Perhaps the best endorsement of a college is the number of alumni siblings and offspring who enroll at the school. Here alumni families of Hahnemann University, Woman’s Medical College, Medical College of Pennsylvania and Drexel — often intertwined — share their recollections in their own words. If you are a legacy family, we welcome your stories too.

Martin Uram, MD, HU ‘77, is a retinal specialist in Little Silver, N.J. He is married to Susan Greenberg, MD, MCP ’78, who practices hematology and oncology in Little Silver. His father was Herbert Uram, MD, HU ’49, his sister is Shelley Uram, MD, MCP ’78, and his cousin is Marc Uram, MD, HU ’77.

Marty: When we started medical school, I lived above a stationer’s at the corner of 15th and Race, a parking lot now. Susan lived in Germantown. My sister, Shelley, introduced us — she was in Susan’s class — and here we are 39 years later.

We got married in med school, and when we were interns the money we got for our wedding went for the down payment on a house in Merion Park. When we sold the house, it made more than we had made in three years as residents. Susan wanted to go to Columbia, so we both did our fellowships in New York.

Susan: When we came down here, I was the first female subspecialist in Monmouth County. It was an old boys club — I was so not used to that from MCP and New York. I went to Sloan Kettering and Dana Farber and they didn’t care what you were as long as you did a good job — they just wanted you to be well trained.

Marty: I was the third retinal specialist here. It was difficult at first because the referral guys sent everyone to New York or Philadelphia; they didn’t care that they had someone in their own backyard. But it turned out to be a really nice place to practice.

Back when I went to Hahnemann, we did all our basic sciences the first year; then we did all our clinical rotations second year. Third year you were back in the classroom, and fourth year you picked a track. I did neurology. Elliott Mancall was chief of neurology, and he was a great mentor. He hand-taught the people in the program. He would do physical exams with us and say “no, don’t do it that way, do it this way.” We had a neuropathologist who was great too. We learned quite a bit of neurology and they made it really exciting to go to school every day.

Susan: My most memorable teacher was an infectious disease attending at the VA named Jack Sobel. Jack asked me a question, then said, “Well, you know the pathology, you know what the patient said to you. Now for God’s sake put the two of them together.” I also remember June Klinghoffer saying “if by the time you finish taking the history of a patient you don’t know the diagnosis, you took a bad history.”

Marty: When we went to those schools, they were heavy on clinical experience. What was important was they threw you into the fray. [Our daughter] Catie’s experience was really good like that, too — good clinical experience, medical economics, ethics — I was really impressed by that.

Catherine (Catie) Uram, MD ’13, is a second-year resident in the Drexel/Hahnemann Emergency Medicine program. She is also an integrative medicine fellow at the University of Arizona. She is a certified rescue diver and has traveled widely, learning alternative and indigenous healing practices.

The PIL program [the Program for Integrated Learning] is an excellent curriculum and one of the medical school’s assets. The primary care practicum at the end of the first year was one of the highlights — I rotated at the Indian Health Service in Taos, N.M. Also, the ethics course was an important and enjoyable aspect of the curriculum.

We have a very strong emergency medicine residency program at Drexel, due to the talented faculty and residents, emphasis on critical care, and the department’s various public health endeavors.

In emergency medicine, there is critical care, resuscitation and trauma, but there is also a lot of primary care for underserved people — the emergency department is a place where anyone can come in and receive the care they need.

With this in mind, the integrative medicine fellowship explores how to effectively bring aspects of different modalities of healing, including Chinese and naturopathic medicine, into standard allopathic practice.

Drexel has been an excellent experience — there is great diversity within the patient population and opportunities to work with talented physicians and providers. It’s wonderful that Drexel is our family school.
WE HAVE A TREMENDOUS BOND

Joseph Capo, MD, MCP ’82, is an otolaryngologist/head and neck surgeon in Nassau County, N.Y. He is the former president of the College of Medicine’s Alumni Association.

I was interested in medicine since I was a young boy. I developed a relationship with my pediatrician, and I was amazed at what he did. He was a charismatic individual and he seemed very caring.

Medical school was pretty much what I had expected. I knew it was going to be a lot of work and I also knew it was going to be rewarding. It was the first time I was away from home for any length of time. We grew up in Queens and if we went to college at all we stayed locally. When I moved to Philly, I rented a room in a private home on Henry Avenue.

Almost every weekend, my parents would visit, and my mother would bring food she made and put in tins for me to pile up in the freezer. They did that for four years, and then they did the same thing with my sister. They were great about that, so that’s why I decided to create the Anthony and Catherine Capo Endowed Scholarship Fund in their honor.

I spent so many hours studying, it seemed nonstop. We socialized a little bit; every now and then, there was a party somewhere, and we would congregate in the library at night, maybe have a cup of coffee.

Gross anatomy was very memorable, just because there’s the body, right there all of a sudden. That’s probably something I will never forget. That’s when I realized I wanted to do something surgical.

When I was accepted, I thought it would be like college — I’d go there for four years and leave except for the occasional reunion — but it turned out to be a relationship with the school that I never imagined when I first started. For me it was such a family atmosphere, I really wanted my kids to go to Drexel.

Angela Capo-Granata, MD, MCP ’86, is a diagnostic radiologist, specializing in women’s imaging, at St. Francis Hospital in Port Washington, N.Y. She is Joseph Capo’s sister.

When I was studying undergrad in New York I visited my brother Joe frequently with my parents. I got accepted to a couple of schools, but I had a comfort level at MCP, so I decided it was the best place to go. The teachers there were unbelievable. If there was a question, there was always someone there to help the students, and everyone felt the same — it was a small class — just a hundred kids.

I loved my freshman-year gross anatomy. As soon as I was introduced to the lab, I knew I was going to go into some type of anatomical field. At the time, the head of radiology, Dr. [George] Popky, had his residents come down into the lab, and we learned axial imaging and CT scans. I really liked that.

My biggest challenge in medical school the first few months was being away from home. We had wonderful parents, but I had a strict dad, and I wasn’t allowed to go out and about. Once I made the decision to go to Pennsylvania, it was hard on all of us, but my parents were pro education, and I lived with the same family Joe lived with; I moved in when Joe moved out.

I felt prepared for my first two years, and then in the clinical years, we worked as a team. We were a really close-knit class and I have many fond memories.

One of my sons is now premed in college. I hope he will continue the legacy. I look at myself and I say, my goodness, I’m part of a family of doctors.

Catherine Capo, MD ’13, is a second-year resident in internal medicine at North Shore-LIJ Health System, New York.

I loved Drexel because of the nurturing environment. There was no sense of competition. Our deans and professors supported us through it all. In addition, I don’t know how they did it, but the admissions committee always succeeded in accepting people who were “real” — people who had overcome failures, and who had diverse life experiences. We were very fortunate to have such a well-rounded, grounded group of classmates.

I came to Drexel because of my dad’s and aunt’s influence. They are truly compassionate people, and incredibly bright. They thought the world of their experience at MCP, and I was excited at the thought of continuing that legacy.

My medical school experience was made even more memorable because I attended with my brother — it’s an experience that very few siblings have the opportunity to share. We have a tremendous bond because of it.

Joseph Anthony Capo, MD ’14, was hooded by his aunt, his father and his sister.
DIFFERENT ROOTS UNDER ONE TREE

Woman's Med aluma June Greenspan-Margolis, MD is a psychiatrist specializing in youth and adult psychoanalysis in Pennsylvania and New Jersey; she teaches at the University of Pennsylvania.

For the first two years of school, I did nothing outside class but study. The second half of the second year, I began to date. I think the sheer volume of work the first two years is an enormous challenge. There was an atmosphere of people flunking out. We started with a class of 50, and I believe 36 graduated.

The most surprising aspect to me, having come from Bryn Mawr College — a very open academic environment — was that was not the case at Woman’s. It was very difficult to have dissent about anything. Which is not to say that all of the learning was not of extreme interest; but fun it wasn’t.

One thing I will say very positively: if you could survive being a student and being in the city with mostly male medical students and physicians, you could survive anything. Woman’s created a personality which allowed you to feel you could master most things.

I applied to 36 medical schools and was rejected by 52, with letters saying, “We are not taking women this year.” It’s a really important part of the history of medicine that there was such a school as Woman’s — it allowed women to be educated as physicians when nobody else wanted them, and for that I am extremely grateful.

Peter Margolis, MD, MCP ’89, is a gastroenterologist practicing in Rhode Island and a professor of medicine at Brown University. He is June’s stepson.

I lived about three blocks from the school. There was a bar down the street we used to go to after exams. There was a basketball league, and we sometimes played against other schools. It was a stand-alone hospital and medical school, so you made up your own entertainment.

My most memorable class was anatomy. We had a lot of fun. Working on a cadaver is like being a surgeon without having to worry about somebody dying. You smelled like formaldehyde, but it was a great experience because it was the first time you felt like a doctor. There was a lot of camaraderie: you’re studying together, making sure everybody is learning and pulling for each other. It was intense, but you learned a lot.

When I was looking at schools, my stepmother was still in contact with a lot of her professors, so it was nice to get personalized information. I also liked the interview process at MCP. I remember comparing it to other schools. I got into a couple of other schools and turned them down.

Fay Wright Margolis, MD, MCP ’87, an obstetrician/gynecologist near Philadelphia, is married to Peter’s brother, David Margolis, MD. She worked at MCP/HU/Drexel from 1999 to 2003.

I lived at home for a couple years with my parents in Wyncote, because my mom was sick.

I used to swim at the Germantown Y. We had parties in Ann Preston Hall, which was where we had our classes. It was a pretty small school; a hundred people in each class. I worked in the library, which is how I knew Peter. We both had work-study.

My most memorable class was probably anatomy; most people had not seen anything like that before. The teachers were good. Hazel Murphy, in neuroanatomy, was amazing. I worked in her lab. Three people in ob/gyn stand out: Deurwood Hughes, Ann Honebrink and May-ange Ntoso. They loved what they were doing. I did my ob/gyn rotation and decided that’s what I wanted to go into.

MCP was a community. People in the neighborhood worked there, had their kids there. I was working at MCP/HU when it became Drexel. I was a little cynical, but I feel Drexel’s done a good job incorporating so many different roots under one tree.

THE FOUNDATION BUILT BY WMC

Patricia L. VanDevander, MD, MCP ’88, an emergency medicine physician, also completed her residency in emergency medicine at MCP. She is the daughter of the late Mary Jo Jacobs, MD, WMC ’55.

I went to college on athletic scholarships. I had seen how hard my mom worked as a rural primary care provider, and I was fairly sure that was not what I wanted to do. But I ended up pursuing medicine, and I’m glad I did. I’ve worked in several different settings. Just over a year ago, I became an independent contractor because I’m involved in a lot of other health care related activities, including the Colorado and Denver Medical Societies and some state legislative work.

That was an interesting part of my mom’s career too. She closed her office as a family practitioner in 1988 and moved to California to get her master’s in public and health policy at Berkeley. I think she felt she could help people on a greater scale by tackling health policy. She didn’t have the opportunity to use those degrees as much as she would have liked, but I got interested in doing that kind of work as well.

Medical school was the first time I had been out East and it ended up being a 10-year stay. The wonderful surprise for me was the camara-

Four women who were in the WMC class of 1955 had daughters in the MCP class of 1988. Mary Jo Jacobs, MD, is on the left and her daughter, Patricia L. VanDevander, MD, is next to her.
A GIFT AND A CALLING

Stephen Baer, MD, HU ‘72, served as chief of ob/gyn for Harvard Community Health Plan in Boston. His wife, Phyllis Baer, MD, HU ‘72, is an internal medicine physician and medical director of the PACE program for all-inclusive care of the elderly in Boston.

Phyllis: Steve and I were married with a child on the way when we applied to multiple medical schools and Hahnnemann accepted us both. At the time, Steve was an officer in the Navy and was scheduled to be deployed to Europe.

Steve: I applied for the Navy’s Excess Leave program, which enabled career officers to get an extended leave of absence to attend medical school. Everything was approved, but shortly before we were to start at Hahnnemann, the Navy said my leave was denied. Through a long series of efforts, including Phyllis going to see President Lyndon Johnson, the Navy allowed me to go to medical school. We lived in Germantown with a cousin, Joan Fluri [MCP ’72], until we got our own place.

Phyllis: In those days, there were very few women in medical school — probably only five in our class. Women were not accepted if they were pregnant. When Hahnnemann accepted us, I was pregnant. They asked, “Do you have any children?” and I said no. They didn’t ask again. And we didn’t volunteer the information.

Steve: We had outstanding teachers who cared and bedside teaching that I have not seen anywhere since.

Phyllis: We had many rotations at Philadelphia General Hospital, an experience I don’t think anybody could reproduce today.

Steve: PGH was a sprawling facility, about 10 blocks long.

Phyllis: The most memorable professor was Billy [Wilbur] Oaks, chief of medicine. He was very caring. He never took the elevator; he ran up and down the stairs and we went running after him.

Steve: The amount of responsibility was unbelievable. The only house officers around at night were fourth-year medical students and first-year interns. We loved it!

Jesse D. Baer, MD ’04, the Baers’ son, is an attending physician in emergency medicine at Montefiore Medical Center, Weiler Division.

of women in medicine and the exceptional training. My mom once told me that she very much appreciated the “tough” education and the emphasis on the whole patient, which was not the norm in those days.

Traditionally, women went into pediatrics, psychiatry, family medicine or public health. I felt that I had more support for alternative opportunities — even though in my general surgery internship I was the only woman in a class of 12. Women were still underrepresented in emergency medicine, but I had a great residency experience at MCP.

I’m proud of my mom’s contribution to the trail that she and many other women physicians blazed, on our behalf and for the betterment of all compassionate human health care. I am also very thankful for having had the opportunity to attend her alma mater. May we all care for our patients with the same patience, compassion, intelligence and diligence that my mom achieved during her lifetime, on a foundation built by those at WMC.

Bronx, N.Y., and a clinical medicine instructor at Albert Einstein College of Medicine.

When I started medical school, I didn’t expect to find such tremendous camaraderie among the students. Everyone was willing to share what they knew in study groups and help each other.

My first rotation was trauma surgery at Allegheny General in Pittsburgh. Being dropped in the middle of a trauma center on the first day of my third year certainly was eye opening for me and a real hands-on experience. I remember the first time I heard a helicopter coming in and the beeper going off almost simultaneously.

My most memorable professors were Howard Miller and Joseph Boselli in internal medicine. They both inspired the students.

One of my biggest challenges was working with very sick kids during my pediatrics rotation. I tried to learn and understand what they were going through.

The high points of medical school were the day I realized I actually made it in, my trauma surgery rotation, and having my parents hold me when I graduated.

Heidi A. Baer, MD ’07, the Baers’ daughter, is an attending physician at Staten Island University Hospital’s emergency department and medical director of the hospital’s Patient Safety Institute.

Growing up, my parents preached that medicine is a gift and a calling. So it’s not surprising that my brother and I went into medicine and our sister is a dentist. My parents enjoyed Hahnnemann and have remained active with the Alumni Association so it was natural for me to apply to Drexel.

My most memorable class was anatomy with Dr. [Dennis] DePace. Having hands-on anatomy with a cadaver seemed to me what medicine was all about. I also remember a tradition that meant a lot to me: We paid our respects to the people who donated their bodies by having a word before we started the course and a memorial service after. One simple way to remember that you are where you are not just because of your own efforts but a lot of other people’s contributions.

My biggest challenge was adjusting from the investment banking world where I had worked for a year before medical school. I had to learn how to be successful in terms of learning and retaining information rather than making money.

At first, my brother and I were both drawn to surgery because it was hands-on medicine. The emergency medicine rotation was the last one I did before the match. It wasn’t required, and the reason I did it was because my brother told me he thought emergency medicine was a better match for me. He was right.