Lithotripsy" from the American Urological Association.

Dr. Fair has over 132 publications to his credit and has edited two books. He serves as Assistant Editor of the *Journal of Urology* and on the editorial board of four other journals. He has been the recipient of a number of NIH research grants and has served as a member of a NIH study section. He has been invited as a Visiting Professor to a number of universities both in this country and abroad. His major research interests lie in the elucidation of etiology and treatment of prostate and bladder cancer.

In describing Dr. Fair, friends and relatives return most frequently to his ability to instill his own sense of courage in others. "Recently, he's become my mentor in medicine," Jefferson Medical College sophomore, Lenore Tietjens said of her cousin. "His manner is gentle and healing. He's what a physician should be." In his presentation remarks at this year's Alumni Banquet, Dr. Fair's classmate, William F. Hushion, said, "Since our days together as fraternity brothers, Bill has always encouraged me to be confident. Although I was shy, he influenced me to become President of our fraternity, and, eventually, to become President of the senior class. His encouragement has paid off. Now, as you can see, I'm no longer afraid to stand up in front of crowds. Now it's my turn to encourage Bill." But Dr. Fair's spirit goes beyond mere self-confidence. Mary Ann says, "Bill constantly needs a challenge. He has scheduled a trip to Nepal this October, where he is ready to scale an 18,000 foot mountain.

163rd commencement

Jefferson Medical College's 163rd Commencement Exercises were held on Friday, June 5th at 10:30 a.m. The ceremonies were characterized by a blend of tradition and innovation, formality and levity. True to Jefferson tradition dating back to 1870, exercises were held at the Academy of Music. This ornate style is ideally suited for a formal ceremony which, alumni will remember from their own graduations. At this year's Commencement, floral motif was picked up on frontstage, with red, pink and white geraniums, peonies and carnations from one end of frontstage to the other.

As Jefferson processional resounded from the pipe organ at the front of the hall, the class of 1987 filed out from behind the stage and down into their seats in the center of the audience area. Despite the formality of the processional, the graduates' families expressed their light-heartedness as they flashed their cameras and waved and cheered



to their sons and daughters.

Lewis W. Bluemle, Jr., M.D., President of the University, delivered the convocation. His words expressed his respect for the dignity and tradition of the occasion as well as his awareness of the new environment in which the class of 1987 will soon be practicing medicine. "Who would want to practice medicine today?" asked Dr. Bluemle. "What's to celebrate about arriving at the end of four years of student life when you consider that you'll be entering a world characterized by cutthroat commercialism and an army of regulators?" Responding to his rhetorical question, Dr. Bluemle continued, "We're celebrating with you the joy of professional privilege, the privilege of serving patients who will need your knowledge, your skill and your respectful care. We're celebrating with you the excitement of discovery, as you approach a diagnosis or discover a new way to treat or prevent illness. We take pleasure in your new sense of purpose, as you feel certain, perhaps for the first

time, about what you're really going to be now that you're grown up. And we share your conviction that no profession is more rewarding than that of medicine. Finally, we're delighted to see this magnificent growth in the Jefferson alumni family."

Like Dr. Bluemle, Joseph S. Gonnella, M.D., Dean and Vice President of Jefferson Medical College, described the competitive and litigious environment in which the class of 1987 will soon be practicing medicine. Although the health-care field may not look as attractive to prospective students as it used to, Jefferson Medical College continues to draw a large pool of student applicants, pointed out Dr. Gonnella. We're proud of you, the class of 1987."

Following Dr. Gonnella's remarks, Edward H. McGhee, M.D. '45, the Professor of Family Medicine, administered the Hippocratic Oath in a sonorous Southern accent. Then, Bruce E. Jarrell, M.D. '73, Grand Marshal, called out the 207 names of the class of 1987.

Dignitaries at this year's 163rd Commencement Exercises were (left to right), Joseph S. Gonnella, M.D., Dean and Vice President of Jefferson Medical College; Jussi J. Saukkonen, M.D., Dean of the College of Graduate Studies; Edward C. Driscoll, Chairman of the Board of Trustees; honorary Doctor of Laws recipient, Tai Joon Moon, M.D.; Lawrence Abrams, Ed.D., Dean of the College of Allied Health Sciences, honorary Doctor of Literature recipient, John Phillip McGovern, M.D., and Lewis W. Bluemle, M.D., President of Thomas Jefferson University.

Each graduate came forward to receive a diploma from Dr. Bluemle and to be robed with the green Doctor of Medicine hood. Alexandra H. Simkovich, this year's winner of the Alumni Prize for the highest cumulative grade point average, received a standing ovation. After shaking Dr. Bluemle's hand, each student acknowledged the faculty seated on stage in his or her own manner. Some graduates tipped their mortarboards or quickly bowed their heads. A few gave the military hand-to-forehead salute, and a couple of women curtsied deeply. All were congratulated by Dean Gonnella.

Also graduating in the morning ceremonies were five women and two men who received Ph.D. degrees in the biological sciences, along with three women who received M.S. degrees in clinical microbiology. In addition, two physicians received honorary degrees at the ceremonies.

John Phillip McGovern, M.D. received an honorary Doctor of Literature degree, the twenty-second honorary degree to be bestowed upon him. Dr. McGovern received his medical degree from Duke University. He has held appointments at Yale and at Duke, and has worked in London, Paris, Washington, D.C. and Boston. Board-certified in both pediatrics and allergy, Dr. McGovern settled in Houston, Texas in 1956 to pursue a career in teaching, research and private practice. The McGovern Allergy Clinic in Houston, the largest such clinic in the nation, was named in his honor.

Tai Joon Moon, M.D., who graduated from the College of Medicine, Seoul National University in 1950, received an honorary Doctor of Laws degree at the Commencement exercises. Dr. Moon served his residency in neurosurgery at Thomas Jefferson University Hospital directly after the Korean War. In 1957, he became a Fellow in neurology at Jefferson. Dr. Moon founded the first Department of Neurosurgery at Yonsei University College of Medicine in Seoul where he served as Chairman of the Department until 1968 and President of the Korean Medical Association since 1979. Class appointments are on page 44.



The Academy of Music.

class day for '87

"Today recognition is given to those students whose performance has been truly outstanding," announced Joseph S. Gonnella, M.D., Vice President and Dean of the Medical College, in his opening remarks at this year's Class Day, on Thursday, June 4th. But he went on to observe that considering how competitive entrance into the College has become, the entire class of 1987, deserved to be commended. "Four years ago, the class of 1987 was selected from more than 4,292 applicants representing 83 universities and colleges across the country."

Chosen by the senior class for the fourth year running, Willis C. Maddrey, M.D., the Magee Professor of Medicine

and Chairman of the Department, addressed the graduating class. He stressed that while medicine has become increasingly dependent upon science and technology during this century, physicians should strive to maintain the virtues of compassion and humanity which are traditional to their profession. "Medicine consisted of humanity and art before it consisted of science. In medicine today, the pendulum may have swung a bit far toward the scientific side. It's our task—particularly your task as the next generation of practitioners—to make sure we maintain the art of medicine while continuing to reap the benefits of the science of medicine.

"What problems do these scientific advances pose?" continued Dr. Mad-

drey. First, he observed that as the pace of developments in science and technology quickens, the public has developed certain expectations about what their physicians can and should do. These expectations are frequently unrealistic and have led to an erosion of confidence in physicians."

As senior speaker, the class of 1987 chose Louis R. Petrone whom Dr. Gonnella described as "knowledgeable, capable, dependable and, above all, caring." The new graduate picked up on Dr. Maddrey's key note: "Now that we've gained this knowledge, let's not lose sight of that fundamental attribute, compassion." In the course of his remarks, Mr. Petrone reflected on the two years he and his classmates spent in clinical rotations. "With our various rotations, we experienced a sampling of most of the medical specialties. In internal medicine, we participated in the care of patients with multiple medical problems. During obstetrics, we played a part in bringing human life into the world, while in pediatrics, we saw the struggles and the joys of that life during its early development. We saw how medical knowledge along with manual dexterity helps the surgeon to reverse many life threatening conditions. In psychiatry, we realized what a blessing it is to have sound mental health. And, of course, in our family medicine rotation we saw how the best elements of all these specialties could be combined into one specialty." Needless to say, Mr. Petrone has chosen family medicine as his own specialty. He will serve his residency at Thomas Jefferson University Hospital.

When prizes were distributed, women stole the day. Although women constitute less than one third of the class of 1987 (62 out of the 207 graduates are women), they received approximately two thirds of the prizes.

Most notably, Alexandra Helene Simkovich received the Alumni Prize awarded by the Alumni Association to the student who has achieved the highest grade point average. Ms. Simkovich has been in the five-year Penn State/Jefferson Medical College Program. She will go on to do her residency in general surgery at New York

University-Cornell Medical Center. Ms. Simkovich returned to the stage two more times to receive the Lemmon Prize in Anesthesiology and the Janet M. Glasgow American Medical Women's Association Award of Outstanding Achievement. She also received honorable mentions for the William Potter Memorial Prize in Clinical Medicine, the Arthur Krieger Memorial Prize in family medicine, as well as the Paul D. Zimskind Memorial Prize in Urology.

Karyn Montgomery, Terry Lee Horton and Howard Gerhard Hutchinson received the William Kellow Prize awarded to the student or students who most clearly exemplify the attributes of the ideal physician. The J. Woodrow Savacool Prize in Medical Ethics awarded to the senior medical student who best embodies the traditional ideal of caring for people went to Charles Andrew Pohl.

Women also took their fair share of faculty awards with the Christian R. and Mary Lindback Award for Distinguished teaching in the basic sciences going to Marion Joyce Siegman, Ph.D., Professor of Physiology, and the Burlington Foundation Faculty Achievement Award for excellence in the teaching of the basic sciences to Madhu Kalia, M.D., Ph.D., Professor of Pharmacology and Professor of Neurosurgery. Geno Joseph Merli, M.D. '75, Clinical Associate Professor of Medicine and Clinical Assistant Professor of Rehabilitation Medicine, received the Lindback Award for teaching in the clinical sciences, and Bruce Evans Jarrell, M.D. '73, Associate Professor of Surgery, received the Burlington Award for excellence in the teaching of the clinical sciences.

Class Day brings together the members and cites those who have achieved excellence.

senior portrait

First in the series of medical school commencement activities this year was the Senior Portrait Presentation on Thursday, May 21st, when the portrait of Robert L. Perkel, M.D. was presented to the College. Dr. Perkel, Clini-

cal Assistant Professor of Family Medicine and Instructor in Medicine, would have you believe that he's just a regular guy. After hours, you'll find him battling baseball trivia back and forth with students and faculty, or discussing the high school basketball team from his hometown of Bayonne, New Jersey. But clearly his colleagues and his students recognize that Dr. Perkel's finer qualities cut deeper than his obvious good nature and affability. In their remarks at the portrait presentation, students and faculty returned again and again to Dr. Perkel's compassion, and to his commitment to humanitarian causes and social change.

"At his interview for a residency at Jefferson," recalls Paul C. Brucker, M.D., Alumni Professor and Chairman of the Department of Family Medicine and Clinical Professor of Medicine, "Bob said that he was interested in coming to Jefferson because he wanted to find out whether the practice of medicine could work in an urban area." Dr. Perkel's career to date has been distinguished by his concern for delivering health care to the under-served.

Dr. Perkel is a humanist as well as a humanitarian. He received a B.A. in the humanities from Yale in 1972, with a major in history. "At first he was not intent on a medical career," related Dr. Brucker, "but the more he thought about it, the more he became convinced that practicing medicine might allow him to effect social change. So Bob spent another two years at Yale, taking organic chemistry and other premedical courses."

Dr. Perkel started medical school at Rutgers, transferring to Albert Einstein in New York after two years. In 1978, he received his M.D. from Einstein. "Bob's interests ever since coming to Jefferson have included academic medicine, clinical care and an involvement with social concerns and problems," stated Dr. Brucker. Dr. Perkel is board-certified in family practice and is a Diplomate of the National Board of Medical Examiners.

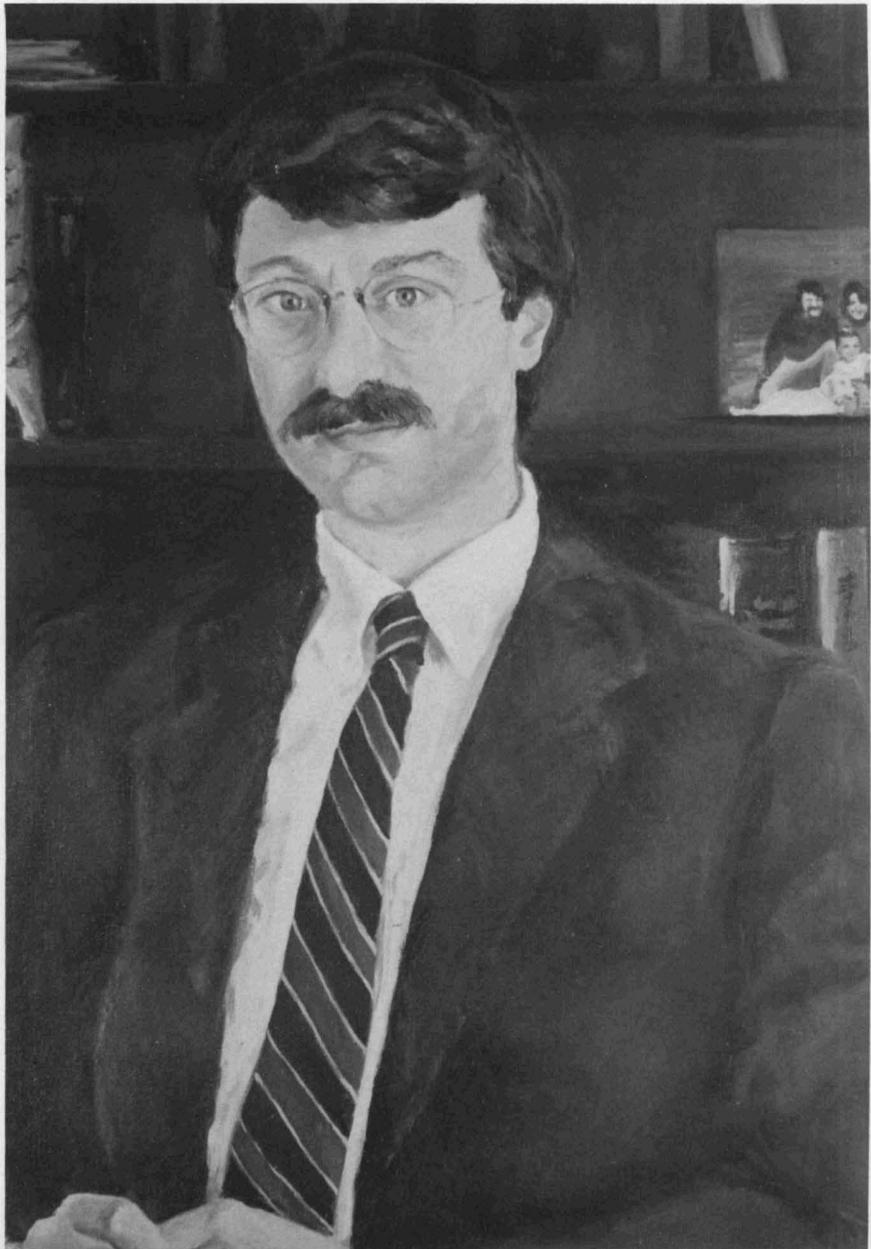
As a member of the faculty at Jefferson, Dr. Perkel has been able to pursue his dual interests in the humanities and in humanitarianism. He serves as Direct-

or of the sophomore course, "Medicine and Society." He founded the "Literature and Medicine Seminar Series" two years ago, and still leads some of these seminars. Since 1981, he has been Director of the Home Visit Program. "Throughout the city of Philadelphia," explains Dr. Perkel, "there are few ambulatory care-based residency programs to train physicians for the special demands of an urban, primary care practice. Some teaching hospitals offer the usual array of clinics, but, all too often, primary care is left in the hands of the 'Medicaid Mill' practitioners. In response to this crucially needed service, Thomas Jefferson University Hospital developed the Urban Community Family Home Visit Project to provide comprehensive, continuous, and coordinated medical care for handicapped, elderly and indigent patients in the Hospital's Department of Family Medicine." Dr. Perkel has demonstrated a special interest in the care of the elderly. He serves as Director of the Geriatrics Training Program for residents at Jefferson, and has lectured on medical and legal issues in geriatrics.

In his remarks at the portrait presentation, Dr. Perkel's close friend and contemporary, Richard C. Wender, M.D., Clinical Assistant Professor of Family Medicine and Instructor in Medicine, began by providing a humorous description of the regular guy who drinks beer in the Bronx and who plays the clarinet "so he won't talk so much." But the tone of Dr. Wender's remarks changed to an earnest note as he described Dr. Perkel's devotion to his students and his sensitivity toward his patients.

In his words of thanks, Dr. Perkel advised the class of 1987, "Be passionate about what you believe in. The disease of the 1980's is a quiescence of attitude. As you move on to your residencies, I hope you will retain the passion of your commitment to medicine."

Vice President and Dean Joseph S. Gonnella accepted the portrait for the Medical College and President of Thomas Jefferson University Lewis W. Bluemle, Jr., for the Board of Trustees. Gail M. Herrin, M.D., was Chairperson of the Senior Portrait Committee.



Portrait of Robert L. Perkel, M.D., presented by the class of 1987.

honors et cetera

George A. Alexander, M.D., Assistant Professor of Radiation Therapy and Nuclear Medicine, has been appointed Assistant Dean of Student and Minority Affairs. Dr. Alexander, a graduate of Howard University College of Medicine, joined the Jefferson faculty in 1984.

Paul A. Bowers, M.D., '37 has been unanimously reelected to a second term as Alumni Trustee on the Board of

Trustees of Thomas Jefferson University. Dr. Bowers is Professor Emeritus of Obstetrics and Gynecology.

Michael J. Bradley, Vice President for Health Services and Executive Hospital Director, has been elected to the Executive Committee of the Board of Directors of the University Hospital Consortium, Inc.

Robert L. Brent, M.D., Ph.D., the Bess and Louis Stein Professor of Pediatrics and Chairman of the Department,

recently delivered the introductory talk on progestins and their alleged teratogenicity at the Fertility and Maternal Health Advisory Committee meeting of the United States Food and Drug Administration.

Ivan Damjanov, M.D., Ph.D., Professor of Pathology and Director of the Division of Diagnostic Electron Microscopy, delivered the keynote address at the Fourth Annual Symposium on Clinical Application of Monoclonal Antibodies at the University of Hamburg in Germany.

Thomas D. Duane, M.D., Ph.D., Professor of Ophthalmology and Consulting Surgeon at Wills Eye Hospital, was honored recently as "Ophthalmologist of the Year" by the Philadelphia Ophthalmic Club, during a special annual meeting held at the Union League.

John T. Flynn, Ph.D., has been promoted to Professor of Physiology.

Joseph S. Gonnella, M.D., Dean and Vice President, representing the Association of American Medical Colleges, served as a witness at meetings in Washington, D.C., of the United States House of Representatives, Subcommittee on Health and Environment in March.

Farid I. Haurani, M.D., senior member of the Cardeza Foundation and Professor of Medicine, recently presented a paper on "Modulators of Macrophage Transferin or Transferin-like Protein" at the 21st Congress of the International Society of Hematology in Sydney, Australia.

Herbert A. Luscombe, M.D. '40, was named Professor Emeritus of Dermatology on July 1. He has served as Chairman since 1959. Dr. Luscombe was honored by the Alumni Association at the Reunion banquet June 5.

Phillip J. Marone, M.D. '57, has been promoted to Clinical Professor of Orthopaedic Surgery at Jefferson.

Robert D. Reinecke, M.D., Professor of Ophthalmology and Director of the

Foerderer Center for the Study of Eye Movement Disorders in Children at Wills Eye Hospital, received a Senior Honor Award from the American Academy of Ophthalmology at the national meeting. The award is given for contributions of scientific papers and participation in instructional courses during the meeting.

Fredric Rieders, Ph.D., Professor of Pharmacology, has received the American Academy of Forensic Sciences' Alexander O. Gettler Award for international recognition of excellence in toxicology.

David A. Wenger, Ph.D., has been appointed a Research Professor in the Department of Medicine.

The Department of Pediatrics at Jefferson has established a new satellite allergy office at the Benjamin Fox Pavilion in Jenkintown. It will be headed by **Herbert C. Mansmann, Jr., M.D. '51**, Director of the Division of Allergy and Clinical Immunology and Professor of Pediatrics, and, **Stephen J. McGeady, M.D.**, Associate Professor of Pediatrics.

Thomas Jefferson University has received a donation of \$250,000 from E.I. du Pont de Nemours and Company in recognition of the contribution that the University, its Medical School and Hospital make to the health care needs of the people of the State of Delaware. The gift will be used to recruit additional faculty members, develop new clinical services, and renovate some laboratories, all within the Division of Environmental Medicine and Toxicology. The funds also will be used to create three new areas of research: electrophysiological studies on ion channels, biochemical studies on drug receptors, and behavioral studies on drugs that affect the brain.

ob/gyn chairman

O. Richard Depp, III, M.D., has been named Professor of Obstetrics and Gynecology and Chairman of the Department. His appointment was effective in June, 1987.

Dr. Depp comes to Jefferson from

Northwestern University Medical School in Chicago. He joined the faculty there in 1975 as Assistant Professor and Head of the Section on Maternal Fetal Medicine. Progressing through the ranks, he was named Professor in 1981. A graduate of Tulane University Medical School, Dr. Depp took his internship and residency in Tulane affiliated hospitals and then became a senior research fellow in reproductive medicine in Seattle, Washington. He was certified by the American Board of Obstetrics and Gynecology in 1967, part one, and 1969, part two, and by the Division of Maternal Fetal Medicine, American Board of Obstetrics and Gynecology in 1975.

Dr. Depp's special interests in clinical high-risk obstetrics include prenatal diagnosis, preterm labor and evaluation of the fetus.

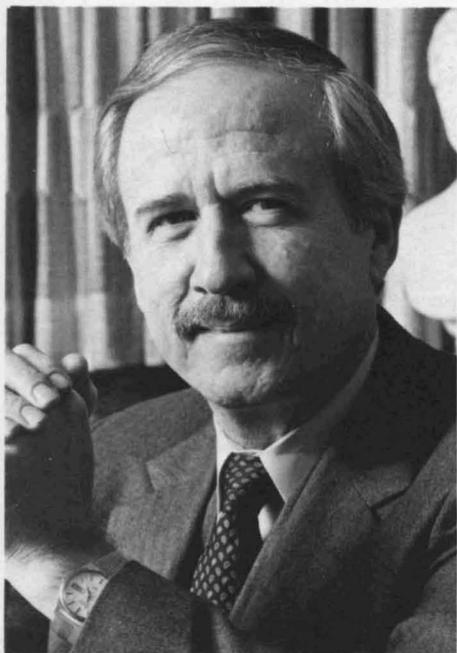
Major goals at Jefferson include strengthening the subspecialty sections of gynecologic oncology (malignancies of the female reproductive system), maternal-fetal medicine and reproductive endocrinology, including the introduction of an *in-vitro* fertilization program.

Another goal includes building on Jefferson's tradition of genetic counseling and detection of fetal abnormalities by introducing a new Antenatal Evaluation Center.

Obstetricians will collaborate closely with the ultrasound and genetics staff to provide the most advanced services available for care of the mother, fetus and newborn.

An important role of the new center will be testing during the third trimester of pregnancy, utilizing Doppler blood flow studies, biophysical profiles and new techniques of neurologic fetal assessment. Research will focus on preterm birth, including issues such as premature ruptured membranes, pre-term labor and alternate methods for early delivery.

Dr. Depp has received major research support in the past from the National Institute of Child Health and Development to investigate diabetes in pregnancy as well as the efficacy of antenatal steroids in reducing neonatal



Dr. Depp.

respiratory distress syndrome. As principal investigator of a study funded by the March of Dimes Birth Defects Foundation, he has participated in a major multicenter preterm birth prevention trial.

His professional associations include Fellow of the American College of Obstetricians and Gynecologists, a member in the Society of Perinatal Obstetricians, Association of Professors of Gynecology and Obstetrics and the National Perinatal Association among others. During his association with both Northwestern and Prentice Hospital, Dr. Depp served on a variety of education administrative and research committees. A prolific writer he served as Associate Editor, Volume III *Gynecology and Obstetrics*, and is a member of the Editorial Board of *Fetal Medicine*.

alumnus at pittsburgh

William D. Bloomer, M.D. '70, has been named Professor of Radiation Oncology and Chairman of the Department at the University of Pittsburgh School of Medicine. His appointment is effective September 1. In addition to the Chairmanship, Doctor Bloomer also will serve as Director of the Joint Radiation Oncology Center

and Associate Director of the Pittsburgh Cancer Institute. Prior to this prestigious new post, Doctor Bloomer was Professor of Radiotherapy and Chairman of the Department at Mount Sinai School of Medicine of the City University of New York, a position he accepted in 1983.

A Clinical Fellow in Radiation Therapy as well as resident at Harvard Medical School, he spent his early clinical years in Boston, serving as Associate Professor at Harvard. He was associated with Peter Bent Brigham Hospital, Boston Hospital for Women, Beth Israel Hospital and New England Deaconess Hospital, among others.

Doctor Bloomer is certified by the American Board of Radiology in Therapeutic Radiology and the American Board of Nuclear Medicine.

Currently United States Associate Editor of the *International Journal of Radiation Oncology, Biology and Physics*, he is author of 76 publications and over 25 abstracts. He is a member of numerous professional societies including American Society for Therapeutic Radiology and Oncology, American College of Radiology, Society of Nuclear Medicine, Radiation Research Society, American Association for the Advancement of Science, American Association for Cancer Research, American Radium Society, American Society of Clinical Oncology, The Radiological Society of North America and the American Endocurietherapy Society. He is also Associate Editor of *Radiation Research*.

He is married to Lauren S. Talslitz, a hospital attorney, and is the father of one daughter, Whitney Dana, born on March 12, 1987.



Dr. Bloomer.

center for research

The Center for Research in Medical Education and Health Care at Jefferson Medical College has received a \$744,808, five-year grant from the American Board of Family Practice to study the Board's process of certification of medical residents and the recertification of family practitioners.

The project involves the development of a new classification system to help the Board of Family Practice refine the content of board certification and recertification examinations.

"We aim to create a classification system that would enable the Board to develop specifications for examination content and serve as a model for examinations in this medical specialty," said principal investigator Joseph S. Gonnella, M.D., Dean and Vice President at Jefferson.

"It is more important than ever to recognize diseases in their earlier stages, in light of the present health care environment where the amount of a hospital's reimbursement for care may depend on the timeliness of discharge, as determined by the federal government's system of diagnostic related groups," said Dr. Gonnella.

OPENING EXERCISES

THOMAS JEFFERSON UNIVERSITY

Wednesday, September 9, 1987

Jefferson Alumni Hall

class notes

1918

H. Harris Perlman, 1930 Chestnut St., Philadelphia, recently gave a fine program to the residents in dermatology at Penn's Medical School titled "Old Fashioned Dermatological Remedial Agents in Therapeutic Importance and Usefulness."

1926

Harold L. Stewart, 119 S. Adams St., Rockville, Md., is to be honored with the establishment of the Harold L. Stewart Lectureship which will be given annually at the Uniformed Services University of the Health Sciences. It will mark his numerous contributions to research in pathology and oncology, his services running the pathology department at the National Institutes of Health Clinical Center and his ongoing training of numerous pathologists and oncologists. Dr. Stewart was honored by Jefferson with the presentation in 1966 of the Achievement Award.

1931

John E. Lewis, 689 Lake Howard Dr., Winter Haven, Fl., reports that he is in good health at his retirement home in Winter Haven.

1932

Jacob Lichstein, 3870 Latrobe St., Los Angeles, has been given the Distinguished 40 Years Cedars-Sinai Medical Center Staff Award. He writes "I am as proud of this award as I am of the fact that in the past two years, I have participated in the Bar Mitzvahs of my three grandsons."

1933

Joseph T. Urban, 307 Bayview Pky., Nokomis, Fl., writes that he and his

wife are off for a trip to Russia on a repeat visit spending 10 days floating down the Volga on the "Alexandyr Pushkin" to Moscow and Leningrad. Last year they were on a two-week trip to Ireland with visits to Blarney Castle and Waterford among others.

1934

Thomas J. Taylor, 614 Franklin St., Roanoke Rapids, N.C., writes that he still is doing office work three days a week.

1935

Charley J. Smyth, 210 Krameria St., Denver, writes that a Professorship in Rheumatic Diseases has been established in his name at the University of Colorado School of Medicine. Dr. Smyth served there for 24 years and was Director of the Rheumatic Disease Division.

1937

Floyd C. Atwell, 1216 W. 68th Tr., Kansas City, Mo., has been retired now for four years.

John R. Ewan, 3810 Blackthorn St., Chevy Chase, Md., retired from his practice of gastroenterology in December. "Can't make the reunion but will be there in spirit."

1938

Morton A. Kravitz, 5510 N. Ocean Dr., Singer Island, Fl., writes that "this wonderful Florida climate is so rejuvenating. Beverly and I celebrated our 49th wedding anniversary in June of 1987." He continues as he thinks about his 50th in 1988 "I'm the guy who had just gotten off the airplane and dashed to the Academy of Music in time to don my cap and gown, but not in time to change my white shoes. Was hidden

in the back row so as not to clash with pix of the event."

Paul H. Morton, 1000 Adella Ave., Coronada, Ca., writes that he is retired although his son **John Morton '74** continues the practice in the office building in Nestor. "The Navy Department has leased all but four suites for outpatient dispensaries."

1940

Herbert A. Luscombe, 600 Old Gulph Rd., Penn Valley, Pa., was named Professor Emeritus of Dermatology on July 1. Dr. Luscombe was cited by the Association, at the Alumni Banquet, June 5 at the Franklin Institute for his many years of service to his alma mater. Dr. Luscombe was named Professor and Chairman in June of 1959.

1941

Clyde C. Greene, Jr., 2757 Green St., San Francisco, has accepted an appointment as Medical Consultant to the Lifecare Retirement Communities in Danville.

Paul J. Poinard, 2123 Delancey St., Philadelphia, has been elected Chairman of the Hospital Medical Staff Section of the Philadelphia County Medical Society.

1943

Harry V. Armitage, 220 S. Ridley Creek Pk., Moylan, Pa., is still busy serving as Director of Cancer Programs at Crozer Chester Medical Center even though he has closed his office for surgical practice. He also is Chairman of the Board of Directors of Pennsylvania Blue Shield.

William J. West, 1350 Runnymede Rd., Dayton, Oh., has retired from his orthopaedic surgery practice although he is doing limited second-opinion counseling for an insurance company.

Jefferson's Relationships

Each year the Association cites the new Jefferson relationships. This year the senior class reported fathers, grandfathers, brothers and sisters, husbands and wives.

In addition to the class of 1987 there were many other related graduates on campus to celebrate several reunions. Very special attendance occurred for the class of 1927's 60th reunion. Both Dr. Sweterlitsch and Dr. Pell had relationships on hand. Dr. Louis H. Sweterlitsch, class of 1960, and his brother, Dr. Paul R. Sweterlitsch, class of 1961, have sons at Jefferson, Louis and Eric, in the freshman and sophomore class. Also at the luncheon in the Faculty Club were Dr. Edward N. Pell and his son, Edward III, in the class of 1966.

Relationships of fathers and sons/-daughters in the class of 1987 include Charles J. Bannon '62 and Joseph P.; the late Harvey Breslin '54 and Kenneth S.; William E. Burak '63 and William, Jr.; John J. Callan '59 and Donna J.; Franklin Chinn '52 and Bertram T.;

Caesar A. DeLeo '38 and Caesar, Jr.; Albert Gelb '49 and Daniel J.; the late Hartford E. Grugan '43 and Scott S.; Pasqualino Ioffreda '59 and Richard E.; William K. Jenson '53 and James J.; David M. Leivy '60 and Sander W.; Gordon F. H. Liu '48 and Jeffrey E. and Randal J.; Thomas J. McBride '48 and Mark J.; Edward C. McLaughlin '56 and Catherine M.; the late Edward G. Werhun '56 and Susan E. Ott; Donald R. Pohl '55 and Charles A.; Myron E. Rosenfeld '60 and Edward S.; Marvin A. Sackner '57 and Jonathan D.; Arnold Singer '50 and Jodi S.; Robert Spagnoli '55 and Bernita M.; Darrell C. Stoddard '50 and Bradley K.; I. Brooke Walker '59 and Kathleen A.; Leonard Brodsky '53 and Amy B. Whitley; and Anthony Zale '42 and Greg P. In addition three graduates of the class of 1987 have grandfathers as Jefferson alumni also. They are the late James L. Jenson '12; the late Frank E. Leivy '24; and the late Henry Pohl '23. All classes at Jefferson have similar relationships.



The Chinn family from Sacramento are all on hand for Bertram's (far left) graduation. Seated are brother, Franklin, Jr.



Charles J. Bannon '62 and graduating son, Joseph P. enjoy a coffee break during clinic talks. Dr. Bannon also was here for his 25th.



Three generations of the Sweterlitsch family: (left to right) Louis Henry III '90, family patriarch, Louis Henry Sr. '27, Paul R. '61, Eric

Over the Years



'82, sister Rebecca '90, and mother, Lily Franklin, Sr., '52 stands at right. Bertram is at Cedars Sinai.



Two Jefferson families maintain ties through the generations: David Leivy '60 (second from left) and classmate Myron E. Rosenfeld (far right) enjoy the Senior Class Party with their graduating sons, Sander Leivy and Edward J. Rosenfeld who have been roommates. At right: Edward N. Pell '27 with his son Edward III '66 at the 60th reunion.



M. '87, and Louis Henry, Jr. '60. The entire family was at Jefferson to celebrate his 60th reunion in the Faculty Club.



Gordon F. H. Liu '48 and wife can boast two graduates in the class of '87: Jeffrey E. (left) and Randal J. (far right).



As the recipients of honorary degrees, two alumni, John Y. Templeton '41 (left) and Edmond K. Yantes '42 (right) recently brought distinction to the Medical College. On April 24, Davidson College in North Carolina conferred an honorary Doctor of Science degree upon Dr. Templeton. A cardiac surgeon, Dr. Templeton is a Professor of Surgery at Jefferson, a past President of the Pennsylvania Medical Society and a former President of the Alumni Association. On May 9, Dr. Yantes, a family practitioner, received an honorary Doctor of Laws from Wilmington College in Ohio where he recently served as Chairman of the Board. He is a resident there in practice.



1945

Robert L. Imler, 2656 E. 35th St., Tulsa, Ok., has retired as Clinical Professor of Surgery and Director of the Division of Neurological Surgery at the University of Oklahoma School of Medicine in Tulsa.

1947

John J. McKeown, 935 Cedar Grove Rd., Wynnewood, Pa., is serving as a staff surgeon at the Veterans' Administration Medical Center in Delaware after 11 years as Chairman of Surgery at Mercy Catholic Medical Center. He maintains his rank as Clinical Professor of Surgery at Jefferson.

1948

Donald J. McDonald, 611 Foster Rd., Cheltenham, Pa., has been given recognition by the American Academy of Family Physicians for his 30 years of service. A staff member of Holy Redeemer Hospital, he was a Charter Fellow of the Academy.

1949

Edward H. Robinson, 17 Trundy Rd., Cape Elizabeth, Me., has passed the certification examination of the Ameri-

can Medical Society on Alcoholism and Other Drug Dependencies. He is a noted expert in chemical dependence.

1950

James R. Hodge, 295 Pembroke Rd., Akron, Oh., received an award for his presentation "Can Hypnosis Help Psychosis" at the meeting of the American Society of Clinical Hypnosis in Las Vegas last April. Dr. Hodge is Professor and Chairman of the Department of Psychiatry of the Northeastern Universities College of Medicine and Vice President of the Central Neuropsychiatric Association.

George W. O'Brien, 1227 26th St., Sacramento, Ca., writes "had a splended time at the small reunion in San Francisco last winter. Excellent meal and better company."

Irwin N. Perr, 14 Liberty Bell Ct., E. Brunswick, N.J., Professor of Psychiatry at the Robert Wood Johnson Medical School, (formerly Rutgers Medical School) was presented the Golden Merit Award by the New Jersey Psychiatric Association for his contributions to psychiatry in the state.

1951

Victor F. Greco, R.D. Drums, Pa., has been appointed Deputy Secretary of

Health by Governor of Pennsylvania, Robert P. Casey. He will be responsible for the determination of community health programs. Dr. Greco also is serving as Chief of Staff at St. Joseph's Medical Center in Hazleton.

Earl Kanter, 15 S. Brunswick Ave., Margate City, N.J., writes that he spent a month on the Navajo Tribal Nation Reservation in Arizona. Through the American College of Obstetricians and Gynecologists he spent time at Chinle and found it to be a very stimulating and much enjoyed experience.

1952

John M. Carper, 1025 Woodside Pkwy., Silver Spring, Md., is Associate Professor of Clinical Pediatrics at the Uniformed Services University of the Health Sciences and Clinical Coordinator for medical students in pediatrics at Walter Reed Army Medical Center in Washington, D.C.

1954

Robert A. Hinrichs, 2007 Galatea Tr., Corona del Mar., Ca., who is still in his surgical practice there, writes that his son, Brad, will join the class of 1991 at Jefferson this fall.



The Class of 1937 met at the Cosmopolitan Club at 1616 Latimer Street. A very special evening marked this 50th Reunion. In addition members supported the Medical College with gifts to Annual Giving in excess of \$70,000, the largest amount raised by any class.



At the Franklin Institute the members of the class of 1962 celebrated their 25th reunion in black tie with great times. As with the class of 1937 Jefferson class handbooks were distributed as were the reunion Ben Hogan golf hats.

The Physician's Cardiologist

by Mary Blitzer Field



Portrait of Warren P. Goldburgh, M.D. '52

On Tuesday, June 2nd, the friends and colleagues of Warren P. Goldburgh, '52, honored the cardiologist by presenting his portrait to the Medical College. What better testimony to the skills of a physician than for other physicians to select him as their own specialist? In their remarks honoring Dr. Goldburgh, several of his friends and colleagues noted that they had selected him as their own cardiologist.

Presiding at the ceremonies was Herbert E. Cohn, 55. Professor of

Surgery and Vice Chairman of the Department of Surgery. "Warren P. Goldburgh: physician, teacher, colleague and friend," began Dr. Cohn. "Throughout his professional life at Jefferson, Dr. Goldburgh has been honored on several other occasions. The student body recognized his remarkable talents when they awarded him the coveted Christian and Mary Lindback Award for Distinguished Teaching. The residents saw fit to give him the Medical Residents' Award for

excellence in bedside teaching and for his distinguished contributions to graduate education. His colleagues elected him President of the Medical Staff at Thomas Jefferson University Hospital. The Medical College has recognized his abilities as clinician and teacher by conferring upon him the rank of Clinical Professor of Medicine. And I have rewarded his abilities by selecting him as my own cardiologist."

Next to speak was Robert L. Evans '52 who provided a biographical sketch

of his classmate and longtime friend. Dr. Evans entertained an enthusiastic audience with his tongue-in-cheek biography, including photographs of Dr. Goldburgh from the 1920's and 1930's. In the first picture, the distinguished physician-to-be was decked out for display in his pram which was parked in front of his parents' Spruce Street townhouse. In the next, the distinguished honoree wore a little boy's cap and britches—1930's style—as he rode his toy car down the boardwalk on the Jersey Shore.

Dr. Evans' remarks were followed by those of Joseph S. Gonnella, Dean and Vice President of the Medical College. "Three words describe our feelings for Dr. Goldburgh," stated Dr. Gonnella, "... admiration, respect and love." Like Dr. Cohn, Dr. Gonnella saw fit to mention that Dr. Goldburgh was his own cardiologist.

In his response, Dr. Goldburgh described not what he represented about the Jefferson tradition so much as what Jefferson has represented in his own family traditions. "For 76 years, there's been a Goldburgh at Jefferson," he stated referring to his father, Harold L. Goldburgh's, 15 distinguished career as a Professor of Medicine at Jefferson. "I was born at Jefferson. I waited in the hospital lobby as my father performed his seemingly endless rounds. And my son, Mitchell, can tell you about the many hours he spent as a child in the halls of the hospital waiting for me to complete my rounds."

Upon graduating from Jefferson Medical College AOA, Dr. Goldburgh served his internship and his residency at Jefferson. He has served as a member of the Executive Committee at the hospital since 1974, and as Chairman of the hospital's Credentials Committee since 1980. Board-certified in internal medicine, Dr. Goldburgh is a Fellow of the American College of Physicians, a Fellow of the American College of Cardiology, a Fellow of the American College of Chest Physicians and a Fellow of the College of Physicians of Philadelphia. He belongs to the American Society of Internal Medicine and has served on the Board of Governors of the American Heart Association.

Stanley R. Kern, 57 N. Wyoming Ave., South Orange, N.J., who recently completed his term as President of the New Jersey Psychiatric Association, has been nominated to serve as Secretary of the American Academy of Psychiatry and the Law. "Attended the Jefferson reception during the APA meetings in Chicago and enjoyed renewing old friendships and meeting some of the new alumni."

Francis J. Nash, 18 Manning Ln., Milton, Ma., has finished his second term as President of the staff at St. Margaret's Hospital for Women in Boston. His son, Peter, graduated in June from Suffolk University School of Law.

Richard B. Peoples, P.O. Drawer 748, Orinda, Ca., although a new mailing address, invites all classmates in the San Francisco area to call the old number and visit.

Pierce D. Samuels, P.O. Box 216, Houghton, N.Y., plans to retire shortly from State Service with the Office of Mental Health Bureau of Forensic Services and to serve as consultant with Houghton Bureau and area Courts. He and his late wife, Jeannette, served as missionaries from 1956 to 1968.

1955

Herbert E. Cohn, 111 S. 11th St., Philadelphia, was cited by the Board of Trustees of Thomas Jefferson University for his term as President of the Medical Staff at TJUH. The resolution remembered him for his countless contributions and dedicated participation in the activities and purposes of the Hospital. He is a Professor of Surgery.

1956

Richard Raiber, 102 Sheffield Dr., Hockessin, Del., retired in November of 1986 from his practice of obstetrics and gynecology.

1957

Phillip J. Marone, 2508 S. 20th St., Philadelphia, has been promoted to both Clinical Professor of Orthopaedic Surgery and Rehabilitation Medicine at Jefferson (see p. 8).

1960

Harvey W. Oshrin, 399 E. Highland Ave., San Bernardino, Ca., has been made a Fellow of the American Psychiatric Association.

1961

E. Stephen Emanuel, 711 Elena Dr., Broomall, Pa., writes that his daughter, Julie, is a freshman at Penn's Medical School, son Eric is a sophomore at Penn undergraduate, son Frank is a junior in high school and wife, Beverly, a Ph.D., heads the Clinical Cytogenetic Unit at CHOP.

Samuel Krain, 17 Briarcliff, St. Louis, Mo., has been in a radiology practice there for ten years. He and his wife, Joyce, have four children. He sends regards to all.

1962

Charles J. Bannon, 11 Starlight Dr., Clarks Green, Pa., has been appointed Chairman of the Department of Surgery at Mercy Hospital in Scranton. A past President of the Medical Staff there he is a Diplomate of the American Board of Surgery and is a Fellow of the American College of Surgeons and the American College of Sports Medicine and a member of the Society of American Gastroenterologic-endoscopic Surgeons. He is a past President of the Lackawanna County Medical Society. Dr. Bannon also is President elect of the Friendly Sons of St. Patrick of Lackawanna County and is a member of the Board of Directors of the Scranton-Temple Residency Program and Marywood College. His son, Joseph, graduated from Jefferson on June 5, just prior to his dad's 25th reunion on the 6th (see p. 28).

John P. Capelli, 312 Hinchman Ave., Haddonfield, N.J., has been appointed Vice President for Medical Affairs at Our Lady of Lourdes Medical Center.

William G. Gottfried, 10 Rustic Ct., Orinda, Ca., is serving as Chief of Pediatrics at the Kaiser Permanente Medical Group in Walnut Creek. He also is Director of Quality Assurance, Chief of patient and health education and Chief of resident and staff education.

1963

Matthew N. Boulis, 741 Riverton Rd., Moorestown, N.J., has been elected Chief of Pediatrics at Rancocas Valley Hospital in Willingboro.

1964

Harvey A. Levin, 845 Hillside Dr., Dunedin, Fl., is practicing ob/gyn there and enjoying his one-year old son.

Faculty Wives Art Show: 1987

Donald Safir, 1627 Edgehill Rd., Abington, Pa., has given up his family practice of 20 years and is a psychiatric resident at Temple University School of Medicine. His older daughter is a pharmacy student there and his younger daughter is in her third year at Penn State. "Best regards to all my classmates."

Harvey M. Tucker, 23700 Halburton Rd., Beachwood, Oh., Professor of Otolaryngology and Chairman of the Department at the Cleveland Clinic, has been elected Vice President of the Middle Section of the Triological Society.

John P. Whitecar, Jr., Route 20, San Antonio, writes that his oldest is a sophomore at the University of Texas in engineering, with a senior in high school and a seventh and fifth grader. "Really miss Philadelphia and Jeff."



1965

Bernard S. Casel, 313 N. Fredericksburg Ave., Ventnor, N.J., is practicing ENT in the area. The Casels have two sons, one in seventh, one in ninth grade.

Charles K. Francis, 30 Pinnacle Mountain Rd., Simsbury, Ct., has been elected to serve as Governor for the state of Connecticut by the American College of Cardiology's Board of Trustees. Dr. Francis, who will serve a three-year term, is Director of the Cardiac Catheterization Laboratory at the Yale-New Haven Hospital and Associate Professor of Medicine at Yale University School of Medicine.

Carolyn Parry Decker, P.O. Box 534, Bryn Mawr, Pa., has been appointed coordinator of the Breast Imaging Center at Pennsylvania Hospital. She also serves as Deputy Director of the Department of Radiology where she has been on staff since 1971. Dr. Parry is a member of the Advisory Board of the School of Radiologic Technology and Chairman of the subcommittee for the Advance Studies Program in Radiologic Technology at the Community College of Philadelphia.

Lionel W. Rosen, 1401 Farwood Dr., East Lansing, Mi., is Professor and Associate Chairman of the Department of Psychiatry, College of Human Medicine, at Michigan State University. He also serves as Director of the Section for the Treatment of Eating Disorders.

Harvey Slater, 1363 Shady Ave., Pittsburgh, has been appointed Vice

The Faculty Wives Arts Show held in Alumni Hall during the month of May was open to everyone associated with the University — students, faculty and employees alike.

Painter and Associate Professor of Pediatrics, Gary G. Carpenter, M.D. '60, stands with his wife, Evelyn, and daughter, Quincey Ann, in front of his specially displayed art works.



Chairman of the Department of Surgery at West Penn Hospital and continues as Director of the Burn Trauma Unit. His daughter, Susan, graduates from Barnard in May and his twin sons, David and Adam, are seniors in high school.

Donald H. Smith, 90 Sutton Pl., Easton, Pa., is the Associate in Charge in the Division of General Surgery at Easton Hospital.

1966

James J. Benjamin, 10363 Buglenote Wy., Columbia, Md., is enjoying his private practice of pulmonary and cardiology medicine.

I. Paul Chudnow, 7400 S.W. 6th St., Plantation, Fl., and his wife, Phyllis, of 23 years, are enjoying a second honeymoon now that the children have returned to their roots in Philadelphia as undergraduates at Penn. "Please say hello if you're in the Ft. Lauderdale area."

James V. Snyder, 1137 Wightman St., Pittsburgh, "celebrated the publication of a textbook *Oxygen Transport in the Critically Ill*."

1967

Barry C. Dorn, 41 Summit Rd., Lexington, Ma., writes "it was quite a year battling the Massachusetts legislature. It sure is not what medicine was 20 years ago."

Morton L. Rubin, 5276 Terrace Rd., Mechanicsburg, Pa., has moved into a converted barn built in 1825. The Rubins' older son is off to college this September and Nina is attending the pre-healing arts program at Franklin and Marshall College.

Vincent J. Varano, 12 Heather Hills, Danville, Pa., has been elected to membership in the American Society for Laser Medicine and Surgery (see p. 17).

1968

The twentieth reunion comes up next June, the 10th, 11th, 12th.

Sarah J. Richards, 16 Burroughs Rd., Lexington, Ma., continues as a full-time pediatrician at Massachusetts General Hospital's Clinic in Chelsea. "Also full-time as a single parent of four active and growing children."

Mark R. Stein, 2 Sheldrake Ci., Palm Beach Gardens, Fl., has been appointed Chief of the Department of Allergy at St. Mary's Hospital in West Palm Beach and is President-elect of the Florida Allergy and Immunology Society.

Russell J. Stumacher, 605 Conshohocken State Rd., Bala Cynwyd, Pa., Clinical Associate Professor of Medicine at the University of Pennsylvania School of Medicine, is Director of the Infectious Disease Unit at the Graduate Hospital. He is author of the textbook *Clinical Infectious Diseases* published by W. B. Saunders last April.

1969

Alan S. Bricklin, 22733 DeKalb Dr., Woodland Hills, Ca., recently took part in a symposium on the pathology of vestigial organs in extinct mammals. "Several gray hairs have appeared, most likely smog related."

James D. Heckman, 9543 Burwick Rd., San Antonio, Tx., has been elected to the Board of Directors of the American Academy of Orthopaedic Surgeons. He is Professor, Deputy Chairman and Director of the Orthopaedic Residency Training Program at the University of Texas Health Science Center there. Dr. Heckman also is Chief of the Orthopaedic Section at Audie Murphy V.A. Hospital, Chief of Fracture Service at Medical Center Hospital and Director of Sports Medicine Services at the University of Texas at San Antonio. Currently Chairman of the Academy's Committee on Publications he received the J.D. Farrington Award of Excellence from the National Association of Emergency Medical Technicians in 1986.

Sander J. Levinson, 746 Jefferson Ave., Scranton, Pa., recently spoke on workers' compensation claims relating to carcinoma of the lung at Dickinson School of Law.

Alan R. Maurer, 1511 S. Tamiami Tr., Venice, Fl., was inducted as a Fellow of the American Academy of Orthopaedic Surgeons during the national meetings in San Francisco in January.

Thomas J. McGlynn, Jr., 28 Crescent St., Hummelstown, Pa., Associate Professor of Medicine at the Milton S. Eisenhower Medical Center, has rewritten with colleague, Professor John W. Burnside, the 17th edition of *Physical Diagnosis*, published by Williams & Wilkins.

1970

William D. Bloomer, formerly of New York, has been named Professor and Chairman of the Department of Radiation Oncology at the University of Pittsburgh School of Medicine. He also will be Director of the Joint Radiation Oncology Center and Associate Director of the Pittsburgh Cancer Institute. These appointments will be effective September 1. The Bloomers also announce the birth of their first daughter, Whitney Dana, on March 12 (see p. 26).

Louis A. Freeman, 7450 N. Valentine, Fresno, Ca., is practicing anesthesia as Medical Director of the Fresno Surgery Center. "Sailing and racing the waters of Southern California with Madge and the ever hungry crew of four as much as possible."

Lawrence S. Miller, 145 S. Burlingame Ave., Los Angeles, writes "daughter Torrey's tuition for eighth grade private school is more than my entire Medical College tuition. Hope to win the California lottery to pay for all six children's education through graduate school."

Nathan O. Thomas, 349 Main St., Meyersdale, Pa., and his wife, Kathleen, have seven children, six girls and finally a son this year. A partner has joined his busy family practice.

1971

George W. Dennish III, P.O. Box 2302, Santa Fe, Ca., is Chairman of the Department of Cardiology at Scripps Memorial Hospital in La Jolla and is Clinical Professor of Medicine at the University of California, San Diego.

Paul M. Fernhoff, 1591 Knob Hill Dr., Atlanta, an Associate Professor of Pediatrics at Emory University, is enjoying medical genetics there.

Michal A. Geha, 30 Churchill St., Springfield, Ma., has given up his private practice to become a "physician executive" giving him more time with his family and for other hobbies. "I'm five minutes off of 91 so stop and visit on the way to Vermont."

Michael J. Lechman, 535 Misty Hollow Ct., Bryn Mawr, Pa., has opened an office at the Lankenau Medical Building with James S. Donahoo for the practice of cardiovascular and thoracic surgery. He is Clinical Associate Professor of Surgery at Jefferson.

Jeffrey S. Rakoff, 13715 Condesa Dr., Del Mar, Ca., writes that his *in vitro* fertilization program is continuing to grow and do well at the Scripps Clinic. The Rakoff family, wife, Jan, and children, David and Anne, are doing well and enjoying the area.

Paul A. Raymond, 225 Keystone Ave., Cresson, Pa., a family practitioner, has accepted a position as Medical Director at a new prison facility in his area.

J. Stanley Smith has been appointed Chief of Trauma Services at the Milton S. Hershey Medical Center. An Assistant Professor of Surgery, Dr. Smith comes to Hershey from the Polyclinic Medical Center in Harrisburg where he also served as Chief of Trauma Services and Director of Surgical Intensive Care. He is a member of the American College of Surgeons, the American Trauma Society and the Society of Critical Care among others.

1972

Steven A. Ager, 111 N. 49th St., Philadelphia, has been awarded the Herman Herskovitz Memorial Prize by the Philadelphia Psychoanalytic Institute for an essay describing his two years of research into applied psychoanalysis.

Michael B. Baron, 257 Pennsington Ave., Passaic, N.J., writes that following the tragic death of his wife, Ann, in 1984 he married Beverly Farley this past February. Dr. Baron is practicing urology in Hudson City.

Michael L. Eisemann, 5726 Ariel, Houston, is in the practice of plastic and reconstructive surgery there. The Eisemanns have three children, the youngest boy just a year old.

Martin J. Fliegelman, 5340 S. Kenton Ct., Englewood, Co., is Chief of the Pulmonary Section at Presbyterian Hospital and Assistant Chief of Medi-

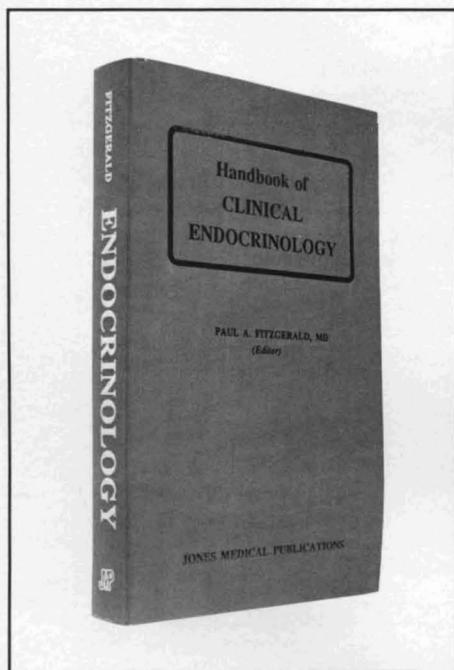
cine at Mercy Hospital. He also is Director of the Hyperbaric O₂ Unit there. He invites classmates to call if in the area.

Bruce L. Gewertz, 5812 S. Harper, Chicago, writes "Joanne and I enjoy the clinical challenges posed by three mobile, agile and (rarely) hostile children, ages 5, 4 and 3. Still practicing vascular surgery at the University of Chicago in my spare time."

Fred D. Lublin, 111 Overhill Rd., Bala Cynwyd, Pa., Professor of Neurology at Jefferson, was the subject of an article entitled "Of Mice and Men—and Genes" in the publication of the National Multiple Sclerosis Society, *Inside MS*.

1973

Paul A. Bialas, 14 Jackson Ave., Warren, Pa., is Chief of Internal Medicine at Warren General Hospital and



Dr. Fitzgerald is practicing internal medicine and endocrinology at the University of California, San Francisco. He is attending physician at Moffitt/Long Hospital and Associate Director of the Endocrine Clinic. His textbook represents three years of concerted effort by him and his co-authors at the University of California and Harvard Medical College.

Handbook by an Alumnus

Clinical Endocrinology

Paul A. Fitzgerald '72, Editor, and his co-authors proposed to write a usable, readable and portable *Handbook of Clinical Endocrinology*. Their efforts were successful. This handbook, published by Jones Medical Publications and distributed by Year Book Medical Publishers, Chicago, contains pertinent material related to clinical features, to confirmatory diagnostic procedures and to detailed treatment of endocrine and metabolic disorders. Each chapter has well designed informative titles, 77 in all, which can be used as easily available sources of information.

The appendix lists tests and normal laboratory values. To achieve a portable text the authors elected to limit discussion of basic physiology and pathology to that which is clinically pertinent; to achieve an affordable text, photographs of patients and histopathologic changes are omitted. Neither of the above diminishes the usefulness of the book. It was written for the practicing physician and I believe it should benefit them and also medical students and residents.

Dr. Fitzgerald joins other Jefferson faculty and alumni who have written text books of general endocrinology. Among them was Charles Eucharist de Medici Sajous (1878), who in 1903 wrote the first American textbook of endocrinology. Others include Professors Samuel A. Loewenberg, Karl E. Paschkis, Abraham Rakoff '37, Abraham Cantarow '24 and Joseph J. Rupp '42.

Joseph J. Rupp, M.D. '42
Professor Emeritus of Medicine

Clinical Assistant Professor at the University of Pittsburgh Medical School. The Bialas and their five children have been living in Warren for the past ten years.

Gary M. Brownstein has relocated his office for plastic and reconstructive surgery to 5 Split Rock Drive in Cherry Hill, New Jersey.

Joanna R. Firth, 1244 Ft. Washington Ave., Ft. Washington, Pa., writes that her son Billy, 11, and 18-month-old Melanie are growing as fast as her allergy offices there.

Robert P. Good, 706 Great Springs Rd., Bryn Mawr, Pa., has been promoted to Clinical Assistant Professor of Orthopaedic Surgery at Jefferson.

Myrtle E. Goore, 6465 Halcyon Dr., Montgomery, Al., board-certified in family practice, is Assistant Medical Director at Lister Hill Clinic. She is married to Milton C. Davis and they have two children, Chris and Warren.

Harry R. Katz, who is a radiation oncologist at Washington Adventist Hospital in Takoma Park, Maryland, writes that "For the past several years I have been developing new instrumentation for the interstitial and intracavitary radiotherapy of cancer, and within the past year have been awarded three United States Patents on instruments that I have invented. These inventions are: U.S. Patent #4,586,490 "Needle Inserting Instrument Means for Interstitial Radiotherapy," U.S. Patent #4,627,420 "Needle Inserting Instrument for Interstitial Radiotherapy" and U.S. Patent #4,642,096 "Position Locating Device and Method for Interstitial Radiotherapy."

Daniel M. Scotti, 720 Redman Ave., Haddonfield, N.J., has been elected to membership in the Society of Cardiovascular and Interventional Radiology.

Emilian J. L. Wasserman, 50 Blake Rd., Brookline, Ma., is practicing neurology at Mt. Auburn Hospital and is teaching at Harvard Medical School and Boston University. "Wife and two kids are flourishing."

1974

David A. Brent, 2766 Beechwood Blvd., Pittsburgh, is Co-director of Services for Teens at Risk, a program funded by the Commonwealth of Pennsylvania and devoted to research, education and prevention and treatment of

adolescent suicide and suicidal behavior.

John J. Brooks, Jr., 15 Crest Ln., Swarthmore, Pa., is presently on sabbatical with his entire family in London. From June to December he will be at the Royal Marsden Hospital doing work on growth factor receptors in mesenchymal cells.

William J. Gibbons, 428 Dogwood Dr., Southampton, Pa., is Director of the Department of Medicine at Holy Redeemer Hospital and busy in an internal medicine practice. The Gibbons are expecting their fourth child.

Thomas J. A. Lehman, 535 E. 70th St., New York, has accepted the position of Chief of the Division of Pediatric Rheumatology at the Hospital for Special Surgery in New York. He also looks forward to his appointment as Associate Professor of Pediatrics at Cornell University School of Medicine.

Larry R. Leichter, 3419 N. 31st Tr., Hollywood, Fl., has left group practice for a private practice of gastroenterology in Hollywood, North Miami and Pembroke Pines. "Loving every minute of it."

William I. Miller, 2112 Oak Stream Ave., Pensacola, Fl., will be moving to Alameda, California, this summer to be Senior Medical Officer of the aircraft carrier *USS Carl Vinson*.

1975

Gary S. Clark, 24 Wyndmoor Dr., Convent Station, N.J., is serving as Director of the UMDNJ/Kessler Rehabilitation Medicine residency program. The Clarks recently celebrated their daughter's fourth birthday.

Theodore A. Feinstein, 1015 Chestnut St., Philadelphia, has opened the New Guinea Primitive Art Gallery specializing in tribal artifacts from New Guinea and the South Pacific region.

Lawrence and Kathryn Ginsberg, 21620 Avenue 247, Lindsay, Ca., are practicing internal medicine and pediatrics respectively in Lindsay, with brother **Bruce Hall '78**. "We welcome visitors and are looking for associates."

John E. Hocutt, Jr., 2002 Foulk Rd., Wilmington, De., is head physician for a large family practice there. He also is Medical Director of St. Francis Hospital Sports Medicine Center. "Three beautiful daughters are doing well. They look like their mother."

Alexander R. Pedicino, 988 Carriage Ln., Huntingdon Valley, Pa., reports that wife, Rose, and children, Nicole 10, Mike 7, Matt 5 and Nick 1, are all well.

1976

Steven J. Glass, 1717 Pine St., Philadelphia, is serving as the Psychiatric Director of Camden County Health Services Center and is also serving as a surveyor for JCAH. "Am considering Law School for the next project."

Michael A. Meloni, Jr., 2800 S. Ocean Blvd., Boca Raton, Fl., has been certified by the American Board of Surgery.

Elizabeth H. Thilo and Eugene E. Wolfel, 5290 E. Dakota Ave., Denver, announce the birth of their second child, Allison, on March 20. "**Bob Wall '75** was the attending physician as Chairman of OB/GYN at Rose Medical Center." The new mother is Assistant Director of Nurseries there.

1977

Edward W. Bogner, 1 Fairway Dr., Selingsgrove, Pa., is busy with his family medicine practice in Northumberland. The Bogners had their fourth child in February, a girl, Meredith, 9 lbs., 12 oz.

John A. Ferriss, 14 Heatherbush Rd., Essex Junction, Vt., has opened a practice of rheumatology in nearby Montpelier.

William J. Herrmann, 534 Wyoming Ave., Kingston, Pa., is in a solo ob/gyn practice at Nesbitt Memorial Hospital there. The Herrmanns had a son, Erik Andrew, on November 29 joining David, 7, and Christine, 4.

Robert J. Lawlor, 429 Hilltop Rd., Paoli, Pa., was recertified in family medicine in 1986. He has added a sixth partner to the family practice group in Devon.

1978

Robert P. Boran, Jr., 2404 Village Rd., Orwigsburg, Pa., and his wife, Kitsy, were expecting their first child in June.

Jeffrey W. Dietz, 1001 J. Bridgeway, Sausalito, Ca., is working in emergency rooms in the San Francisco Bay area. "Living on a sailboat in Sausalito Harbor."

Gaylyn Li-Ma, 2035 Kamehameha Ave., Honolulu, is an Assistant Professor at the University of Hawaii Medical School, Medical Director of the Ob/Gyn Outpatient Clinic at Kapiolani Medical Center and maintains a small private practice. Children, Christopher, 8, Adrienne, 5, and Stacy, 3, are growing fast and Paul is doing well in architecture. "We welcome visiting alumni."

Neil H. Shusterman, 1419 Suffolk Ln., Penn Wynne, Pa., has been appointed Director of Dialysis Programs at the Hospital of the University of Pennsylvania. The Shustermans have three children, Matt, 7, Erica, 5, and Danielle, 1.

Ira U. Smith, 625 Kings Croft, Cherry Hill, N.J., has a daughter, Dara Fallon, who celebrates her first birthday this July. He is working full time in critical care at Cooper Hospital/University Medical Center in Camden.

R. Blair Summersgill, 25 Pheasant Wy., Medford, N.J., who has been promoted to Major in the U.S. Army, is Chief of Family Practice at Walston Army Community Hospital at Fort Dix.

1979

Victor K. Au, 1214 Vaughn Rd., Burlington, N.C., has opened a private practice for plastic and reconstructive surgery there. He and his wife, Theresa, announce the birth of a son, Matthew, last October.

Richard H. Greenberg, 2803 Brown St., Philadelphia, is practicing colon and rectal surgery at Albert Einstein Northern Division. He and his wife, Page, with daughter Kelsey, six months, are living in the Art Museum area of the city.

Robert L. Herman, 9066 Arborwood, San Antonio, has been elected to Fellowship in the American College of Cardiology. He is affiliated with Wilford Hall USAF Medical Center in San Antonio.

James B. Lam, Cardiology Center, 4500 Wicheis Dr., Marrero, La., has been elected to Fellowship in the American College of Cardiology.

Thomas J. Marshall, Jr., 1093 Tylee St., Vista, Ca., has successfully completed the certification examination of the American Board of Surgery. He is a staff surgeon at the Naval Hospital at Camp Pendleton.

1980

Willis S. Boyd, 4 Pembroke Rd., Lewes, De., has joined the Seashore Medical Associates there for the practice of obstetrics and gynecology. He was board certified in November '86.

Jeffrey B. Cohn, 1301 Van Buren Walk, Ambler, Pa., writes "I have hopefully taken my last test having passed the hematology and oncology boards."

Henry A. Doenlen, 1906 Braeburn Dr., Salem, Va., board certified in general and child psychiatry, has a private hospital-based practice in Roanoke.

Ronald N. Eister, 1001 First Ave., Williamsport, Pa., is Chief Medical Officer at Allenwood Federal Prison. The Eisters' third child, Laura Marie, was born June 10 and will join Ronald 3, and Sarah 2.

Thaddeus S. Nowinski has been promoted to Clinical Assistant Professor of Ophthalmology at Jefferson. He is a member of the staff in the Department of Oculoplastics at Wills Eye Hospital.

1981

Daniel L. Diehl, 225 Millwood Rd., Lancaster, Pa., who is in family practice there has many Mennonite and Amish patients. He is married to Janice, BSN '79, and they have two sons, Eric and Stephen.

Robert K. Finley III, R.D. 3, Beaver Falls, Pa., is in a general surgery practice near Pittsburgh. The Finley's son, Kent, is one.

Robert R. Kester, 15 Second St., Elmont, N.Y., is a urology resident at Brookdale Hospital and Downstate University Hospital in Brooklyn. He and his wife, Louise, had their first child in August of '86, a son, Joseph Robert.

1982

Larry M. Gersten has completed his orthopaedic surgery residency at the University of Southern California and has moved to Columbus, Ohio, for a total joint Fellowship with Thomas Mallory, M.D.

David B. Massey, 2205 New Garden Rd., Greensboro, N.C., writes that unfortunately he was not able to attend the 5th reunion because he was on call that night at the Battleground Family Practice Unit on Battleground Avenue,

there. Dr. Massey, certified by the American Board of Family Practice, is associated with Humana and Moses Cone Hospitals in Greensboro.

Robert M. McNamara, 2208 Oakwyn Rd., Lafayette Hill, Pa., has joined the faculty at the Medical College of Pennsylvania in the Department of Emergency Medicine.

Christopher M. Pezzi is a fifth-year surgical resident at Geisinger Medical Center and will begin a two-year fellowship in surgical oncology at M.D. Anderson Hospital in Houston this July.

Jerry M. Roth, 1638 Horace Ct., Bensalem, Pa., and his wife, Susan, announce the birth of their first child, Erica Leigh, on January 29.

Neal A Schorr, Meinert Rd., Wexford, Pa., has opened an office for family practice, in Franklin Park, a suburb of Pittsburgh.

Essie J. Woods, 361 Derby St., Chattanooga, Tn., is practicing internal medicine there. She married D. Wayne Young in May of '86.

Jerry Yee, a Captain in the U.S. Army, has received the Army Commendation Medal at the U.S. Military Academy at West Point where he is Chief of the Internal Medicine Clinic.

1983

Kenneth R. Arthur and his wife, Jennifer (BSN '80), announce the birth of their daughter, Jessica Louise, on April 12. Their son, Kenneth, was three in June. Dr. Arthur is a first year plastic surgery resident at the University of Kentucky Medical Center in Lexington. The new post began on July 1.

Paul F. Mansfield, 304 S. 10th St., Philadelphia, and his wife, Deborah, announce the birth of their daughter, Christine Elizabeth, on April 1st. Although she was two months early and weighed in at 3 pounds, 14 ounces, "she's doing fine." Dr. Mansfield serves as a young Trustee on the Board of Thomas Jefferson University, a position he was appointed to in June, 1983.

1984

David L. Clair, 3595 Post Rd., Warwick, R.I., is beginning his second year as a urology resident at Rhode Island Hospital.

Jonathan S. Daitch, 2522 Woodhill Ave., Bronx, N.Y., and his wife, Bobbie, will celebrate the first birthday of their daughter, Rosalyn, on Labor Day. "She will join Barry Katz, son of Stever and Sharon Katz, in the Jefferson class of 2012."

Robert L. Davoli, 217 N. Shenandoah Dr., Latrobe, Pa., has joined a family practice group as the fourth partner.

Steven Katz, 3204 Embarcadero Ct., Springfield, Pa., and his wife, Sharon, announce the birth of their first child, Barry Simon, on November 25. Dr. Katz, who completed his internal medicine residency at Mercy Catholic Medical Center, has become an Attending in emergency medicine at Roxborough Memorial Hospital.

Lincoln M. Snyder, 1403 Emerald Bay, Laguna Beach, Ca., has completed his third year as a general surgery resident at the University of California, Irvine.

1985

Paul J. Berlin, 82-12 138th St. Briarwood, N.Y., is a pediatric resident at Children's Hospital of Long Island Jewish Hillside Medical Center. He has been accepted as a medical staff fellow at the National Institutes of Health in the Immunology Division of the National Cancer Institute beginning July 1988.

Tracy A. Glauser and Lisa Lewis, a 1985 graduate of the University of Pennsylvania Medical School, were married in Cincinnati on March 22. Present were his sister, **Terry A. Glauser '81**, and **Joel N. Maslow '84**. The newly married couple have been residents in pediatrics at Johns Hopkins Hospital. On July 1 Dr. Glauser began a Fellowship in pediatric neurology at Children's Hospital of Philadelphia.

Joseph C. Goldschmidt, Jr., 104 Alnus Pl., Philadelphia, announces the birth of John III on February 22. He also writes "congratulations to **William Felmly** who will marry Patricia Walsh this fall."

David S. Seres, 350 E. 17th St., New York, is completing his residency in internal medicine at Beth Israel Medical Center. In June '86 he presented an abstract at the Endocrine Society Meeting in Anaheim titled "Hyporeninemic Hypoaldosteronism Associated with the Acquired Immunodeficiency Syndrome." The article was published in the April '87 *American Journal of Medicine*.

Jefferson Medical College Presents A Variety Of Continuing Medical Education Programs Through Various Departments During The Fall Months

★★★★★

September 16, 17, & 18, 1987

The Department of Medicine
*Preoperative Consultation:
The Surgical Patient
with Medical Problems*
THE WARWICK HOTEL

★★★★★

October 9, 10, 1987

The Department of Otolaryngology
*The Use of the CO₂ Laser For
Head and Neck Surgery*
JEFFERSON MEDICAL COLLEGE

★★★★★

October 21, 1987

The Housel Lectureship
*"The Role of Calcium In The
Genesis and Management
Of Hypertension"*
SOLIS-COHEN AUDITORIUM
JEFFERSON ALUMNI HALL

★★★★★

October 24, 1987

The 10th Annual
Psychosomatic Conference:
Sleep and Sleep Disorders
McCLELLAN HALL

★★★★★

November 19, 1987

34th Annual
Children's Rehabilitation Hospital
Institute for Physically Handicapped
and Chronically Ill Children
Asthma In The School-Age Child
McCLELLAN HALL

★★★★★

For information and registration
contact Office of
Continuing Medical Education
1025 Walnut Street

Alumni Calendar

September 15

Reception during the meetings of the American Academy of Family Physicians
Stanford Court
San Francisco

September 16

Reception at the home of Dr. and Mrs. Morton Schwimmer
The New York area alumni

September 22

Reception during the meetings of the American Academy of Otolaryngology
Hyatt Regency
Chicago

October 1

Dinner for Lehigh Valley alumni
Lehigh Country Club

October 7

Class Agents and Reunion Chairmen
Dinner
The Philadelphia Club

October 13

Reception during the meetings of the American College of Surgeons
Stanford Court
San Francisco

October 30

The Presidents Club Dinner
Longwood Gardens
Kennett Square

November 5

Dinner for Central Pennsylvania alumni
Carlisle Officers Club

November 10

Reception during the meeting of the American Academy of Ophthalmology
The Petroleum Club
Dallas, Texas

November 11

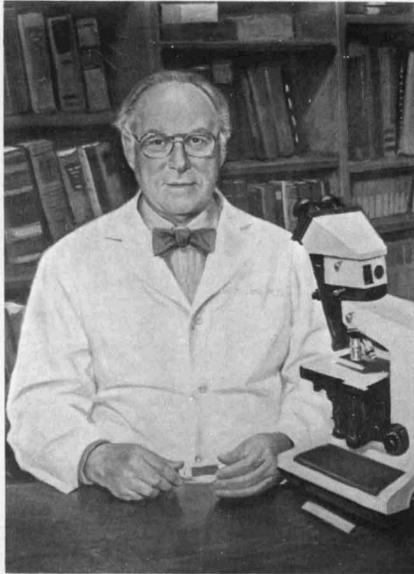
Dinner for Northern New Jersey alumni
Mayfair Farms
West Orange

December 1

Reception during the meetings of the Radiological Society of North America
McCormick Center Hotel
Chicago

Warren Reichert Lang, M.D.
Professor of Pathology
Professor of Obstetrics and Gynecology

September 18, 1918 to April 19, 1987



Currently a memorial is raising funds for a named honor.

Warren R. Lang, M.D., the first Gonzalo E. Aponte Professor of Pathology and former Chairman of the Department, died on Easter, April 19, 1987, after an unrelenting illness. The son of Charles F. and Florence Reichert Lang, Warren was a native Philadelphian. He attended Frankford High School and was awarded a City scholarship to Temple University for his undergraduate work. He applied to Jefferson Medical College, was awarded a scholarship, and graduated first in his class in 1943 winning many of the awards. This demonstration of his academic excellence continued throughout Dr. Lang's professional career.

The early phase of his career was in obstetrics and gynecology, where he rose through the ranks to become Professor in 1963. It was at this time that his interest in cytology and pathology led him to residency training in pathology at both Jefferson and Case Western Reserve. This endeavor was encouraged by the late Gonzalo Aponte, and Warren became a member of the Department of Pathology.

He was a member of numerous professional societies. He was known nationally and highly respected for his significant contributions in cytopathology. Warren was known as an excellent teacher, and the students loved him. His love and use of words, trivia and jokes were utilized with great skill in his presentations to the students. He was faculty advisor to Alpha Omega Alpha, and the Student Pathology Society. He was always willing to spend any amount of time needed to help the students. The students reciprocated by honoring him with a Lindback Award and selecting him for the Senior Class Portrait in 1985. That same year he was honored with the Papanicolaou Award for his contributions to cytopathology. He was author of numerous publications dealing with pathology and cytology. He was Secretary/Treasurer of The American Society for Cytology for many years and became President of that Society in 1984.

Warren said there were four highlights in his professional career: "being accepted by Jefferson, graduating from Jefferson, becoming the Aponte Professor at Jefferson and being selected for the Jefferson Senior Class Portrait." With all his clinical, teaching and research duties, Warren still found time to enjoying opera and reading. He wanted to finish his career by studying the Greek language during his retirement. We will all miss Warren Reichert Lang.

Russell W. Schaedler, M.D., '53
Professor of Microbiology and Chairman of the Department

Harry H. Epstein, 1919

Died September 24, 1986, at the age of 90. Dr. Epstein, a psychiatrist was a resident of Miami Beach. He is survived by his wife, Ruth, his son, **Herbert M. Epstein '60** and a daughter.

Cyrus B. Zimmerman, 1919

Died May 22, 1987 at the age of 95. Dr. Zimmerman, a general practitioner, was a resident of Newmanstown, Pennsylvania. He most generously left a bequest of \$10,000 to the Jefferson Medical College Alumni Association.

George B. Rush, 1926

Died March 4, 1987. Dr. Rush, a family practitioner, was residing in Bradenton, Florida, at the time of his death. He had been named "Physician of the Year" by the Beaver County Medical Society in 1963 where he had served as President. Dr. Rush also was President of the Beaver County Cancer Society and served as President of the Medical Staff at Aliquippa Hospital in Pennsylvania.

Russell S. Bray, 1928

Died December 17, 1986 at the age of 83. Dr. Bray, who practiced in Bristol, Rhode Island, was the first gastroenterologist in the state. He directed the gastrointestinal clinic at the Charles V. Chapin Hospital and later transferred to the Rhode Island Hospital where he served until his retirement in 1983. Dr. Bray devised the Bray-Hauser string test for occult blood. Active in many community organizations he was awarded a Fellowship in Sigma Psi from Brown University for his work in his specialty and was a founding member of the American Society of Gastrointestinal Endoscopy and a member of the American College of Physicians. Surviving are his wife, Sylvia, a son, two daughters and two stepsons.

Alexander Shellman, 1928

Died April 5, 1987. Dr. Shellman was an orthopaedic surgeon in Olyphant, Pennsylvania. Surgeon for the Hudson Coal Company, Mid-Valley area, he was the Medical Director of the Mid-Valley Hospital. He also was a member of the International College of Surgeons. His wife, Ethel, survives him.

Cecil H. Coggins, 1930

Died May 5, 1987 at the age of 85. Dr. Coggins was a Rear Admiral in the United States Navy, retiring in 1959 after 31 years of service. As an intelli-

gence officer he studied the Japanese effort in biological warfare and served on the staff of NATO headquarters in Paris as Chief of Atomic Biological and Chemical Warfare. Following his retirement he was Medical Chief of Civil Defense for the state of California. Admiral Coggins received numerous honors for his military service including the Bronze Star, the Asiatic Pacific Medal and the American Defense Medal. Surviving are his wife, Dorothy, and three sons.

Francis P. Boland, 1932

Died March 23, 1987. Dr. Boland had served as Chairman of the Department of Surgery at Mercy Hospital in Scranton, Pennsylvania, from 1966 until his death. A prominent urologist he was a Diplomate of the American Board of Urology and a Fellow of the American College of Surgeons. Dr. Boland was an innovator and planner of postgraduate education courses for area physicians, developed the Surgical Intensive Care Unit and formulated the Cardiovascular Center surgical capabilities. He also had served as President of Mercy's Medical Staff and the County Medical Society. His wife, Louise, and two children survive him.

Raphael H. Durante, 1932

Died April 3, 1987 at the age of 79. Dr. Durante was a neuropsychiatrist who had practiced in South Philadelphia for over 50 years. He was affiliated with TJUH, St. Agnes Medical Center and the former PGH. Surviving are his wife, Maureen, three sons and five daughters.

Raymond W. Reeves, 1933

Died April 9, 1987 at the age of 82. Dr. Reeves, an ophthalmologist, was a resident of Westernport, Maryland. He and his brother, the late **Julius N. Reeves '30**, founded the Reeves Clinic there where he practiced until his retirement in 1976. Surviving are his widow, Juantia, and two physician sons.

Kenneth L. Donnelly, 1935

Died May 6, 1987. Dr. Donnelly, who was residing in Bethesda, Maryland, was a family practitioner in Mahanoy City, Pennsylvania. Five sisters and two brothers survive him.

Milton L. Marten, 1937

Died January 25, 1987 at the age of 75. Dr. Marten practiced pediatrics in Cleveland, Ohio, and was the school physician for the city of Euclid for 38

years. The Martens moved to Placida, Florida, in 1981. Surviving are his wife, Dorothy, three sons, one of whom is **Lawrence Marten '77**, and three daughters.

Evan A. Erwin, 1943

Died February 10, 1987 at the age of 69. Dr. Erwin was Chief of Radiology at Scotland Memorial Hospital from 1952 to 1972. A resident of Laurinburg, North Carolina, he is survived by his wife, Maggie, and two sons.

Frank R. Kinsey, 1943

Died April 13, 1987 at the age of 73. Dr. Kinsey was the first radiologist at Lewistown Hospital in Pennsylvania where he established the first cancer and tumor registry and served as Chief of Staff. A past President of the Mifflin County Medical Society and the Pennsylvania Radiological Society he was a Fellow of the American College of Radiology and a member of the Radiological Society of North America. During World War II he was Chief Radiologist at the 98th General Hospital in Munich, and received the Army Commendation Award. Active in numerous community activities he was a President of the Rotary Club, the Mifflin County Cancer Society and the Mifflin County Industrial Development Corporation of which he was a founding member. He also served three terms on the Mifflin County School Board and was a member of the Board of Directors of the Mellon Central Bank. Surviving are his wife, Virginia, and seven children.

Lawrence J. McStravog, 1945

Died May 2, 1987 at the age of 67. Dr. McStravog was Clinical Honorary Professor of Otolaryngology at Jefferson and served as Chairman at the Veterans Administration Medical Center in Philadelphia. He was a member of the American Academy of Otolaryngology and the American College of Surgeons. Surviving are his wife, Suzanne, five sons and two daughters.

Russell R. Tyson, Jr., 1945

Died April 19, 1987 at the age of 66. Dr. Tyson, who was residing in Savannah, Georgia, had served as Chief of the Surgical Service at Chester County Hospital in West Chester. He established the Chester County Committee on Cancer and was Director of the medical conferences on tumors. Dr. Tyson was Director of the Pennsylvania Oncologic Society, a past President

of the Chester County Unit of the American Cancer Society and Liaison Officer with the American College of Surgeons' Commission on Cancer. A Diplomate of the American Board of Surgery he was the 1982 recipient of the Estelle Lasko Memorial Award. Surviving are his wife, Mary Ellen, and three sons.

Howard Z. Joselson, 1949

Died April 1, 1987. Dr. Joselson was an internal medicine and neurology physician in Perth Amboy, New Jersey, and served as Chief of the Department of Neurology at Perth Amboy General Hospital. He is survived by his wife, Sara Ann Bunin Joselson, M.D. and two daughters one of whom is **Rae A. Joselson '80**.

William C. Schmidt, 1952

Died April 29, 1987 at the age of 66. Dr. Schmidt was a general practitioner in Wayne, Pennsylvania, and served on the staffs of Bryn Mawr and Paoli Memorial Hospitals. He was a Charter Diplomate of the American Board of Family Practice and received an American Medical Association Physician Recognition Award in 1969. A physician for the Conestoga High School football team, Dr. Schmidt received a special tribute from columnist Clark DeLeon in the *Philadelphia Inquirer*. He is survived by his wife, Mary Quinlan, four daughters and two sons.

Joseph B. Heister, 1961

Died April 22, 1987 at the age of 55. Dr. Heister, a family physician, was associated with Lower Burrell Medical Associates until 1980 when he established a private practice in New Kensington, Pennsylvania. He was associated with Allegheny Valley and Citizens General Hospitals there. Surviving are his wife, Joyce, a son and a daughter.

Noreen M. March, 1967

Died April 7, 1987 at the age of 45. Dr. March was a member of Nephrology Medical Associates Ltd., and was a member of the staffs at Fitzgerald Mercy, Misericordia, Haverford and Riddle Memorial Hospitals in suburban Philadelphia. A Clinical Assistant Professor of Medicine at Jefferson, she was a member of the American College of Physicians, the American Society of Nephrology and the American Society for Artificial Internal Organs. She is survived by her mother, Mrs. Dorothy March.

The Graduate: The Life and Times of the Class of 1987

A sizable pool of older students brings the average age of this year's graduating class up to 27—about a year older than one might expect. Even so, reading about this year's graduating class may make some alumni feel their own age—and perhaps with some reason. Consider the following chronology.

1960. The average 1987 Jefferson Medical College graduate is born.

The Russians send two dogs, some rats, plants and fungi to orbit in outer space. John F. Kennedy is elected president. American Bandstand is still broadcast live from Philadelphia.

1961. The graduate celebrates his first birthday.

Jefferson Medical College admits a woman for the first time. John Glenn orbits the earth.

1962. The graduate goes through the terrible two's.

The Barbie doll is 3. Marilyn Monroe dies. It's the year of the Cuban missile crisis. Watson, Wilkins and Crick win the Nobel Prize for discovering the molecular structure of DNA.

1963. The graduate is 3 and acquires a sense of independence.

John F. Kennedy is assassinated as he rides in a motorcade through downtown Dallas. Martin Luther King leads a rally of 200,000 in Washington. Pete Rose is National League Rookie of the Year.

1964. The graduate is 4 and enters nursery school.

Ed Sullivan brings the Beatles to America. Cassius Clay beats Sonny Liston. Congress passes the Civil Rights Act. Martin Luther Kings wins the Nobel Peace Prize.

1965. The graduate is 5 and enters kindergarten.

The Medicare Program is passed. Albert Schweitzer dies. The Northeast is crippled by the great blackout. A young man immolates himself in an antiwar protest in front of the U.N.

1966. The graduate is 6 and can count to 100.

Charles Whitman goes on a shooting rampage around the clock tower at the University of Texas. Walt Disney dies. Ronald Reagan becomes Governor of California.

1967. The graduate is 7 and joins the Scouts.

Dr. Christian Barnard performs the first human heart transplant. The Arabs and the Israelis fight the Six-Day War. America goes to see *Bonnie and Clyde*.

1968. The graduate is 8 and enters the third grade.

The Russians invade Czechoslovakia. Johnson announces he will not seek reelection. Martin Luther King is slain in Memphis, and Robert F. Kennedy is assassinated in Los Angeles. America goes to see *2001: A Space Odyssey*.

1969. The graduate is 9, avoids the opposite sex but develops a proficiency in long division.

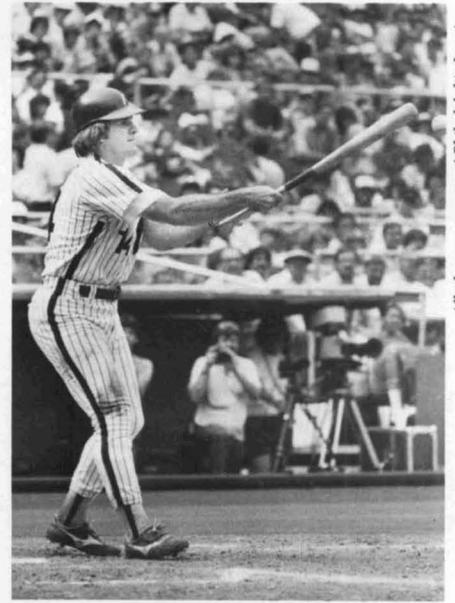
Jefferson Medical College becomes part of Thomas Jefferson University. Thousands flock to the Woodstock concert. Antiwar demonstrators march on Washington while Richard Nixon and Bebe Rebozo watch football on color T.V. On July 21, at 4:17:40 p.m., Eastern Daylight Time, the Eagle lands on the moon.

1970. The graduate is 10 and memorizes "Casey at the Bat."

Anwar al-Sadat becomes president of Egypt, and Salvador Allende is elected President of Chile. Four students are killed at Kent State. Janice Joplin and Vince Lombardi die.

1971. The graduate is 11 and can recite all the state capitals.

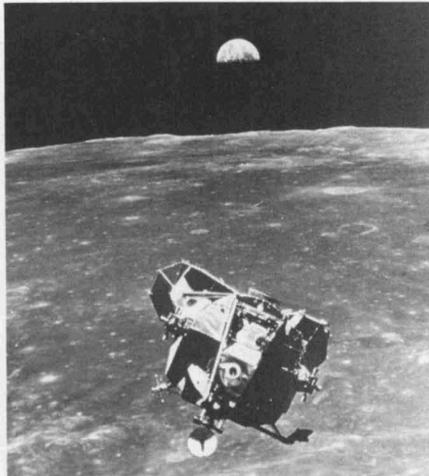
The U.N. seats Peking and expels Taipei. The Supreme Court upholds a decision to publish the Pentagon Report. One thousand state troopers storm the prison in Attica, New York. "All in the Family" goes on T.V. and cigarette ads go off.



All photos courtesy of Philadelphia Inquirer



(Top to bottom) 1963 Rookie of the Year, Pete Rose, takes a swing at the ball in 1980. T.V. Host, Dick Clark, welcomes guest to American Bandstand; and Geraldine Ferraro makes a point during Vice-Presidential debate.



(Top to bottom) John F. Kennedy campaigns, the Eagle approaches the moon, and the Live-Aid concert is broadcast from Kennedy Stadium.

1972. The graduate is 12 and receives his first lessons in sex education.

Nixon is elected to a second term by a landslide. He visits China, and burglars visit Watergate.

1973. The graduate enters junior high school and puberty.

The Vietnam War ends and the Yom Kippur War begins. Nixon states, "I am not a crook." NASA awards the contract to build a rocket booster for the space shuttle to the lowest bidder—Morton Thiokol, Inc.

1974. The graduate endures adolescent mood swings.

America waits in gas lines as Nixon resigns, Ford is sworn in, and Patty Hearst is kidnapped.

1975. The Saigon government surrenders to the Vietcong. In a final withdrawal, one thousand Americans are evacuated from South Vietnam by helicopter.

1976. The graduate learns to drive.

The Tall Ships enter New York Harbor as part of America's Bicentennial Celebration. The Viking Robot sets down safely on Mars. Jimmy Carter wins the Presidential election.

1978. The graduate enters college.

The Supreme Court orders Allan P. Bakke admitted to medical school. Under the Carter administration, the U.S. normalizes relations with China. In Georgetown, Guyana, 405 men, women and children commit mass suicide under the orders of cult leader, Reverend Jim Jones.

1979. America's worst nuclear disaster occurs at Three Mile Island. Margaret Thatcher becomes the first woman prime minister of a major European nation.

1980. The graduate enters his junior year at college, and may already have his eyes set on medical school.

The Phillies win the World Series for the first time.

1981. Fifty-two U.S. hostages in Iran fly to freedom after their 444-day ordeal. An unsuccessful attempt is made on the life of President Reagan. An unsuccessful attempt is made on the life of Pope John Paul II. President Anwar Al-Sadat of Egypt is killed.

1982. The graduate takes the MCAT.

Dr. William C. DeVries implants the first permanent artificial heart in Dr. Barney B. Clark, a retired dentist. Israel invades South Lebanon and Britain wages war in the Falklands. The Rocky statue is placed in front of the Philadelphia Art Museum, and Grace Kelly dies.

1983. The graduate enters Jefferson Medical College. He meets his first cadaver in Gross Anatomy 100.

More than two hundred marines die in a car-bombing in Lebanon. The 76'ers win the NBA championship.

1984. Geraldine Ferraro becomes the first woman vice-presidential candidate. The Apple MacIntosh computer hits the marketplace.

1985. The graduate breathes a sigh of relief upon passing the boards.

The MOVE headquarters are firebombed. The Live-Aid Concert is staged simultaneously in London and in Veterans' Stadium, Philadelphia.

1986. The graduate is immersed in clinical rotations.

The Soviet nuclear plant in Chernobyl explodes and the Challenger rocket booster explodes, killing seven astronauts.

1987. The graduate finds out where he has matched.

The Iran scandal breaks. In a landmark decision, a New Jersey superior court judge awards custody of Baby M to William and Elizabeth Stern. Philadelphia attempts to overcome civic inertia as it gears up for "We the People."

It's become a commonplace that during the 1960's and the early 1970's, young people were idealistic. During the later 1970's and the 1980's, young people are reputed to have become materialistic and politically conservative. One wonders how the past three decades have shaped the social and political outlook of this year's graduate. And now that the graduate is leaving school, one wonders how his outlook will shape his response to a health-care environment that is characterized by litigation, government-imposed regulations and corporate competition. —M.B.F.

The Class of 1987: Appointments

Match Day came again in March, as it always does. This is the day when the seniors discover where they will spend the coming year and in what area of training. Of the 207 students who participated in this year's program 49.2% received first choices; 78.8% received one of the first three choices and 84.9% received one of first five choices. The three specialties receiving the highest number of choices by the 207 seniors were internal medicine, 36.2%; surgery, 18.4%; and family medicine, 16.2%. Next followed transitional, pediatrics and obstetrics and gynecology. The following pages list the members of the class of 1987, their hospital appointments and specialties. AOA membership also is noted.

Semaan M. Abboud (GS)
Catholic Medical Center
Jamaica, NY

David B. Abrams (IM)
Bryn Mawr Hospital
Bryn Mawr, PA

Raffaello Addiego (IM)
Cooper Hospital-
University Medical Center
Camden, NJ

Marthe E. Adler-LaVan (IM)
Lankenau Hospital
Philadelphia

Errol M. Aksu (P)
Milton S. Hershey Medical Center
Hershey, PA

David A. Andreychik (GS)
Lankenau Hospital
Philadelphia

Robert O. Atlas (OBG)
University of Maryland Hospital
Baltimore

Bradley R. Auffarth (GS)
Portsmouth Naval Hospital
Portsmouth, VA

Susan C. Baer (OBG)
Cooper Hospital-
University Medical Center
Camden, NJ

Ann S. Bagley (Traditional)
Riverside Hospital
Newport News, VA

Eileen Bahler (FP) (AOA)
Latrobe Area Hospital
Latrobe, PA

Dewey J. Bailey, III (IM)
Medical College of Virginia
Richmond, VA

Joseph P. Bannon (GS)
Albert Einstein Medical Center
Philadelphia

Rachel I. Barnum (GS)
Bethesda Naval Medical Center
Bethesda, MD

Joseph N. Bateman (FP)
University of Cincinnati Hospital
Cincinnati, OH

Gregory G. Bebb (GS)
Thomas Jefferson University Hospital

Sharon A. Beckhard (IM) (AOA)
Thomas Jefferson University Hospital

David B. Bender (FP)
Altoona Hospital
Altoona, PA

Kathleen M. Berkowitz (OBG)
Presbyterian Hospital
New York

Rebecca J. Beyth (IM)
Michigan State University
Associated Hospitals
E. Lansing, MI

Jurij R. Bilyk (IM) (AOA)
Thomas Jefferson University Hospital

Elizabeth L. Bowen (FP)
Medical Center of Delaware
Newark, DE

David J. Bozentka (ORS)
West Virginia University Hospitals
Morgantown, WV

Kenneth S. Breslin (IM)
University of Connecticut School
of Medicine
Farmington, CT

David E. Brodstein (Traditional)
Henry Ford Hospital
Detroit, MI

Alan S. Brown (P)
University Health Center of Pittsburgh
Pittsburgh

William J. Brundage (GS)
Medical Center Hospital of Vermont
Burlington, VT

Mark A. Brzezienski (GS)
New Britain General Hospital
New Britain, CT

William E. Burak, Jr. (GS)
University of Maryland Hospital
Baltimore

Donna J. Callan (EM) (AOA)
Emory University School of Medicine
Atlanta

Amy B. Caplan (IM)
Albert Einstein Medical Center
Philadelphia

Matthew T. Carpenter (IM)
USAF Medical Center
Wright-Patterson AFB, OH

Teresa C. Carson (PD)
Childrens Hospital
Buffalo, NY

John M. Carter (IM)
Albert Einstein Medical Center
Philadelphia

Brad A. Case (GS)
Lankenau Hospital
Philadelphia

Catherine A. Chang (P)
Baylor College of Medicine
Houston

Edward A. Chastenev, IV (IM)
Strong Memorial Hospital
Rochester, NY

Geetinder K. Chattha (IM)
University of California-San Francisco
San Francisco

Morgan Y. Chen (IM)
Harbor-UCLA Medical Center
Torrance, CA

Bertram T. Chinn (GS)
Cedars-Sinai Medical Center
Los Angeles

Linda C. Chung (IM)
University of Hawaii
Honolulu

Maria C. Cirone (Traditional)
Jersey Shore Medical Center
Neptune, NJ

Robert F. Clyman (P)
Beth Israel Medical Center
New York

David G. Clymer (FP)
Sacred Heart Hospital
Allentown, PA

Michael L. Cohan (IM)
Rush-Presbyterian-St. Lukes
Medical Center
Chicago

David J. Cook (IM)
Mayo Graduate School of Medicine
Rochester, MN

Andrew J. Cosgarea (GS)
Strong Memorial Hospital
Rochester, NY

Sandra A. Cromo (FP)
Duke University Medical Center
Durham, NC

Laurence T. Crossan (OBG)
St. Barnabas Medical Center
Livingston, NJ

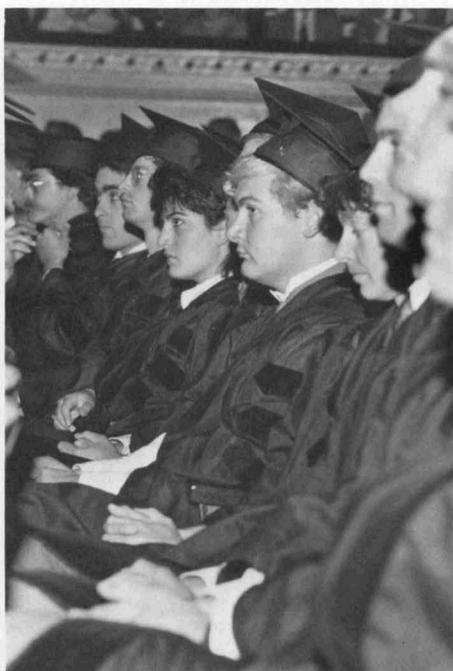
Caesar A. DeLeo, III (IM)
Geisinger Medical Center
Danville, PA

Judith J. Dennis (EM)
Case Western Reserve University
Cleveland, OH

Steven J. Dickter (FP)
Central Maine Medical Center
Lewiston, ME

Jeffrey C. DiPaolo (R) (AOA)
Bryn Mawr Hospital
Bryn Mawr, PA

Joel B. Dragelin (GS)
McGaw Medical Center of
Northwestern University
Chicago



The class of 1987 listens to the 163rd Commencement Address.

Luis E. Duarte (GS)
Hahnemann University Hospital
Philadelphia

Andrew M. Edinger (FP)
Geisinger Medical Center
Danville, PA

Richard E. Eisenman (IM)
University of Michigan Hospitals
Ann Arbor, MI

Valerie A. Elener (GS)
Allentown Affiliated Hospitals
Allentown, PA

Thomas Falkenberg (IM)
Robert Packer Hospital
Sayre, PA

Mark D. Falls (P)
Georgetown University Hospital
Washington, DC

Maurice A. Ferrante (IM)
University of Maryland Hospital
Baltimore

James A. Ferry (OBG)
Milton S. Hershey Medical Center
Hershey, PA

Tina H. Finesmith (IM)
Thomas Jefferson University Hospital

Mark O. Finnegan (OBG)
Lankenau Hospital
Philadelphia

Alan Fishman (OBG)
Los Angeles County
USC Medical Center
Los Angeles

Anne M. Fitzpatrick (PD)
Medical Center of Delaware
Newark, DE

Jonathan C. Fong (GS)
Mary Imogene Bassett Hospital
Cooperstown, NY

Carol W. Fox (FP)
Latrobe Area Hospital
Latrobe, PA

Douglas H. Fraser (FP)
Pensacola Naval Hospital
Pensacola, FL

George M. Gabuzda (ORS) (AOA)
University of Connecticut
School of Medicine
Farmington, CT

Michael R. Gallagher (NS) (AOA)
Emory University School of Medicine
Atlanta

Daniel J. Gelb (OBG)
Geisinger Medical Center
Danville, PA

Joyce G. Geller (FP)
Somerset Medical Center
Somerville, NJ

Gregory G. Ginsberg (IM)
Georgetown University Hospital
Washington, DC

David L. Goldman
St. Vincents Medical Center
Bridgeport, CT

Jean S. Gordon (EM)
Harbor-UCLA Medical Center
Torrance, CA

Phillip A. Green (PD/IM)
Cleveland Clinic Foundation
Cleveland, OH

Stephen S. Greenspan (IM)
Booth Memorial Hospital
Flushing, NY

Scott S. Grugan (DR)
Reading Hospital & Medical Center
Reading, PA

Glenn D. Hamilton (FP)
West Jersey Health System
Voorhees, NJ

Lewis E. Harpster (U)
Milton S. Hershey Medical Center
Hershey, PA

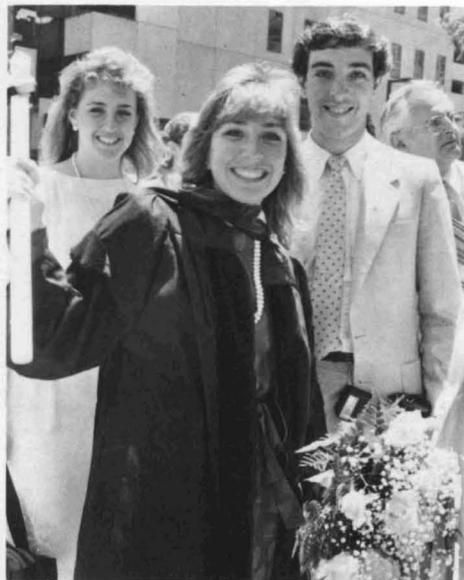
Millard Hawkins (IM)
Franklin Square Hospital
Baltimore

John F. Henzes III (GS)
Hahnemann University Hospital
Philadelphia

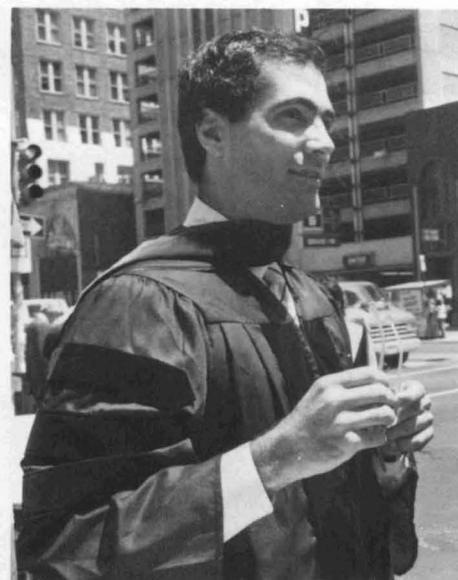
Gail M. Herrine (OBG)
Thomas Jefferson University Hospital

Cynthia A. Hill (PD) (AOA)
St. Christophers Hospital
Philadelphia

Kelley A. Horgan (EM)
Edward W. Sparrow Hospital
Lansing, MI



Maria C. Cirone celebrates at Commencement.



Gary R. Manzon pauses outside of the Academy of Music.

- Lynn M. Keenan (IM)**
Madigan Army Medical Center
Tacoma, WA
- Jeffrey G. Kegel (IM)**
Loma Linda University
Medical Center
Loma Linda, CA
- Douglas W. Kingma (GS)**
State University of New York
at Buffalo
Buffalo, NY
- Naomi R. Kramer (IM)**
Rhode Island Hospital
Providence, RI
- William E. Kropp (ORS)**
Albany Medical Center Hospital
Albany, NY
- James W. Kurtz (P)**
Hospital of the University
of Pennsylvania
Philadelphia
- Michelle F. Lackovic (IM)**
Mercy Catholic Medical Center
Darby, PA
- Brenda J. Lapinski (IM)**
Temple University Hospital
Philadelphia
- Jeffrey J. Larkin (IM)**
Monmouth Medical Center
Long Branch, NJ
- Gregory L. Lavanier (DR)**
Reading Hospital & Medical Center
Reading, PA
- Steven J. Lawrence (ORS)**
The Union Memorial Hospital
Baltimore
- Mark Leenay (FP)**
Overlook Hospital
Summit, NJ
- Sander W. Leivy (GS)**
Medical Center Hospital of Vermont
Burlington, VT
- Terrence P. Lenahan (IM)**
Thomas Jefferson University Hospital
- Robert F. Leschingski (IM)**
Milton S. Hershey Medical Center
Hershey, PA
- John C. Li (GS)**
Pennsylvania Hospital
Philadelphia
- Jean Min-Li Liao (FP)**
Franklin Square Hospital
Baltimore
- Mark E. Liebreich (FP)**
West Jersey Health System
Voorhees, NJ
- Dennis S. Lin (GS)**
Western Pennsylvania Hospital
Pittsburgh
- Jeffrey F. Lipton (IM)**
Duke University Medical Center
Durham, NC
- Terry L. Horton (IM)**
Beth Israel Medical Center
New York
- Harry F. Hughes (IM)**
Medical Center of Delaware
Newark, DE
- Terry W. Hunter (Traditional) (AOA)**
University of Hawaii
Honolulu
- Howard G. Hutchinson (IM)**
Thomas Jefferson University Hospital
- Richard E. Ioffreda (GS)**
Lenox Hill Hospital
New York
- Betsy A. Stein Izes (P)**
University of Massachusetts Hospital
Worcester, MA
- James J. Jenson (IM)**
New England Deaconess Hospital
Boston
- David M. Johnson (FP)**
Lancaster General Hospital
Lancaster, PA
- Joel A. Kahn (IM)**
Medical Center of Delaware
Newark, DE
- Gregory C. Kane (IM)**
Lankenau Hospital
Philadelphia
- Joseph A. Karam (GS)**
Geisinger Medical Center
Danville, PA
- Lynnanne Kasarda (FP)**
West Jersey Health System
Voorhees, NJ
- David A. Katz (IM)**
Loyola University Medical Center
Maywood, IL

- Ellen A. Liu (PD)**
Thomas Jefferson University Hospital
- Jeffrey E. Liu (IM)**
Thomas Jefferson University Hospital
- Randal J. Liu (IM)**
Thomas Jefferson University Hospital
- Karen A. Maletta (FP)**
Latrobe Area Hospital
Latrobe, PA
- Michael S. Margiotta (GS)**
University of Medicine/Dentistry
of New Jersey
Piscataway, NJ
- Scott D. Martin (GS) (AOA)**
Thomas Jefferson University Hospital
- Steven A. Maser (GS)**
Hahnemann University Hospital
Philadelphia
- Howard B. Maunus (IM)**
The Medical College of Pennsylvania
Philadelphia
- William D. Mayer (GS)**
Albany Medical Center Hospital
Albany, NY
- Mark J. McBride (IM)**
Jackson Memorial Hospital
Miami
- Paul H. McCabe (N)**
The Medical College of Pennsylvania
Philadelphia
- Catherine McLaughlin (IM) (AOA)**
Yale-New Haven Hospital
New Haven, CT
- Scott W. Melanson (EM)**
Geisinger Medical Center
Danville, PA
- Mark W. Memolo (IM)**
North Carolina Baptist Hospital
Winston-Salem, NC

Bradford K. Mitchell (GS)
Huron Road Hospital
Cleveland, OH

Karyn Montgomery (IM)
Rhode Island Hospital
Providence, RI

Gary R. Monzon (Anes)
Maine Medical Center
Portland, ME

Paul O. Moon (GS)
St. Elizabeths Hospital
Brighton, MA

Brett L. Moses (GS)
The Johns Hopkins Hospital
Baltimore

Mark J. Mullen (IM)
The Medical College of Pennsylvania
Philadelphia

Srdjan S. Nedeljkovic (GS)
Berkshire Medical Center
Pittsfield, MA

Janice E. Nevin (FP) (AOA)
Thomas Jefferson University Hospital

Karen D. Novielli (FP) (AOA)
Thomas Jefferson University Hospital

Lynne A. Odorisio (IM)
Medical Center of Delaware
Newark, DE

Martin J. O'Riordan (IM)
The Medical College of Pennsylvania
Philadelphia

Susan E. Werhun Ott (FP)
Geisinger Medical Center
Danville, PA

Mark N. Perlmutter (GS) (AOA)
Lankenau Hospital
Philadelphia

Louis R. Petrone (FP)
Thomas Jefferson University Hospital

Marc P. Plotnick (IM)
The Graduate Hospital
Philadelphia

Charles A. Pohl (PD)
University Health Center of Pittsburgh
Pittsburgh

Lee S. Pollack (Traditional)
Baylor College of Medicine
Houston

Robert A. Portz (IM)
Medical Center of Delaware
Newark, DE

Mark J. Pressman (GS)
University of Medicine/Dentistry
of New Jersey
Newark, NJ

Gregory J. Przybylski (GS)
University Health Center of Pittsburgh
Pittsburgh

Christine E. Puschak (IM) (AOA)
Strong Memorial Hospital
Rochester, NY

Tushar M. Ramani (IM)
Morristown Memorial Hospital
Morristown, NJ

Richard M. Rayner (FP)
Medical Center of Delaware
Newark, DE

Eric L. Rehr (IM)
Monmouth Medical Center
Long Branch, NJ

Patrick M. Reilly (GS)
Medical Center of Delaware
Newark, DE

Alyn Robinson
Mercy Catholic Medical Center
Darby, PA

David G. Rooney (FP)
Bryn Mawr Hospital
Bryn Mawr, PA

Douglas C. Root (FP)
St. Vincents Health Center
Erie, PA

Edward J. Rosenfeld (IM)
Lankenau Hospital
Philadelphia

Laura N. Rothfeld (IM)
St. Elizabeths Hospital
Brighton, MA

Carole L. Rothong (EM) (AOA)
Hennepin County Medical Center
Minneapolis, MN

Gordon D. Rubinfeld (IM)
Duke University Medical Center
Durham, NC

Andrew H. Ruzich
St. Francis Medical Center
Pittsburgh

Carole A. Sable (IM)
University of Virginia Hospitals
Charlottesville, VA

Jonathan D. Sackner (IM)
The Mount Sinai Hospital
New York

Caroline A. Sartschev (PD)
Cleveland Metropolitan
General Hospital
Cleveland, OH

Michael T. Schlitt (PD)
St. Christophers Hospital
Philadelphia

Peter J. Schneider (GS)
The Graduate Hospital
Philadelphia

Roy A. Schultz-Ross (P)
North Carolina Memorial Hospital
Chapel Hill, NC

Paul B. Schwartzkopf (FP)
York Hospital
York, PA

David G. Scott (IM)
Hahnemann University Hospital
Philadelphia

Michael J. Sernyak, Jr. (P)
Yale-New Haven Hospital
New Haven, CT

Eileen T. Sheehy (IM)
St. Francis Hospital
and Medical Center
Hartford, CT

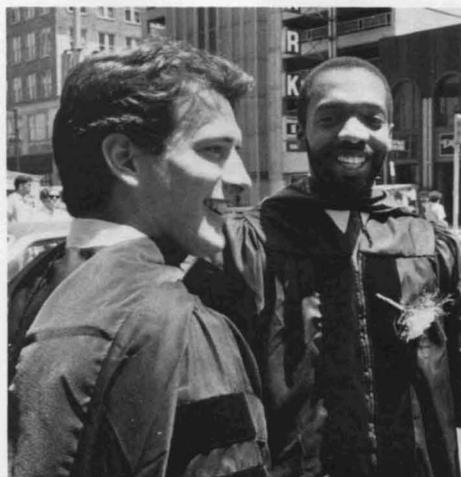
Lisa M. Sheppard (OTO)
Henry Ford Hospital
Detroit, MI

Raymond M. Siatkowski (OPH) (AOA)
St. Francis Medical Center
Pittsburgh

Allison J. Sigler (IM)
Lankenau Hospital
Philadelphia

Harris S. Silver (GS)
Thomas Jefferson University Hospital

Alexandra H. Simkovich (GS) (AOA)
The New York Hospital
New York



John F. Henzes III (left) and classmate, Millard Hawkins, relax following Commencement Exercises.



New physician, Ann S. Bagley, meets her friend outside of the Academy of Music.

Cheston Simmons, Jr. (GS)
The Graduate Hospital
Philadelphia

Jodi S. Singer (OBG)
Lenox Hill Hospital
New York

Jocelyn J. Sivalingam (IM) (AOA)
Thomas Jefferson University Hospital

Lindsey M. Slater (IM)
Thomas Jefferson University Hospital

Bernita M. Spagnoli (IM)
Thomas Jefferson University Hospital

Ellen Spar (IM)
Mount Auburn Hospital
Cambridge, MA

Richard T. Starke (FP)
Franklin Square Hospital
Baltimore

Bradley K. Stoddard
Frankford Hospital
Philadelphia

Thomas J. Takash (IM)
Good Samaritan Medical Center
Phoenix, AZ

William O. Thompson (FP)
Thomas Jefferson University Hospital

Corinne N. Tuckey (OBG)
Lankenau Hospital
Philadelphia

Suzanne Wanlass VanDerwerken (FP)
Underwood Memorial Hospital
Woodbury, NJ

Dragomir M. Vujic (Anes)
University of Medicine/Dentistry
of New Jersey
Newark, NJ

Kathleen A. Walker (IM)
Baystate Medical Center Inc.
Springfield, MA

Arthur W. Walsh (IM)
Bryn Mawr Hospital
Bryn Mawr, PA

David C. Watts (GS)
Strong Memorial Hospital
Rochester, NY

David C. Weyn (IM)
Cooper Hospital-
University Medical Center
Camden, NJ

Amy B. Whitley (IM)
Bryn Mawr Hospital
Bryn Mawr, PA

John F. Wilson (FP)
Abington Memorial Hospital
Abington, PA

Jeffrey Woloshin (Path)
Temple University Hospital
Philadelphia

Thomas E. Yablonski
Allentown Afiliated Hospitals
Allentown, PA

Michael J. Yao (FP)
Forbes Health System
Monroeville, PA

George A. Yavorek (GS)
Monmouth Medical Center
Long Branch, NJ

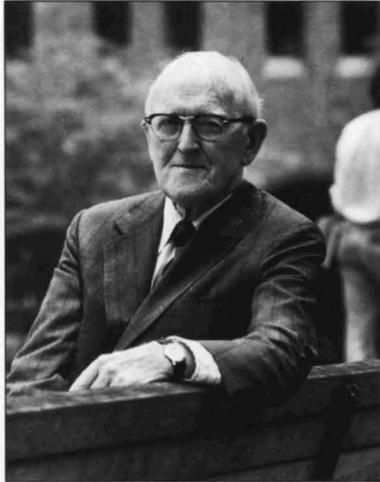
Gregory J. P. Zale (GS)
Albert Einstein Medical Center
Philadelphia

Carrie J. Zapolin (EM)
Thomas Jefferson University Hospital

Michael R. Zaragoza (GS)
Eastern Virginia Graduate School
of Medicine
Norfolk, VA



In photo at upper left Alexandra H. Simkovich exchanges addresses with Mark Leenay (far right) and Mark J. Pressman as her guest looks on. In lower photo, John F. Wilson and his wife share a drink at the senior party. Alexandra H. Simkovich, and guest enjoy the party given by the Alumni Association at the Port of History Museum. In addition to the class of 1987, officers and past Presidents of the Association, the Dean and his staff, President of TJU and some faculty members, welcomed the new members into the JMC Association.



John B. Montgomery, M.D.
*Professor Emeritus of
Obstetrics and Gynecology*

John B. Montgomery, M.D., Professor Emeritus since 1965, former Chairman of the Department of Obstetrics and Gynecology, distinguished alumnus of the Class of 1926, died at the age of 87 on June 30. He served a rotating internship at Jefferson Medical College Hospital and became the private assistant and later associate of Dr. Brooke M. Anspach, Professor of Gynecology.

Dr. Montgomery was appointed to the faculty of Jefferson Medical College as Assistant Demonstrator of Gynecology in 1929 and rose through the ranks to Clinical Professor in 1940. When the two departments combined in 1946, he received a second appointment as Clinical Professor of Obstetrics. He was made Professor of Obstetrics and Gynecology in 1952, and in 1955 he was appointed Co-Chairman of the Department. In 1952 he was awarded an honorary degree of Doctor of Science from Juniata College where he served as a member of the Board of Trustees for many years.

In 1961 he began his tenure as Chairman of the Department at the retirement of Dr. Thaddeus L. Montgomery. He relinquished the chair in January 1965 and in July of that year he was made Professor Emeritus. The Class of 1965 honored him by presenting his portrait to the Medical College. Far from retiring he went on to serve as Director and Chief of the Obstetrics and Gynecology service at Methodist Hospital.

Among his many accomplishments — President of the Jefferson Medical College Alumni Association 1961-62, recipient of the Achievement Award of the Alumni Association in 1979, and an honorary degree of Doctor of Pedagogy from Jefferson Medical College in 1972. He was a founding member of the American College of Obstetricians and Gynecologists, a Fellow of the American College of Surgeons, a Diplomate of the American Board of Obstetrics and Gynecology, a member of the Association for the Study of Sterility and the American Committee for Maternal Welfare to name a few. He contributed to the literature with his clinical studies on the diagnosis and treatment of malignant ovarian tumors, the menopause and post-menopausal bleeding and the management of uterine displacements and urethral obstruction from pelvic lesion.

He leaves a son Bruce, Class of 1960, and several grandchildren.

Dr. Montgomery was an extraordinary physician, teacher and alumnus.

The Davis Report

The 1986-87 campaign is absolutely extraordinary. This past year alumni supported the Medical College with a total of \$1,558,722 marking an increase of \$245,911 and representing approximately 20%. My personal and sincerest thanks to each of you who joined with your classmates and colleagues this year with a donation to Jefferson.

The annual giving program at our alma mater represents a final figure marking three times more than other medical colleges in this country. I feel that all of us can take great pride in both the financial support and the ongoing devotion to our College. Our alumni are indeed unique in their love for Jefferson.

In addition to the dollar increase I also am proud to report to you that 243 additional alumni joined with donors this year giving us an increase in percentage of participation to 45.5. Final figures also indicate that the average gift increased \$36.00 to \$416.00. All of these remarks bring great pride for the 1986-1987 performance. You will recall that a Final Report will be published during the summer months for a mid-September mailing. It will provide additional information and the listing of all donors.

And finally I would like to bring to your attention that the wonderful class of 1937 celebrating its 50th reunion raised \$71,029 this year. It is the largest amount realized by all the classes. The participation figure for the members of 1937 also took first prize with 68.3%. Our sincerest congratulations to members of the class and Paul A. Bowers, M.D., the agent and reunion chairman.

Again my thanks to every participant for a superior performance for 1986-1987.

J. Wallace Davis, M.D.
Chairman