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Memphis ain't where it's at. I don't know where “at” is, but I do know that at best we're moving there slowly. I would be willing to accept Memphis as a sleepy southern town enmeshed in its history and tradition but when this year's Cotton Carnival Blues Festival drew only two hundred people and Barb-B-Q is proliferated as dried wood chips on "paper" bread then I know that two great traditions have been lost. Now where are we?

We are behind! New York theatre arrives two-three years late with road show replacements. The Met arrives at the end of its season to perform in an auditorium designed for conventions not opera. While New York women have gone from mini to maxi to mini dresses, Memphis women have furnished a minimum of minis.
But it's a great place to raise children! The plethora of Sunday morning church services has not affected the Dodge City-like meetings of the Memphis Knife and Gun Club on Friday and Saturday nights. Reading the Scripps Howard newspapers in the a.m. or the p.m. may give us pretensions but not perspectives about our city.

Time magazine called Memphis a decadent river town. But I don't need to be a scholar on the American city or a philosopher to realize that most cities are built on rivers and that decadence can be bought or taught wherever there is three or more people. So the comment by one sophomore editor should not be defensively cast aside but rather added to the stacks of ammo we need to change this place. Which brings me to the most important positive comment I can make about Memphis. There is much less despair and anguish among leaders in Memphis than there is in other cities because there is a genuine feeling that Memphis can be where it's at.
GOVERNOR AND PRESIDENT

Left: The Honorable Buford Ellington, Governor of the State of Tennessee.

Top: President Andrew D. Holt, President of the University of Tennessee.

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Dr. Homer F. Marsh, Chancellor of the University of Tennessee Medical Units.

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The early days were apprehensive days, exciting days with newness, wonder of strange landscape and an obscure language. So far from the patient that he wasn't thought of. Gross anatomy – what you thought about before, when you thought about medicine and medical school is impossible in its staggering detail. You do what you have to do, and more. Fear prods, but pride also. Pearl collecting is intoxicating in its snobbery. Each term worse. You take the days one by one, each exam, each crisis in turn. To think about all that's still ahead is almost too much. Your awareness of the body, its parts, its processes emerges, hardly and slowly. You now begin to know they why for things you previously didn't notice at all. The first time you see each disease it's in yourself or your lab partner. No organ system is missed, as you study it, its cardinal symptoms appear. Yet as your absorption grows, your anxiety wanes. Exams no longer seem so important and you begin to know that you'll make it through after all.

Suddenly the clinics loom. Not the patient in the wheel chair seen from the back of the auditorium and asked a few questions, but in a bed and he's sick and you are his doctor. The swelling in his legs is somehow different from the edema in the book. What else causes swelling besides kidney disease, heart disease, liver disease, and vascular disease, and old age? How to make this patient fit the few pictures you know? There must be other pictures, exotic or forgotten. The patient calls you doctor; you barely suppress a smile those first few times. And to a few MEDICINE you become HIS doctor. He checks with YOU to make sure what others are doing to him is right. You feel responsible for him, and what happens to him, and you grow some in accepting his confidence. You read (never enough) but it means more because it applies to something breathing. The pages fade but the patients’ faces, and chests, and bellies stay vivid. The early physicals you chart are nearly-identical to the resident's or intern's. Fingers and eyes and ears produce impressions, shadows easily molded many ways. It's hard, at first, to stand out and say "The patient has..." you know so little, you feel so open, others know so much. Your impulse is to order tests, many tests; they'll give you answers you can count on. Numbers have a reality your senses lack. And as your "practice" grows, as you've seen more patients, the symptoms need not be classic, the stories need not be articulate for recognition. As your grasp on disease becomes more secure you begin to consider the patient within the skin as well as the pathology; you become more of a doctor as your patient becomes a person.

Towards the end of clinics two strangely parallel impressions appear and unfold, two conceits. The first, developed through experience, necessitated by responsibility, is certainty. The tumor isn't there if you can't feel it, and if you can it's got to be there. As long as you must take the action, make the decision, you must believe your senses, your impressions, your conclusions. The second, the insecurity of real responsibility ahead grows. Soon I must make the decisions, and write the orders, and the patient will really depend on me, perhaps for his life. The two co-exist, sureness and doubt... with eagerness to go out and try.
At the turn of the century, American social thinking was that medical care was a commodity to be purchased by those who had the price. Except for a minority whose care was supported by benevolence or donated by kindly physicians, those who did not have the price did without the care. Today's social thinking is that full medical care is the right of every citizen. The new concept makes every aspect of medicine a public business and creates enormous needs for money, facilities and manpower. A major preoccupation of government at all levels is how to meet those needs. The need for physicians is so great that it is inconceivable that in the foreseeable future there will be any reductions in the tax dollars devoted to the support of medical education; indeed, it is certain there will be great increases. The only question is how the local, state and federal government are to share the cost. The current trend is to increase sharply the federal share and that trend must continue for as long as the federal government collects the lion's share of the total tax bill. Among the uses to which the larger support will be put will be the expansion of facilities to permit increased enrollments at present colleges of medicine, the starting of new colleges, financial aid for students and trainees, and the support of faculty salaries and investigation. Inevitably there will be increased responsibility to and regulation by the federal bureaucracy. Here, as in every aspect of living, we feel the effects of our burgeoning numbers. When a man's nearest neighbor was a mile away, how he behaved was his own business. When he occupies several rooms in a high-rise apartment, he must behave in such a fashion that his presence is tolerable to the hundreds of other tenants. It is unrealistic to rebel against the progressively tighter restrictions and progressively more specialized occupations of ant hill society. We deliberately increase our numbers, we deliberately choose to live in cities; we must accept the regulatory and specialization consequences. Academic medicine must, in addition, accept the consequences of having become a public business supported by tax dollars. The challenge to academic medicine is not how to avoid responsibility to the public through its elected governmental representatives but how to be a public business and yet preserve its intellectual freedom and integrity. The faculties of medical colleges share this challenge with all educators and upon the answer, which must be developed during the next several decades, depends the future of academia.

The medical profession, too, might as well cease its futile writhing and accept the fact that it is the will of the American people that the practice of medicine be a public business. For every citizen to receive full medical care, the medical profession must modify its most cherished traditions. An increasingly smaller percentage of medical income will derive from service fees paid by individual patients while an increasingly larger percentage will derive from payments by insurance companies and governmental agencies. It is quite possible that the end result for many physicians will be a salary paid by government. Coincidentally, it seems likely that the privilege of patient and physician to choose one another will be lost, at least in part. The challenge to the profession is not how to avoid changes in medical practice but how to practice a public business and yet retain a thirst for new knowledge, A-1 practice standards, dedication to service and a meaningful relation with patient. How this challenge is met will determine the outlook for the profession.

Finally, as to the future of the College of Medicine, it will of course live on. The pressure for more doctors
will soon lead to another College of Medicine at Knoxville and later possibly to still others within the State; but the pressure which calls new schools into being guarantees that their appearance will not jeopardize the existence of this school. It will only modify the composition of the student body. However, this College does not have a University Hospital which handicaps it in competing with the other medical schools of this country.

It is universal experience that a college of medicine benefits enormously from having its own base for its full time faculty and their resident training programs; from having a referral center for problem patients, private and non-private, and from its own clinical facility.
where it can demonstrate the highest possible level of medical service and skill. The operation of a University Hospital would not diminish the service of the medical school to the City Hospitals; on the contrary, it would insure the recruitment of faculty and residents with which to meet the needs of the City Hospitals more completely than ever. The combination of the City Hospitals' large volume of sick and injured suffering from heterogeneous conditions and the University Hospital's selected problems would provide the clinical staff with the range of challenge and opportunity for service necessary for successful competition with other medical schools. In spite of the lack of a University Hospital, the school has advanced rapidly during the past ten years, but the pace is slowing. The school needs this basic element of a college of medicine, its friends and those interested in upgrading the medical standards of the region can perform a huge service by helping to meet this elemental need.

George Cooper, Jr. M.D.
The University of Tennessee College of Medicine has long been known as a school which turns out a large number of competent general practitioners in the space of three years four months. A student is introduced into a system in which his work has been planned from the first course in gross anatomy to the last one of surgery. He enters U.T. Medical School as raw material from college and emerges 40 months later as a doctor of medicine. The medical school and the way in which it functions has been a constant, nonvariable element in the society. New discoveries have required new textbooks, but the basic process of medical education has remained unchanged.

A new attitude of critical introspection and self analysis has begun to infiltrate medical schools in general and U.T. In particular. Evidence of this change is the faculty-student retreat at Paris Landing; for two days teachers and students met on an equal basis. Tact and politeness were replaced by an effort to communicate and students aired their complaints and offered their suggestions. The most visible result was the trial suspension of National Boards Examination as a criterion for advancement from basic sciences to clinics. But, students remain skeptical; they question whether the faculty will give up the security of the traditional system of medical education. Will the faculty have the courage to take the students seriously? Will they have the courage to express his thoughts to communicate, and to tell his teachers that they are doing a poor job. Courage is necessary since the irrational anger of a threatened professor may jeopardize a student's career. The student will perhaps weigh the risks against his own frustrations to determine his action.

For medical school to be all it can be to students and faculty, both need to communicate on a person to person basis.

William Kenner
"You don't learn to think in medical school; you learn to react."
"Cotton surgery isn't a bad rotation once you get it straight with the resident that you're here to learn and not to be his hired hand."
The college of Medicine of the University of Tennessee has made enormous progress within the past decade and its trajectory is definitely upward and onward. This is noted particularly in the rapid growth of the full-time faculty—not as rapid and not as great as we have desired, but certainly a steady surge toward achieving a proper faculty-student ratio. The acquisition of such large numbers of new full-time faculty have permitted the various medical school departments to strengthen themselves immensely in the many subspecialties. This, in turn, has led to a far greater research output, a vast improvement in clinical teaching now as compared to ten years ago, and a very definite elevation of the quality of patient care. I foresee this trend to a larger full-time faculty, going steadily onward to the eventual full staffing of all clinical departments in the various subspecialties, with expected benefits to teaching, research and service. The preclinical departments are also being strengthened, but my remarks are chiefly directed toward the current status and future growth of the clinical faculty.

We have several weaknesses—but weaknesses we fully recognize, have analyzed, and are seeking to correct. Our medical student body is too large, but in this era of emphasis on the nation’s needs for more doctors and with many schools expanding enrollment there seems little likelihood that our student enrollment will be significantly reduced in the foreseeable future. However, by steady growth of clinical faculty we can teach this large number of students more effectively. Size of student body being what it is and numbers of full-time faculty being somewhat limited, there is, of course, difficulty in achieving a close, personal working relationship with the individual student. Almost by the time we have learned the names of our students they march onward in the curriculum.

A second—and perhaps our greatest—weakness is the chaotic curriculum we now have and from whose tentacles we are vigorously seeking to extricate ourselves. Our curriculum committees have been very

"George, Whoy and Wall are some of the best teachers I’ve found in clinic. With them you do as exciting. You don’t get bored or used as a spare lab tech."

 active in the past few years and we are heading rapidly toward an authentic 4-year medical school program which will correct many of our present deficiencies. Our students graduate 39 months after they matriculate. Three of these months are in the "lay out period". Vacations and holidays absorb other weeks and months. The net effect is that our students receive about 3 months of association with the faculty and in medical experience. In a traditional 4-year academic program student-faculty-medical experience approximates 40 months. Thus, our students are not only being rushed through medical school but they are also being short-changed in learning time. Furthermore, because of our impetuous program there is insufficient time for electives. In the new curriculum we are planning there will be a 2-year "core curriculum" and much elective time.

Our clinical training programs rest upon the slender need of support of teaching services by the City of Memphis and the City of Memphis Hospitals. How weak this support can be has been amply demonstrated by the recent hospital strike which seriously impaired teaching, lowered morale and prestige, and completely need a true university teaching hospital and this is being planned for and pursued diligently by our University of Tennessee authorities. We believe the major teaching area—the City of Memphis Hospitals—will improve dramatically as third party payments to improve and support a larger budget, and particularly if Shelby County takes over the hospital system. The relationship of the College of Medicine to the City of Memphis Hospitals will govern strongly the quality of our teaching programs in the years ahead.

Capital improvements are badly needed in order to improve service, teaching and research. There is great merit in the rapidly moving present plans to establish a Children’s Medical Center adjacent to the Bowld...
I, J... "Fourth term medicine is a race to see who can second guess Dr. Stoffman. But, he always asks about symptoms that you had never thought of and your patient seems to change his story when Stoffman questions him."

Hospital. Selling the Le Bonheur Children's Hospital to the State of Tennessee to establish a child psychiatric facility should yield about 2.4 million dollars. The hospital has already raised 1.2 million dollars. Adding these sums and matching with federal funds, we look forward in the early future to a Children's Medical Center costing about 7 million dollars. The Center would absorb the patients from the LBCH and the Tobey Hospital, and would also absorb the present Pediatric Outpatient Department.

Another great need is 400 or more new beds for Medicine, Surgery, and Obstetrics and Gynecology. Plans have been established to seek this goal.

Our service and training programs are terribly weak in medical social service support and participation, despite having excellent social workers on the staff. We have only a handful of them and need many more. We need to move more vigorously into community medicine, not only to solve through satellite neighborhood clinics the pressing needs of the poor but also because of the teaching value of such a chain of outlying clinics.

In view of our strengths, and despite our weaknesses, an intelligent, well-motivated medical student can receive top training here in our College of Medicine.

James G. Hughes, M.D.
Gaston emergency room scares you at first... You aren't much help and are mostly in the way. After you've been there awhile, you get cynical... Death loses some of its mystery and life seems fragile.
When considering the problems besetting the medical complex and possible solutions it is natural and very tempting to think in terms of sweeping changes that would require an almost complete about face by the powers that be from the state complex, diagnosis, treatment, and immediately about us or initiate research of our own. Much too tempting to think in terms of sweeping changes that we sift through or just avoid boring infrequently do we present onteresting patients to the change begins among a few.

The essence of clinical training is the interaction among the students, housestaff, and faculty in the diagnosis, treatment, and disposition of patients in such a setting, as Dr. Stollerman constantly points out, one tends to learn the most from those immediately above him in level of training from his peers i.e. the students, as well as the housestaff, can educate each other. As a rule, the housestaff has taken its role in the education of students and each other in a serious and usually successful manner. However, I feel that WE as students have been far too passive about our roles in this process. Too seldom do we check the literature for current references and pass these along to each other. Too rarely do we challenge those above us to defend their ideas when they seem fuzzy or doubtful. Too infrequently do we become involved in the research going on about us or initiate research of our own. Much too infrequently do we present interesting patients to each other for an exchange of ideas. Too often do we sit through or just avoid boring lectures and conferences without formally communicating about these and suggesting alternate topics and specifics that we would rather hear.

The only things preventing the above deficits from being corrected and perhaps some positive changes such as student journal clubs or discussion groups are our own inertia and at times laziness. The attitude of “just getting by” is a poor one in all ventures but in medicine it is particularly loathsome. For the very challenge of medicine is to excel, to be willing to do more, to undertake the longest and hardest of training, to work the longest and hardest hours, to accept the ultimate responsibility-human life.

Perhaps these changes I have discussed are as unlikely or even more unlikely than those which I dismissed at the outset. They are certainly more idealistic. But I believe that the potential exists in our student body and we are up to the challenge. Once the changes begin among a few they will snowball to involve the majority and the process will be irreversible.

Robert Fernandez

Gyn clinic is the place you line them up, put them down, and write them up five to ten in an hour. Here, too, you get to put in some calls in patients desiring them. You derive real satisfaction from this—keeping the birth rate down. This, you think, half-sincere, half-cynical, is real preventive medicine.

Delivery room is unique. an experience not reproducible anywhere else in medicine. The first day, your reluctance mirrors your fear—“What do I do?” is the universal comment. You may well start off with eight hours sitting with your first primip. You’re alert at first, then bored. Surprise at the resident’s coolness when informed of a precip is soon replaced by a matching coolness—and those who stay frantic are punished by having the wheels on the patient’s bed locked——so the path from labor room to delivery room is traced by skid marks.

Work all night, sleep all day, eat supper for breakfast, and study between The Secret Storm and five-card stud. As you work and joke, practice ties on chair legs, growl at tigers and charge for precip, you are growing as a doctor. With patient care placed squarely in your hands, the need to know a few drugs perfectly, admitting patients on your own authority with a confidence based on growing experience, you are being worked on subtly and insidiously, and you change. On this service you reach your professional maturity.

Mark Tochen

Kennedy Hospital is the most beautiful nursing home in the city. Occasionally you have an acute exacerbation of an ingrown toenail.
"The nice thing about pediatrics is that it is low pressure and the kids are natural consultants. Many of the patients haven't started to talk, and after adult medicine, it's a pleasant change."
Dr. Richard R. Overman, U.T.'s Associate Dean of the College of Medicine, received his A.B. in zoology from DePauw. Dr. Overman entered the graduate school of Harvard as a research assistant in biology. He switched to Princeton, however, where he received an M.A. in 1942 and a Ph.D. in 1943, both in biology.

His first academic position was as instructor in physiology at Columbia in 1943, but he soon accepted a like position at U.T. He rapidly progressed up the academic ladder, and he was elected to professor of clinical physiology in 1953. For the last five years, Dr. Overman has held the concurrent appointments of professor of clinical physiology, professor of physiology, and research professor of radiology. In 1964, he was appointed Assistant Dean for research and grant affairs, and was named associate dean of the College of Medicine in 1966.

As widely varied as his academic honors have been Dr. Overman's research interests. They cover such diverse subjects as radiation physiology and biochemistry in the primate, the pharmacology of radio-protective compounds, salt and water metabolism in hyper- and hypothermia, experimental cardiovascular disorders, renal hypertension, and many others.

Dr. Glenn M. Clark graduated from the University of Denver Medical College and received an M.S. from the University of Colorado. He interned at Denver General and took an internal medicine residency at the V.A. Hospital in Denver. As Chief of Staff he has functioned in this dual capacity of teacher-administrator for seven years and in 1964, he was appointed as Associate Dean in charge of hospital affairs.

Anesthesia is a relatively new specialty which must work with many of the other specialties. It is much more than putting someone to sleep and then waking them up. An anesthesiologist is able to see in his work the actions of many of the drugs used to alter an individual's awareness and consciousness. He also observes these actions on the various organ systems.

Dr. W. C. North came to the University of Tennessee from Duke University to be chairman of the Department of Anesthesia and a professor in the Department of Physiology. He believes that all anesthesia has its basis in the action of drugs on the human body. This pharmacology is taken from research laboratory and applied to the patient either at the bedside or on the operating table.

Dr. North holds not only an M.D. Degree, but also a Ph. D. in Pharmacology. He received these from Northwestern University. Upon receiving these degrees he had the choice of going into research only, clinical work only, or some combination of the two.

He chose to combine the two and now teaches both third and sixth term students. To the third termers he teaches the characteristics of various drugs and their action on mammals. To the sixth term students he endeavors to bring about recall of previously learned actions of these drugs and how to apply them in the clinical situation.
Dr. Robert A. Utterback came to Memphis in 1859 to develop a training program in neurology at the University of Tennessee. He brought with him a rich and varied experience in academic medicine. He earned his M.S. in neuroanatomy and M.D. at St. Louis University. He spent his service time at the Naval Research Institute, Bethesda, Maryland, and then studied neuropathology at the Armed Forces Institute of Pathology. Dr. Utterback was one of the first officers to a fellowship in Neurology offered by the National Institute of Neurological Diseases and Blindness. Before Dr. Utterback came to U.T., he was Associate Professor of Neurology at the University of Iowa College at Medicine, Iowa City.

Having been an academician for a number of years, Dr. Utterback is acutely aware of the "quiet revolution" taking place in medicine in general and at U.T. in particular. He feels that much can yet be done to improve the quality of research being done and the quality of teaching at this institution. "It is only when teachers have sufficient opportunities and encouragement to push ahead into new frontiers of knowledge that their teaching remains fresh and stimulating." Dr. Utterback also feels that allied health professionals, the so-called "physicians helpers," can be increasingly utilized to ease the burden which now rests on physicians.

### FACULTY

**MEDICINE**

Dr. Francis Murphy became professor and chairman of the Division of Neurosurgery in 1968 when his senior partner, Dr. R. E. Semmes decided to step down. Ascending to the helm was quite within the natural order of things for Dr. Murphy; he had served on the faculty since completing his residency here at the University of Tennessee in 1937. Dr. Murphy's preparatory credentials are from outstanding schools. He graduated with an A.B. degree in chemistry at Vanderbilt University, proceeded to Harvard Medical School, and then undertook a straight surgery internship at the University of Chicago before beginning his neurosurgical residency here at the University of Tennessee.

Daring and shortly after WWII Dr. Murphy served in the Army as Chief of Neurosurgical Service at one of the few Army Hospital Centers. Except for those war years, he has spent all his professional life here in Memphis.

His research interests are divided among the problems of hypothermia, acute subarachnoid hemorrhage and exogenous eutectic disease. Dr. Murphy, also serves as Director of the Cerebrovascular Research Center here at the University of Tennessee. Like most academically oriented practitioners, Dr. Murphy is active in local and national organizations. He has been president of The American Board of Neurological Surgery, The American Academy of Neurological Surgery, The Southern Neurosurgical Society and The American Association of Neurological Surgeons.

Unforgettable to all U.T. medical students is the O.S.-Gyn rotation at John Gaston. We all remember so well the fun times, the hard times, the night work, the "precips," and the "tigers," yes, definitely one of the best clinical experiences. But what of the man behind the scenes - Dr. Stewart A. Fish, Professor and Chairman of Obstetrics and Gynecology at the University of Tennessee?

Having received his undergraduate training at Virginia Polytechnic Institute and the University of Virginia, Dr. Fish received his M.D. from the University of Pennsylvania.

Following a rotating internship at the Hospital of University of Pennsylvania in 1950, Dr. Fish was Assistant Resident in O.B.-Gyn at Sloane Hospital for Women in the City of New York until 1953. The next year he was Chief Resident in Gynecology at Free Hospital for Women at the Harvard Medical Center. Southwestern Medical School of the University of Texas, medical Center. Southwestern Medical School of the University of Texas, Dallas, claimed him in 1954. His next academic position was at the University of Arkansas Medical Center in 1956. In 1966 he came to the University of Tennessee College of Medicine. Here he has held many positions, as an attending, active, and consultant staff member.

Dr. Philip M. Lewis has the distinction of having the longest tenure of any chairman of a department at the University of Tennessee. He has spent forty-five years practicing and teaching ophthalmology. After he graduated AOA from the University of Virginia Medical School, he took his residency in ophthalmology at New York Eye and Ear Infirmary. From 1936 he was Director of Resident Training at the old Memphis Eye, Ear, Nose and Throat Hospital and he had a similar post with the City of Memphis Hospitals from 1944. His major area of interest has been in the surgical procedures for cataract, glaucoma and strabismus, and he has continued to publish articles on these topics. He has, also, been active in his specialties' medical societies. Dr. Lewis was President of the American Ophthalmological Society for 1966-67.

Amateur photography is but one facet to the personality of our Chairman in the Department of Orthopaedic Surgery, Dr. Harold B. Boyd, Dr. Boyd, who received his undergraduate degree from the Emanuvel Missionary College Academy in Berrien Springs, Michigan and his M.D. degree from the College of Medical Evangelists (now Loma Linda University), first came to Memphis in 1934 to serve a fellowship in orthopaedic surgery at Campbell Clinic. Having completed his fellowship, Dr. Boyd became an orthopaedic surgeon at White Memorial Hospital in Los Angeles, California; he was not a new location for Dr. Boyd. He previously served an internship in Los Angeles County Hospital and a residency at the Kern County Hospital in Bakersfield.

He returned to Memphis in 1938, becoming a member of the Campbell Clinic Staff and in 1962, he assumed the position of Chief of Staff. Dr. Boyd currently holds memberships in the American Medical Association, American Academy of Orthopaedic Surgeons, American Orthopaedic Association, American College of Surgeons and the Western Surgical Society to name but a few.

In 1922, Dr. Sam Houston Sanders entered U.T. Medical School. He had taken his pre-medical training at Texas A and M where he had been an outstanding athlete in football, track and baseball. No sooner did he arrive in Memphis than he led the U.T. "Ducks" football team to four undefeated years. Dr. Sanders interned at St. John's Riverside Hospital, Yonkers, New York and returned to Memphis for a five year preceptorship in otolaryngology with Dr. Likely Simpson. Dr. Sanders became head of the Department of Otolaryngology in 1954, and he has focused attention on the problems of sinus disease and allergy. He has authored more than fifty articles on ENT and he is co-author of a book which is now in the hands of the publishers.
Somewhat between first and second terms you see a little pediatrics textbook which is supposed to be written by somebody across the street. You’re not really sure about the book or its author; you wonder if they will be important next year. At one of the Saturday morning conferences, you listen, to a pediatrician who talks with a pleasant Memphis accent; you miss his name and just listen. He has a smooth, relaxed style, and he fits your image of a pediatrician—a warm, fatherly sort of person. But as you listen you realize he knows his pediatrics and he knows how to lecture. You ask the student in the next seat the speaker’s name; "Dr. Hughes… Dr. James Hughes."

Not long after that Saturday morning you buy his book. The Synopsis of Pediatrics; you ask students in clinics about Dr. Hughes, and you begin to pick up fragments of information: He was president of the American Academy of Pediatrics a couple of years ago, he traveled in South America to set up pediatric programs in medical schools in those countries, and he is particularly heavy in child psychiatry. You start your clerkship in pediatrics and find Dr. Cooper, a remarkable well-organized department with some of the best teachers you have ever had.

He tells you the "doctors of the future will take an increasing interest in the milieu, in which they live—the community and its social, economic, educational and cultural problems. Good health is so intimately related to all these factors that physicians of the future will seek to improve all these aspects of living in order to prevent disease-expression in sickness."

You think that perhaps Dr. Hughes is right.

The Faculty

Dr. Henry Packer, Professor and Chairman of Preventive Medicine, J.T. College of Medicine from 194-48 to the present, probably, most uniquely espouses the sentiments of many a Preventive Medicine advocate as he states that "There is a great future for this medical school if it becomes involved and provides leadership in developing new methods of delivering medical care for the community as a whole." He hastens to explain that "This does not mean assumption of responsibility for providing comprehensive care to the whole community". But rather, this suggests to him a remarkable area, comparable to clinical and laboratory settings, to which the medical school can contribute its expertise and guidance with the help of the behavioral scientists.

Dr. Packer has certainly academically armored himself sufficiently to authoritatively qualify his above statements with pre-medical education at Western Reserve University and the medical school at McGill University in Montreal, Canada, receiving the Governor’s Medal in Public Health. After an internship and residency at the Charity Hospital in Cleveland, Ohio, he received the Rockefeller Foundation Fellowship and attended the Yale School of Public Health where he become a Doctor of Public Health.

Dr. G. H. Alvian, Chairman of the Department of Psychiatry, is a native of Turkey. He was educated at the American University of Beirut, Lebanon, starting in liberal arts, history and the premedical curriculum in 1927, continuing through medical school, internship, training in internal medicine, and finishing his residency in Psychiatry in 1941. He came to the United States and to the University of Tennessee as a Rockefeller Foundation Fellow in Psychiatry in 1947.

Psychosomatic psychiatry and medical education remain his two areas of particular interest. He advocates flexibility as one of the major goals of medical education. Rather than having a uniform program for all undergraduates, he believes that the program should have sufficient flexibility to allow the student time and means to pursue and develop his interests and take full advantage of his potential.

Dr. Alvian argues that a student so trained is better prepared to accommodate to the medical practice of the future, a practice which is changing. He sees these changes as a result of the heavy pressures from the community, the federal and state programs for the delivery of health care, and as a result of the advances in medical science and technology. The problem of medical education is such that the education in the future is likely to be different from the traditional role; social issues will receive much more emphasis in medical education and in the delivery of health care.

Five years ago Dr. George Cooper, Jr., left his native Virginia to come to Memphis as Chairman of the Department of Radiology. He had earned his B.A. in English Literature at The University of Virginia as well as membership in Phi Beta Kappa, and Dr. Cooper was ADA from U. of Virginia College of Medicine. He interned at Emory University Hospital and returned to the University of Virginia Hospital for his radiology residency. Until 1964, he pursued his career in academic medicine at the University in Charlotteville.

As a student, you meet Dr. Cooper in the first term radiology conferences that accompany gross anatomy. You are surprised with the things he tells you, not about anatomy or radiology, but about you as a medical student. He says that the quality of one’s work is determined by the individual’s own motivation and that you should study to be a good physician, not to pass tests. You have heard this before, but Dr. Cooper comes through a little deeper. You feel that he really would trust your desire to be a good physician.

Harwell Wilton, Professor and Chairman of the Department of Surgery, is a native of Lincoln, Alabama. He received both his A.B. and M.D. degrees from Vanderbilt University. From Vanderbilt, Dr. Wilson went to the University of Chicago where he served on the faculty, became a Surgical Research Fellow, Assistant Resident, and later, Chief Resident and Instructor in the Department of Surgery. In 1939 Dr. Wilson moved to Memphis and, although in private practice, became an active participant in the T.D. Department of Surgery as a teacher and investigator. This relationship with U.T. has continued until the present, uninterrupted with the exception of WW II. In 1942, Dr. Wilson was commissioned a Major in the Army Medical Corps. He later served as Chief of Surgery in the Mediterranean Theatre and as a member of the Congress Section of the Mediterranean Theatre. He was awarded The Legion of Merit and was a Lieutenant Colonel in his discharge from the Army.

Dr. Wilson is a member of numerous professional organizations, such as including AMA, American Surgical Assoc; American College of Surgeons, National Treasurer, 1962-63; Southeastern Surgical Congress, President 1962-63; Society of University Surgeons; Southern Surgical Association; American Society of Clinical Surgery, International Society of Surgery and many other organizations.

A recipient of the Distinguished Service Award, Dr. Wilson is a noted lecturer and has given many special lectures including The Premiers Lecture at the University of Chicago and the Ritchie Lecture at Vanderbilt University. His contributions to surgery and surgical education by years and U.T. has been greatly enriched by his leadership.

Although frequently not as dramatic as other specialties, urology is in fact frequently rivaled as a science of ability, experience, ingenuity in relieving many of the maladies that commonly afflict mankind. No less pragmatic than the department which he chairs, Dr. Albert W. Biggs has distinguished himself as a versatile and dedicated physician since his graduation from the University of Virginia College of Medicine in 1952. Following an internship in Bowman Gray and a year as the Child Fellow of Medicine at New York University’s Bellevue Medical Center, Dr. Biggs was appointed as a Resident in urology at the John Gaston Hospital in 1956. He became a member of the full-time faculty in 1962 and an Associate Professor of Urology in July of 1966. A joint appointment as Assistant Professor of Microbiology preceded by his year as permanent Chairman of the Department of Urology in January of 1969. Active in research, Dr. Biggs has published over eleven reports on various aspects of urology and is currently interested in infectious diseases of the G.U. tract. Obviously no stranger to the symptom of urgency, Dr. Biggs not only feels this noun is apropos to the challenge facing medicine today but that academic revamping will be instrumental in relieving it.
Reflections from the following pages will not bring to mind or even suggest any historical background of this school, mention the former locations of the school, or list deans in order of their deanships. These pictorial stories involve people and their achievements. The people are dental students and their final goal of achievement is that of obtaining a D.D.S., a degree for the practice of DENTISTRY. Whether the picture depicts you or a classmate is irrelevant, for the plot is far more important than the cast. The plot to which is referred is a combination of comedy, tragedy, frustration and suspense.

These stories began in those early days of obscurity when we were all D-1s. It was then that we started running scared. Those first few days were filled with uncertainty and doubt. There we were— an unorganized group of strangers, none of whom knew what was going on. This initial fear of the unknown was responsible for our furious start. It was strange how rapidly that fire began to die as we overcame our fear of the unknown. This was seen to be true in the most serious and studious of students even though it might have taken a little longer. In a short time everyone in class became acquainted and the pressure seemed to slacken somewhat as the class united. Perhaps one of our most valuable lessons in those early quarters was learning to accept even the most seemingly pressing situations with a calmness that helped to keep our wits about ourselves.
As we view in retrospect those first few quarters we might recall the smell of gross lab that first day and everyday; the array of colored pencils in our shirt pockets; the guy in our class who we thought knew everything; the time we stayed up all night studying for a test which the instructor decided to postpone or were you ever that lucky; the times we had to go in on Saturdays to prepare for gross practical; faking results on biochem lab experiments; learning what TR meant and trying to find some, a mass assault on the class "ratholer." These and many other thoughts should help bring back those almost forgotten days.
Progressing in our dental education we soon encountered our first actual dental course - carving. It was in this era of our education that we laid down our dissection kit with rusty blade and picked up a new carver. It was with this simple yet versatile instrument that we would learn to sculpt wax to resemble a tooth. Under strict supervision of a well qualified and highly trained instructor most of us could soon carve any upper right four. But there were always those of us who were so light we could make tracks in tin oxide. We were the ones who could never do better than a basic 78.
As we began to branch out of the basic sciences into
dentally oriented courses during those middle quarters
we experienced some memorable moments. Some of
these might include grading each other's spotting prac-
ticals; finding a technical paper of irrefutable originality;
giving an oration to a room full of disinterested class-
mates, while being recorded on tape for posterity; those
days in Diamond's course when we couldn't get any-
thing checked; those "heavys" in the class who finished
two weeks before everyone else; and learning the fun-
damentals of the art of "jaking."
As we approached that day when we would enter clinic, there were some serious doubts in that sixth quarter crown and bridge course. However, those hectic days were soon drowned out by the beer from the Bamboo Room or J-Wags. It was after this temporary refreshment that we then eagerly awaited our first day on the clinic floor. It was with a sense of accomplishment that we advanced from our basic sciences and basic technique courses to the clinic floor. However, it was also with a sense of uncertainty that we again faced a period of adjustment as we had faced in those few quarters. It was here that we would begin to discover our personalities; for this would be our first contact with a live patient. For a few of us this first contact was slow in coming. There we were—again uncertain of what to do and how to act—asking questions about...
everything and to everybody - hesitant about giving that first injection - having trouble in finding a class I amalgam on the lower arch. These were just a few of our new found frustrations. Someone had really led us astray when they said that after entering clinic everything was downhill. It didn't take us long to learn that there were only a different breed of frustrations which we would learn to overcome.

Among these frustrations were not getting any patients from our E cards; that day we first broke the enamel barrier; spending half of our time standing in line waiting for an instructor; watching our class heavy put in two hundred points in the first two weeks while we had finished one prophy; and playing golf on a pretty afternoon because of a cancellation.
It wasn't long after entering clinic that we soon proved the truth in that old adage that "haste makes waste." For this period of our education was surely a race with time and requirements. It seemed as if each quarter got off to a faltering first few weeks and ended up in a furious finish. Often times the clock was the victor as we heard that familiar voice saying, "dismiss your patients, it is 4:15." Yes, time was our greatest enemy, but there were other factors which sometimes frustrated us in the clinic. Such factors included that long string of cancellations we acquired; the patient who left town with half our operative points in his mouth; those amalgams or silicates we hastily packed and had to redo; and that gingival margin that just wasn't there, no matter how many x-rays were taken.

Certainly each day held new experiences for everyone. These experiences served to prepare us for the practice of dentistry. There are probably memorable experiences imbedded in each of our minds which could never be erased - such as our first contact with a child - one who was crying and screaming or one who wrapped us around his little finger because we were uncertain as how to manage him. Possibly we remember those trying times in crown and bridge - surely each of us had several unforgettable experiences in this department. Remember how getting started was the most difficult part and remember how much pride and sense of achievement we had when we completed an extensive piece of work or even a single crown? Yes, there were times when we actually felt like we were on our way to becoming dentists, but each of us knew that humility must always prevail, so our elation was only temporary as we quickly moved on to another task.

During those last few quarters, as the end became a reality, each of us began to develop a feeling of confidence in our work. Yes, there were a few instances when this confidence was prone to be a little shaky - like the time the patient called and said that the tooth you filled was still hurting - but at least we were on the road to professionalism. However, as this end does come into view each of us had been exposed to a vast variety of situations, we can now realize the great demands and tasks that lie before us. We have only etched the surface of an unending ocean of challenges. Yes, as we graduate from this college of dentistry and become representatives of the dental profession our frustrations now become challenges. May each frustration of our dental education prepare us to face a lifetime of challenges.
Or. William H. Jolley, acting Dean, was born in Dyer County, Tennessee. He is married and has four sons. He graduated from the University of Tennessee College of Dentistry in 1941, soon after which he entered active duty in the Army Dental Corps, and is now serving as commanding officer of a reserve unit in Memphis.

Dr. Jolley has a long history of administrative positions which adequately qualify him for his present position. Some of the current duties which occupy his time include planning of the budget, faculty in-service training, research, recruitment and admissions, and promotions.

Dr. James Smith, Assistant Dean and Chairman of the Department of Oral Pathology, was born in St. Petersburg, Florida. A graduate from the University of Tennessee he entered the practice of general dentistry for three years after which he specialized in oral surgery. Concerning his views toward the dental school and the future, Dr. Smith said, “The school has shown remarkable improvement over the past few years and we would hope for even greater things. Dentistry as a profession is going to require more research in the future if we are to keep abreast of the advancements being made in the allied medical professions.”
Dr. Barton L. McGhee, Chairman of the Department of Complete Denture Prosthesis, was born in Gallatin, Tennessee. He attended the University of Tennessee at Knoxville and graduated from the University of Louisville Dental School in 1939. He then entered private practice until 1942 after which he entered the armed services for four years. In 1947 he entered private practice in New Mexico for three years. He then returned to Tuscaloosa in 1950 and taught in the dental school. In commenting on the dental school Dr. McGhee emphasized that this is a time of change. He feels that in the future more emphasis will be given to research, preventive dentistry and utilization of auxiliary personnel.

Dr. Thomas Meadows, Chairman of the Department of Crown and Bridge and Partial Denture Prosthesis, was born in Minor Hill, Tennessee. He graduated from the University of Tennessee in 1944 after which he entered private practice for six years while at the same time teaching part-time in crown and bridge. He was in the service during the Korean War. Returning from the service he became Chairman of the Operative Department for two years after which he then became Chairman of the Crown and Bridge Department.

In a comment concerning the position of dentistry at the present, Dr. Meadows said that the armamentarium for dentistry had increased in the last twenty years. More people are being exposed to good dentistry and are thus getting away from "pulling and plugging." He said that the future advancement of dentistry is in the hands of the private practitioner.

Dr. Thomas Armstrong, Chairman of the Department of Education of Auxiliary Dental Personnel, was born in El Dorado, Arkansas. He is married and has two sons, one in medical school and the other in college. Graduating from the University of Tennessee Dental College he then attended graduate school at Northwestern University Dental School.

Dr. Armstrong is especially noted for his achievements in the field of journalism. He served fourteen years as the editor for the Journal of the Tennessee State Dental Association; contributed numerous writings for publications; and served as Vice-President and President of the American Association of Dental Editors, an organization to which he has been a member for fourteen years.

Dr. James T. Andrews, Chairman of the Department of Operative Dentistry, was born in Memphis. He received a B.A. from the University of Tennessee College of Dentistry where he graduated in 1952. He has four children - all of whom are girls.

Dr. Andrews has devoted seventeen years to full-time teaching and maintained a limited practice for the same number of years.

In commenting on the school, Dr. Andrews said, "We already have one of the best Dental Schools in the world which produces clinical operators second to none, however, our program could be expanded if facilities and funds were available."

Dr. Andrews is highly respected for his firm but just treatment with which he handles not only his students but also himself.
Dr. Roy Smith, Chairman of the Department of Oral Diagnosis, was born in Henderson, Tennessee. He graduated from the University of Tennessee Dental College in 1951. He then entered an internship in oral surgery at John Gaston. Afterwards he entered full-time private practice for six years. Becoming a full-time instructor in 1958 he served for two years as clinical director then entered a graduate research program in oral pathology and received his M.S. in 1963 at which time he also acquired his present position.

Dr. Smith believes that progress at the University of Tennessee follows a cyclic pattern and we are currently on the threshold of dynamic change. The picture will soon be brighter for the undergraduate dental student as we will soon be acquiring new modern equipment.

Dr. Joe Hall Morris, Chairman of the Department of Oral Surgery, was born in Cincinnati, Ohio. He has three boys and two girls. Receiving his dental education at the University of Tennessee he graduated in 1945. Dr. Morris then went into graduate oral surgery at this school after which he taught full time for five years. He then went to the Army for two years after which he returned to private practice and a part time teaching position with the anatomy department.

Dr. Morris originally returned to a full time teaching career to assist the late Dr. Templeton in the formulation of a graduate program in oral surgery which would be more in line with the private practice with which the graduating oral surgeon will be surrounded.

Dr. Morris has devoted a valuable portion of his career to the achievement of this goal and will continue to do so.

Dr. Faustin N. Weber, Chairman of the Department of Orthodontics, was born in Toledo, Ohio. He received his D.D.S. from the University of Michigan in 1934. He then proceeded with his education by entering the orthodontic program at the University of Michigan while maintaining a general practice in Detroit until 1936. In 1936 he then came to U. T. as Assistant Professor in Orthodontics. He became chairman of the department in 1951.

As chairman of the department and at the same time caring on a clinical practice, Dr. Weber has little time for outside hobbies. He has a love for fine music and has an excellent collection of classical works. He is an ardent sports fan, but by his own admission, his activities as Chairman of the Orthodontic Department constitute his main hobby.

Dr. B. D. Fritz, Chairman of the Department of Periodontics, is a native of Senath, Missouri. He received his dental education at Washington University from which he graduated in 1952. Dr. Fritz is married and has two girls.

After spending fifteen years in private practice Dr. Fritz became a part-time instructor in 1961 and a full-time instructor in 1967.

In a personal comment on academic dentistry Dr. Fritz said, "Academic dentistry is on the brink of undergoing some drastic improvements. The dental student of tomorrow will learn in a more conducive, less stressful, atmosphere. Emphasis will be placed upon clinical dentistry with less time being expanded on irrelevant material and procedures which are normally performed by technicians and other auxiliaries."

Dr. James P. McKnight, Chairman of the Department of Pedodontics was born in Arlington, Tennessee and is a graduate of the University of Tennessee. He is married and has four children. Graduating from the University of Tennessee in 1951 he immediately entered pedodontics. As a pedodontist he practiced privately for four years after which he returned to dental school as an instructor. He then attended Indiana University where he obtained a M.S.D. He has since been affiliated with the pedodontics department where he is highly thought of and respected by both graduate and undergraduate students.

Dr. McKnight is an active participant in civil and community affairs and has an unyielding concern for the well being of today's youth - not only dentally but in all realms of development.
Ninety-five students received the degree Bachelor of Science in PHARMACY at Commencement Exercises June 8 as compared with fifty-eight seniors who were graduated in June of 1959. The first two students were graduated with the degree Doctor of Pharmacy at the June Commencement and an additional six are scheduled for graduation for the September ceremonies. Dr. Richard H. Shough received the degree Doctor of Philosophy, majoring in the pharmaceutical sciences, and this first Ph.D. is now a member of the faculty at the University of Utah.
The first correspondence course in pharmaceutical jurisprudence has been prepared and made available nationally in the area of continuing education for pharmacists, reflecting the efforts of Professor William Swafford.

The budget of the College of Pharmacy in the past ten years has grown from $48,500 to more than $950,000, more than one-half of which represents research grants or stipends from areas other than Tennessee.

The Board of Trustees of the University approved a request to discontinue the Department of Pharmacognosy and establish in its place a Department of Molecular and Quantum Biology.

The faculty continue to bring honor and distinction to the University and to Tennessee pharmacy. Whereas ten years ago the then School of Pharmacy, was on probation for the lack of scholarly activities, the faculty this year have published more than forty scientific articles in the leading journals of the world. They have given scores of invitational papers in Europe, South American countries, and virtually every state in the union, and have been awarded three patents for their research efforts in the past twelve months.

Dr. Elmore Taylor was elected president of the American Society of Pharmacognosists and has accepted an appointment as visiting professor to the University of London for the coming year.

Dr. Kenneth E. Avis, Professor of Pharmaceutics, was re-elected president of the Parenteral Drug Association. It is rather significant to note that of the listing of visiting scientists selected by the American Association of Colleges of Pharmacy, the names of Autian and Avis from Tennessee head the listing.

Grover C. Bawles, Director of Pharmacy Service at Baptist Memorial Hospital and Associate Professor, was awarded an honorary Doctor of Science degree by the Philadelphia College of Pharmacy and Science for his many contributions to American Pharmacy.

Professor William B. Swafford, Chairman of the Department of Pharmaceutics, was elected Secretary-Treasurer of District Three, consisting of the seven southeastern states, of the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy.
Dr. Martin Hamner has been named a pharmaceutical Diplomate and the Director of the Diplomate program for Tennessee. Dr. James Beasley, Associate Professor of Medicinal Chemistry, served this current year as the Mid-South President of the American Chemistry Society.

The pharmacy students, not to be outdone by the activities of the faculty, have made their own significant contributions. Tennessee pharmacy students have presented their educational program on drug abuse to more than 62,000 Tennessee high school and college students and have had innumerable television and radio programs to untold thousands in the listening audience. Pharmacy students, according to their tradition, again held their Christmas party for the deprived hospitalized children.

The Alpha Nu Chapter of Rho Chi culminated activities of our students when our local chapter was named the outstanding national chapter of the professional honorary society.

Excerpts from Dean Fort’s annual report to the Tennessee Pharmaceutical Association.
The National Library of Medicine renewed their support for the training program for science librarians. To date, seven students have completed the program. Eleven others are in process of completing their training or have been admitted to this most unique training program.
Dr. S. D. Feurt as Dean is responsible for the College of Pharmacy. He has a bachelor’s degree in pharmacy from Loyola of the South, and masters’ and doctor’s degree from the University of Florida. He is an inventor, responsible for tranquilized bears, rhinos, and elephants. He is married, and the father of two daughters, one in pre-pharmacy, the other a cheerleader at White Station High School.

Dr. Feurt believes that “all of the health professions, pharmacy will be among the last to totally succumb to governmental domination and will retain some semblance of our traditional free enterprise system.”

For ten years he has struggled to bring the College of Pharmacy to its high national ranking. He is humorous and liked by the students.

Dr. Martin E. Hamner, the Assistant Dean of the College of Pharmacy, was born in Castor, Louisiana. He received both a B.S. in Pharmacy and a Ph.D. from the University of Colorado. He is married and has three children.

Everyone appreciates the easygoing nature of Dr. Hamner. In reply to our request for literary and artistic interest, he candidly stated: “I greatly enjoy good music and have my own opinion about the meaning of that expression.”

Dr. Hamner states that in his view “pharmacy is changing but will continue to be influenced strongly by the customs, traditions and practice of the past, new areas of practice will develop rather rapidly in the next decade, and the total prognosis for pharmacy has never been as good as it is now.”

**FACULTY**

**PHARMACY**

One of the most interesting and dynamic individuals is Dr. Andrew Laslo, the chairman of the Department of Medicinal Chemistry. Born in Czescoslovakia, August 24, 1922, Dr. Laslo attended primary and secondary schools there and received undergraduate training at the Charles University. He received his Masters and Ph.D. at the University of Illinois.

In Dr. Laslo’s view: “As educators, it is our responsibility to prepare our students for the responsibilities confronting professional man in contemporary society. It is our responsibility to make certain that they have been adequately schooled in the humanities, liberal arts and social sciences, and to spare no effort in providing them with a thorough background in the sciences underlying the field of pharmacy. We must make sure that we are not training ‘merely technicians,’ but professional men and women cognizant of their moral, social and civic as well as professional obligations: men and women who will possess the necessary insight and sense of responsibility, men and women who will be capable of developing sound perspectives. Admittedly, this is a very difficult task, it may require the very best we have in terms of convictions, strength, and perseverance. Yet we have no alternative, if we expect to be contributing members of our profession.”

If one has a problem of any kind, from a speeding ticket, to a fight with a landlord, there is one person to see. Professor William E. Swiftford, chairman of the Department of Pharmacology, comes from a small town in Middle Tennessee, Monterey. If one has ever been to this part of the country, he will understand Professor Swiftford’s hospitality.

He came to U.T. in 1948, with M.S., M.A., and L.L.B. degrees. He is married and has three children (one in pre-nursing). His interests academically are in drug formulations, legal problems, and pharmacy administration. He is also interested in country music. As an educator he would like “to assist the student to learn to the best of his ability.”

“Although institutional pharmacy will continue to grow, I believe community pharmacy will continue to hold its place in the profession. Academic pharmacy will tend more toward clinical procedures, but it too must maintain the preparation of students for service in community pharmacy. Pharmacy ethics should be the result of a desire to aid and protect the patron voluntarily, without an attempt to ‘legislate’ ethics.”

Chairman of the Department of Pharmacognosy is Dr. Elmore H. Taylor. He is a Canadian who did his undergraduate work at the University of Saskatchewan. He also received his master’s degree there. His doctorate was obtained at Purdue.

Dr. Taylor has an avid love of sports and has never lost his Canadian lust for hockey. A yearly organizer of students to a local hockey match, he also plays on the faculty softball team, and is well known for rushing the Met Opera team each year.

The director of the Material Science A student doing research in the field of plastics is able to spell Austrian backwards. He is the author of a chapter in Remington’s Pharmaceutical Sciences as well as the author of many scientific papers.

Dr. Autism received undergraduate training at Temple University. He received his Ph.D. from the University of Maryland and did postdoctorate work at the National Institutes of Health. His research interests are: plastics, application, material science, toxicology, and psychology. He is married and has one son. In response to a question about his artistic talents he replied: “Unfortunately, talents in this area have not been bestowed upon me.”
The first week of Nursing you think back over all the movies that have hospitals and nurses in them and you dream. The second week you think back over those same movies and you laugh. But while you laugh, you also wonder about your ability to compete, your drive to learn, and about your idealizes spark of dedication that seems to have become lost among the many class hours, pop quizzes, microscope bills and lab workbooks. Finding yourself also to be lost among these, you take a deep breath and dive under.

Nor are there many signs; you can only see your dreams. The second week you think back over those same dreams you can only see yourself also as the white clodhopper wonder about your dreams and you are off to what must be written and produced, responsible for tests and preparing for the rest of that first year. You finally put on top of your blue uniform, the day you purchase a watch with a second hand, try on your new spectacles while you check the hem of your blue uniform, the day you purchase a watch with a second hand, try on your new spectacles must be written and produced, responsible for tests and preparing for the rest of that first year.

The second year almost blithely slips by the end of the third year. You have been for the past three years, the goals that were so blurred are clear, and the future you can hold.
When students are in the clinical setting, they practice various skills. They give support to patients, assist patient needs, and perform various technical skills. In this setting, the basic foundation of their future careers is laid.

Careers

In this patient setting, students are a nurse's needs. They lay the groundwork for procedures which will be used in caring for the patient. She applies the fundamentals learned in class to individualized patient care. She learns many procedures which will be used in caring for her patient. She does not however, consider these of primary importance. For her, the essence of nursing is meeting her patient's needs.

In the clinical setting, the student cares for patients with heart disorders, diabetes, kidney diseases, and various other disorders. Although many times the student is reluctant to go to the clinical setting, once she reaches her patient and begins his care, she is usually reluctant to leave him.

When the nursing student first begins in the clinical setting, the bystander might hear such comments as: "Have you ever given an enema before?" . . . "How high do you hold the enema bucket?" . . . "Gosh, I hope I get the tube in the right place." . . . "Think these sheaths are right enough?" . . .

The second year student is more adjusted to the clinical setting and to the patient's needs. She will probably be found spending the majority of her time in caring for the patient. She will now be comfortable in assessing patient needs.

The third year nursing student begins clinical training in areas that are entirely different from those of her first two years. She functions in the labor and delivery setting, and she is ecstatic over witnessing the birth of the baby. She also begins her intensive one-to-one counseling with a psychiatric patient. In public health, she follows families for an entire year, assessing their needs and finding ways to meet these needs.

Although the nursing student places clinic first on her preference list, she must also attend classes to learn the basic fundamentals of patient care and various disease processes. She may find some of her instructors impossible. Somehow, she usually surmounts the obstacles.

During classes, one might see Jackie or Cheryl asleep, or anyone for that matter. Sometimes, class is an excellent opportunity for writing letters or nursing care plans. But, for the most part, the students pay attention and try to learn the basic essentials of good nursing care.

Many comments are heard about instructors during classes: "She always talks backward." . . . "Do you think she knows what she is talking about?" . . . "I guess she does, but I sure don't!" . . . As to impossible tests, many things can be overheard. "What did you get for number six?" . . . "I got a" . . . "Hey, I got a" for that one." . . . It always seems like everyone gets a different answer for the same question. It surely is a good thing the teachers curve their grades. If they didn't, there surely wouldn't be many students left.

One may hear complaints coming from nursing students. "I don't see how they can possibly expect us to get all of this work done." . . . "Can you imagine a nursing problem paper, three nursing care plans, or an operational definition all due in the same week?" . . . "I don't see how I can possibly get everything done"
in time." . . . But, much to the student's relief, every-
thing usually gets done on time.
Although, the nursing student may gripe and complain
all through nursing school, she will eventually graduate
and look back on her education as a good one.
Neither the scorebook nor the stat book can show the fellowship and fun had or that certain unescapable "something" fact by the team. The first days of organization were filled with excitement, hustle, and winning practice games.

When the season began all sorts of things happened. Meeting Methodist, an old rival, in the first game seemed quite appropriate. Beating them was even more worthwhile.

Next was the bus ride to the Knoxville Volunteer Tourney. Old friends were a welcome sight. Beating Georgia Baptist to win the tournament was a real thrill. Shirley, especially, enjoyed this trip.

Baptist was next on the agenda, later becoming the great rivals in Memphis competition. Beating St. Joseph was the next task. Those St. Joe girls certainly were nice.

Baptist, again, all ready? The score was closer this time and the girls, too. Right, Brenda?

Ouachita Baptist University was certainly no pushover. U.T. found out how professional basketball is played.

Traveling to Fort Smith, Arkansas was fun and seeing the Sisters was enjoyable. Even though U.T. defeated their team, their hospitality was still great. Betty and Becky—you two have got to stay out of the chapel!

Playing St. Joseph three more times and Methodist once led the team to Baptist again. This time Baptist was victorious. That did it. U.T. would be ready for them the next time.

Leaving for Indiana at ten p.m. was a real highlight. Mac drove the bus filled with basketball players, all that faculty showed, food, and basketball cake to Indianapolis by sun-up. What a trip! That Hoosier hos-
lette made the second team.

Some people say that to play basketball one is motivated or not. But if one plays under the guidance of Jim Stockdale, she is motivated.

Basketball was more than just a sport to this team. It was making life-long friends, having fun and more than anything enjoying the fellowship of some great girls and a wonderful coach. It was more than wanting to win—it was wanting to play and loving every minute of it.

Nursing students certainly don't study all of the time. Extra time is spent in dating, hobbies, and just plain fun. It isn't un­likely to see a nursing student riding a bicycle in Overton Park.
Upon looking back to October 3, 1966, the number of nursing students graduating on June 8, 1969, seems remarkable. We started with fifty; and, with additions and subtractions from our class, we end with forty-four. We began our careers with new roommates, a new campus, and a new type of program. Additions and subtractions from our class, we had made Marcus Haase Dorm a truly remarkable experience. Little did we know of the slams we would encounter from Dear VDRL, or that we would be the last graduating class to have made Marcus Haase our home for three years.

Remember the trauma we experienced with our first great bombardment of teachers: "New girls, I don't want to see anyone chewing on pencils or fingers, they have micro-organisms all over them... Oh yes, I have so much to lecture on, we'll have to use our three hour lab for note taking." "Don't ask complicated questions, this is a survey course. If you want to know the answers, drop nursing, major in chemistry." "You do the studying and leave the worrying to me... Now girls, have I helped you this morning?" And how about courageous Dr. Battice, our most cherished professor. It's a wonder he survived that year with Benlyn jumping through the window. How about Dr. Morris' squeaky shoes? Remember that first nursing test, half of us flunked it.

Of course, we had our more thrilling events. Do you remember the night Paulette, Pat, Mary Anne, Jackie, Barbara and Jean decided to lock the kitchen "john" doors on the third and fourth floors of the dorm? Mary and Cheryl were the first to become apartment dwellers.

Paulette, Pam, Anne, Sandy, Brenda, and Peggy led our basketball team to a three year reign among champions. Our first spring formal, we were all happier and prettier than everyone else there.

Then there was summer school and "Mr. Married."

Speaking of tying the knot, who was the first of us to bite the dust? Isn't that right, Ann?" Soon followed Kine dreaming of little Easter eggs. Besides husbands, our class added Brenda and the RN students.

MSU became a part of our campus. Commuting was so much fun, especially if you didn't have a car. However, Mary Anne found the campus rather "strategic" and spent most of her time in the student center, isn't that right, "hustler"? More fun than MSU was JGH Clinical, a rather unique day in which anything could happen and everything did happen. But our favorite part of the year was lecture time when we tried to figure out why one of our teachers always talked backwards. During spring quarter, school somehow became second to Sardis and twenty-first birthdays, particularly Nancy's.

Then we were seniors. It was so tedious trying to work during the "strike." Labor and delivery boomed with at least two patients a day in which eight nursing students and ten medical students tried to participate. But what about the summer, Doreen and Nancy? Honestly, how can married girls get through school?

Even though we are seniors, we still were unsure of our ability to make it through seventh quarter. After all, two of us didn't make it through the fifth quarter, which made us think that we'd all have trouble making it to graduation. But, all of us made it through, a third of us married, half going to be married, and all of us beginning our professional careers.

Wonder what we will all be doing next year at this time? Where will we be? Do you experience a feeling of loneliness, as you thumb through this book? I do. No, we aren't a bunch of sentimental idiots, but we have all been through UTCN and we understand why we are cohesive.

Senior 1969: Paulette, Sandy, Brenda, Peggy, Pam and Anne led the basketball team to a three year winning streak. Seniors spend their leisure time in various activities.
Mrs. Grace Wallace, Assistant to the Dean was born in Winnipeg, Manitoba, Canada. She graduated from the Brooklyn Hospital School of Nursing in 1941. In 1951, she had received her B.S. from the University of Manitoba.

Mrs. Wallace is married to Mr. Ted Wallace. She spends the majority of her spare time in gardening and beagles training. She also enjoys reading. She and her husband like to spend vacation time fishing and boating in Canada.

Mrs. Wallace believes that nursing is much nearer the status of a profession than it was when she entered the field in 1941. She believes that great strides are occurring because those who have graduated from college programs in nursing over the past twenty years, who have qualified on the graduate level for leadership positions, are now making their impact on nursing. She also believes that there is going to be more nursing in the homes, the work settings, and the schools in comparison to the past.

Second year chairman, Dorothy L. Hocker was born in Vincennes, Indiana. Miss Hocker received her AA from Vincennes University, her GN from Indiana University School of Nursing, and her MS in Nursing from the University of Texas.

Miss Mary V. Morris, chairman of first year nursing, was born in Tonic, Illinois. At age eight, she moved to Horry Springs, Missouri. In 1942, Miss Morris graduated from Baptist Memorial School of Nursing in Memphis, Tennessee. She received her M.A. from Memphis State University. From Teachers College, Columbia University in New York, she received her post-masters professional diploma in Medical Surgical nursing and education doctorate in Nursing Education.

Miss Morris states that her closest relative is a 17 pound Siamese cat named Timothy. In her spare time, she enjoys needlecraft such as crewel and needlepoint, reading any and everything, and water sports.

Miss Morris believes that UTCN has an innovative and sound approach for teaching professional nurses. She also believes that U.T. will eventually enlarge both in student body and types of programs and services offered.

Miss Morris says that nursing is a unique service to poverty. It must change as society but nursing still maintains its focus on the individual and his needs.

Mrs. Ona Z. Heffington was born and reared on a large dairy farm near Belleville, Wisconsin. She received her B.S.P.H.N. from the University of Wisconsin in Madison. Mrs. Heffington received her M.Ed. from the University of Minnesota at Minneapolis, Minnesota. Now, she functions as chairman of third year nursing at UTCN.

Mrs. Heffington's special interest is her six year old son, Scott. Her spare time interests include recreational activities with Scott, classical and semi-classical music, non-fiction reading, dancing, sports, photography and travel.

Mrs. Hocker believes that the horizons are unlimited in UTCN. As to nursing in general, she says that it can never be any better in the future than the one role model observed by the public. To her, the profession of nursing is "coming of age".

Mrs. Morris believes that nursing will concern themselves with providing comprehensive nursing care to individuals and families on a continuum basis where preventive and rehabilitative aspects will receive particular emphasis. Professional nurses will provide a service on a fee basis or will be employed by a comprehensive public health facility.

Mrs. Heffington also says that during the next decade sociological and technological accomplishments will change the complexion of the delivery of health services beyond anyone's present imagination.
Among the numerous obligations of the faculty of this college of Basic Medical Sciences is one of which, though seemingly anomalous, is of the utmost importance—the obligation to make itself dispensable.

Like the responsive physician, the successful teacher is carrying out his role best when he works himself out of a job—perhaps least for any particular student. The healer strives to bring about a state of health so that his patient is no longer dependent upon him. He cannot grant health; he has neither the power nor the obligation to, himself, provide a condition of physical and mental well-being. His task, and commitment, is to assist in devising a means whereby the patient can attain—and maintain—a state free of disease.

So is it with the teacher: he cannot give an education; he cannot instill knowledge; he cannot—in spite of misconceptions to the contrary—make a student learn. He can create a climate in which learning is facilitated. He can provide guidance and aid to the student in attaining, through his own efforts, an education.

A responsible investigator in designing an experiment, gives careful attention to the matter of how it can be made to give up maximum information of the greatest validity with the least expenditure of time and energy. As a faculty we must take the same approach to perfecting the laboratory of learning and to devote the same ingenuity, tenacity of purpose, objectivity of thought in designing the most favorable situation for learning—one as free as possible of enervating diversions and one consonant with the institution's proper goals. Above all we must architect a course of study which promotes learning, and, while properly rigorous, does not simultaneously constitute an ordeal of endurance.

R.H. Alden, Ph.D.
Dean
I had not met Dr. Roland Alden, but as one of the yearbook editors, I wrote him a note asking him to furnish copy for the Basic Science and Graduate School sections. I read the material which he sent us, and found his works to be well written with a crisp logical clarity. But, there was more to what he sent us; there was an element of warmth, of sensitivity. He apparently considered his role as an educator in greater depth than most teachers. After looking at his record I guess he just does things better than most. At least he did in college with an A. B. cum laude in biology from Stanford and Ph.D. in Zoology from Yale. He came to the medical units as an instructor in anatomy, had progressed to professor, to division chief, to associate dean, to Dean of Graduate School and Basic Medical Sciences.

I think I would like to have had Dr. Alden as a teacher in my medical education. But, he is part of the establishment, one of the deans. Well, that is nice to know, too.

Among the many fine attributes of Dr. Davis, the one I came to especially admire was a maturity in his personal philosophy. His character and integrity required that he take a stand on controversial issues, and if this led, as it inevitably must, to disagreement with others he was prepared to pay the price that all too few of us are prepared to pay - loss of popularity. He abjured the easy way of facing first this way and then that, of remaining silent when taking a stand on an issue invited criticism and even abuse. He was totally free of the immature anxiety evident in so many who fear incurring dislike. He fought for what he believed in - and he believed in what he fought for.

R. H. Alden

Dr. J. Sherman Davis
Associate Dean

FACULTY BASIC MEDICAL SCIENCES

IN MEMORIAM
Dr. G. Gordon Robertson, Professor and Chairman of the Department of Anatomy, feels that the future of academic medicine in Memphis can be bright if the basic medical sciences and the clinical sciences can be mutually enhancing. Dr. Robertson is convinced that both basic and clinical programs must be of high quality and that one is not subverted by the other. As Dr. Robertson observes, the magnificent medical achievements of the past quarter century have resulted from the development of strong basic and clinical programs. The overall improvement of medical education and the resulting production of better physicians and better health care for all depends on the basic sciences continuing their strong development but at the same time cooperating with their clinical colleagues. Here is a professor of basic science looking forward with great hope of the Department of Pharmacology and Biophysics. After four years in the Navy as an electronics technician he returned to college to obtain his M.S. in chemistry. He spent several years doing research with DuPont Chemicals before receiving his Ph.D. from the medical College of South Carolina. In 1966, he received his M.D. from Northwestern University. He came to U.T. in 1967 as an Associate Professor of Physiology. He teaches respiratory and renal physiology and he has special interest in the respiratory system. In 1966, he received his M.D. from Northwestern University. He came to U.T. in 1967 as an Associate Professor of Physiology. He teaches respiratory and renal physiology and he has special interest in the clinical aspects of respiratory diseases, asthma and emphysema. Dr. Reynolds feels that the clinical and basic sciences should become more closely allied with one another and that this goal might be achieved through training physicians to become research oriented.
No less than other professional schools—and like baccalaureate programs—graduate education in this country is undergoing intensive self-examination. Three factors inject themselves into the consideration of most advanced degree programs: (1) the growing commonness of extending the period of training (postdoctoral year); (2) the increasing degrees of specialization and (3) the interdisciplinary approach to many of the pressing scientific problems of the day.

If the principle thrust of study for the doctorate is to develop independent research capability, then continuing effort must be devoted to the elimination of requirements and practices which, though perhaps historically significant, no longer are necessary to the development of sound scholarship and professional competence. Certainly all requirements and practices should be clearly understood, even if not supported, by all.

In attempting to meet the ever growing demand for persons with GRADUATE SCHOOL training there is always the danger of quantity displacing quality. This is not to underestimate the importance of numbers, for the rising expectations of today's social order will not tolerate a too conservative approach to this problem; but we must not respond to the inducements of those who would make the Master's and the Doctorate rewards for mere advances in professional competence. Care must also be taken to diminish or eliminate the tendency of complexity of training and unsatisfactory faculty student ratios to diminish the concept of the graduate student as a fellow scholar. He is a citizen not a subject. If he is to experience the enrichment that is his due he must have frequent and ready access to his preceptor; he must be able to view himself as a part of the community of scholars. Our goal in the immediate period ahead will be to better support all aspects of graduate education in the programs we now have and to develop appropriate new ones where competence exists, facilities are available and funds permit.

R. H. Alden, Ph.D.
Dean
Another successful Intramural year ended with the running of the annual Fraternity Track Meet. The ZIPS, a dental fraternity, won the over-all Championship in INTRAMURALS followed closely by the medical fraternity, AKK.

The intramural point totals were very close with the top four positions throughout the year.

The ZIPS won first place in the Pool Singles, Snooker Singles, Volleyball, Badminton Doubles and Bridge. They also, had second place in seven of the activities. The runner-up, AKK, won first place in Snooker Doubles, Ping Pong Singles and Doubles, Handball Singles and Doubles, Badminton Singles and Track. Their second place finishes totaled six.

Third place finishes in the over-all totals went to the dental fraternity, Psi Omega, which won the Swimming and Bowling events with second place in Basketball, Handball Singles and Ping Pong Doubles.

Fourth place honors went to the medical fraternity, Phi Chi, as a result of first place points in Tennis Singles and Doubles, Golf and Basketball. Their second place finishes were in Volleyball and Snooker Doubles.

The pharmacy fraternity, Kappa Psi, finished fifth overall with a win in Horseshoes and a second in Bridge.

Sixth place went to Phi Rho Sigma, a medical fraternity, which won the Softball and finished high in Basketball and Track.

Phi Delta Chi and Delta Sigma Delta finished seventh and eighth, respectively, with the Independents completing the list in ninth place.

FINAL INTRAMURAL POINT STANDINGS

1. Xi Psi Phi .................................................. 925
2. Alpha Kappa Kappa ..................................... 915
3. Psi Omega .................................................. 805
4. Phi Chi .................................................. 720
5. Kappa Psi .................................................. 645
6. Phi Rho Sigma ............................................ 610
7. Phi Delta Chi ............................................. 455
8. Delta Sigma Delta ........................................ 220
9. Independents ............................................. 110
Event  
Tennis Singles
Tennis Doubles
Horseshoes
Golf
Pool Singles
Swimming
Snooker Singles
Volleyball
Snooker Doubles

Winner  
Harvey Neill, Phi Chi
Harvey Neill and Alex Keller, Phi Chi
Don Kilday and Dave Solomon, Kappa Psi
Phi Chi
Dennis Granberry, ZIPS
Psi Omega
Dennis Granberry, ZIPS
ZIPS
Carl Ringer and

Runner-up  
Charles Kunzelman, AKK
Charles Kunzelman, AKK and Richard Golberman, AKK
Ken Bradford and Don Meyers, ZIPS
AKK
Carl Ringer, AKK
Carl Ringer, AKK
Phi Chi
H. N. Ne and Garland Anderson, Phi Chi
Event | Winner | Runner-up
--- | --- | ---
Ping Pong Singles | Tom Cohen, AKK | Don Wilson, ZIPS
Ping Pong Doubles | Tom Cohen and Charles Ferguson, AKK | J.W. Shaddix and John D. Sapp, Psi Omega
Handball Singles | George Wade, AKK | John Tower, Psi Omega
Basketball | George Wade, and Charles Kunzelman, AKK | Bill Malpezzi and Alan Jarrett, Independents Psi Omega
Softball | Phi Chi | ZIPS
Badminton Singles | Phi Rho Sigma
| Charles Kunzelman, AKK | Dave Whetstone, ZIPS
| Dave Whetstone and Jim McNiece, ZIPS | ZIPS
Badminton Doubles | Phi Rho Sigma
| Charles Kunzelman, AKK | Dave Whetstone and Jim McNiece, ZIPS | ZIPS
Bridge | Phi Chi | Kappa Psi
Bowling | Phi Rho Sigma | ZIPS
Track | Charles Kunzelman and Charles Ferguson, AKK | ZIPS
Common ground for all students at the Medical Units centers around one goal, to reach that degree or certificate in one of the health sciences. Whether scrubbed in for a delicate surgical procedure, involved with a dog experiment in a basic science lab, or listening to a lecture, all students are divided into CLASSES within the various colleges.

Enrollment will average about 1550-1600 students during the fall, winter, and spring quarters, tapering off to 1200 in the summer. A breakdown of the student body would reveal about 550 students studying towards an M.D. degree; 400 preparing for a D.D.S.; 290 working towards a B.S. in Pharmacy; 140 enrolled in a Nursing program leading toward a Bachelor’s degree; 100 students in the Graduate School-Medical Sciences, studying for a Masters or Ph.D.; fifty in the school of Basic Medical Sciences, working for a B.S. in Medical Technology or a certificate in Histological Technique, Cytotechnology, or Clinical Immunohematology; depending upon the time of year, approximately thirty to sixty-five students studying a course in dental hygiene; twenty students in certificate programs in Physical Therapy and Radiologic Technology; and the remainder working on various graduate degrees in different colleges.

Pressure, late hours with the books, a dash to meet a patient, broken appointments, too many tests in bunches, T.R.; class notes, being constantly behind, all of these characterize a common syndrome for all classes at the University of Tennessee Medical Units.
In Memoriam

Traveling On
(On the Death of a Classmate in a Cycle Wreck)

A young medical student went last night
To the delivery suite, and worked until
Black night turned grey,
Then pink with hope of new day
a glimmer in the east.

This man worked with pride and skill—
His skill graced many fields, and each
absorbed him in its turn.

He grew tired, as did we all,
in the blinking early morn
And went home grey - tired in the

Wind-free, he traveled home on
As the world turns.
He borrowed wind freedom on his wheels,
Sharing joyful motion with green nature
Which would guard such grace for her own.

(And at times nature points her
hurls a sly arrow of grey stroked
havoc.)

Dull fatigue outwits hard skill
And this day stamps out JOY,
To mingle harshly with the grace
of wind borne freedom.

0 halt the world that we may pause on
This young man
Taken out of turn...
O deaf ears has grey fatigue
As the world turns.

Mark Tochen

JOHN W. LOTT
OCTOBER 28, 1945—MAY 20, 1969

Linda Hughes, a junior in the College of Nursing, was the daughter of Mr. and Mrs. C. M. Hughes of Milan, Tennessee. She was a 1966 graduate of Milan High School, where she was an active participant in her school's activities. In addition to being a cheerleader for four years, she was active in drama work and elected Girls State representative. Also, she was very active in her home church, First Baptist Church of Milan. After graduation, she enrolled at the University of Tennessee Martin to begin her pre-nursing work. At UTM, her primary extracurricular activities involved the Baptist Student Union. After a year at Martin, Linda was appointed as a summer missionary to the mountains of East Tennessee.

In October, 1967, Linda began her work at the University of Tennessee Medical Units. Her campus activities included serving on the Student Faculty Committee and the Baptist Student Union. In the BSU, she, at one time, held the offices of missions and devotional chairman. During Spring break 1968, she was a member of a Spring visitation team to Huntington, West Virginia, which worked with Marshall University in establishing a Baptist Student Union. She was elected to the state Student Committee on Campus Evangelism for BSU. Linda was elected to the state BSU Council for 1969-70, to serve as a West Tennessee representative. She was appointed as a summer missionary to work with migrants of a Utah Idaho work camp, where she was to serve from June, 1969, to August, 1969. Linda was highly instrumental in the production of a religious drama by a BSU group during her Sophomore and Junior years at UT. In her Sophomore year she played the leading role in "The Challenge of the Cross." During her Junior year she was organizer, director and played the leading role in "Were you There," until the time of her illness.

Linda became seriously ill and was hospitalized four weeks before her death on May 4, 1969. Her plans were many; many fulfilled, many unfilled. Her influence on the lives of those who knew her will long be remembered.
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SANDRA L. ROBERGE

Sixth Row:
MARILYN S. ROBERTS
KURT E. ROUSCHE
NANCY C. MORRELL
BEN A. MURPHY
WILLIAM T. TURNER

Seventh Row:
ROBERT A. RALPHS
RONNIE H. RANSOM
MARY JANE SMITH
PATRICK W. SMITH

Eighth Row:
JOHN E. SMITH
WILLIAM W. STAGGS
OTTIS W. STANFIELD
PHILIP W. STOWE
AMBER E. STUART

Ninth Row:
LARRY M. SUMMERS
WILLIAM M. SUMRICK
GARY W. TAYLOR
JOHN L. TURNER
PATRICK T. TYRRELL
FRANK E. VINES

Tenth Row:
NEAL R. WALKER
RONALD D. WALKER
DANIEL R. WATSON
NORMA L. WILLIAMS
WINSTON WOODY
THOMAS J. ZAIDI

First Row:
PINE BLUFF, ARKANSAS
Livingston, Tennessee
Sparta, Tennessee
Manchester, Tennessee

Second Row:
HARRISON, TENNESSEE
Gallatin, Tennessee
Sebastian, Tennessee
Knob Noster, Missouri

Third Row:
LEXINGTON, TENNESSEE
KINGSPORT, TENNESSEE
Elizabethton, Tennessee
Cleveland, Tennessee

Fourth Row:
JERSEY CITY, NEW JERSEY
Elizabethton, Tennessee
Memphis, Tennessee
Jacksonville, Tennessee

Fifth Row:
MONTICELLO, KENTUCKY
Nashville, Tennessee
Bradley, Tennessee
Trenton, Tennessee

Sixth Row:
LEBANON, TENNESSEE
Perkiana, Illinois
Franklin, Tennessee
Memphis, Tennessee

Seventh Row:
BOWLING GREEN, KENTUCKY
Donelson, Tennessee
Brownsville, Tennessee
Memphis, Tennessee

Eighth Row:
COWETA, OKLAHOMA
Lewisburg, Tennessee
Lexington, Tennessee
Kingsport, Tennessee

Ninth Row:
NASHVILLE, TENNESSEE
PAYSON, ARIZONA
Brownsville, Tennessee
Memphis, Tennessee

Tenth Row:
LEBANON, TENNESSEE
AVEON, TENNESSEE
Savannah, Tennessee
Memphis, Tennessee

Classes:
COLLEGE OF PHARMACY
CLASS OF JUNE 1971
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PAULINE BRIGHT, Secretary
DIANNE FORTON, Treasurer

Second Row:
SHIRLY CUMMINGS, Social Chairman
KAYE MORRIS, Social Chairman
JACKIE A. FULLER, Sergeant at Arms
SUSAN J. ALLEN

Third Row:
ANGELA BAKER
SUSAN BELL, RN
BRENDA J. BROWNING
MARY E. BRUSH

Fourth Row:
PATRICIA M. COLE
JEAN COFFY
BETTY CRAWFORD, RN
BETTY L. ZIONIA

Fifth Row:
MARGARET E. DODER
KITTIE M. CASTEL
MARGARET A. FENN
PAT FELDHAUS, RN

Sixth Row:
MARY CHASE FLOYD

Seventh Row:
MARY H. REESE

Nashville, Tennessee
Memphis, Tennessee
Nashville, Tennessee
Memphis, Tennessee
Kingston, Tennessee
Shelbyville, Tennessee
Crossville, Tennessee
Cookeville, Tennessee
Nashville, Tennessee
Nashville, Tennessee

Fifth Row:
CHARLOTTE ANN SMITH
DONNA S. SMITH
CAROL ANN THOMPSON
VIRGINIA SUE TROTTER

Sixth Row:
SHERWOOD WALKER
NANCY S. WHITEHEAD

Seventh Row:
PAMELA REED

Nashville, Tennessee
New Johnsonville, Tennessee
Newport, Tennessee
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MARTHA NOONER
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DOREEN M. NEAL
SHARON NESTRUD
MARTHA NOONER
BRENDA C. NORRIS

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Memphis, Tennessee
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CAROL ANN THOMPSON
VIRGINIA SUE TROTTER

Sixth Row:
SHERWOOD WALKER
NANCY S. WHITEHEAD

Seventh Row:
PAMELA REED
COLLEGE OF BASIC MEDICAL SCIENCES
MEDICAL TECHNOLOGY
CLASS OF MARCH 1969

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EMILY WILLIAMS SUARES, Vice President
PATRICIA LAYMAN GARAY, Sec. Treas.
DALE ANN DUKE
LORETTA ALICE LIBERATORE
LINDA LEE MORGAN

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VICKY LYNN REED
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CLASS OF SEPTEMBER 1969

CLASS OF MARCH 1970

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CLASS OF SEPTEMBER 1970

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VIRGINIA P. GREGORY
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LINDA C. WELLS
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First Row:
MARY A. DENHAM
PATSY A. DRANE
BARBARA R. JUDGE

Second Row:
RICKY E. COOKER

HISTOLOGICAL TECHNIQUE

CLINICAL IMMUNOHEMATOLOGY

CLINICAL MICROBIOLOGY
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Although one's time is constantly filled with study, U.T. students do have time to participate in a variety of miscellaneous ORGANIZATIONS. Some are honoraries, such as Alpha Omega Alpha in medicine, Omicron Kappa Upsilon in dentistry, and Rho Chi in pharmacy. Membership in each group is based on outstanding grades in each particular school.

While the Student Council, primarily through its Executive Board, serves as a liaison between students, faculty, and administration; S.A.M.A., in medicine; Student A.D.A., in dentistry; Student A. Ph.A., in pharmacy; and the Nurses Student Council, provide leadership and direction for students in their own particular schools.

Many service groups exist, such as the Scope, the Medical Units student newspaper; the Asklepion, the Medical Units yearbook; the Student Union Board, a planner of program activities for students; and Caduceus Chorus, providing a lyric for all.

Religious organizations, including the Baptist Student Union, Inter-Faith Association, and University Community Church, provided inspiration for participating students and faculty.

The honor system in medicine is capably handled by the Medical Honor Council. These and many other organizations provide Medical Units students with a varied extracurricular program of activities, for the spot of time between studies, if and when it exists.
The 1969 Asklepieion is an attempt by the editorial staff to catch Memphis and the Medical Units, as it really is. In straying from the traditional "posed" type of yearbook photograph, Bill Kennor, Don Goss, Al Wood, and Pat Cole, spent untold hours roaming the campus in search of candid action.

Sorting, writing, decisions on what picture to use where, all occupied the long hours spent by the editors. Although the 1969 Asklepieion may not look traditional, we believe that it captures the true spirit of the Medical Units in a very vital way, and thus will bring back countless memories as we drift through its pages.

Top Left: Don Goss makes a point at the end of a grueling staff meeting.

Lower Left: "But I think we ought to do it this way."

Top Right: "Let's get some more coffee and hang on for a couple of more hours."

Lower Left: Always prepared for any eventuality was Al Wood.

Lower Right: Pat and Don listen as the staff argues whether to use a picture.
The Baptist Student Union has continued its endeavor to share Christian fellowship, fun, and inspiration with the students in the Medical Units. In addition to the regular noonday luncheon, Friday night program, and a Monday night Bible study, the students have participated in other activities among which are a religious drama entitled, "Were You There," a weekend youth-led revival, and a monthly service at the jail. The BSU basketball team played teams in the Mid-South area and participated in the State BSU Tournament. The activities have not centered in the Memphis area as the State Convention was in Murfreesboro, the International Convention at Mammoth Cave, Kentucky, the midwinter retreat at Sardis, Mississippi, and spring retreat at Camp Linden. Also a group of five students and Bill Lee, Director, composed a spring vilation team to the New York City area over spring break. Four students from UT Medical Units have been appointed as summer missionaries for ten weeks this summer.

The Caduceus Chorus, composed of men and women from all the colleges at U.T., was organized in 1964. Weekly rehearsals directed by Mr. Tommy Lane and accompanied by student nurse Kathy Sutherland, culminated in quarterly appearances.

This year the group entertained at the Baptist Student Union, caroled at the Southland Mall, and presented noon programs for the Interfaith Association. The chorus, existing primarily for "the fun of it," also plans a number of social events during the year, climaxing by a spring outing.

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INTERFAITH ASSOCIATION

The University Interfaith Association is a bold, new adventure in understanding. Catholic, Protestant, and Jewish chaplains are working together with men and women of the healing sciences for the health of the body and the mind of men. From time to time students plan forum type discussions on relevant subjects with specialists in the various fields to lead us in our thinking. Controversial subjects are not avoided.

Top Left: Every Tuesday noon the Interfaith Association hosts a luncheon for students.
Middle: Chaplains and Board of Directors. Seated (from left to right) - Father Robert M. Watson, Rev. Frank L. McPhie, Mr. R.A. Trippeen, Jr., Rev. John K. Johnson, Rev. William M. Vaught, Jr., Dr. John P. Nash, Monsignor Joseph E. Lipsett, Dr. John L. Wood, Father Stanley Maurey. Standing (from left to right): Dr. Sidney Cohn and Rabbi Harry K. Danziger.
Bottom: Interfaith building at 714 Court Avenue.

JUNIOR DENTAL AUXILIARY

The purpose of the Junior Dental Auxiliary is to prepare the dental student's wife for her future place in society and civic affairs. At the same time it offers her an opportunity to promote friendship and good will among the wives of dental students. The interesting programs presented at each meeting are geared to meet the special interest of the dental wife. Dr. Frank Hudson has served as our sponsor and as chairman of the program committees to offer a very successful series of programs.

Each quarter J.D.A. sponsors some kind of financial project, such as a rummage sale, to raise funds for the charity project. This charity project varies from year to year. This year we took a group of underprivileged children to see the Christmas Parade, and other times we supply needed food and supplies to needy families.

The Auxiliary traditionally closes each quarter with a Senior Luncheon honoring the wives of graduating seniors. This is the final farewell to those who are standing on the threshold of a new future with their husbands in dentistry.

Top Left: Fellowship is always available at a J.D.A. meeting.
Middle Right: The Christmas Parade project was a highlight of the year.
Bottom: Monthly meetings were well attended.
JUNIOR MEDICAL AUXILIARY

The objectives of the Junior Medical Auxiliary are to promote friendship and better fellowship among the wives of medical students, to prepare for our future role as physician's wives, and to serve the community and the Medical School.

We try to accomplish the above by projects such as the University-wide Book Exchange for the resale of textbooks and our Student Loan Fund. We also have annual social events including a welcoming party each term for the wives of new medical students and a luncheon honoring the wives of graduating seniors.

JUNIOR PHARMACY AUXILIARY

The Junior Pharmacy Auxiliary was organized in 1951 as a means to promote friendship and fellowship among wives of the pharmacy students.

The club meets once each month for a business meeting and program. The family activities included a potluck supper and a Christmas party.

The JPHA has had many useful projects this year. It had a bake sale and all proceeds went to St. Jude Children's Hospital. Also, Easter baskets were made and presented to a class of underprivileged children.

The Auxiliary was honored to have Mrs. Sidney Rosenbluth and Mrs. Tom Guthrie as sponsors. They were introduced at a tea given in the fall to welcome the incoming wives.

A banquet is given in May honoring the wives of graduating seniors.
OFFICE OF ALUMNI AFFAIRS

The Office of Alumni Affairs strives to be of service to the University and its alumni. It attempts to secure publicity which will increase the prestige of the University and aid in securing its adequate support. It recognizes 12,000 alumni of the Medical Units, and the awarding of "Certificates of Merit" to alumni who have been in creditable practice for 50 years. A newsletter, the Center-grams, is mailed bi-monthly to each alumnus, and other items of information are mailed periodically. So that alumni can enjoy reminiscing, class reunions and area meetings are promoted. Keep in touch with your alumni office when you have news or a change of address.

Top Right: Director of Alumni Affairs, F. J. Montgomery offers congratulations to 50 year graduates who have just received their "Certificates of Merit" for 50 years of meritorious service.

Middle: Classes return for reunions on a five year rotation basis.

Lower Right: Dental alumni receive instruction and pleasure upon returning to the Annual Dental Seminar in March of each year.

OFFICE OF STUDENT ACTIVITIES

Working under crowded conditions at 4 S. Dunlap St. and at Marcus Hall, the Student Activities staff was eager at the end of the 1969 school year to move into the new Wassell-Randolph Student-Alumni Center. Upon moving, the same services: orientation, graduation, athletics, social events, student publications, leisure time activity, frat and organizations assistance, will be continued on a much larger and expanded scale.

Top Left: The office crew prepares for another busy day.

Middle: The "professional staff," e.g., Bill, Laura, Dale & Jim, discuss mutual problems at weekly staff meeting.

Lower Right: The recreation room attendants are busy with athletic equipment check out.
THE SCOPE

The four Scope editors were once again busy in their role of giving a "view both macro and micro of our own ecological niche..." The student newspaper ended its third year on the campus with Lee Malone, Doug Newton, Bobby Moore, and Mary Beth Malone providing the copy, editing, cutting, pasting, and proofing, as the bi-monthly paper came into fruition.

STUDENT A. D. A.

The history of the University of Tennessee chapter of the Student American Dental Association dates back to November, 1955, when it was first organized. The functions of the SADA are organized by Dr. Joe Bell, the sponsor, and the officers and the representatives of the twelve classes. The student chapter of the A.D.A. at U.T. has as its purpose to orient and interest the student in organized dentistry after graduation and to work with our colleagues in the promotion of progress and higher ideals in the dental profession.

The functions of the Student A.D.A. point out to the student the real advantage of belonging to a group that is organized with a purpose of progress for the profession and for each of its members.

During the past year the Student A.D.A. assisted new students by providing special guides during orientation. In conjunction with the IFC they helped to sponsor two "Brighten Your Smile" days in which indigent children were given free dental care on Saturday morning. The year was climax ed by the "Spring Festival" at Ellendale, to which all members of the student body and faculty were invited.
STUDENT A. D. H. A.

The Junior chapter of the American Dental Hygienists’ Association (A.D.H.A.) is an active organization for the dental hygiene students at the Medical Units. The 1968-69 Junior A.D.H.A. proved to be a successful venture for the girls involved. Officers for the group were: Karen Hickman, President; Linda Weaver, Vice president; Julie Bowles, secretary; Susan Huselton, treasurer; Anita Buck, parliamentarian; Sherry Fryer, program chairman; Diana Healea, social chairman; and Debra Cheatham, projects chairman. The Student A.D.H.A. met once a month and had many interesting programs. The Dental Hygiene class of 1969 was well represented at the 1968 National convention in Miami, Florida. The Student A.D.H.A. sponsored two main parties during 1968-69: one was a Christmas party at the American Legion and the other was a graduation party at the Holiday Inn in honor of the graduating students.

STUDENT A. M. A.

The Student American Medical Association is an organization of students representing medical schools from every part of the country and today is one of the five largest medical organizations in the United States. At Tennessee the chapter is made up of a majority of the student body and its activities encompass all facets of the students’ academic life through the function of standing committees. With American medicine in a period of dynamic change, groups such as the curriculum evaluation and medical legislation committee in SAMA have an obviously important function. Honoring outstanding faculty members with the Golden Apple Award is an important event in progress towards better student-faculty relationships. The Student-faculty smokers are one of the high spots of the season where each newly entering class is honored with a reception and the opportunity to meet the Dean and faculty on an informal basis.
The history of the student branch of the American Pharmaceutical Association at the University of Tennessee Medical Units dates back to 1948. Creation of student interest toward the promotion of progress in the pharmacy profession after graduation is the primary concern of the organization.

This year our drug abuse teams have spoken to thousands of high school students informing them of the dangers of drug abuse. Another prime activity has been to improve the professional role pharmacy plays as an integral part of the health profession. All student activities are directed toward developing a professional attitude. We hope the end result will be a stronger professional organization on the national level.
UNIVERSITY COMMUNITY CHURCH

The University Community Church, planned by students for students, is an exciting venture in ecumenism, dialogue, inquiry, and the search for identity and adequacy in a University atmosphere.

Everyone of any religious faith, or of none, is invited to become a member of the University Community Church. We do not proselytize, or ask anyone to make any concessions or compromise, only that together we seek an understanding of all religions and of the place of religion in the modern world.

Top Left: Each Sunday morning prior to the worship service there is a Fellowship Hour where students gather for coffee and doughnuts and conversation.

Top Right: A service of worship is conducted by one of the chaplains, assisted by students, every Sunday at 11:00 O'Clock.

Middle Left: Student officers and two chaplains of University Community Church.


ALPHA OMEGA ALPHA

The Alpha Omega Honor Medical Society was organized at the College of Medicine, University of Illinois, August 25, 1902. The Society comprises three classes of members: (1) undergraduate membership based entirely upon scholarship, personal honesty, and potential leadership; (2) Alumni and Faculty Membership granted for distinctive achievements in the art and practice of scientific medicine, and (3) honorary membership awarded to eminent leaders in medicine and the allied sciences. The motto of Alpha Omega Alpha is "to be worthy to serve the suffering." In its aim and purposes toward attaining highest ethical and professional standards, the society is closely allied with the Council on Medical Education and other allied organizations. Only colleges and schools of medicine of the highest rank may be granted charters of Alpha Omega Honor Medical Society.

The American Medical Women's Association exists on the University of Tennessee Campus as an organization whose purpose is to allow female aspirants in the medical field to collectively assert themselves into a profession which is predominantly male-oriented.

Granted a charter by the University of Tennessee in 1965, the medical women's organization has functioned to unite all the women in the medical school for the varied purposes of 1) allowing opportunity for extra-curricular fellowship and relaxation from a demanding schedule and course of studies; 2) providing exposure to and affiliation with established women physicians who serve as inspiration to struggling, and sometimes, discouraged women medical students; and 3) affording opportunities for broadening medical horizons through various group projects and national conventions.

First Row: Martha Bucher, President; Jennifer Jones, Vice President; Dana Wallace, Secretary-Treasurer; Phyllis Edwarda, Social Chairman; Marie Barnes, Pamela Chapman; Sandra Coe-Smith. Second Row: Edna Davis, Lynn Drake, Lorraine Evans, Evelyn Pridemore, Bonnie Gordon, Susan Johnson, Sue McIntyre. Third Row: Catherine Netetchadfort, Joyce Pace, Antie Peters, Sandra Prater, Amanda Pittman, Sally Rosser, Constance Smith. Fourth Row: Sandra Snow, Freda Stovall, Doris Thompson, Beverly Williams, Joan Williams, Judy Wood.

MEDICAL HONOR COUNCIL

The Honor system of the College of Medicine was instituted in January, 1961. Since that time all classes in the College of Medicine have lived with the concepts of that Honor Code. Young men and women who are privileged to enter the College of Medicine must be mature and honorable in order to be worthy of their proud medical heritage.

The Honor Council is composed of two elected representatives from each class in the college of Medicine. Infractions of the Honor Code are reported in writing to the respective members of the Council. The Council then convenes and reaches a decision with respect to guilt or innocence and formulates a recommendation which is delivered to the administration for ultimate action.

The Honor Code was written by and for the medical students with the purpose of providing a meaningful statement of the consensus of medical students with respect to honor, and for the purpose of providing a means to obtain this consensus. The Honor Code provides methods of amendment and is considered to be the collective will of the students of the College of Medicine. Honor and integrity, as well as knowledge, are prerequisite to the Profession of Medicine.

NURSES STUDENT COUNCIL

The main purposes of the Student Organization of the College of Nursing are to maintain and uphold the ideals and standards of the college, to provide an opportunity for participation in self-government, to encourage an attitude of responsible citizenship, and to encourage an attitude of cooperation between the faculty and students.

The organization also helps to coordinate all the activities involving the three nursing classes. Meeting monthly, the Student Council serves as the working unit of the organization. Among the programs planned each year are a welcoming party and orientation for new students, sponsorship of the outstanding student nurse contest, a spring dance, student faculty teas and meetings, and a senior tea.

The Student Council works with the nursing faculty and the entire medical units in planning and implementing programs and in solving some of the problems of the complex. It strives to promote the personal and professional growth of each member of the organization.

NUX CLUB

The Nux Club, honorary society of the University of Tennessee Medical Units, is composed of seniors who are representatives of the fraternities recognized by the Committee on Student Welfare.

The Nux Club was organized in October 1939, for the purpose of the following: (1) Advancing the spirit of good will and fellowship among and between various fraternities of the University; (2) Promoting favorable publicity for the Memphis unit of the University.
OMICRON KAPPA UPSILON

Omicron Kappa Upsilon is a society of dentists whose purpose is as stated in the preamble of the Society’s first constitution: “To encourage and develop a spirit of those who shall distinguish themselves by high grade of scholarship.”

The society was organized in 1914 at Northwestern University Dental School.

There are 32 chapters with approximately 11,000 members. Pal Chapter was founded May 1, 1929, and now has a membership of 114. Its charter members were R. S. Vannam, R. D. Dean, C. P. Harris, J. F. Bridges, W. E. Lundy, L. J. McRae, J. J. Ogden, J. D. Towner, and W. J. Templeton.

R. D. DEAN

ODONTOLOGICAL SOCIETY

The R. D. Dean Odontological Society was founded at the University of Tennessee on December 6, 1948. It is an honorary society for undergraduates students at the College of Dentistry. It was named in honor of Dr. Richard Dappert Dean, former Dean of the College of Dentistry, and his wife, Dr. Margaret Taylor Dean, former professor of Oral Pathology. Its membership consists of outstanding students who are selected by a combined faculty-student election committee. The purpose of the society is to promote and perpetuate professional ideals and ethics, to study the influence unfaitly for the advancement of the dental profession in the areas of teaching, practice, and jurisprudence; to elevate and sustain the professional character and education of dentistry; to promote among them mutual improvement and good will; and to disseminate knowledge of dentistry and dental discoveries.
RHO CHI

Rho Chi Honorary Pharmaceutical Society was established to promote the advancement of the pharmaceutical sciences through recognition and encouragement of scholarship. Alpha Nu Chapter was organized at the University of Tennessee in 1948.

New members are elected into the society after the completion of the fifth quarter of the College of Pharmacy. These candidates must have shown the capacity for achievement in the basic arts and sciences, as well as the art and science of pharmacy, as evidenced by strength of character, personality, and leadership. The high standards of scholarship demanded for election to membership, symbolized by the Rho Chi Key, provide a scholarship incentive unequalled by other awards.

This year's activities were rewarded by a first place finish in national competition for the Rho Chi Chapter Award.

First Row: Dr. Sydney A. Rosenbluth, Faculty Advisor; Robert H. Moore, President; Joseph L. O'Neill, Vice-President; Ann R. Looney, Secretary; Ronald D. Lewis, Treasurer; Kenneth J. Mclaney, Historian. Second Row: Dr. Selma D. Feurt, Dean; Dr. Martin E. Hamm, Associate Dean; Dr. John A. Zacian, Faculty; Dr. John C. A. E. A. Ross, Faculty; Dr. James G. Sterling, Faculty; Dr. Gary C. Bowles, Faculty. Third Row: Dr. Frederick Cheng, Faculty; Dr. Karl J. Goldstein, Faculty; Dr. Albert L. Rabl, Faculty; Dr. Andrew Lesko, Faculty; Dr. Homer Lawrence, Faculty; Dr. James Lawson, Faculty. Fourth Row: Dr. Ira W. Mathison, Faculty; Dr. Emmett S. Merley, Jr., Faculty; Dr. Maxim Meyers, Faculty; Dr. Ronald Quintana, Faculty; Dr. William J. Purcell, Faculty; Professor William S. Smofford, Faculty.


STUDENT COUNCIL

The Student Council is composed of the presidents of each club in the various schools on the Medical Units campus. The Executive Board, elected each spring, is composed of a representative from the Colleges of Medicine, Dentistry, Pharmacy, and Nursing.

The Executive Board, serving as the Council's officers, meets regularly to assist in student problems, and to serve as a liaison between the students and the administration. The entire Council meets on call when there are specific items to be brought before the entire student body.
The three colleges of Medicine, Dentistry, and Pharmacy, have local chapters of national professional FRATERNITIES of their school. These fraternities, though not having the atmosphere of the typical undergraduate fraternal society, nevertheless contribute a vital focal point for common ground, interest, and fellowship in each college. From Saturday night parties, to competition on the athletic field, to service projects such as Christmas parties or care for indigent children, the frats at U!T are active in all fields of endeavor.

In medicine, Alpha Kappa Kappa and Phi Rho Sigma are blessed with modern frat houses, while Phi Chi is presently building a new facility. Psi Omega and Xi Psi PHI provide room and board for dental students, with the third fraternity, Delta Sigma Delta also building a new chapter house. In pharmacy school, Kappa Psi and Phi Delta Chi are constant, if friendly rivals, while a local chapter of the Lambda Kappa Sigma pharmacy sorority is the only girls fraternal group on campus.

In addition to providing for much of the social life at U!T, the fraternities serve each college as a center of fellowship where professional men and women can meet, each with common interests and goals, each with an eye on the future, and on his own particular career in the health sciences.
ALPHA KAPPA KAPPA

Alpha Kappa Kappa Medical Fraternity was founded September 29, 1888, at Dartmouth Medical School in Hanover, New Hampshire. It has grown from this beginning until it now has thirty-two chapters in the United States and Canada, and is the second largest medical fraternity in the world.

Omega Chapter of Alpha Kappa Kappa was organized on the University of Tennessee campus on March 24, 1912. Omega is thus the tenth oldest chapter of AKK and the oldest medical fraternity at the University of Tennessee.

Located conveniently close to hospitals and classrooms at 747 Court Avenue, the chapter house has room for 32 men. Here resident and non-resident members and their wives or dates gather for special occasions.

DELTA SIGMA DELTA

In November of 1922 Delta Sigma Delta fraternity was founded at the University of Michigan. The present Kappa Kappa Chapter at the University of Tennessee was established on May 27, 1921, after the closing of the dental school at Vanderbilt University. Since the founding of Delta Sigma Delta, to the present day, the fraternity has grown internationally with chapters located at dental teaching institutions throughout the world.

The coming year will be a landmark for Delta Sigma Delta at the University of Tennessee as the new fraternity house is completed. With this new, modern facility, Delta Sigma Delta will be able to better serve its membership and the Dental College.

The members and alumni of Delta Sigma Delta regard the fraternity as a byword in dentistry, one which strives to create a better dentist, and one which adds strength and prestige to the profession.

LAMBD A KAPPA SIGMA

Lambda Kappa Sigma was founded at the Massachusetts College of Pharmacy on October 14, 1913. It is the largest professional sorority for women enrolled in pharmacy. The basic concern of the sorority is to train young women culturally, socially, educationally, and professionally. Internationally there are 41 active chapters and 19 alumni chapters. On May 15, 1961 the University of Tennessee’s Alpha Epsilon Chapter received its charter.

The purpose of Lambda Kappa Sigma is to promote the profession of pharmacy. Basic for membership are character, scholarship, and personality. Today the sorority is a vital and significant force among women in pharmacy.
KAPPA PSI

The first professional pharmacy fraternity, Kappa Psi, was founded at Russell Military Academy, New Haven, Connecticut, on May 30, 1879. Since that time Kappa Psi has steadily progressed to its present strength of 84 active collegiate chapters and 24 active graduate chapters with more than 59,000 members. Psi Chapter was organized in Memphis in 1913, and since has become the largest pharmacy on the U.T. campus. We boast over a hundred active members and are presently among the largest chapters in the nation.

We of Kappa Psi are well known as campus leaders, holding many class offices, and also in various other organizations on the campus. Kappa Psi is always an outstanding competitor in the intramural athletic league, participating in all intramural contests and ranking high in the standings.

Our chapter is especially fortunate to have such fine supervision from our faculty members: Dr. Charles Smith, Dr. Eddon D. Faught, Dr. Karl J. Goldney, Dr. Emmett S. Manley, Dr. Ian Mathison, Dr. Sidney A. Rosenblum, Prof. William B. Swafford, and Dr. Ronake Quintana. Kappa Psi is looking forward to another fine year with the hopes of growing even better through the continued efforts of the officers, members, and alumni.

The Phi Chi Medical Fraternity was founded on March 31, 1889, at the University of Vermont. Through the years it has grown to become the largest medical fraternity in the world, boasting 58 chapters which contain 45,000 members from all parts of the world. The Alpha Seta Chapter was established on the U.T. Memphis Campus on April 4, 1913. In 1930 the Alumni Association purchased the Baldour Estate at 216 Waldran where Phi Chi enjoyed prosperity for many years. Due to the Expressway expansion the house was caught in the wheels of progress and was demolished. The new house is now under construction and will be located at Orleans and Court, west of Manassas. In the new Phi Chi house the tradition of excellent parties, academic accomplishment, and a strong sense of fraternal fellowship will continue.

PHI DELTA CHI

Since eleven men gathered at the University of Michigan on November 1, 1883, and established the first chapter of Phi Delta Chi, it has grown in size to over twenty thousand members and 45 chapters. In further attempts to affect an organization to advance the science of pharmacy and to foster and promote a fraternal spirit, graduate chapters have been organized. These chapters now total 29, including two in Tennessee, the Nashville Alumni Group and the Omega Graduate Chapter. Founded in 1922 the Omega Chapter was the 24th member of the Phi Delta Chi family.
Phi Rho Sigma Fraternity, an international medical fraternity, was founded at Northwestern University on October 31, 1890. Chi Epsilon Chapter of Phi Rho Sigma was founded as Lambda Chapter of Chi Epsilon Fraternity on October 14, 1906. The two fraternities merged on April 6, 1929 under the present name.

The aims and purposes of Phi Rho Sigma are to develop in its members the highest standards of unselfishness, honor and loyalty to the code of ethics of the medical profession.

Chi Epsilon has consistently ranked high in academics and her members have been honored on the Dean’s List. Chi Epsilon has enjoyed a regular social program which not only included rush parties, but parties within the Chapter.

The present Chapter House is located at 1089 Eastmoreland Avenue and houses thirty-four men. In addition, a large component of the membership consists of married people and upper classmen not living in the house.

PSI OMEGA

Psi Omega dental fraternity was organized in 1892. Since its organization it has grown to be the largest Greek letter dental fraternity in the world. At present there are thirty-six chapters.

Psi Gamma chapter was founded in 1926 at the University of Tennessee Medical Units. Psi Gamma Chapter is proud of its leadership, scholarship, intramural standing, and the fellowship which now exists within the fraternity.

Psi Omega fraternity seeks to create an atmosphere of professional congeniality that will last not only throughout the years of dental study, but also in the years of practice ahead.

XI PSI PHI

The Alpha Omicron Chapter of XI Psi Phi was activated on March 20, 1921. The outbreak of World War II suspended the chapter temporarily, but on November 14, 1947, the Chapter was reactivated and since then has remained an integral part of fraternity life on our campus. Our fraternity has proven itself a leader in scholarship, intramurals, and all University sponsored activities over the years.

The XIP house is a familiar landmark at its post across from the Archway, and its party room, the Pulp Chamber, is known to all.

Our members, both here and those graduating before us, have tried to lend to the profession the motto of our fraternity, "Hospitality is the life of friendship."

First Row: Gary D. Denny, President; Louis Sommerlatte, Vice President; John W. Bishop, Secretary; Thomas P. Dizatto, Treasurer; William C. Neudigate, Rush Chairman. Second Row: William H. Kingery, House manager and Social Chairman; David H. Malin, Lab. Manager; Harry G. Morris, Sports Manager; Garland Boyd, Jr., Editor; Edward F. Adair, Past President.


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