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New York Medical College

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# CHIRONIAN

WINTER / SPRING 1963

Medical Study at Home and Abroad



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New York Medical College

**CHIRONIAN**

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Winter/Spring, 1963

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COVER: Students examining slides in a classroom at NYMC.

INSIDE BACK COVER: *View of Central Park opposite FFAH.*

PHOTO CREDITS: Cover, pages 4-7, page 8 (right hand), Inside back cover—Michael Schapiro. Page 10—The Bettman Archive. Page 11—courtesy of the Hon. Secretary of The Royal College of Surgeons. Pages 12-13—Dr. Edward Gendel.

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## In This Issue . . .

The CHIRONIAN presents contrasting aspects of European and American medical education, which point to an essential difference in theory. Neither the more rigorously supervised American curriculum nor the relative independence allowed the student in Europe can be considered preferable: both approaches have their merits and deficiencies. As we trace their backgrounds of education and training, the often striking dissimilarities between the European and the American physician are more readily understood.

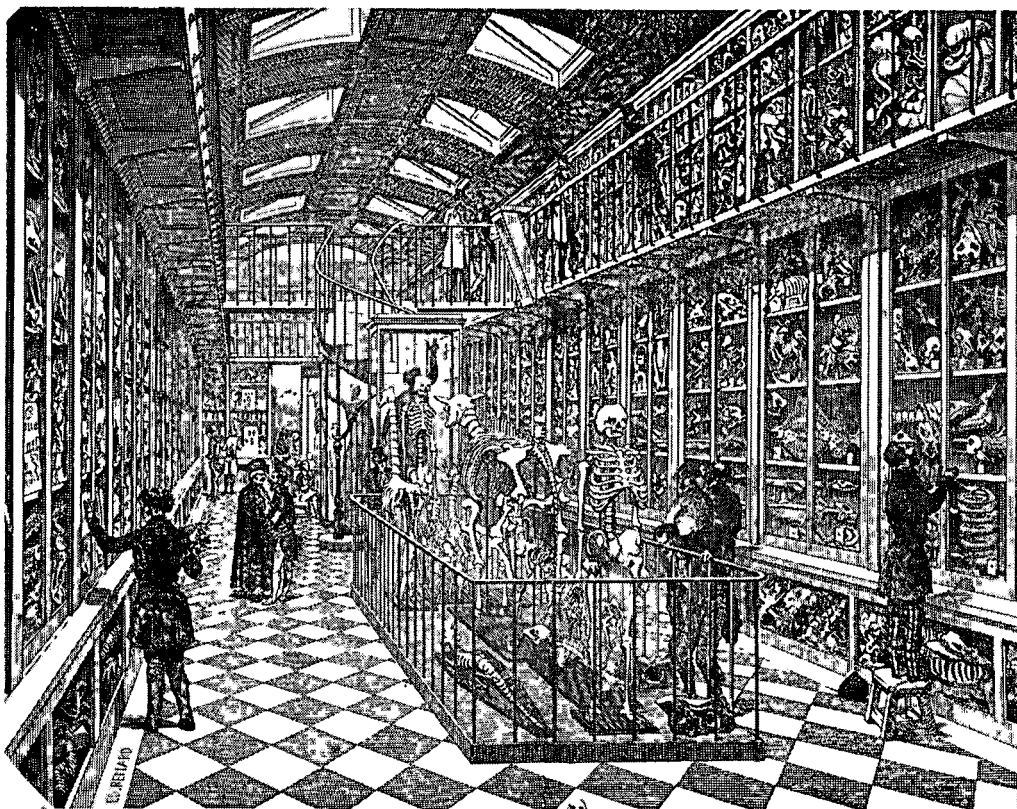
The general picture emerges in an article by one of our students, who has sounded European-trained Dr. David Lehr on the subject; a particular area of training—postgraduate surgery—is accounted for by Dr. Sheldon Burman in his feature article on the system in Great Britain.

Other topics: Dr. Edward Gendel draws a connecting line between genetics and psychiatry; an item on family practice “specialists” keeps up with College news; we dip briefly into mythology with the centaur, Chiron; and, finally, follow the alumni in their current activities.

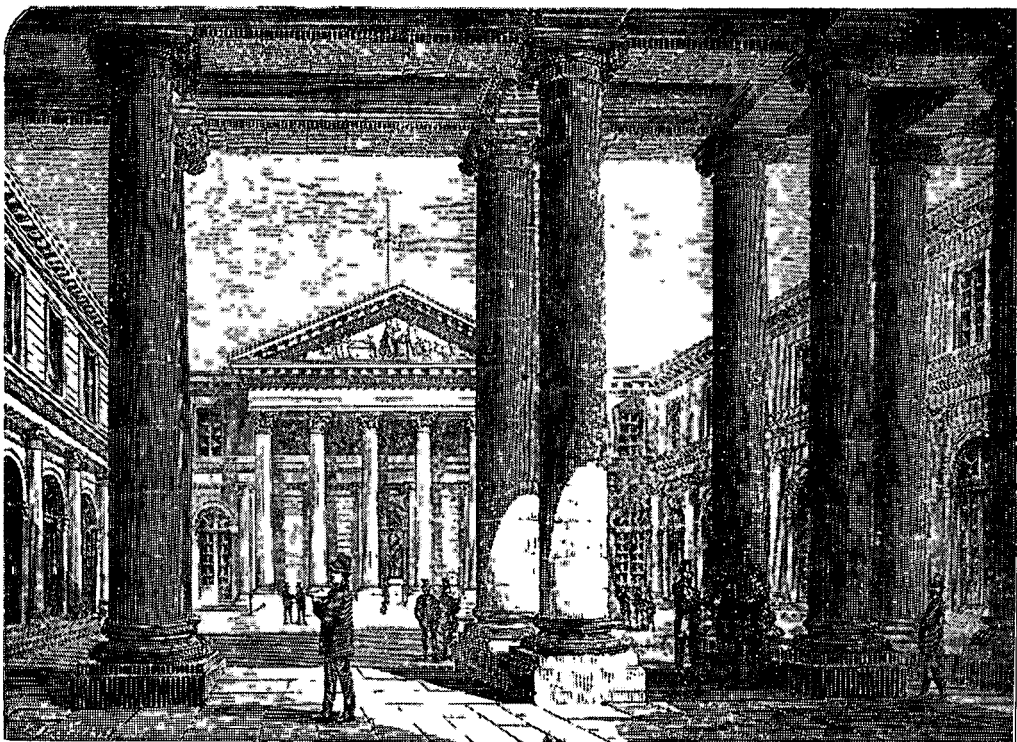
As you will see, the CHIRONIAN has undergone a change in format, appropriate on the occasion of a 25th birthday (actually, including its years as the student magazine, the CHIRONIAN is a respectable 79 years old). In the next issue, we hope to launch two new sections: a letters-to-the-editors column and a book review department. We look forward to your letters commenting on what you read in the following pages; book reviews and articles for publication are especially welcome.

Let us hear from you. As alumni, you can participate in our effort to rejuvenate the CHIRONIAN: your ideas will help us give the magazine more scope and substance—and stature.

FRANK E. FIERRO, M.D. '33  
President



*Browsing in the anatomy room . . .*



*. . . and promenading outside—medical students in Paris, late 19th century.*



# Medical Education

## TWO SCHOOLS OF THOUGHT

by Stephen Kasten

"The European system of medical education, with its emphasis on oral and practical examinations, is more apt to test and develop the qualities needed by the practitioner than the American system, which relies heavily on written examinations. The more rigid control of the students in American medical schools, on the other hand, guarantees a larger percentage of physicians of average good training but fails to do justice to the above average and particularly to the exceptional students."

These were the conclusions reached by Dr. David Lehr, Professor and Chairman of the Department of Physiology and Pharmacology, in a comparison of the American and European systems of medical education. In discussing the European system, Dr. Lehr pointed out that he based his opinions on his personal experience in elementary and undergraduate education in Vienna. He emphasized that his remarks are primarily based on the Austrian system of education, although there are considerable similarities to educational systems in most European countries within continental western Europe. With certain reservations, his remarks could therefore apply to most of these countries.

### CLOSELY SUPERVISED INSTRUCTION

The European child begins his education at the same age as the American. His elementary education, however, ends when he is about ten years of age. At this time the student enters the *gymnasium*, where he begins a general, rigidly constructed and closely supervised course of instruction, roughly corresponding to the content of an academic high school course plus the first two years of a liberal arts college curriculum. The gymnasium takes eight years to complete. At the end of this time the student must pass a comprehensive examination (Matura), given by the state, in order to qualify for a certificate of graduation. Possession of this certificate entitles him to enter the university.

Formal medical training begins at the university level



Dr. David Lehr

DR. LEHR is Professor and Chairman of the Department of Physiology and Pharmacology at NYMC. He received his M.D. degree at the University of Vienna, where he also held an assistantship in pharmacology. He was an instructor of pharmacology at the Royal University of Lund, Sweden for one year before coming to the U. S. Dr. Lehr joined the staff of NYMC in 1941 and has been Chairman of the Department of Pharmacology since 1954 and of the Department of Physiology and Pharmacology since 1956. He also serves as Chairman of the Research Committee and as Poison Control Officer for FFAH. A member of many medical and research societies, Dr. Lehr is best known for his introduction of the "triple sulfa" concept in sulfonamide therapy.

A junior student at NYMC, STEPHEN KASTEN has published several features in *News and Notes* and yearly class articles in *The Fluoroscope*. He received his A.B. degree from Cornell University in 1959, and has traveled in Europe, Japan and the Philippines.



*Lab work is essential to academic training at NYMC.*

and may be completed in five years. Any student possessing a gymnasium certificate may enter the medical school. The medical curriculum is divided into equal 2½-year preclinical and clinical periods, the course work basically corresponding to that in American schools. Here, however, the similarity ends.

The Austrian student is obliged only to register on the first and last day of each course—his attendance at lectures is not checked at any time between. In this way, the rigidly supervised gymnasium student is suddenly catapulted into an academic situation where he has total freedom, a situation which contrasts markedly with that of the American, who has been allowed moderate flexibility through high school and college and moves into the closely regulated environment of medical school.

The European student is free to attend the lectures given by his faculty (school or department within the university) or the lectures given at any other school of medicine, or, he may attend no lectures at all. If finances permit, he may take a "traveling medical course", attending various lecture series at universities outside his city or country, since these are credited by his home faculty.

Virtually all principal lectures in any course are given by the professor holding the chair of the department. These gentlemen are usually distinguished physicians, often dynamic lecturers with a flair for the dramatic. When they disagree with their colleagues in the same or other schools on a matter of theory or practice, they are much more voluble about their opponent's supposedly erroneous views than are their American counterparts.

The European student has greater opportunity to be exposed to different points of view than his American counterpart. In addition, he has the freedom—particularly in his clinical years—to pursue independent study or research in areas that may be of special interest to him. The American student, by virtue of required attendance at lecture and laboratory exercises, is guaranteed at least minimal exposure to essential knowledge. But the student wishing to devote a good part of his time to a specialized aspect of some field is unable to do so.

#### SUBJECTIVE FACTORS WEIGH HEAVILY

The method of examination also plays a significant part in the great latitude enjoyed by the European. During the preclinical years, as well as during the 2½-year clinical portion, there are no examinations. The time of reckoning comes only when the student's registration booklet indicates that he has been registered in all the prescribed courses, and when he himself applies for examination. Such application can be made only after a minimum of 2½ years in the preclinical cur-

riculum and again after 2½ years in the clinical portion, and must usually be made at the university that the student originally entered.

All exams are oral and are conducted individually by the chairman of the respective departments to which the student has made application. The site is generally the amphitheater used for lectures, and anyone may attend. Members of the audience frequently use opera glasses for a detailed view of the proceedings.

Questions are of both an academic and a practical nature and the student may be called upon to demonstrate any technique which the professor believes he should know. (Those of a surgical nature are carried out on a cadaver; those of a medical nature on actual patients.)

Practical problems form the bulk of the examination covering the clinical years. Dr. Lehr recalls that the toughest examination was in pathologic anatomy, for which the average study time was three to six months prior to the exam. The student was held responsible for pure anatomical demonstrations, diagnosis on the basis of part of an autopsy (performed by the student), diagnosis on the basis of isolated fresh organs from cadaver, and histologic diagnoses from stained sections.

The anonymity of the IBM answer sheet does not obtain in Europe, and subjective factors weigh heavily in the outcome of exams. Not only must the student *know*, he must know how to *do*, and his (and the examiner's) personality plays a part in whether he passes or fails.

Examination in the required courses occurs in prescribed order. If one or more subjects are failed, the student must proceed with the remainder of the exams before returning to retake those he failed. Within limits set by government regulations and at substantial sacrifice of time, exams may be repeated as many times as the student wishes, until he passes, and there is theoretically no limit on the length of time allowed to pass the entire series. When all the preclinical exams are passed, the student achieves the status of *candidatus medicinæ* and may then register for the clinical years. Here again, the same rules apply as for the preclinical period. When the final exams are passed, the M.D. is conferred.

#### MANY STUDENTS ARE LOST ON THE WAY

Much of the cost of medical training in Europe, as of other branches of learning, is borne by the state. The student may be required to pay a moderate fee, but exemption from this is possible if he scores a sufficiently high grade on short examinations in required subjects designed for this purpose. At the current rate, an American's total training may cost in the neighborhood of



*Clinic at Metropolitan Hospital provides practical experience.*



\$20,000, depending on the type of college and medical school attended.

The European student may spend six, eight, or even ten years in medical school. His education and training can be as good as he makes them: the above average student with drive and intellectual curiosity excels in an environment of this kind. Yet many students are lost on the way, and the system results in a considerable degree of wasted time and manpower.

The American student faces a more severe weeding out process as he goes from high school, on through a premedical college course, to medical school admission procedures. European freshman medical school classes often number 500 in comparison with 80 or 130 in American schools. To a certain extent, the American student has demonstrated his desire to become a physician and his capacity to handle medical school before he starts his training. Once he is embarked on medical

schooling, frequent examination not only keeps him on his toes but soon eliminates those whose capabilities lie in other directions.

#### ADVANTAGES AND DISADVANTAGES

It should be noted, however, that once an American student flunks out of a medical school, his chances of reentering the same or another school are very slender. While the European may waste 2½ or more years of study only to find that he is not suited to the study of medicine, he does have the opportunity to make more than one attempt. Both systems have their advantages and disadvantages. Perhaps the outstanding good feature of the European system is its flexibility and the opportunities it offers its superior students; the strength of the American system is in its more uniform preparation of the physician and the more uniform quality of service he is subsequently able to render his community.



*Old School of Medicine, Paris, 1869.*



*New York Medical College, north side, 1963.*

# The British Surgeon:

## His Education and Training

by Sheldon O. Burman, M.D.

With the advantage of a similar but not identical language, and with the rapidity and economy of transatlantic travel, increasing numbers of British and American surgeons in recent years have made exchange visits, full of curiosity about how training systems so vastly different from their own manage to lead to the same end. The detailed pattern of surgical training varies greatly from country to country. British and European surgeons cannot comprehend how America manages to produce surgeons of quality with a graduate program of only five years or so, and American surgeons, for their part, cannot imagine what British and European surgeons find to do in a training program extending from eight to twelve years.

Today there are three great training systems in surgery: the American, the British, and the continental European. Noting this, the late Professor Ian Aird observed, "It is remarkable that, differing as they do, all three systems manage to produce the same kind of elite, and the same kind of honest-to-God workaday surgeons." The reason is that wherever it occurs, training in surgery is necessarily an apprenticeship. Therefore a surgeon's adequacy will always depend upon the skill and wisdom of his teachers, their capacity to impart these, and upon his own talents, ambition and conscience.

### HARDER WORK, LONGER HOURS

A British student enters medical school after completing his secondary education at a public school (actually private, since he pays tuition) or at a grammar school supported out of public funds by his local county government. In either case the standards are high. He is required to work harder and for longer hours than

his American counterpart and consequently receives the equivalent of a two year college education. Upon his graduation he will be able to read fluently, if not to speak, at least one foreign language, and is usually far more knowledgeable than his American contemporary in literature, history, geography, and political science. Curiously, he is often deficient in his knowledge and appreciation of philosophy, art, music, sculpture, and the modern theater, for courses in the arts courses are quite unknown in his curriculum.

There are about 30 medical schools in Britain, the oldest dating to the time of Henry VIII and the newest less than five years old. Many of these are combined with and located entirely at a single teaching hospital much like the New York Medical College. These may offer a full six-year program, including preclinical sciences plus a complete clinical program, and will graduate qualified candidates with a degree of Bachelor of Medicine. (The degree of Doctor of Medicine in England is a higher specialty degree in internal medicine.)

### CLINICAL CLERKS ARE "DRESSERS"

Most of the medical school-hospitals in London, although autonomous, tradition minded, and competitive (to the point of having their own cricket, rugby-football, and soccer teams), are affiliated with the University of London, and all faculty appointments and degrees are granted in the name of that University. Certain teaching hospital-schools have no preclinical facilities and their students will usually attend the University of London for their three basic science years. Possibly the most fortunate students are those who win a place at one of the great and ancient universities, notably Oxford and Cambridge. There, after three years of a somewhat more liberal curriculum, they earn a Bachelor of Science degree and then enter a teaching hospital for their clinical work, following which they are granted their medical degree. In Britain, clinical clerks rotating through the surgical services are called "dressers". In most medical schools a dressership, well done, can lead to a good

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DR. BURMAN is an Assistant Professor of Surgery at NYMC and Career Scientist for the Health Research Council of New York. He formerly served as Registrar to Professor Ian Aird at the Postgraduate Medical School of London, Hammersmith Hospital, and was a Special Fellow of the Medical Research Council of Great Britain.

house surgeon appointment in the teaching hospital.

After obtaining his qualifying degree the aspiring surgeon must do a year of "resident posts", or internship, before he can be registered as a licensed practitioner. Ideally, he will do six months of medicine and six months of surgery in a teaching hospital, and there is usually little difficulty in obtaining these appointments.

### EXHAUSTIVE EXAMINATIONS

In England a young man does not even start his surgical apprenticeship until he has attained fellowship in the Royal College of Surgeons. Here is an important difference. In America the diploma of the American Board of Surgery is a hallmark of the ability to practice surgery independently. In Britain the Fellowship is rather an indication of the ability to undertake advanced surgical training. The Royal College of Surgeons embodies many of the functions of the American Board of Surgery, the American College of Surgeons and the Association of University Surgeons. Its rather splendid House contains laboratories, social facilities, and an auditorium used for scientific and professional purposes and for its own highly esteemed endowed lectureships. It has a small but distinguished faculty holding full-time, endowed appointments, and offers courses in the basic sciences to prepare candidates for the Fellowship examinations. Most of these faculty members also conduct full programs of basic research. A candidate for the Fellowship examinations need not—and indeed,

many do not—enroll for these courses; however, he is well advised to do so.

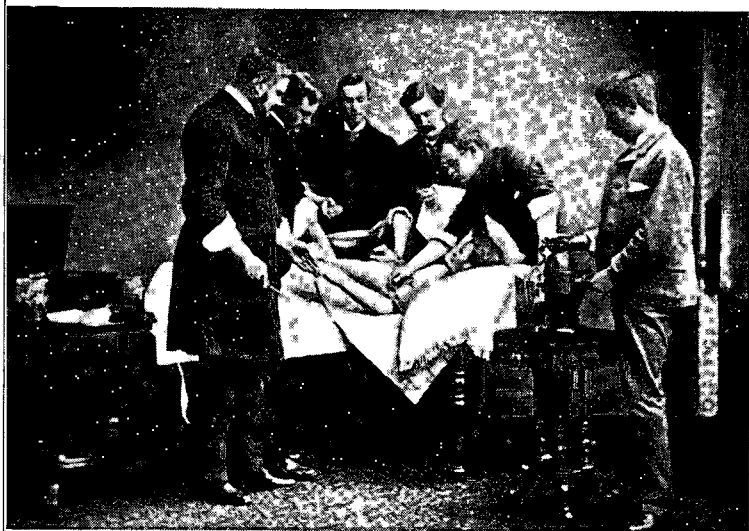
The examination for fellowship, perhaps the single most formidable obstacle to a surgical career, is given in two parts: (1) the Primary, in which the candidate is searchingly and exhaustively examined by written and oral tests in the basic sciences by a battery of anatomists, physiologists, pathologists, and biochemists. When, mercifully, he succeeds in passing what for many is the graveyard of their surgical ambitions, the next step is (2) the final Fellowship examination, an oral clinical examination not unlike the clinical portion of the American Board of Surgery examination. The pass rate in each of the two examinations is under 20%. The odds against success in both parts together are more than 25 to one against. Most successful candidates have tried the examination at least twice and some as many as eight times. All too familiar is the tragedy of those who obstinately spend years trying to scale a wall cunningly contrived to exclude them.

### DISCLAIMING THE TITLE OF DOCTOR

It is appropriate at this time to mention that those surgeons, obstetricians, and gynecologists who have successfully completed their respective Fellowship examinations are henceforth addressed as Mister rather than Doctor. The reason is amusing. The eighteenth century English physician, proudly tracing his professional lineage in an unbroken line to the ancient doctors of philosophy, refused to dignify the rude surgeon, barely risen above the status of barber and leecher, with the title of Doctor. With the development of modern surgery, the master surgeon retaliated by disdaining to be called Doctor, reserving this title for the novice not yet dignified by fellowship in the Surgeons' Guild.

A candidate for the final Fellowship examination must have had two years of experience in posts accredited by the Royal College of Surgeons. Six months are spent as casualty officer (emergency room), six months as registrar (assistant resident) in general surgery and twelve additional months as registrar again in general surgery or in an approved specialty. It is as a house surgeon that he first participates as a formal member of a surgical team. Apart from retracting, the only operative activity he is likely to perform personally is the cutting of surgical knots. Occasionally, the tying of a knot or the sewing-up of skin wounds will be his reward for assisting. The remainder of his duties involve diagnosis and patient care before and after surgery.

Having completed his preliminary surgical training, and with the Fellowship examination safely behind him, the embryo surgeon will now seek the post of registrar in a teaching hospital. Although many nonteaching



*Operation during the reign of the carbolic spray, before the era of gowns, caps, masks and gloves; Edinburgh, ca. 1870.*



hospitals offer registrarships, the young British surgeon generally avoids these since they will not help him toward that consultant rank he ultimately desires. Under National Health Service scales, a registrar is paid\* \$5,250.00 his first year and \$5,880.00 in his second and subsequent years. He receives four weeks annual paid vacation plus all religious and national holidays. If he is obliged to live in the hospital, \$906.00 per year is deducted for room and board; if he lives in voluntarily he contributes \$1,064.00 for this purpose. The hospitals of Great Britain require, for their smooth management, many more registrars than can ever hope to be appointed later to the senior consultant staff. (Members of the senior staff of a hospital are called "consultants".) Consequently, to avoid the problem of future placement, hospitals fill their registrar posts with surgical trainees from abroad, notably the Commonwealth countries. This increases the competition among those comparatively few Englishmen who are appointed.

It is at registrar rank that the young surgeon begins to operate under close supervision. This, however, is not automatically considered his rightful due, and in the better teaching hospitals he must first prove himself a faithful and capable assistant. His patient records are scrutinized carefully by his seniors, the quality of his pre- and post-operative care evaluated, the extent of his outside reading assessed, and his efforts to interest himself in the work of a research team noted. The number of years a man spends in registrarship is limited only by his own wishes and by the availability of senior registrarships.

Senior registrar is the highest training rank in surgery and a man attains it between the ages of 28 to 30 years. The ideal duration of a senior registrarship is four years; it encompasses the equivalent American ranks of chief resident, teaching fellow and assistant instructor. The senior registrarship can be continued almost indefinitely, and the salary is adequate to support a married man and his family in fairly reasonable circumstances. The salary rises from \$6,300.00 in the first year in annual increments of \$470.00 a year to \$8,400.00 in the seventh and eighth year and \$8,820.00 a year in the ninth and subsequent years.

#### MORE EXPERIENCED AND MATURE

Since virtually all surgery in Great Britain is now done by surgical consultants and practically none by general practitioners, it follows that for a man to earn a surgical living he must be appointed consultant to some hospital. It is at this level that the bottleneck oc-

curs. In the mid-1950's there were nearly 100 suitably trained applicants for every consultant vacancy. Dozens of highly trained surgeons emigrated to practice surgery abroad, and the United States received its share of these. With the situation gradually easing, it is likely that within a few years a surgeon may expect to obtain his consultant appointment after four or five years of senior registrarship, at about the age of 32 to 35 years. Since exchange programs between American and British hospitals usually involve senior registrars, it is understandable that the British visitor may be older, more experienced, and more mature than his counterpart.

#### IN SUMMARY

It is useful to observe that the existing economic and sociological conditions of a country will to a large extent determine the pattern of surgical training. Almost entirely socialized and with an abundance of surgeons, Great Britain affords its surgeons-in-training a long but well-remunerated apprenticeship promising a relatively low ceiling of ultimate reward; America, on the other hand, packs into a four-year training program what is often a highly efficient surgical education for all the opportunities a surgical career will offer here.



*Royal College of Surgeons of England, Lincoln's Inn Fields, London.*

\*All salaries quoted are adjusted to a rate of exchange taking into account the equivalent buying power in American dollars.

# Psychiatry—Psychoanalysis

## Genetics—Neurology

by Edward Gendel, M.D. '38

The scope of genetics is now so wide that clinicians in every medical specialty look to it for the explanation, or at least the recognition, of a constantly growing list of pathologic states. My own interest in genetics parallels a personal concern with the basis of character determination (nature or nurture?); the mystery of dream life; and the normal as well as the abnormal phenomena of consciousness, sleep and that vast labyrinth, the unconscious.

In the mid-depression year 1933, I entered Columbia University's graduate division to learn what I could about genetics, embryology and cytology. Thomas H. Morgan had just been awarded the Nobel Prize in medicine and physiology for his brilliant clarification of hereditary mechanisms and their relationship with chromosome form and function; much of his investigative work on *Drosophila melanogaster*, the fruit fly, had been done at Columbia. In this historic and provocative atmosphere, our class—mainly zoology majors intent on projects leading to the M.A. or Ph.D.—spent twelve months raising numerous generations of *Drosophila*, and studying mutations, cells and nuclei, chromosome maps, and a variety of basic biologic problems.

In 1934, armed with an M.A., I knocked on the portal of New York Medical College and was admitted to the freshman class. The curriculum then contained a minimum of genetic

information, adding little to the knowledge acquired on *Drosophila*. What most doctors of medicine knew about genetics in 1938 could probably be summarized as: 1) inheritance of the ABO blood groups and relation to paternity suits; 2) sex-linked inheritance of hemophilia and color blindness; 3) blue eyes recessive to brown; 4) x-rays can cause mutations.

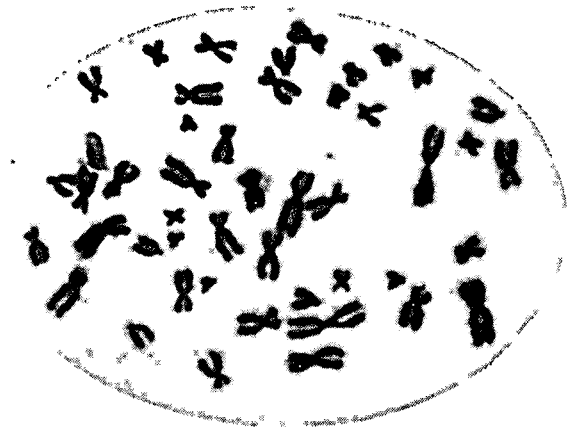
Well, here it is 1963—some thirty years after T. H. Morgan's Nobel award. Consider what has happened in genetics generally and in medical genetics particularly. The Nobel Prize for 1962, in medicine and physiology, was shared by Drs. J. D. Watson and F. H. C. Crick, biologists at Cambridge University, and M. H. F. Wilkins, a British biochemist. Using ingenious analytic methods at the molecular level, they have formulated a working model of DNA (deoxyribonucleic acid), the basic stuff of chromosomes. From this has evolved, and continues to evolve, a brilliant series of insights into the "genetic code", i.e., how the cell is "directed" to produce proteins—particularly enzymes—thereby perpetuating itself, blue-printing structure and necessarily determining function. Further extensions of this and related

concepts are having profound effects on research into virology; how the virus acts on the invaded host and cell, how it reproduces and how immunity to it is developed are some of the areas being explored and greatly illuminated. The problem of cancer, and the leukemias and the lymphomas, are also being approached with the new awareness and methodology arising from genetic investigation.

### A PILOT GENETICS LABORATORY

The spate of articles on chromosome patterns appearing in our journals keeps the reading doctor abreast of recent advances in syndrome recognition and cytogenetic verification. The 48-chromosome complement in the human, which was the figure we learned back in 1933, had by 1955 been discarded in favor of 46: 22 pairs of autosomes and a pair of X's in the female; 22 pairs of autosomes and an XY in the male. One type of Mongolism is now known to be associated with a 47-chromosome count, an extra chromosome being identifiable in the pair designated as #21 (therefore "trisomy 21"). Another type of Mongolism is characterized by a 45-chromosome count, considered attributable to the attachment of one of the small (#22) chromosomes to a larger chromosome (#15), producing a 22-15 translocation, which can be found in a parent of such a Mongol and in a grandparent too.

Various types of sexual abnormalities, along with other structural and functional disturbances, have been identified with chromosomal abnormalities, viz: Turner's syndrome (ovarian defect, amenorrhea, webbed neck) with an X(0) pattern and therefore a



*Chromosomes from blood culture grown in our lab, normal female pattern.*

DR. GENDEL, Assistant Clinical Professor of Neurology at NYMC, has been on the visiting and teaching staffs both here and at Metropolitan. He served his internship at Metropolitan Hospital, psychiatric residency at Pilgrim State and spent nearly four years as an Army psychiatrist during World War II. Dr. Gendel is currently active on the arrangements committee for the 25th reunion of the class of 1938.

45 count; Klinefelter's syndrome (testicular hypoplasia, sterility, low I.Q.) with an XXY set and a corresponding 47-chromosome count. Awareness of these syndromes and numerous others is the result of the collaboration between clinicians and their genetically-minded colleagues involved in cytologic diagnosis. A relatively simple technique for demonstrating chromosomes in lymphocytes and monocytes cultured from venous blood puts this diagnostic tool at the disposal of any hospital or medical facility with an adequate clinical laboratory.

With the support of Drs. Rachmiel Levine, Lawrence Slobody and Bernard Wagner, chairmen of the departments of medicine, pediatrics and pathology, respectively, a pilot genetics laboratory project has been set up at Metropolitan Hospital, which, it is hoped, will ultimately provide cytogenetic information to all the clinical services having need of it for diagnostic as well as research purposes. Associated with the writer in the establishment of the laboratory, the acquiring of material, the processing of blood cultures, and the photographic demonstration of the chromosomes are Dr. Victor Tchertkoff in pathology and Dr. John Beresford in pediatrics. Dr. James German and Mrs. Joan Rankin, of the Rockefeller Institute, gave us basic instruction and invaluable advice in setting up the project.

#### DRUG AND PSYCHOTHERAPY

While the elucidation of the structure of DNA and the initial comprehension of cellular function at the molecular level is a major breakthrough in genetic knowledge, there is a long investigative road to be traveled before the nature of the gene is finally determined. This distant goal is what behavioral scientists must also look to before a thorough understanding of man's emotional life is attained. The neurologist has some awareness of the organic framework determining behavior, at least so far as disease is concerned. The psychiatrist knows the different forms disturbances in emotional life may take. The psychoanalyst has discovered many of the dynamics of both "normal" and "abnormal" personality formation; he can also reverse certain psychologic syndromes—hysteria, phobias, compulsions—through psychotherapy. Both he and the non-analytic psychiatrist, combining drug

and psychotherapy, are able to influence pathologic states such as depressions, and some schizophrenic reactions.

Yet how the drugs work (and this is true for electro-shock, insulin coma therapy) is not known; nor is it known in what way effects are produced by psychoanalytic methods. It is not clear why one individual develops into a compulsive and another into a hypochondriacal type. Individual variations in the capacity to withstand anxiety is another open question, and a most crucial one. I am quite certain that the answers to these problems will not be found until our genetic knowledge is infinitely more detailed. The nature of genius, and unusual endowments generally, will not be understood until genetic knowledge is expanded and correlated with clinical studies such as those taking place on a national scale in the investigation of the newborn. This ten-year program of research should provide important insight into the individual differences observable at

birth and the kind of development with which they may be associated: normal versus abnormal, healthy versus neurotic.

Axiomatic in all this is that knowledge provides the means for influencing and changing. If a child with phenylketonuria can be saved from mental deficiency through dietary control, why should not the potential schizophrenic be spared his disease by some as yet unknown preventive or remedial measure? It was less than thirty years ago that phenylketonuria became the subject of investigation by clinicians. Their efforts, combined with those of geneticists, resulted in the discovery of the genetic pattern and the nature of the "inborn error of metabolism".

My own active interest in cytogenetics might seem a long excursion away from neurology, psychiatry and psychoanalysis. Still, these realms are not discrete, and the future will undoubtedly see a most intimate alliance among them.



*Another chromosome distribution, normal female pattern. Mass in lower right-hand corner is nucleus from neighboring cell.*



## Specializing the GP

Contradiction in terms though it may seem, the general practitioner is soon to become a specialist in his field. A new two-year internship to prepare physicians for family practice puts New York Medical College in the forefront of the recent movement to give the general practitioner his rightful place in the medical community.

Dedicated general practitioners of the past were the heroes of medicine. Particularly on America's rugged frontier, the general practitioner came to fulfill the ancient tradition of emperic healer, comforter and teacher. Though the old-time GP might prepare his own medicines and perform surgery on a kitchen table, he saved numerous lives and even made his contribution to medical research.\*

The rapid trend toward specialization in Germany and Austria of the late nineteenth century began, however, to obscure the general practitioner, whose patients were often taken over by the celebrated "professor" at the first indication of serious illness. Diagnostic techniques and surgical skills developed to such a degree that the single physician was no longer able to master them. The second World War accelerated the pace of progress, and between 1949 and 1957 the number of general practitioners in the United States declined from 48 to 39 percent; today, about 61,000 of the 168,000 physicians in active private practice in this country are general practitioners—roughly 36 percent.

Rising to the situation, general practitioners in 1947 established the *American Academy of General Practice*, which requires its members to undergo two years of graduate training (beginning with the class of 1966) and to fulfill 150 hours of postgraduate study every three years. The Academy's efforts to steer prospective physicians to general practice have been strengthened by other programs designed to place physicians in rural communities, to make medical and scientific meetings available to general practitioners, and to provide them the opportunity for increasing their skills. Cooperation of the American Medical Association included sponsorship last

\*American physician Edward McDowell's famous ovariectomy is one of several examples.

year of an hour-long television documentary presenting a day in the life of a family physician (Aurelius J. Bambara, M.D., a graduate of New York Medical College of the class of 1937).

### VITAL AREAS OF TRAINING

Recognizing the need to enrich the future family practitioner's education and experience, Dr. Ralph E. Snyder, President and Dean of New York Medical College, has set up a combined effort with St. Joseph's Hospital in Paterson, New Jersey, to offer the first program for a two-year internship jointly sponsored by a medical school in the metropolitan area and a voluntary community hospital. In contrast to the rotating internship (one year) customarily served by physicians who intend to go into general practice, the new two-year internship concentrates in areas vital to the training of the family physician and covers each subject from his viewpoint. Intensive study in general medicine and pediatrics will be supplemented with instruction in problems a family practitioner would encounter in general and special surgery.

The first year of daily hospital serv-

ice will provide for four months in medicine; two in pediatrics; two in obstetrics and gynecology; and four in surgery. The second year will offer four months of pediatrics and medicine; two of obstetrics and gynecology; and two of an elective. Monthly topics during the first year will include: adult infectious disease, cardiovascular diseases, psychiatry and neurology. Dr. Robert O'Connor, Assistant Dean at the College, and Dr. Kendrick P. Lance, Director of Medicine and Medical Education at St. Joseph's Hospital, will supervise the program. It will be available to six doctors each year.

In describing the program, Dr. Snyder pointed out its basis in the concept that family practice should be considered a medical specialty. This apparent contradiction is explained by the fact that though the new program of study will cover a number of subjects, the approach will be specially geared to the requirements of the family physician. By planning and directing his instruction, the skills and techniques of the other specialties can be made available to him in the degree to which they apply in his own field of practice.

## Know Your Alumni



Dr. Walter L. Mersheimer

A forceful personality in the Alumni Association is Dr. Walter L. Mersheimer, ex-officio member of the Board of Governors. During his three years as president (1956-1959), the Alumni Association witnessed a substantial growth in membership. As chairman of the 25th anniversary reunion committee for the class of 1937,

Dr. Mersheimer last year was a prime mover in the effort which culminated in the largest class contribution made in 1962—a \$7,000 gift to the College's Annual Fund—and in the largest class turnout at the alumni banquet in June.

On July 1, 1962, Dr. Mersheimer was appointed chairman of the department of surgery at NYMC; formerly a clinical professor of surgery, he had been on the faculty here since 1942. After his graduation from NYMC in 1937, he served an internship and surgical residency at Flower and Fifth Avenue and Metropolitan hospitals, and in 1942 obtained his Master of Science degree (in surgery), also from the College. He was recently awarded the honorary degree of Doctor of Science from Norwich University, where he had received his Bachelor of Science.

Among Dr. Mersheimer's affiliations are the New York Surgical Society, the New York Cancer Society, the American Goiter Association, and the American Association for the Surgery of Trauma. He is a member of the advisory board to the New York Commissioner of Hospitals, and of the End Results Committee of the National Cancer Institute.

# CLASS NOTES

1904

**Robert L. Wood**, after 52 years of practice in Brooklyn, is now retired, "except for caring for an acre of very steep ground, which gives me plenty of exercise".

1914

A testimonial dinner held October 11 honored **Harold L. Pender**, who has retired after 46 years in practice. Dr. Pender was surgeon in charge at Memorial Hospital, and in 1952 received the Distinguished Service Award of the Utica, New York, Academy of Medicine.

1918

Following major surgery this summer, **Chester W. Bunnell** "decided to enjoy permanent retirement and pursue his many hobbies, including traveling, golf and carefree living". For the past 16 years Dr. Bunnell has served as chief of the E.E.N.T. Department, Veterans' Administration Hospital, Oakland, California. In 1955 he retired as captain in the U.S. Navy with 20 years of service behind him. He would welcome visits from friends.

1920

**Louis S. Grycz** has retired from practice and is living in Cheshire, Connecticut.

**Mary A. Marcus** was a participant in a recent meeting of the New York Microscopical Society. Electromicroscopic photos, illustrating her theory of the life cycle of a cancer virus, were exhibited. Since 1925 Dr. Marcus has worked at universities here and abroad on the development of a vaccine for use in cancer therapy.

1928

**Alan R. Cantwell** read a paper entitled "Operative Correction for Congenital Dislocation of the Patella in Children" before the orthopedic section of the International College of Surgeons in New York last September. Motion pictures and demonstrations of operative cases were included.

From **Benjamin B. Levine**: "Have four grandchildren. Doing anesthesia for Dr. I. Cooper in basal ganglion cryosurgery". Dr. Levine's oldest son, Robert, is chief resident and instructor of medicine at Yale University.

1929

**Carl G. Candiloro** has received the following appointments: Credentials Committee of the College of International Surgeons of New York State; head of the Panel of Medical Consultants to the Comptroller, New York City; medical expert and medical-legal advisor to the Corporation Council, New York City.

**Halley H. Friederwitzer** submitted to the U. S. Public Health Service, Bethesda, Maryland, and to Dr. Jonas Salk of the University of Pittsburgh, an article entitled: "The Endogenous Theory in the Practice and Treatment of Cancer". Both institutions are following through with the research suggested by Dr. Friederwitzer's article.

1931

Harry Barowsky  
246 West End Avenue  
New York, New York

**Angelo S. D'Eloia**, of West Seneca, New York, is entering political life with a bid for congressional office. Dr. D'Eloia has practiced medicine and radiology for over 30 years, and served as senior physician at Sing Sing prison for two years.

1932

Leon Paris  
2685 Creston Avenue  
Bronx, New York

**Theodore Rothman** has been appointed clinical professor of psychiatry at the University of Southern California School of Medicine, and consultant in neuropsychiatry at the V.A. Hospital, Sepulveda, California.

1933

**Floyd D. Gindhart** has been elected to the Board of Directors of the Trenton Trust Company, Trenton, New Jersey. Dr. Gindhart is president and chief of staff as well as chief in obstetrics and gynecology at Helene Fuld Memorial Hospital, and chief of gynecology at Trenton General Hospital.

1935

Roy E. Wallace  
32 Cayuga Street  
Seneca Falls, New York

**Domenick Di Tata** is co-author of two papers published in the *Arthritis and Rheumatism Journal* in the past year. The papers are entitled: "A Family of Rheumatoid (ankylosing) Spondylitis" and "A Comparative Roentgenologic Study of Rheumatoid Arthritis and Rheumatoid (ankylosing) Spondylitis". Dr. Di Tata, who is chief of the Arthritis Clinic, N.Y.R.O.V.A., and a member of the Arthritis and Rheumatic Disease Study Group, Veterans' Administration, Washington, D. C., attended the Tenth International Congress on Rheumatology in Rome in the fall of 1961, and will attend the European Congress on Rheumatology in Stockholm next August.

1936

Anthony J. Maffia  
1123 Park Avenue  
New York 28, New York

Having completed his term as president of the Academy of Psychosomatic Medicine in Minneapolis, **Maury D. Sanger** is now in New York, where he has been named president-elect of the New York Allergy Society. He is also assistant clinical professor of allergy (pediatric) at the Albert Einstein College of Medicine.

1937

Peter Bisconti  
741 Teaneck Road  
Teaneck, New Jersey

Seton Hall College of Medicine has appointed **N. Maurice Re** to the position of assistant clinical professor of medicine.

1940

**Ernest N. Khoury**, a urologist practicing in Jamaica and Flushing, New York, has been elected president of the Queensboro Surgical Society, Queens County, New York.

1941

Henry P. Leis, Jr.  
2 East 55th Street  
New York 22, New York

Mount Sinai Hospital in Hartford, Connecticut, has elected **Sidney L. Cramer** a member of the executive committee and secretary of the medical staff.

**William H. Hewes** writes that he is still practicing pediatrics in Adrian, Michigan, where he has been since 1946. He is chief of staff of the Emma L. Bixby Hospital in Adrian, and is aiding in the planning of a \$1,500,000 addition to the Hospital. Dr. Hewes also has to his credit the vice-chairmanship of the Committee for Emotionally Disturbed Children, and membership on the Board of the Michigan Society for Mental Health. He and Mrs. Hewes recently made a trip around the world, and are now living on a small farm outside Adrian. "... we plan to raise quar-

ter horses and enjoy the change of pace. Would like to hear from classmates or others of our vintage."

1943

Howard B. Rasi  
139 Clinton Street  
Brooklyn, New York

After practicing urology in Brooklyn since 1950, **Hillard Gold** moved to Miami Beach, Florida in January. New address:

Abby Building  
960 Arthur Godfrey Road  
Miami Beach, Florida

**George Green**, his wife, **Connie**, and their four children have moved to Morgantown, West Virginia, where Dr. Green is associate professor of radiology at West Virginia University Medical School.

**James V. McNulty** has been elected president of the Board of Medical Examiners of the State of California.

The trustees of Riverside Hospital, Mountain Lakes, New Jersey, have appointed **Martin C. Mellicker** to the hospital's courtesy staff in ophthalmology. Dr. Mellicker is on the staffs of the East Orange General and Newark Eye and Ear hospitals.

1945

**Edward H. Mandel** was elected to fellowship in the American College of Physicians.

1947

Herbert M. Eskwitt  
59 State Street  
Teaneck, New Jersey

**Robert W. Ballard** has been promoted from director of clinical medicine to medical director of the Pitman-Moore Company division of the Dow Chemical Company.

**M. Paul Lazar** sends us the following information: he is assistant professor of dermatology at Northwestern University Medical School; attending dermatologist at Michael Reese Hospital in Chicago; consulting dermatologist at the V. A. Research Hospital in Chi-

cago; he will be a representative to the dermatology section of the A.M.A. convention to be held this year in Atlantic City; he has 18 published papers to his credit since graduation from medical school. Dr. Lazar, his wife, **Miriam**, and their two sons, **Andrew** and **James**, live in Highland Park, Illinois.

1948

Alvin M. Donnenfeld  
106 East 78th Street  
New York, New York

**John H. Coughlin, Jr.** was guest speaker at the 11th annual banquet of the Rensselaer County Division, Licensed Practical Nurses. He spoke on "Coronary Heart Disease." Dr. Coughlin, who has practiced medicine in Troy, New York for over ten years, is medical consultant to the Department of Public Welfare of Rensselaer County, and medical director of the New York State Training School for Girls at Wynantskill, New York.

**Charles A. Delaney** writes, "... enjoyed renewing old friendships at Dean Snyder's cocktail party in Los Angeles."

**Richard Bass** was recently appointed assistant clinical professor of pediatrics at Cornell Medical College, and assistant attending pediatrician at the New York Hospital. "I practice pediatrics in Forest Hills. Have two kids—Andy, age 7, and Robin, age 10—and a wife, Julie, age 7?"

**Albert M. Ondrako** is plant physician at I.B.M. in Endicott, New York. He has six children—three boys, three girls.

1950

David Plotkin  
27 Lakeview Avenue  
Massapequa, New York

From **Robert L. Samilson**, a note on his recent activities: he is assistant clinical professor of orthopedic surgery at the University of California School of Medicine; chief of orthopedic surgery, Sonoma State Hospital; and vice-chairman, National Medical Research Study Section of the Office of Vocational Rehabilitation, Washington, D. C.



## 1951

**Edward Gerber, Jr.** has been named medical examiner for the borough of Naugatuck, Connecticut.

## 1952

Barbara Vosburgh  
19 Freleigh Place  
Coxsackie, New York

**Joseph Cally** recently became a Fellow of the International College of Surgeons. He is practicing in Catskill, New York, and he and Mrs. Cally are the proud parents of six children.

**William Eddy** and his wife, Joan, are enjoying sunny California. He is practicing OBS-GYN in Long Beach.

**Stanley Butler** has recently moved to Long Beach too.

**Fred Lowry** is in pediatrics in nearby Glendale, California."

**Paul Reilly** spoke on "New Trends in Modern Medicine" to the Rosary Society of St. Aloysius' Church, Caldwell, New Jersey.

## 1953

Robert S. Donnenfeld  
RFD #4,  
Highfield Drive, Dix Hills  
Huntington, New York

**Morton Schloss** is a diplomate of the American Board of Ophthalmology.

## 1954

**Stephen B. Smith** has begun the practice of obstetrics and gynecology, in association with Dr. Christopher J. Duncan, in Brookline, Massachusetts.

## 1955

**Albert S. Anderson** is stationed at the Loring AFB Hospital in Maine. He and Anne have three sons: Christopher, Timothy and Paul Hilary.

**Eugene L. Cantor** has opened offices for the practice of obstetrics and gynecology in Red Bank and Hazlet, New Jersey. A Navy veteran, Dr. Cantor served as ship's surgeon for the Flagship of the Mediterranean Fleet.

**John Clark** spoke on "Plastic Surgery" to the Nurses' Alumnae Association of

Washington County Hospital, Hagerstown, Maryland. Dr. Clark is a member of the hospital staff. He also gave a talk on "Medicare" to the Republican Women's Club of Hagerstown.

From **Raymond C. Kinzel**: "Have been in practice of urology since July, 1960 . . . in Lansing, Michigan. In partnership with two other urologists and enjoying Michigan very much."

**Samuel T. Knappenberger** writes, "Have entered the private practice of adult and pediatric urology here in Redlands, California, after serving two years with the Navy at the National Naval Medical Center in Bethesda, Maryland. Would appreciate hearing from any visitors to Southern California."

**Martin L. Norton** was guest lecturer for Imperial Chemical Industries Ltd. to the Sixth Latin-American Congress of Anesthesiologists in Lima, Peru, in October. He spoke on "Halothane: a Pharmacophysiologic Evaluation of its Use in Pediatric Cardiopulmonary Surgery", and was on a panel for a symposium on "Teaching in Anesthesiology". He writes that he and his wife, Shirley, received "a warm welcome and wonderful hospitality." Dr. Norton has also published an article entitled "Preoperative Appraisal of the Surgical Patient" in the *Journal of the International College of Surgeons*, October 1962.

**Paul E. Van Horn Jr.** and his wife, the former Margaret Ross, announce the birth of twin girls, Barbara and Valerie, October 5, 1962. Dr. Van Horn is practicing orthopedic surgery in Princeton, New Jersey.

**B. Allen Weiss** was married to Wilma Joseph of Brooklyn, New York, last July. They honeymooned in Europe, and are now living in Passaic, New Jersey. Dr. Weiss has opened an office in Paterson, New Jersey, for the practice of general surgery.

## 1956

Stephen Rous  
Ivy Lodge, Mayowood  
R.R.2  
Rochester, Minnesota

"**Marty Floch** sent us a very nice note announcing the opening of an office for the practice of gastroenterology at 75

East Avenue, Norwalk, Connecticut. He will also work part-time at New York's Montefiore Hospital doing research in the Neoplastic Division on gastro-intestinal mucosa. Marty was author or co-author of seven papers in the field of gastroenterology in the past year and expects that this year will see the publication of a textbook on diseases of the small intestine, of which he is co-author.

"**Harry Allen** made a recent visit to the Mayo Clinic and we had the pleasure of his company for dinner. He is now a full commander in the U. S. Public Health Service stationed in Kansas City, and the daddy of three kids, the last one born in October, 1961. Harry does recruiting work for the Service, and his pitch is so suave that we rushed right down to Washington, only to learn that urologists aren't needed. Wonder why?

"A note from **John** and **Mickey Emerson** tells us that John is in the solo practice of ophthalmology in Miami, Florida. Home address is 7861 S. W. 53rd Avenue. If this abominable Minnesota winter lasts much longer, John, we'll go into practice with you in that good Florida sunshine!

"**Don** and **Judy Peck** very happily announce the arrival of Nathan Michael, born June 16, 1961.

"On a recent plane trip to the west coast, we ran into a Marine Corps pilot who told us that **Dick Sword** was his flight surgeon at the Buford, South Carolina Naval Station until two years ago, and that he is now taking a psychiatric residency at the Menninger Clinic in Topeka, Kansas. Let's hear from you, Dick.

"A recent card with no details enclosed tells us that the **DeGuire**s are now located at 5 Cotillion Court, Greenvale, New York.

"**Jo Ann** and **George Hare** recently bought a home in Haddonfield, New Jersey. Address is 440 Euclid Avenue. The Hares had a son, Johnny, a year ago; Tommy is in first grade and Patty in kindergarten. George is practicing internal medicine.

"**Marty Rose** recently passed his American Board of Surgery and will complete his training in thoracic surgery next summer. He plans to go into private practice near New York City. At present, Marty, Inge and children live at 9801 Shore Road, Brooklyn, New York.

"Your secretary has been busy for the last six or seven months in experimental surgery, doing full time research on the compensatory mechanism of the kidney after partial nephrectomy in a solitary kidney as measured by clearance studies. We have also been elected president of the Association of Fellows of the Mayo Foundation. As of July 1, we'll be writing from a new address, but the details are vague at the present. Incidentally, that one year we were going to function as class secretary has now pyramided into seven years. If anyone is interested in taking over this column, we would be most happy to consider it."

**Donald G. Belliveau** has established a practice in orthopedic surgery in Somerville, New Jersey.

From **John J. Donoghue**, urologist at the Beaufort, South Carolina Naval Hospital: "No previous urologist at this installation—has been enjoyable setting up a department, and have found myself very busy since arriving here in July, 1962."

**Naomi Goldstein Feldman's** second child, Eve, was born on June 29, 1962. Dr. Feldman is continuing to practice psychiatry part-time.

**Francis M. Hall** has opened an office for the practice of general surgery in Hartford, Connecticut.

From Ventura, California, **William L. Hart** writes: "I just joined the Loma Vista Internal Medicine Group this year as cardiologist. I am enjoying private practice, and Louise and family are enjoying our new location . . ."

**Courtenay T. Headland** is in practice of radiology in Walnut Creek, California. "Here with wife Rhoda, daughter Susan and son Keith."

**Edgar Lasting** has been in successful private practice in San Diego, California for three years. He and his wife have three sons: Michael, 5½; Robert, 3½; Richard, 2½.

**John J. Stavola**, recently out of the Navy, is practicing obstetrics and gynecology in Hartford, Connecticut.

**David I. Stein** sends the following news: birth of third child, second son, in March; discharged from the Navy in August; entered private practice as allergist in Spring Valley, New York, in October.

## 1957

Joseph A. Intile, Jr.  
U. S. Army Hospital  
Fort Carson, Colorado

"I returned to Fort Carson in mid-December after attending the four-month Associate Army Medical Service Officer Career Course at the Medical Field Service School, Fort Sam Houston, Texas. As usual, Texas was hot in August and September but actually cold in early December when we spent a week at Camp Bullis for field medicine exercises. The escape and evasion exercise was very enjoyable since my group managed to escape and evade successfully.

"It's good to be back in Colorado where we are making plans for the winter's skiing weekends. I returned in time to participate in some fairly good pheasant hunting, but my plans for big game will have to wait for next year. Probably the nicest aspect of being home is the opportunity to see bona fide patients again. We have been pleasantly surprised at the paucity of significant respiratory illnesses in the troops. Last year at this time we had over 200 URI cases in the hospital.

"While in San Antonio I visited with **John Weg** (1959) and their five daughters. Jack is winding up his medical residency at Lackland AFB.

"**Dan Baer** talked to me by telephone several times but we could never arrange a meeting. He too is stationed at Lackland as a pathologist.

"Christmas cards indicate that the **Thomas Hunts**, **Richard Kenyons**, **Morris Culfs**, and **Vernard Kinneys** are all well. **Joan Mathews** informed us that **Tom** managed to interrupt his tour in Vietnam with a visit to Long Island in November.

"As of this writing I am anxiously awaiting promotion to the rank of major. With so many World War II veterans retiring, the Army has seen fit to accelerate its promotion schedules.

"I should like to take this opportunity, for Catherine and myself, to wish all my classmates a happy and prosperous 1963. We look forward to receiving your letters and cards and to seeing you from time to time."

**Burton Allyn** is finishing his third year of residency training in dermatology and syphilology as a preceptee in the office of Dr. Maurice J. Costello in New York City.

**Kevin Dowling**, formerly chief orthopedic resident at Boston City Hospital, has opened an office at the Woodland Medical Center in Hartford, Connecticut.

**Albert L. Huber** has begun private practice in Sodus, New York.

**Norman S. Nadel** is senior resident in urology at V. A. Hospital, Palo Alto, California.

## 1958

Charles D. McCullough  
53 Paul Place  
Fairfield, Connecticut

"Some of our brethren are beginning to respond to our plea for news. All you have to do is mail it to me and we will print it. Now that so many of us are scattered so far, not only in our own country but throughout the world, it is much easier to lose contact, so please keep in touch.

"I met Barbara and **Frank Klion** at a party in Greenwich Village recently. They both looked very well. We decided to tour the village and discovered many new and interesting haunts. Frank and Barbara have two children, Mark Jeffery, 1, and Amy, 3½. Frank is at Mount Sinai Hospital in New York City, studying internal medicine with special interest in gastroenterology.

"I understand from Frank that **Scoop Wry** is now in practice together with his father in New Jersey. Connie and Scoop have a daughter, Jennifer, who must be about 4. Drop us a line, Scoop.

"**Howie Klein** is also at Mount Sinai as a research fellow in cardiology. Howie has recently been married. Another member of our class, **Fred Steinberg**, is at Sinai, also in medicine.

"**'Med'** and **John Summa** have a daughter, following a string of five boys. John is with Dr. Harvey in Washington, D. C., in cardiology, following medical residency in New York and in Waterbury, Connecticut.

"**Bruce Mix** is in Pittsfield, Massachusetts, doing a residency in surgery.

"**Sharon** and **Joe Culverwell** were in New York with their son Timmy in September. Joe is still with the Navy as a flight surgeon. Until recently he was stationed at El Toro, but upon his

return to California he was to assume duties at Ream Field Joe will return to New York in July to begin orthopedic residency at FFAH.

"I received some news from Issie and **Jack Lynch** in Washington, D. C. Issie pointed out that since they were last featured in alumni news, they have two arrivals to announce: Kathleen in October 1961, and Maureen in November 1962. Jack is presently in the final year of a medical residency at Mount Alto, V. A. Hospital in Washington, the last two years having been spent in the study of pulmonary diseases. Jack plans to be a research fellow at Roswell Park Hospital in Buffalo next July, studying cancer."

After attending the Basic Orientation Course at the Medical Field Service School, Fort Sam Houston, Texas, **Deland Battles** has been assigned to duty in France.

In the same course was **Arnold Benson**, who has now left for Korea.

The Neurological Institute of the College of Physicians and Surgeons at Columbia University has appointed **Robert J. Blankfein** a fellow in neurology. Dr. Blankfein is completing his residency in neurology at Kings V. A. Hospital.

**Benedict Caterinicchio** is a member of the Pediatric Section at the U. S. Army Hospital, Fort Carson, Colorado.

**Spencer R. Downs**, a captain in the U.S.A.F., has completed the orientation course for officers of the medical service and has been assigned to Dover AFB, Delaware.

**Donald E. George** is in his first year of residency in ophthalmology at the University of Pennsylvania Graduate Hospital. A daughter, Lisa Joye, his fourth child, was born October 2.

**Arthur Ginsburg** is in the first year of a three-year urological residency at the Manhattan V. A. Hospital in New York.

From **James W. Justice** in Baltimore: "I am now attending Johns Hopkins School of Hygiene and Public Health, working for an M.P.H. in epidemiology. The family now includes Ann and son, Sean Bradley. Would be glad to hear from classmates in the area."

From France, **Kenneth Guy Paltrow** writes that he is with the Army Medical Corps at La Chapelle-St. Mesmin, 70 miles south of Paris, practicing general medicine and neurology. He and his

wife, who have a daughter, Danielle Terese, "are trying to see as much of Europe as we can while we are here." Dr. Paltrow, who plans a three-year stay, is the only military neurologist in France.

Having finished a year of fellowship in cardio-pulmonary diseases at Peter Bent Brigham Hospital, **Richard Perera** is in practice of internal medicine with the Berkshire Medical Group in Pittsfield, Massachusetts. He is active in the teaching program at Pittsfield Affiliated Hospitals.

**Robert S. Schindler** is the first doctor at Radio Station ELWA, Monrovia, Liberia. He is there with his wife, Marian, and sons, Bobby and Johnny. Before his discharge from the Air Force this summer, Captain **Michael G. Tager**, head surgeon at U.S.A.F. Hospital, Kincheloe AFB, Michigan, received the Air Defense Commands Commendation Certificate for meritorious service during the period August 4, 1960 to June 15, 1962. Dr. Tager is now with the Mayo Clinic in Rochester, Minnesota. He and Roberta have a 1½-year-old daughter, Jacqueline.

**Martin J. Weich** has announced the opening of an office for the practice of psychiatry at 155 East 38th Street, New York.

## 1959

Gus Mork  
26118 Sigsbee Street  
Erie, Pennsylvania

**Thomas P. Comer** has been appointed a resident in surgery at the Mayo Foundation, Rochester, Minnesota.

**David J. Connor** is the city physician of Nashua, New Hampshire, where he has been in general practice for over a year.

Following a year of surgical internship at the Rochester, New York General Hospital, **Andrew Dadagian** spent two years as resident in general surgery at the Dartmouth Medical School Affiliated Hospitals, in preparation for training in otolaryngology. On December 1st he began residency in otolaryngology at St. Luke's Hospital in New York. "Family status: one son, 1½ years; another child due June '63."

A new addition to the family of **Bennet J. Hess** is Paula Joan, born August 18,

1962 at Fort Wainwright, Fairbanks, Alaska.

Outstanding performance of duty for two years on the East-West German border brought Captain **William D. Mahoney** the Army Commendation Medal last September. Dr. Mahoney is now a resident in general surgery at Walter Reed Hospital, and lives with his wife, Rosanna, and their three children in Rockville, Maryland.

**David Miller** is in eye residency at the Massachusetts Eye and Ear Infirmary. "Would like to hear from any classmates in the Boston area."

From **George P. Tilley**: "... completed two years as captain in Medical Corps at Fort Bliss, Texas ... visited with **Ken Lennox** in Hawaii while my wife, Carol, and I were on a MATS Space Available vacation in June. Presently taking a residency in internal medicine at University of New York, Upstate Medical Center, Syracuse, New York."

## 1960

Frederick E. Siefert  
32 MacArthur Drive  
Old Greenwich, Conn.

"The deadline for this issue of the **CHIRONIAN** was early January ... now who can be clever when the mind is still soggy from holiday revelry? So, with little inspiration, here's the column:

"**Herb Kasnetz** has many thanks for the long and newsy letter. His big news is his marriage last September to Sandra Heath Pollack of Orwigsburg, Pennsylvania. **Walter Taub** and **John Elkas** attended their wedding at New York's Savoy Hilton (saw the N.Y. Times announcement, Herb, so can supplement your information). Herb is now in his second year of ENT residency at Bellevue. Other news from him: while at 1962 Carnival he saw **Don Gromisch** and **Gene Sweeney** ... also there was **Dick Giery** who is in his second year of surgical residency (no idea where). And lastly, **Roger Hinkson** is finishing an Air Force stint in Turkey ... Roger and Maureen recently had their third child ... end of communication from Herb.

"From **Ted Figlock** came another long and welcome letter. He's still in occupational medicine with the Surgeon

General's Office, and says to contact him for the location of any Army active duty MD's . . . the files are close by. Ted's address: OTSG: Professional Directorate, Preventive Medicine Branch, Washington 25, D. C. Figlock family news: Joseph Anthony was born this past September and sister Elizabeth thoroughly enjoys 'Brudder Joe'. Other news from Ted: **Paul Keith** is at Walson Army Hospital, Fort Dix, New Jersey; **Greg Moore** is in Korea and due back in April (if he doesn't get lost en route).

"The holiday season brought news and greetings from the following: Sheila and **John Russell** are still raving about living and practicing in Gulfport, Mississippi; Martha and **Ed Gordon** proudly announced the birth of their son, Kenneth Douglas, last August—they're living at 449 East 14th Street, New York City; Dorothy and **Bob McDonald** are still with the Navy at Rhode Island and expect to be there for the remaining 18 months of Bob's tour of duty . . . this past November, Robert Jr. became son No. 2, joining Thomas . . . The McDonalds' current address is U.S.N.C.B.C., Otis N., Davisville, Rhode Island; Naida and **Gil Ortiz** and boys are back at 2079 Honeywell Avenue, Bronx 60, N. Y.; Mary and **Jack Tobin** have increased the family by one more—Marcie (Mary Cecilia) was Mary's early Christmas present to Jack, Mark and Meg . . . their address is 42 Oak Street, Greenwood, Massachusetts.

"*News from Greenwich:* our local newspaper printed the engagement announcement of **Frederick Whiting Hays** to Helen Hibbard of Chestnut Hill, Massachusetts. The paper says Fred is in a surgery residency at Flower (how about a call when you get to Connecticut, Fred!). An additional Greenwich item—the town has a new medical examiner, Frederick E. Siefert, M.D.

"Another income tax deduction: Lisa, born September, joining brother Drew in the Fran and **Andy Peters** household.

"Another psychiatrist: **Roy Stern** is in his second year of psychiatry residency at Temple University in Philadelphia.

"*Lost Souls:* Thanks to Ted Figlock for eliminating one name, **Paul Keith**, from my special file of missing persons. The list, of course, is still long, and I'd welcome news from or about any of these lazy characters: in addition

to **Adams, Feigenbaum, Chen, Voss, Perry and Weir**, mentioned in the last *CHIRONIAN*, where are **Louis Avventuriero, Frank Baldwin, Bob Conway, Mike Kellener, Harold Ross, Joe Termini, Buck Williams**. All responses welcomed, insulting or otherwise!"

**James F. Castleman** is a second-year resident in internal medicine at Albany, New York Medical Center. His son, Lee, was born April 13, 1962.

**H. Paul Lewis** completed the required year of general surgical residency and has begun residency in neurosurgery at the University of Cincinnati.

**Stanley Ostern** "became a proud father on August 25, 1962"—to daughter Jill Lisa.

Recently discharged from the army, **Richard B. Saul** has begun a residency in psychiatry at Philadelphia Psychiatric Hospital.

**Henry G. Schriever** is in the second year of a pathology residency at Francis Delafield Hospital in New York City. He and Kate have two sons and expect a third child in April.

**George A. Voss** writes: ". . . in my second year of a four-year surgical residency at Ellis Hospital, Schenectady. Have just had our first son, Charles Abbott, born November 6th. Really love this area . . . there are three Flower boys here now, so we're a big happy family."

## 1961

Mrs. John G. Ketterer Jr.  
16980 Van Aken Blvd.  
Shaker Heights, Ohio

**John T. Carr** has recently begun general practice with a group in Newport, Rhode Island.

**Malcolm E. Drezner**, who is in general surgery residency at Albert Einstein Medical Center in Philadelphia, became the father of a son, Jonathan William, on February 12, 1962.

**Victor Garber** is taking a residency in anesthesiology at Columbia Presbyterian Hospital in New York City.

**Howard D. Harrison** has a daughter, Anne Margaret, born December 9, 1962.

Roche Laboratories, a division of Hoffman-La Roche, Incorporated, has appointed **Bruce Medd** staff physician.

**Dominick N. Pasquale** is serving as a general medical officer in the Navy, in Jacksonville, Florida. In July he will begin a residency in internal medicine at the Naval Hospital, Great Lakes, Illinois.

**Richard S. Pataki** announced the birth of his son, Robert Scott, on December 22.

**Ruben L. Shapiro** is in residence at Hartford Hospital in internal medicine. He and Peggy "had a marvelous vacation" touring Europe last August, and they expect a baby in May.

## 1962

Elizabeth Greuninger Perry  
24 Columbia Avenue  
Cliffside Park, New Jersey

**Anthony P. Chatowsky** is an intern at St. Vincent Hospital in Portland, Oregon.

**Marvin Roth** and wife Nancy announce the birth of Sherry Jill on July 24, 1962, in Atlantic City, New Jersey. Next summer they will move to Baltimore, where Marvin will start a three-year residency in obstetrics and gynecology at Sinai Hospital.

## Obituaries

**Charles Drescher Cropsy**, 1892, of Rutherford, New Jersey. Died September 14, 1962, at the age of 92. He had been associated with the Passaic (New Jersey) General Hospital and the Hackensack (New Jersey) Hospital. In 1956 he was honored by the Chamber of Commerce as "Man of the Year".

**Winfred L. Potter**, 1904, of Syracuse, New York. Died January 16, 1963, at the age of 85. He had been on the staff of Syracuse General Hospital from 1913-1963, and was in practice for 59 years. He was known as the last homeopathic physician in the city of Syracuse.

**Edgar B. Spiegel**, 1914, of New York City. Died June 21, 1962, at the age of 70. He was director of allergy and chief of the Allergy Clinic at Midtown Hospital. He had served as president of the Board of Trustees of Phi Delta Epsilon fraternity. Dr. Spiegel was a veteran of World War I.

**John F. Schafmeister**, 1917, of Scarborough, New York. Died June 11, 1962, at the age of 69. He had been

associated with Phelps Memorial Hospital in North Tarrytown, New York, and was a veteran of World War I.

**Philip Tiktinsky**, 1917, of Closter, New Jersey. Died May 6, 1962, at the age of 70. He was a former faculty member of New York Medical College, and was associated with Morrisania and Lebanon hospitals in New York City.

**Edward F. Klein**, 1919, of Perth Amboy, New Jersey. Died May 28, 1962, at the age of 66. He was associated with Roosevelt Hospital for Diseases of the Chest at Metuchen, New Jersey, and was a past president of the Middlesex County Medical Society.

**Isaac Goldstein**, 1920. Died November 28, 1962, at the age of 71. He was deputy medical superintendent of Bird S. Coler and Bellevue Hospitals.

**William Greenwald**, 1920, of New York City. Died May 6, 1962, at the age of 66. He was affiliated with Flower and Fifth Avenue, Columbus, and Metropolitan Hospitals.

**Abraham I. Cohen**, 1922, of Miami, Florida. Died April 26, 1962, at the age of 64. He had served on the faculty of New York Medical College and was active in the Florida Alumni Chapter.

**Louis Heyward Harris**, 1927, of New Rochelle, New York. Died April 25, 1962, at the age of 61. He was formerly associated with Bellevue and Veterans Administration Hospitals in New York City, and was a veteran of World War II.

**Hyman Wohl**, 1927, of New York City. Died May 14, 1962, at the age of 57. He had been associated with the Hospital for Joint Diseases, and was a veteran of World War II.

**Reuben Greenberg**, 1928, of Brooklyn, New York. Died June 18, 1962, at the age of 57. He had been associated with Coney Island Hospital as an assistant gastroenterologist.

**Arthur Israel Frucht**, 1932, of Hempstead, New York. Died August 15, 1962, at the age of 64. He was associated with Brunswick General Hospital in Amityville, and had served as president of the Nassau County (New York) Radiological Society.

**James Milton Clark**, 1933, of New York City. Died September 17, 1962, at the age of 54. He had served on the staff of the Craig House in Beacon, New York, and was a member of the American Psychiatric Association.

**Milton Berkowitz**, 1934, of Brooklyn, New York. Died August 19, 1962, at the age of 55. He had been associated with Jewish and Kings Highway Hospitals, and was a veteran of World War II.

**Joseph A. Tyburezy**, 1940, of Brooklyn, New York. Died October 30, 1962, at the age of 50. He had served as senior medical officer at the United States Naval Hospital in Minneapolis, Minnesota, and was a member of the Aero Medical Association.

**Paul D. Murphy**, 1948. Died August 13, 1962. He was a junior member of the American Psychiatric Association and had served in the United States Army and Air Force.

**Shirley Ann Collins**, 1949, of Warren Township, New Jersey. Died September 15, 1962, at the age of 39. She had served a residency at the New Britain General Hospital and the Grace-New Haven Community Hospital, both in Connecticut; and was a member of the American College of Obstetricians and Gynecologists.

**John F. X. Cline**, 1954, of Washington, D. C. Died October 3, 1962. He had served as a major in the United States Air Force, and was chief of the Allergy Immunization Clinic, U. S. Air Force Hospital, Andrews Air Force Base.

**John McNamara Vetter**, 1957, of New York City. Died April 17, 1962, at the age of 30. He was a resident surgeon of the second surgical division at Bellevue Hospital.

**Walden H. Leverich Jr.**, 1962. Died April 8, 1962. A senior student at the time of his death, Dr. Leverich received honorary posthumous membership in the Alumni Association of New York Medical College.



*Chiron and Hercules, drawing from a Greek vase, 478 B.C.*

## And Besides

### ABOUT OUR ORIGINS

More than once, upon leaving our office, an alumnus or faculty contributor to the magazine has given us a puzzled look and said, "By the way, what does 'Chironian' mean anyway?" After this happened a number of times, it occurred to us that we might take a brief glance at our origins in Greek mythology.

While mulling over the history of our namesake, the centaur Chiron, we came upon the original account that appeared in the December 1904 issue of the *CHIRONIAN*. We could not resist reprinting the paragraph in its entirety:

In antiquity's dim ages lived a race of mountaineers called Centaurs, so skilled in horsemanship that the sculptural Greeks loved to depict them as half man, half horse. Of them Chiron was the most famed, having little in common with his rough kindred, for "he was wise, just, well meaning and kindly, a friend of gods and heroes, and skilled in medicine, music and various arts." Achilles, Jason and Aesculapius were brought up under his tuition in his dwelling on Mount Pelion, and he was friend to Peleus and Hercules. His life and death were alike noble, for he offered himself to die in place of rock-bound Prometheus, the Fire-Bringer, and was accepted by the gods. He it was that instructed Achilles in the medicinal virtues of Millefolium (named botanically after Achilles, Achillea mellefolium, the common yarrow), wherewith the lives of many Greeks wounded in Trojan wars were saved. From so excellent a master and physician, the *CHIRONIAN* derives its name.

To this we add a few notes: Chiron was the son of Cronus and Philyra. He was instructed by Apollo and Diana, and his skills included hunting and the art of prophecy. He was accidentally pierced by a poisoned arrow shot from Hercules' bow, and after he gave his immortality to Prometheus, Zeus placed him among the stars in the constellation Sagittarius.

THE EDITORS



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