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Weisman Collection of Pre-Columbian Medical Sculpture (see page 9): Clay figure above represents edematous male with skin and mucocutaneous lesions identical in pattern. Abdominal edema, swollen left arm and agonized expression suggest lesions may be terminal metastatic carcinomatosis.
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The patient turns to the physician; but to whom does the physician turn?

EMOTIONAL VULNERABILITY AND THE PHYSICIAN

BY JOHN C. DUFFY

The education and the professional way of life of the physician are sufficiently unique in terms of his emotional requirements as to warrant scrutiny. The young physician soon discovers that his practice of medicine is not entirely a personal matter, but is observed with great interest by society in general and the community in which he practices in particular. He is not alone in this, for his family also must adjust to the incessant demands of a professional way of life—demands which threaten their private life and the intimacy of their home.

It is imperative that the young physician attempt to understand and accept his emotional needs early in his training, for his particular set of emotional vulner-
abilities, coupled with the vagaries of his lifework, will in great measure, determine his emotional adjustment.

The concept of vulnerability is well accepted in medicine. In discussing certain illnesses, the physician speaks of the vulnerability of a host to a particular pathogen and the variety of factors, inherent and environmental, which will modify the interaction of these agents in the production and severity of the disease. It is not unusual for physicians talking among themselves to personalize an illness in terms of what they recognize as possible propensities in themselves.

But what of emotional vulnerability? The physician who would not hesitate to mention a family history of diabetes and mellitus and how it might affect him would blush at even the suggestion of how certain character traits and personality factors might create problems for him in the practice of medicine.

Physical and emotional vulnerabilities are, if you will, weaknesses; but while the former can be accepted the latter seem to carry too great a stigma. There is little need to dwell on why, since most physicians are intellectually knowledgeable about the complex origins of society’s attitude toward emotional problems. Yet the concept of emotional vulnerability is most useful in attempting to understand human behavior. It has been used to explain the variety of seemingly paradoxical emotional reactions of men under combat. It has been found that the development of so-called war neuroses depended upon the degree of stress bearing down on the individual’s specific emotional vulnerability. A
soldier might withstand untold hardship and trauma, yet succumb to a specific stress that seemed minor but was directed at his emotional weakness.

If one determines the kinds of stress, the mechanism by which some degree of adjustment to this stress was achieved, the types of neurotic reactions resorted to when a satisfactory adjustment has failed, and lastly, the nature of the individual’s emotional susceptibility, it is then possible to explain why certain life stresses can bring about serious emotional decompensation.

The normal individual is one who is able to function according to our concepts of the adult role, but no one succeeds without paying the price of emotional tension and conflict. There is no sharp line between the normal and the neurotic; the difference is one of quantitative shifts in the person’s emotional forces in response to stress.

Medical students, more than any other group of students in our society, have been exhaustively studied in terms of their emotional lives, attitudes, and maturity. The process of a medical education demands certain psychologic adjustments and modifications by the student, which, depending on his ability to cope, may result in adverse emotional consequences. In many ways, the training of physicians prolongs the stage of adolescence, with its problems of insecurity, striving competitiveness, and interpersonal difficulties with peers and superiors.

In such a stress-evoking environment, where does the medical student turn when his emotional burden becomes severe? An obvious choice would be a psychiatrist in the college, and yet there is reason to believe that in most instances this opportunity is not taken. A study suggests that after two years of medical education, the student develops a “hardened resistance” to psychiatry. This is a sad commentary, and it is suspected that all who are involved—the student, his professors, and the school—must accept some responsibility for contributing to this particular philosophy.

That the medical student will accept and seek out psychiatric help when it is offered in an appropriate setting can be seen in the experience of the Harvard University Medical Center Health Service. It is their policy and that of our college to include a psychiatrist as part of the student health medical team. A psychiatric interview is part of the routine health examination of every incoming freshman. Thus the student clearly understands that the medical school appreciates that health is a state of being which is made up of both physical and emotional components, and that help is available for any problems. The soundness of this approach and its acceptance by the medical student are evident in the statistics of the Health Service, which reveal that an average of 13% of the student body consults the facility’s psychiatrist in any one year. With such experience, one would be hard pressed to avoid the conclusion that the services of a psychiatrist are essential for the general welfare of the medical school population.

The emotional problems of medical school do not end with graduation, but carry on with even greater intensity in the professional years. No one knows what the true incidence of psychiatric difficulties is among physicians as a group. But one measure of the problem can be gleaned from the number of kinds of psychiatric hospitalization.

Dr. Edward M. Litin and I reported our findings on such a physician population to the Section of Nervous and Mental Diseases at the annual convention of the American Medical Association in 1964. We studied 93 physician patients who had been admitted to the hospital psychiatric service of the Mayo Clinic over a 7-year period. The ages of these patients ranged from 28 to 86 years, with a mean age of 54. When we categorized the group according to their type of practice, we found that it was composed of 44 general practitioners, 22 surgeons and surgical specialists, and 22 internists and medical specialists.

**DIAGNOSE PHYSICIAN’S PROBLEMS**

The commonly-made diagnoses were affective psychoses, sociopathic personality disorders, and psychoneuroses. Organic brain syndromes were seen less frequently, and no patient was diagnosed as having a psychophysiolgoric illness. Among the general practitioners, the largest number of diagnoses were those of psychoses and personality disorders. In the surgical group, a more equal distribution of diagnoses was seen in terms of psychotic, psychoneurotic, and personality disorders, while, in the medical specialties, we found relatively fewer psychotic illnesses as compared with psychoneuroses and personality disorders.

Forty-seven of the 93 physician-patients had an active problem of alcoholism or drug addiction at the time of admission. The addictions continue to represent one of the most serious psychiatric illnesses of physicians. Often one finds that alcoholism or drug addiction is a symptom of psychoses or an attempt to compensate for overwhelming stresses or personality problems in the individual.
The term dispensary is rarely used today. Instead, one refers to a dispensary as a clinic. The present day clinics are those sections maintained by hospitals in various public and private organizations. Today, private clinics also exist. They are operated by groups of physicians who provide medical diagnosis and treatment for ambulatory patients. Originally, the clinic served only those who could not afford to pay a fee, and since its chief function was the dispensing of free drugs, it was called a dispensary. Actually, many dispensaries were forerunners of modern clinics and many modern hospitals.

The first free dispensary in the United States was founded in 1786, in Philadelphia, through the efforts of Benjamin Rush. A dispensary was founded in New York in 1791, and one in Boston in 1796.

Obviously, as medical education progressed, the many dispensaries, or clinics, connected with hospitals and medical schools afforded additional educational value for the students and doctors.

We are greatly indebted to the writings and participation of Dr. B. F. Joslin on early clinics in New York City. Joslin was extremely active in the founding of our College and his name constantly appears in many of our historical documents.

Joslin was born in Union Cottage, Schenectady, New York, on November 8, 1830. After completing his preliminary education, he commenced the study of medicine under the instruction of his father and Professor William Darling. He received his degree from the Medical Department of the University of the City of New York, and shortly thereafter became an ardent supporter of homeopathy. It is of singular interest that prior to his migration to New York City, he had been Professor of Mathematics and Natural Philosophy at Union College for over a decade, and when he first came to New York, he was professor of Natural Philosophy and Astronomy at the University of New York.

According to the College records, our first dispensary was called the "New York Homeopathic Dispensary."

This clinic was stated to be the first and only institution of its kind in the United States. With the exception of the Protestant Half-Orphan Asylum, it was the only institution in New York, where homeopathy was first practiced. The oldest dispensary in existence (allopathic) was the “New York Dispensary” located in Centre Street. It had been established in 1790 (fifty-five years earlier).

On December 27, 1847, a meeting of medical and lay gentlemen, was held at 57 Bond Street. This was for purposes of reorganization and continuation of the old “New York Homeopathic Dispensary.” A Constitution and By-Laws were adopted, and the following officers chosen: Benjamin R. Winthrop, President; Ferris Pell, 1st Vice-President; John T. Adams, 2nd Vice-President; Thomas Denning, Treasurer; William K. Lothrop, Secretary.

In addition, an able body of Trustees was chosen, among whom was the ever constant friend of the school, William Cullen Bryant. An extraordinarily active person on the Board of Trustees, was Hon. Alexis Eustaphieve, the Russian Consul-General. According to the records, he played the important role of liaison between the physicians and laymen. He was the author of an interesting volume, “Homeopathy Revealed.” Since his official position as Consul-General was an honorable one, and did not require much of his time, he was a frequent attendant at the dispensary, and took considerable interest in the cases treated.

A recital of the names of physicians in attendance at this dispensary is like a roll-call of the early founders of your college. They were Drs. Allen, Barlow, Bolles, Bowers, Cator, Hawks, Joslin, Sr., Kirby, Snow, Stewart, Taylor, Wilsey, and Wright. Dr. McVickar was the Surgeon at the institution and among the important operations he performed, was that of Lithotomy (records do not state location of stone) on a boy, with complete success.

EARLY DISPENSARIES LACK FUNDS

The dispensary was located in Bond Street for about three years. Dr. Smith, who owned a pharmacy at the corner of Broome Street and Broadway, helped maintain the clinic. Unfortunately, when the pharmacy moved uptown in 1856, the dispensary quietly closed.

On May 1, 1854, the Central Homeopathic Dispensary was established at 15 East 11th Street. It was incorporated in April, 1858, under the general laws of the State of New York. For several years, the staff consisted of Drs. Kellogg and Joslin, Jr., but later assisted by Drs. R. G. Perkin, Wade, H. M. Smith, T. Franklin Smith, and Timothy Field Allen. After eleven years of useful life, the dispensary failed due to a lack of workers and finance. These same problems unfortunately caused the end of many subsequent dispensaries opened in the city.

PROBLEMS ARISE IN GRAMERCY PARK

A word about the Homeopathic Surgical Hospital. The hospital was first established at 26 Gramercy Park, where operations were performed. Unfortunately, the Trustees of Gramercy Park felt it their duty to object to it, considering that the hospital would be a nuisance. Rather than become involved in long and expensive litigation, it was decided to move the Hospital to 213 West 54th Street, where it remained for many years, ultimately merging with the Hahnemann Hospital, forerunner of the Fifth Avenue Hospital.

It is of interest to note, that in the mid-nineteenth century, the Governors of the New York Hospital issued a circular, in which they stressed the necessity of having many surgical hospitals scattered throughout the city. Then, as now, statistics showed that fatalities and complications decrease in direct proportion to the distance the accidentally injured person must travel for surgical assistance. Despite this, at the time the hospital was located at Gramercy Park, a legal document was presented whereby many outstanding surgeons and physicians testified to the injurious influence of such a hospital were it to be located in Gramercy Park.

Of historical interest is the fact that the first institution in which homeopathic practice was introduced in this city, was the Protestant Half-Orphan Asylum, in 1842. This came about as a result of the poor success of the former physicians, and the marked success of Dr. Clark Wright, a homeopath, in the treatment of the ophthalmia so prevalent in institutions at that time. This was at a time when the College had no ophthalmic hospital and few specialists in diseases of the eye. Dr. Wright had charge of the institution for five years, and was followed by Dr. B. F. Bowers.

In a report of the Managers of the Asylum for 1874, we find the following:

After twenty-seven years of faithful service as physician of the Asylum, Dr. Bowers resigned his position on July 1, 1874. During these twenty-seven years, 2,548 children had been inmates of the Asylum, of that number only 48 died while there.

(continued on page 16)
FROM CLAY

YESTERDAY man utilized clay in order to record the knowledge he had gained in his eternal struggle against pain and disease. The Weisman Collection of Pre-Columbian Medical Sculpture (pages 10-11) eloquently reveals the timeliness of this struggle, as well as the ancient world's efforts in dealing with it.

TODAY the eternal struggle has taken on an exacting and highly specialized nature. And so man has found it necessary to create a new means of recording his knowledge, a means that is in keeping with the nature of his struggle. He has turned from clay to a lens—and a strip of celluloid film. (The New York Medical College Photography Department: pages 12-13).
Above: Dr. Wiesman's museum of Pre-Columbian Medical Sculpture, located in his Manhattan home. Here he indicates a swollen left eye, seemingly involved in tumor pathology, on a Totonac Indian mask (Eastern Mexico, 7th-9th century A.D.). The mask also reveals multiple tumors on left side of face, as well as patient's demonstration of geographic tongue.

Top left: Midline incision in pregnant woman. Suggestion of preeclamptic toxemia with edema of eyelids. Could this be a cesarean section? (Guerrero, Mexico, probably pre-Christian era).

Bottom left: Emaciated male figure with ornamental nose-piece, holding corn cob. Rib accentuation denotes loss of weight and possible malnutrition. (Nayarit, Mexico, 4th-10th century A.D.)

Below: Mochean drinking vessels with spouts. Figure at right has lip and nose destruction, typical of American leishmaniasis. Spotted face of similar figure at left may represent American leishmaniasis or leprosy. (Peru, 8th-10th century A.D.)
Figures lying on primitive hospital beds. First five appear to be held down by restraining bonds, suggesting violent illness. Sunshade over heads of three could mean high fever. Last two (at right) have openings in bed at midsection and head, as if for elimination and vomiting. Most of the figures are bowlegged and clearly female; they may therefore represent puerperal osteomalacia (a likely possibility in primitive society), with associated postpartum psychosis. (Western Mexico, Colima-Jalisco-Nayarit area, 4th-10th century A.D.)

YESTERDAY...

The highly skilled and carefully trained “medicine man” of the aerospace age cannot help but smile at some of the preventive and curative practices of his ancient predecessors. At the same time, however, he cannot overlook the very basic fact that the complex and delicate art of healing is as ancient as mankind itself and that in the world of men, whether they are wearing space suits or loin cloths, the more things change—the more they remain the same.

One man who is especially aware of this fact is Dr. Abner I. Weisman, class of 1932, clinical professor of Obstetrics and Gynecology at the College, internationally known fertility specialist, and a Fellow of The New York Academy of Medicine.

During World War II, Dr. Weisman was assigned as a volunteer Public Health Service doctor to a Sioux reservation in the Dakotas. His interest in Indian medical practices led him to discover that the peoples of the ancient American continent had left, along with a myriad of other archeological treasures revealing a highly developed and sophisticated culture, an astonishingly accurate record of medical technology dating as far back as 2000 B.C.

Approximately 3000 of these records are in Dr. Weisman’s possession in the form of clay sculpture and pottery unearthed from the graves of Mexico and Central and South America. The Weisman Collection of Pre-Columbian Medical Sculpture is the only one of its kind in the United States.

The realism of the sculpture is both startling and shocking, as the ancient artists have succeeded in carving the pathology of many diseases, the physical states of their peoples, the knowledge of their physicians and the skills of their surgeons, into the clay. With incredible accuracy, they depict the visible signs of malnutrition, deformity, physical and mental illness, the progressive stages of pregnancy and childbirth (e.g., figure on flap), the techniques of amputation, trephining, and even what appears to be a cesarean section.

Dr. Weisman differs from the professional archeologists in that he believes that the sculpture was placed in the graves, not as part of the dead person’s possessions or as some sort of offering to the gods, but for the purpose of posterity—so that future generations might find and study these records, as we, similarly, bury time capsules containing artifacts of our civilization.

Dr. Weisman also believes that these statues were used as actual teaching models for the medical students of ancient times. One figure, for example, unmistakably depicts a body covered with dermatologic lesions, while the cheeks of its buttocks are spread to disclose a mucocutaneous lesion around the anus. Another depicts a mother holding her sick child and caressing its brow as though she were trying to ascertain the child’s temperature. These leave little doubt about Dr. Weisman’s theory that whatever the artist’s motive may have been, he had a medical story to tell and he told it in clay.

The discovery of these rare and ancient figures makes it possible for medical historians to study the ancient medicine man of the American continent on an equal footing with his colleagues in the Egyptian Court of King Tutankhamun, in the Middle-Eastern kingdom of Nebuchadnezzar, and in the Chou Dynasty of ancient China.

Dr. Weisman has acquired his collection during the past twenty-five years, through his own archeological searches, as well as through dealers in ancient art. Dr. Weisman is using his collection, which has already made invaluable contributions to medical history, as the basis for a pioneering book on pre-Columbian medicine which he has been working on for several years.

AND...
...TODAY

In the twentieth century, the wisdom and technical knowledge that was once painstakingly carved into clay and stone by the artists of ancient times, is now preserved through the exacting eye of the camera and the skilled hands of the photographer.

The Medical Photography Department of New York Medical College and Flower-Fifth Avenue Hospitals, designed to meet the needs of physicians, researchers, and students alike, is unique in that its scope and versatility equal that of similar departments in multimillion dollar advertising and industrial firms.

Not unlike the College and hospital it serves, the Medical Photography Department has grown dramatically in the past four years. What started as a one-man shop with inadequate equipment and facilities, is now an impressive five room studio located in the Cohen Research Building. Today, the photography depart-

Photomicrography is the process by which an enlarged photograph is made of tissue sections seen through a microscope. Above, a special microscope adapter has been fitted into the lens apparatus of a Polaroid MP3 (multi-purpose) camera, which in turn is fitted into the microscope itself. The MP3 is used exclusively by industrial and scientific photographers. The rule behind the camera is a magnification scale.

The New York Medical College Photography Department is equipped with a staff of six and utilizes the latest in modern scientific and medical photographic equipment.

Bob Tringali, head of the department, his assistants Jerry Reinlieb and Steve Lemme, chief illustrator Paul Singh-Roy and associate Larry Kaley, as well as department secretary Joyce Stocum, serve the College and hospital in three major areas.

In the clinical area, they film and photograph opera-

At left: Printing an x-ray is a delicate task, due to the variance in area intensity. Here the photographer studies the photographic print, comparing it to the original x-ray for accuracy.
The photograph above depicts the main studio of the College’s photography department. It was taken with a special "fish-eye" lens which approximates the 180 degree angle seen only by the human eye (a normal lens has a range of 60 degrees). The "fish-eye", however, must take second place to the eye itself in that it cannot compensate for the resulting visual distortion.

The photo above shows medical photography equipment, including a Nikon camera for photography; an Identification camera equipped to take four images; a 16mm motion picture camera; a studio view camera; and a range of the finest in modern photographic equipment, used for everything from surgery to public relations; a Nikon camera for photography; an Identification camera equipped to take four images; a 16mm motion picture camera; a studio view camera; and a range of the finest in modern photographic equipment, used for everything from surgery to public relations.

The camera used by the photographer for filming an operation as seen in the photograph above, is an Aeriflex, considered to be the Rolls-Royce of motion picture cameras. The Aeriflex is equipped with a zoom lens which adapts itself to both wide-angle and close-up photography.

In the research area, the department performs the invaluable service of documenting tests. Without the camera, the researcher is at the mercy of time and the elements. By constantly photographing the progressive stages of his tests, he is enabled to study them at his leisure, as well as make comparisons and draw conclusions, unhampered by natural or chemical changes.

In the administrative area, the department switches from the highly technical field of medical photography, to the hectic bustle of photo-journalism. They film and photograph hospital and College functions for publicity and public relations purposes, as well as providing photographic coverage for special events and feature and news stories in College and hospital publications.

The benefits derived from medical photography are invaluable to any hospital, but even more so to a teaching hospital. Photography preserves and records, by means of the motion picture and still photo; new operating techniques, significant and unusual pathological specimens, and provides an accurate means for scientific research and study. But most important of all, it enables students to have an immediate visual reference to all phases of medicine. When the student is unable to go to the patient, photography enables the patient to come to him.
ESTATE PLANNING

BY

DAVID SORGER, LL.B., C.P.A.

Your estate plan should consist of a program that will result in your estate accomplishing your wishes. Tax savings may be an important consideration, however, that should not be your primary objective. It is not necessary to conceive complex situations to achieve your goal. Since you are planning for your family’s protection, the ideal beginning is now.

YOUR WILL

One does not like to contemplate the fact of his death, nevertheless everyone should have a will. In many cases it is also necessary for the spouse to have one. The will speaks for the maker when he is no longer able to speak for himself. After death it can never be changed. A will should contain a provision in the event that the husband and wife die under conditions which make it difficult, if not impossible to determine the priority of death. If a spouse owns little or no separate property, it should be provided that she be deemed to have survived her husband. However, if she has as much or more than he has, it should read that she predeceased him. Substantial tax savings may be effected.

RESPONSIBILITY AND GIFTS TO YOUR FAMILY AND CHARITY

You should control a sufficient amount of your estate during your life time so that you may discharge your responsibility for the maintenance and support of your family. You should not strip yourself of income and property in order to save estate taxes.

You may give away free of tax, $3,000 annually to as many donors as you desire and for an unlimited number of years. In addition, you have a life time exemption of $30,000. Your wife may do likewise. From the standpoint of the donor it may sometimes not be considered good planning to give away cash. Many estates has serious problems in meeting death taxes and expenses of administration and the cash may be needed.

If your object is to reduce your estate, transfer property that has a potential for appreciation in value. You may give away property that you do not want to be converted into cash or that might be difficult to liquidate. Should you need the income, give away property that has the least income. If a gift is made at least three years prior to the donor’s death, the value of the property cannot be included in his estate because of contemplation of death.

All gifts to New York Medical College qualify for income, gift or estate taxes. No gift or estate tax is imposed on you the donor, your estate or on the Medical College for contributions made to it.

EDUCATIONAL FUNDS FOR CHILDREN

Due to the increase in educational costs, it may be advisable to set up educational funds for your children. You may do this under the special laws which have been adopted by all states, permitting a gift of securities to a minor by delivering the gift to a custodian. Under the Uniform Gifts to Minors Act which is in effect in New York and most of the other states, you may also give to a minor gifts of money as well as securities. Generally, you may appoint yourself, a member of your family or anyone else specified in the law, as custodian of the gifts until the child reaches 21 years of age. You may use the custodianship without creating a trust and without the appointment of any guardian. No legal instruments are required.

If income from the gift is accumulated or reinvested, it will be taxable to your child, who has his own $600 Federal personal exemption. At the same time, you do not lose the dependency exemption of the child. For example, if the assets of the fund earn 5 per cent, the fund can accumulate $12,000 before its income becomes taxable to your child and then at a low rate (assuming that the child has no other income). The tax dollars that you thus save may pay the college tuition for your children or grandchildren. However, don’t use any of the income for the child’s support or maintenance because the income will be taxable to you.

LIFE INSURANCE

Life insurance is often the largest asset in an estate and may be a very important factor. It may be advisable in some situations to assign the policies to a member of your family or to a trust for the benefit of your (continued on page 17)
Marcelle Bernard, M.D. ’44

The First Woman President

Who said that a woman could never be President? Certainly not the 1700 members of the Bronx County Medical Society, because for the first time in the history of New York City’s five county medical societies, there is a lady in the President’s chair. The lady is Dr. Marcelle Bernard, an alumna of New York Medical College’s class of 1944.

Dr. Bernard is the perfect antithesis to the old-fashioned, and not entirely defunct prejudice against lady doctors. Some members of the medical profession, as well as their lay counterparts, male and female alike, feel that a woman cannot perform a physician’s duties with the same ability and competence as her male colleagues. If by some twist of fate, she is able to demonstrate that her professional abilities are on an equal level with those of a man, she is immediately chalked off as being some sort of unusual mutation of the weaker sex, with as much femininity and charm as Carrie Nation brandishing a hatchet.

It would be difficult to doubt Dr. Bernard’s ability or competence. She received her M.D. magna cum laude, completed her internship at Flower Fifth Avenue Hospitals, and established her practice in the Bronx.

Her primary goal was to be a good general practitioner, similar to her family doctor, whom she credits as being the earliest influence in her choice of the medical profession. “He was a wonderfully old-fash

(continued on page 17)
Flower Profile  (continued from page 8)

The homeopaths were quick to point out the following significant data: Although originally established in 1835, it was under the charge of old school physicians (allopaths) until August 11, 1842. In this interim, 1,063 children were treated with 22 deaths, or one in 58. For the following 30 odd years, under homeopathic treatment, 10,112 children were treated annually, deaths being 57, or one in 177, of which number, 10 were from cholera in 1849, and 4 were from typhus fever in 1847-48.

Homeopathic physicians were selected for the care of inmates of the Five Points’ House of Industry. This was undoubtedly due to the popularity of B. F. Joslin, M.D., who was then President of the Homeopathic Medical Society of the County of New York. A recent communication from the Five Points’ House (founded 1850) in answer to a letter of inquiry sent to them by the writer states:

“The first mention in the monthly Record of the Five Points’ House of Industry, about sickness at the House was in April of 1866. There was a statement of sickness from January 14, 1861, which stated that a Dr. B. F. Joslin was in attendance for these five years assisted by G. L. Freeman, who resided at the House for a considerable portion of the time.

“In 1870, there was a small story of the care given children in ‘our hospital’. In 1886, the Record shows that a hospital building of 4 stories was completed, and in 1887, a free dispensary opened. In 1893, two stories were added to the hospital.”


But of even more singular interest is the inaugural address given by B. F. Joslin, President, before the Homeopathic Medical Society of the County of New York, January 13, 1875, in which reference is made to the several dispensaries in New York City. “Several times in 1859-60, Dr. Joslin, Sr. and I were requested to visit the institution and give general advice regarding the sanitary conditions of the house . . . Among the marked features of medical interest at the Five Points’ House of Industry, has been the prophylactic treatment of scarlatina. In all there have been twenty-three cases in fourteen years, occurring singly at different periods . . . Another very gratifying result attained has been keeping variola and variolorid completely out since March, 1864, a result arrived at by persistent vaccination.”

“It is believed that this success,” wrote Joslin, “in so exposed a field, shows the possibility of excluding variolous diseases from any community by the thorough application of thorough vaccination. This will be apparent when it is considered that nearly 300 persons sleep nightly within the wall, (Five Points’ House of Industry) while 150 come and go daily, sleeping in the miserable cellars and garrets around; and still more when it is stated that variola has been more prevalent of late years then at any time since the discovery of cow-pox by Jenner.”

This, a description of early dispensaries in New York City, is of special interest to those interested in the early origins and development of the New York Medical College.
ADDRESS CHANGES

As a continuing service to members of the Alumni Association, the Chironian will feature a special section on address changes. It would be appreciated, in order to keep our records as accurate as possible, if you would inform us of any change of address.

ABRAMS, Richard S. '62
U. S. A. F.
Sheppard AFB
Texas 76311

ARCHER, George M. '64
124 Banker Lane
Sanford, Fla. 32771

ARNAUD, C. D., '55
4216 Osage Avenue
Philadelphia, Penna. 19104

BALL, Peter H. '48
7 Forte Drive
Old Westbury, N. Y.

BARLENS, Arthur A. '44
Boston City Hospital
Dept. of Ophthalmology
Boston, Mass.

BASS, Richard R. '49
108-48 70th Rd.
Forest Hills, N. Y.

BELLS, Barrie '64
5552 No. Broad St.
Philadelphia, Penna.

BERKOW, Lester N. '62
3rd Marine Division FMI
McNary, Ariz. 85930

BIASOTTI, John '63
California 96601

BIRAS, Whitelaw '39
301 Union Ave.
Irvington, N. J. 07111

BLOOM, Homer
102 Lockwood Terrace
Decatur, Ga.

BOTTING, Arthur L. '60
406 Med. Lab., U. S. A.
I. C. Japan
A. P. O. San Francisco 96434

BURAS, John F. '54
624 Oakhurst Ave.
Mamaroneck, N. Y. 10543

CAMERON, Joseph I., Jr. '46
1016 Old North Pk. Road
Baltimore, Md. 21204

CAYOVAUGH, Roland J. '58
10226 Burnett Avenue
Silver Springs, Md. 20901

CAYETTA, Charles P. '61
c/o Wm. Beaumont Hospital
El Paso, Texas 79902

CHARLES, Michael '63
Naval Dispensary
Norfolk, Va.

CHATOWSKY, Anthony P. '62
205 Maple Hill Rd.
Huntington, N. Y. 11743

COGEN, Stephen '59
3552 No. Broad St.
Huntington, N. Y. 11743

CONRAD, Noel L. '50
38 Bryon Rd., Apt. 1
Brooklyn, N. Y. 11225

CONRAD, Noah L. '62
5000 Drexler Ave.
Sunnyvale, Miami, Fl. 33154

COLLINS, Samuel '70
350 Sterling Street
Massapequa, N. Y. 11768

DUFFY, John L. '52
285 Stillwell Lane
Grosse Point, N. Y. 11701

DUSENBERRY, Charles '42
2698 Cottage Way
Apartnet 12
Sacramento, Calif. 95825

EATON, Everett R. '56
6715 Glenbrook Road
Baltimore, Md. 21212

EPSTEIN, Gerald M. '61
12 West 10th St.
New York, N. Y. 10011

FIELDING, Robert '39
2801 So. Parkway
Chicago, Ill. 60616

FIERRO, Louis '66
100 Lawn Terrace
Mamaroneck, N. Y.

FITZ-RANDOLPH, Raymond '56
U. S. A. F., Hosp. Tachikawa
APO San Francisco, Calif.

FRANCIS, Patricia Black '58
c/o Charlotte Amalie
Dept. of Health
Div. of Mental Health
St. Thomas, Virgin Islands

FRANK, Sanders T. '63
Wilford Hall Hospital
Lockheed AFB
Texas 78236

FREDERICK, Wm. Curtis '54
101 Third St.
Staten Island, N. Y. 10306

FREEDMAN, Myron '47
360 Sterling Street
Surfside, Miami, Fl. 33154

GIBBS, Raymond Weldon '51
520 Commonwealth Ave.
Boston, Mass. 02116

GINSBURG, Marvin L. '64
5511 Robinwood Ave.
Baltimore, Md. 21207

GLAZER, Ira M. '66
1400 N. 40th Ave.
Hollywood, Fl. 33400

GOLDSTEIN, Robert S. '62
343 East 87th St.
New York, N. Y.

GOLDSTEIN, Naomi '55
15 W. Sirt St.
New York, N. Y. 10024

GOLDSTEIN, Robert S. '62
124 Smith Street
Freeport, L. I., N. Y.

GREGO, Joseph A. '62
339 Duerke Lane
Patchogue, N. Y. 11772

GREEN, Marvin
66 Hampstead Rd.
Great Neck, N. Y. 11023

GREEN, Reginald E. '80
Radiology Department
Massachusetts General Hospital
Boston, Mass.

GRUNINGER, Robert P. '67
11 East River Terrace Court
Minneapolis, Minn. 55414

GUGGENHEIM, R. V. '58
1510 Creston Rd.
Berkeley, Calif. 94707

GULLIVER, A. C. B. '59
161 Maplewood Ave.
West Hartford, Conn. 06103

HAFT, Albert J.
5220 Clark
Lakewood, Calif. 90712

GELLER, Stanley J. '46
366 E. Hillcrest Blvd.
Inglewood, Calif. 90301

GIBBS, Raymond Weldon '51
520 Commonwealth Ave.
Boston, Mass. 02116

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Lakewood, Calif. 90712
The First Woman President

Since Dr. Bernard is not one to advise and forget, she herself is continually proving that the doctor is not too busy and that he does care. She has served as chairman of the Public Relations Committee, as well as vice-president of the Bronx County Medical Society, as well as a member of the medical and advisory board of the Bronx County Society for Mental Health. She has also volunteered her professional services giving medical examinations to PAL camp children, as honorary surgeon of the Lifesaving Service of the City of N. Y. (“Taught resuscitation techniques at the White Cross Club in Throgg’s Neck”), and as an advisory board member of the Bronx Salvation Army. She has appeared at community meetings and as a lecturer on radio and television in programs concerned with community medical needs. She is also a member of the executive board of the Bronx Catholic Physicians Guild and a lecturer for Pre-Cana Conferences at various Bronx parishes.

Dr. Bernard regards her success in a difficult profession, especially against the prejudicial odds, not in an “I told you so” Carrie Nation fashion, rather she says with the characteristic grace and femininity of the most attractive lady she is, “I feel that I am especially fortunate in that I am ‘accepted’ as I am, both by my patients and by my fellow physicians. There still exists a little wariness on the part of a patient when consulting a female physician.”

“The woman doctor,” she continues, “must be capable medically, have compassion, be sympathetic and understanding, yet be as feminine as she can in a field that, in the U.S., is still predominantly male.”

ESTATE PLANNING

The proceeds will not be part of your gross estate and will not be subject to estate taxes. The inheritance tax consequences of such assignment should be considered. The replacement cost of the policies and not the death benefit measures the amount of the gift tax. The assigned policies should be transferred physically to the assignee so that you are divested of all rights therein. After the transfer has been affected, future premiums cannot be paid by you, otherwise they may be deemed that you still had an ownership in the policy.

Any new life insurance that you acquire, which is payable to a member of your family will be included in the gross assets of your estate if you pay the annual insurance premiums.

TRUSTS

Generally, gifts in trust are motivated by the desire to protect a beneficiary such as minors, “spendthrift” spouses and those who are unaccustomed to handling financial matters. You may make transfers through gifts to a trust. This will reduce your gross estate and at the same time shift some of your income to others. You may set up a trust for more than 10 years, in which you give some or all your investment income to your children. The trust may provide that the income be accumulated for its duration so that the trust will pay the tax thereon at a low rate of tax. At the termination of the trust, if so provided, the accumulated income will be paid to your children, free of income tax, except for the last year’s income and the original assets or equivalent property in the trust will revert to you, free of any taxes.

You may set up a life insurance trust and provide that the trustee collect and invest the proceeds, pay the income to your spouse and upon her demise, pay the principal to your children.

The conventional type of a trust provided in a will is where you intend to give only the income to the beneficiary for life, with the remainder to others. The disadvantage of this type of a trust is that living costs may increase while the income diminishes. It then becomes inevitable that part of the principal is currently needed by the beneficiary. Therefore, the trust should so provide.

This article is brief and by no means a comprehensive discussion of the subject. If it will awaken the reader to the realization that estate planning is a necessity, that age is no barrier, that time is of the essence, and a bequest to New York Medical College be considered, it will have served its purpose.

David Sorger, LLB, CPA, is a graduate parent, is President of The 400 Club, with which we hope you are familiar, and is Director of the Commemorative Fund with which we hope you will become familiar. Information on either of the above may be obtained by addressing Mr. Sorger at the College.
A NOTE FROM NEW HAMPSHIRE

Getting tired of the big city jungles? Dreaming about one of those perfect New England towns right in the heart of the ski country, surrounded by lakes and streams, with a population of around 3000, and all the modern conveniences of schools, libraries, super markets, Post Office, churches, and thriving local industry? Then Groveton, New Hampshire, is just what you need. And it just so happens that Groveton, New Hampshire, needs you.

Groveton may sound like a mirage, but it isn’t. The town is located at the crossroads of New England’s three main arteries, leading to Boston, Portland, Maine, and Canada. It has a year-round tourist population of winter sports enthusiasts and summer recreation seekers. Seventy per-cent of the community’s permanent residents are employed in the up-to-date local industrial mill which has one of the highest wage scales in New England.

Groveton has all the advantages of a town with a happy present and an even happier future. Their only disadvantage, however, is that they are short one doctor.

At this time, the entire community is dependent upon one physician and, quite obviously the medical demands made by a busy and growing town are far too pressing for one man to handle alone.

This is why Groveton is prepared to offer a ready made practice to any doctor, whether he be young or more experienced, featuring a minimum yearly income of $15,000, as well as placing an office at his disposal and making arrangements for his own private home.

The estimated $15,000 yearly minimum income is exclusive of maternity cases and hospital work. Groveton also has a fifty bed hospital with which the present doctor and his new colleague would be affiliated.

The Groveton Chamber of Commerce would be most happy to furnish references from physicians, professional people, lawyers, educators, and lay people. A personal interview could be arranged and a one or two man committee would be happy to visit and talk with any doctor aspiring to the position. Of course, all expenses would be paid to any interested party who would like to visit Groveton.

All inquiries should be addressed to:
Mr. Linwood E. Clarke, Secretary Groveton Chamber of Commerce Groveton, New Hampshire.

Coming Up!

Annual Alumni Association Banquet
May 31, 1966
Details Soon

book review

THE LOGIC OF FAITH
by Philip Schmahl, M.D. ’11
Philosophical Library
New York: 1965
111 pages; $3.50

This book primarily reviews, in historical chronology, several of the major philosophical beliefs in God. Dr. Schmahl writes in a sincere and erudite manner revealing considerable knowledge of religious philosophy from Aristotle to Albert Schweitzer. The author has great admiration for the late Dr. Schweitzer and points to Schweitzer’s career in tropical Africa as a vivid illustration of “doing rather than talking.”

The author briefly reviews the religious philosophies of the Middle and Far East, citing certain similarities in the belief of life after death. The author refers to Albert Einstein’s deep belief in God and a purposeful universal structure.

In conclusion, Dr. Schmahl states the concept “Reverence for God and His Creation, and personal ethics (as taught by Christ) emerge as the cardinal rule of guidance.”

In an age of atomic weapons, space exploration and frequent conflict, Dr. Schmahl’s book, “The Logic of Faith,” offers the reader a good primer on the importance of strong religious and moral faith.

—L.P.W.

*Dr. Schmahl is an alumnus of the class of 1911. Author of many articles and texts, he was Professor of Medicine at the College for many years. Prior to his death in December of 1965, he was a resident of Redlands, Calif.
In order to permanently record all medical memorabilia on tape, Dr. Leonard Paul Wershub, curator of the New York Medical College Museum, urges all alumni with information of historical value, to contact him and to make arrangements, for that purpose, to meet with him at a mutually agreeable time. Those alumni residing outside of the Greater New York area, are urged to recount their memories on paper and forward them to Dr. Wershub at the College.

The following personal reminiscence was written by David Maeth, M.D., '20, of Santa Cruz, California.

An Alumnus Remembers

Flower as a Co-ed College: Prior to 1918 there were no women students, but when the New York Medical College for Women closed its doors, quite a few of the students came to us and the class of 1919 had several women graduates. In our class there were two: Hannah Mayer Stone and Adele Smith. Dr. Stone was a pharmacist. She went into the specialty of family planning with Margaret Sanger, and you can well imagine the furor that this caused. Dr. Smith spent most of her life with the New York City Department of Education, dealing with the problems of abnormal children. Both of these ladies are deceased. (I believe that New York Medical College for Women was located on Manhattan Avenue, either on 101st or 103rd Street.)

Pre-med: When I entered Flower in September of 1916, some of the students in my class gained admission into the College by virtue of having completed a year's pre-medical at the college level—I don’t recall whether this was continued and to my mind it occurred just that one session.

Military History at Flower: During the year of 1917-1918, the students were trained in elementary military drills, late in the afternoon, in front of the College on Avenue A (later York Avenue). We wore a khaki uniform, complete with cap, leggings, etc. An upper classman named Tritsch was the drill master. You can imagine how light the auto traffic was in those days, as there was no interference from trucks, etc.

Liberty Bond Sales at Flower: In my time at Flower there were two Professors McDowell (I think not related). George McDowell, A.M., M.D., was Professor of Ophthalmology and most of his classes and clinics were held at the N. Y. Ophthalmic Hospital, N. E. corner of 23rd Street and Third Avenue (one of the former "homes" of the College). Charles McDowell, M.D., was the perennial Professor of Physiology and was lovingly dubbed “Bunny” by the students—perhaps because he was small or perhaps because many a rabbit bit the dust in his Lab. It was Bunny who drummed up interest in the students’ minds to buy these Liberty Bonds and for years I held on to my $25 Bond for sentimental reasons. He did an excellent job.
1929

Carl G. Candilaro, retired from the practice of medicine since February 27, 1965, has been appointed as Medical Legal Expert and Medical Consultant to the Commissioner of the City of New York and the Law Department Corporation Counsel's Office of the City.

Alfred E. Passera has been elected President of the Medical Board, as well as Director of Medicine, at St. John's, Queens Hospital. He is also Consultant in Medicine at Queens Hospital Center and Director of Medicine at Astoria General Hospital.

1930

Dr. Saul A. Schwartz, Chief of the Gastroenterology Clinic at Metropolitan Hospital Center has been promoted to Clinical Professor of Medicine at New York Medical College and Attending Physician at Flower & Fifth Avenue Hospitals. Dr. Schwartz was recently elected to be a member of the Alpha Omega Alpha, honorary scholastic society, as an outstanding alumnus. He is a former president of the Contin Society (honor society) of the College, a position held during his student days.


Chairman of the reunion was Dr. Saul A. Schwartz who reported that the evening was filled with camaraderie and nostalgia. There was a reliving of common experiences of the student days at the old College building on 64th Street; the visits to the Metropolitan Hospital on Welfare Island via the S.S. Bronx; and of the colorful faculty. The men were crisp and well-preserved, Dr. Schwartz also reported, in youth and vigor. The three Flower girls, Rebecca Liswood, Anna Samuelson, and Natalie Goldberg, were charming as ever, as were the wonderful wives of the male class members. It was a gala, festive, and spirited evening, and the class looks forward to its 40th anniversary.

Irwin I. Lubowe, Chief of the Dermatology Clinic at Metropolitan Hospital Center has been promoted to Clinical Professor of Dermatology at New York Medical College and Attending Dermatologist of Flower & Fifth Avenue Hospitals.

1931

The Achievement Award of The Angiology Research Foundation was awarded to Henry W. Eisfelder in June at a meeting of the American College of Angiology. He has also been appointed Chief, Division of Geriatrics, Syosset Hospital, Syosset, N.Y.

Alexander Lubow has been elected Resident of the American College of Chest Physicians.

1932

Michael J. Fisher has been appointed Attending in Charge, Division of Proctologic Surgery, Department of Surgery, Maimonides Hospital, Brooklyn and Coney Island Hospitals; and to the Surgical Faculty of the Downstate Medical Center, N.Y.

Roswell Lowry has just completed 15 years of service as Chief P.M.R., for the Veterans Administration in Cleveland.

Samuel J. Bloom's oldest son is now Senior Resident at the Boston Psychiatric Institute. His younger son is in his third year of studies at Cornell Law School.

1933

The first woman doctor ever to be elected as President of the Cattaraugus County Medical Society is Ruth Knobloch.

1937

Mortimer Mann has been elected as Chief of the Department of Ophthalmology at Marion County General Hospital in Indianapolis.

1938

The Ulster County Board of Health has announced that John B. Plass will serve as full-time Director of the Ulster County Tuberculosis Hospital.

1939

Bernard Rothbard's son, Malcolm Jay, has started his OB-GYN residency at Flower & Fifth Avenue Hospitals.

1940

Howard A. Hoffman of New Bedford, Mass., has served two terms on the S.S. Hope; from June through August, 1964 at Guayaquil, Ecuador; and in January and February, 1965 at Conakry, Republic of Guinea. He plans to rejoin the staff of the Hope again in January, 1966 when it sails to Nicaragua.

1941

Henry Patrick Leis, Jr. has moved his office to 55 East 87th Street, N.Y.C. In addition to having been elected as Associate Councilor to the Executive Council of the Connecticut State Medical Society, Sidney L. Cramer of Hartford has been elected Vice President of The Radiological Society of Connecticut.

Harold G. Stacy is serving his third tour as Commanding Officer of the U.S. Army Hospital in Fort Polk, Louisiana. He is in charge of a 200-bed hospital in the country's largest infantry training center. H. Kasnetz '60 has just arrived as his first chief resident.

1942

Frederick Menick has had an article published with Matthew C. C. Kim, in the September issue of the American Journal of Surgery—"Rubber Tube Stent in Common Bile Duct Repair Twenty-Seven Years in Situ."

1943

Salvatore V. Dallio has been installed as President of the Bergen County N. J. Chapter, American Academy of General Practice.

Alfred G. Siege, certified American Board of Preventive Medicine in 1957 will retire from military service in January '66, and will assume the position of Health Director, Moore County, North Carolina.

1944

Marcelle Bernard has taken office as the first woman to hold the presidency of the Bronx County, N.Y. Medical Society. Bernard J. Wattenk, new president of the Alumni Association, has been appointed chief of surgery at the Jersey City, N. J. Medical Center.
1945
Eugene Adelson has migrated to Israel.

1947
On July 1, Armand F. Leone assumed the presidency of Patterson General Hospital's medical board. Since 1963, he had held the position of Chief Radiologist at the hospital.

1948
Lt. Col. David G. Tormey is the newly appointed national coordinator of the Medical Education for National Defense (MEND). It's a girl—their third child—for Dr. and Mrs. Murray E. Burton.

1949
Eugene T. Hupalowsky has been appointed assistant medical director of the Silver Hill, Conn., Foundation.

1950
David H. Chafey has been appointed Chief of the Department of OB-GYN at the San Juan City Hospital. He is married to Marusa Castro '45 (now a retired pediatrician) and has two boys and two girls.

Among those present when the Class of 1950 held its Annual Alumni Dinner-Dance in the Jansen Salon of the Waldorf-Astoria on June 1, were: Ralph E. Snyder, Saverio Bentivegna, Paul Kingston, David Plotkin, RoseMarie Guercia, Benjamin Mistin, Paul Leone, David Giardino, Hugo Griemdel, Philip Martin, Leonard Rappaport, Alice Macauley, John Lucas, Simeon Feiger, Norman Koncuff, Ferdinand Bonan, Arthur Gillmore, Joseph Whelan.

1951
Edgar Kogan, who practices in Elizabeth, N. J., has been appointed assistant professor in clinical medicine at the New Jersey School of Medicine.

1952
Lauretta Blake is presently completing a 3-year fellowship in Psychiatry & Neurology under the National Institute of Mental Health and is presently serving at Grasslands Hospital, Valhalla, N. Y. Until 1962, Dr. Blake had been engaged in the practice of Obstetrics and Gynecology in Upper Montclair, N. J.

1953
Ernest S. Mathews, who is assistant professor of neurosurgery at the University and Bellevue Hospitals, N. Y., has been engaged to Dr. Joan Helene Wlodkoski, now interning at Roosevelt Hospital, N.Y.

1954
Charles F. Woolley, assistant professor of medicine at Ohio State University College of Medicine, has been chosen for a five-year career development award by the U.S. Public Health Service.

1955
After nine years in general practice, Peter P. Reilly is entering into a psychiatric residency at the Massachusetts Mental Health Clinic in Boston and a research fellowship in psychiatry at Harvard. With a grant from the N.I.M.H., he and his six children were off to Harvard on June 1 and will live at 90 Erie Avenue, Newton Highlands, Mass. "Give my best regards to my classmates and tell them that I'll be back for the 15-year reunion," says Peter.

David F. Reese, a member of the Section of Diagnostic Roentgenology of the Mayo Clinic, Rochester, Minn., since 1963, has been appointed an instructor in radiology in the Mayo Graduate School of Medicine, University of Minnesota at Rochester. Minnesota.

Herbert M. Kravitz writes that he has been in private practice in Plastic and Reconstructive Surgery in Oklahoma City for the past two years. He also wrote to say that, "I feel that the publication of an Alumni Directory is an excellent idea."

John P. Curran, formerly Assistant Pediatrician at Flower-Fifth Avenue Hospitals, and Assistant Visiting Pediatrician at Metropolitan Hospital has entered private practice, joining Dr. Sheldon Feinberg in the Hillside Pediatric Group which has offices at 98 Broadway, N.Y. & Joseph D. Millerick, with the U.S.N., has been stationed in Yokosuka, Japan, for the past three years, doing obstetrics and gynecology. He has now been transferred to St. Albans Naval Hospital in Long Island, N. Y. In April, he passed Part I of the Board Exams in OB-GYN.

John P. Curran has entered private practice in Hillside, N. J.

1956
John L. Meekins has been appointed Associate Director of Pathology at Lee Hospital. Prior to this, he had been Chief of Laboratories at the U.S. Naval Hospital, Bremerton, Wash.

1957
Louis Gaudio is opening an office in Blauvelt, N. Y., in association with Robert Sher, for the practice of OB-GYN. Thomas Mathews has been appointed Anesthetist at Cape Cod Hospital, Hyannis, Mass.

On June 10, Venard R. Kinney, Consultant in Medicine in the Mayo Clinic, Rochester, Minn., and instructor in medicine at the Mayo Graduate School of Medicine, University of Minnesota at Rochester, was elected to membership in the Society of the Sigma Xi at the annual meeting of the Mayo Foundation chapter of the society.

Lawrence R. Smith has been graduated from the U.S. Air Force School of Aerospace Medicine's primary course at Brooks, AFB, Texas. Captain Smith, who is being assigned to the 7625th USAF Hospital at the U.S. Air Force Academy, Colorado, has completed nine weeks of specialized study in aerospace medicine.

Copley Hospital officials at Morrisville, Vt., announced the appointment of Lewis C. Blowers to the medical staff.

1958
Arthur Ginsburg has entered the private practice of Urology in association with Samuel Arnold in Morristown, N. J., at 11 Pine Street.

Michael G. Tazer has finished his residency in Urology at the Mayo Clinic and is now located in Norwalk, Conn. He is now associated with R. Glen Wiggans, Jr. at 85 East Avenue.

1959
A third daughter, Nicole, for John Stapleton. John successfully completed Part I, of the OB-GYN Exam. He has also had his article on "Asymptomatic Puerperal Bacteremid" accepted by the American Journal of OB-GYN; and has been appointed Chief of the Family Planning Clinic in Reno.

Lawrence Schiff has opened an office for the practice of General Psychiatry in Great Neck, N. Y. He is on the staff of Hillside Hospital (OPD-Child Therapy Unit) and of Long Island Jewish Hospital. Andrea, his daughter, was two years old in October and another baby is expected in December.

It has been announced by R. Douglas Collins that he will open an office at 229
Front Street, Berwick, Penna., for the practice of Internal Medicine and Neurology. The office shared by J. H. Mitrani, will serve as a temporary location until new office accommodations are completed near Berwick Hospital.

Richard P. Knapp has been appointed Chairman of the Section of Anesthesiology of the Guthrie Clinic, Robert Packer Hospital. He has also had a paper published on "Intravenous Regional Anesthesia of the Upper Extremity" in the May/June issue of Anesthesia and Analgesia.

Benjamin Sadock is out of the Air Force and on the Staff of Psychiatry at New York Medical College, and Metropolitan Hospital.

Recently released from the Army and having gone into private practice in Internal Medicine in San Rafael, Calif., is Laurence L. Friedman. Also married on January 31, 1965. Congratulations.

Richard L. Yadua has successfully completed the final oral examination in Seattle to qualify as a Diplomate of the American College of Surgeons. He is presently in St. Paul, Minnesota with his wife and three sons where he practices as a specialist in Thoracic Surgery.

1960

Floyd J. Donahue announces that he now is in private practice at 523 Jersey Avenue, Elizabeth, N. J. He also serves as Instructor in Surgery at New York University--Bellevue Medical Center.

A second child is expected by Heath Kasnetz. Herb is currently serving at the U.S. Army Hospital, Fort Polk, La.

After completing his Orthopedic Residency at Johns Hopkins, John Richard Toher is with the Southern California Permanent Medical Group, Sunset Hospital, Hollywood, Calif.

Congratulations to James M. Rubin on the birth of a daughter, Felicia Sue, born February 11. He is now engaged in the practice of Allergy at 12 East 86 Street, New York.

After completing a General Surgical Residency at Beth Israel Medical Center in New York City, William K. Ehrenfeld is taking a one-year fellowship in Vascular Surgery at the University of California Medical Center, San Francisco.

Sanford Stein has opened a new office for the General Practice of Psychiatry in Forest Hills, N. Y. (108-48 70 Rd.). A second daughter--Stephanie Lynn--was welcomed by the Steins on May 1. Ira Glazer announced that he has just opened an office in association with three surgeons, in Hollywood, Calif.

David G. Bryant has joined the orthopedic surgery department of the Jackson Clinic in Madison, Wisc.

1961

Ruben L. Shapiro writes: "just completed a wonderful year in San Francisco doing a Cardiology fellowship at the University of California Medical Center. Am now starting practice in Cardiology in Hartford, Connecticut and have also received a teaching fellowship in Medicine at the Hartford Hospital."

Harvey Reback is now engaged in the practice of Internal Medicine in Fall River, Mass. He lives in Somerset with his wife and two children, Andrea, age two and Charles, age four.

After completing two years of active duty in the Navy, Michael O'Connell is doing his Orthopedic Residency in Jacksonvile Hospital Educational Program, Jacksonville, Fla.

On May 29, Elizabeth Anne Muffett was married to Wales Graven. She has completed two years of pediatric residency at St. Christopher's Hospital in Philadelphia and a one-year fellowship in Pediatric Neurology. Her new husband is presently a second year Pediatric Resident at the Delaware Hospital in Wilmington, Del.

A 3-year Residency in Internal Medicine, including a year of Cardiology at the Bronx VA Hospital, has been completed by George W. Lutz. He is currently Section Chief in Charge of the Renal Section at the hospital.

Nicholas A. Conforti has completed a three year residency in OB-GYN at Fitkin Hospital, Neptune, N. J.

First year resident in medicine at New Britain, Conn., General Hospital is Stanley D. Ster.

Ruben L. Shapiro has opened an office for the practice of Internal Medicine and Cardiology at 85 Jefferson St., Hartford, Conn.

1962

"My wife and I just returned from California where I finished my service as Flight Surgeon in the Air Force," writes Howard Gruenther. He is now serving as a Radiology Resident at Mt. Sinai Hospital in New York City.

Congratulations to Jim Birch who is expecting his fifth child. Jim is serving his 3rd year in Surgery at St. Elizabeth's Hospital in Boston.

Bill Doyle, a career officer in the Air Force, is currently serving his Pathology Residency with the Armed Forces.

Out of the Air Force is Tom Connolly, who will be serving a Pediatric Residency at Boston Floating.

Mike Kinsella is now a Radiology Resident at Boston City Hospital. He has just been separated from the Air Force.

William F. Doyle sent us a brief note, "have completed two years as the Preventive Medicine Officer at Fort Dix, N. J., have taken the Career Officers Course at Fort Sam Houston, Texas. I am now taking a Pathology Residency at Walter Reed General at the Albany Medical Center, A.F.I.P. My wife, Doris, and I have three daughters and would like to hear from any classmates living in the D.C. area. Our address is 8504 Haskins Place, Tacoma Park, Md.

Robert S. Goldstein is now a first year resident in Surgery at Flower-Fifth and Metropolitan Hospitals.

The Bronx Veteran's Hospital has appointed David Jay Scott as its Chief Resident in the Cardiac Section.

1963

Lucy S. Goodenday is now occupied as a Research Fellow doing animal research in Atherosclerosis and studying clinical cardiology, at the University of California Medical Center in San Francisco. A residency in Ophthalmology is held by Lawrence Marwill at the University of California Medical Center. John J. Healy is holding a Pediatric Residency at the same hospital.

Richard L. Glatzer is serving as an Orthopedic Surgery resident at the Hospital for Joint Diseases in New York City.

1964

After completing his internship, Edward D. Miller is serving with the Air Force at Chanute AFB, Illinois.

Robert H. Waldie is taking a Basic Science Course in Ophthalmology at the Tulane University School of Medicine, Division of Postgraduate Medicine.

Charles Hartearir has finished his internship at Albany Medical Center. He is presently a staff physician at the USPHS Hospital at Lexington, Ky., assigned to the Receiving Service. Michael F. Weiss is currently in the Army, stationed at the U.S. Army Hospital, Red Stone Arsenal, Huntsville, Ala.

Harold Chadwick has been appointed to the staff of Memorial Hospital in Towanda, Pa.
ANNUAL ALUMNI BUSINESS MEETING

The Annual Business Meeting of the Alumni Association of New York Medical College, Flower and Fifth Avenue Hospitals, Incorporated, was called to order by Dr. Frank E. Fierro, President, on Tuesday afternoon, June 1, 1965, at 1:30 p.m. in Room 19A. Approximately 35 alumni and Board members were present.

Election Report
Dr. Walter L. Mersheimer

Officers:
President: ........................................... Bernard J. Wattiker, ’44
1st Vice President: ............................... Henry P. Leis, Jr., ’41
2nd Vice President: ............................. Martin L. Stone, ’44
Secretary: ............................................ Joseph M. Andronaco, ’42
Treasurer: ............................................. Cyrille R. Halkin, ’45
Archivist: ............................................... Herbert M. Eskwitt, ’47

Governors:
Jules Blankfein, ’28
Frank J. Borrelli, ’33
Joseph F. Dursi, ’59
Frank E. Fierro, ’33
J. Clifford Hayner, ’19*
Alfonso M. Lombardi, AM
James V. McNulty, ’43
Walter L. Mersheimer, ’37
Arthur A. Michele, ’35
George R. Nagamatsu, ’34
Leon Root, ’55
Saul A. Schwartz, ’30
Irving S. Shiner, ’37
Lawrence B. Slobody, ’36
Ralph E. Snyder, ’50
Charles H. Thom, ’41
Allan B. Weingold, ’55
Leonard P. Wershub, ’27*
Milton J. Wilson, ’18*
*ex-officio

Membership
Dr. Charles H. Thom

Senior ........................................... 1,611
Junior .............................................. 475
Associate .......................................... 226

Treasurer’s Report
Dr. Saul A. Schwartz, ’30

Income:
Savings Accounts .................................. $13,872.97
SBF ................................................. 26,514.42
May 6, 1964 - May 5, 1965

Disbursements:
Groundhog Day ..................................... $ 1,432.72
Annual Fund ....................................... 7,720.00
Salaries ............................................ 8,650.90
Office Services .................................... 804.76
Banquet (June, 1964) .............................. 3,269.44
Reunions (June, 1964) ............................ 1,360.83
Chironian .......................................... 2,856.74
Office Expenses .................................... 773.40
AMA Cocktail Party (San Francisco, ’64) .... 321.75
Medallions ........................................... 78.00
Membership, American Alumni Council ....... 100.00

$20,368.55

ANNUAL ALUMNI BUSINESS MEETING

Annual Fund:

Year | Gifts | Amount
--- | --- | ---
1964 | 984 | $68,921.15
1963 | 1,431 | 89,448.52
1962 | 1,372 | 83,702.51

$21,450.00 | $19,380.00

Budget Report:

Office Salaries .................................. $ 2,000.00 $ 2,000.00
Salaries ............................................ 9,250.00 9,000.00
Chironian .......................................... 8,500.00 7,400.00
Medallions ........................................... 100.00 100.00
Membership, American Alumni Council ....... 1,500.00 800.00

$23,550.00 | $19,380.00

Archivist’s Report
Dr. Alvin M. Donnenfeld, ’48

Deceased, May, 1964-From the Class of
May, 1965

Hairy R. Sackett ................................... 1893
Edgar Birdsell ..................................... 1899
William C. Durrin ................................ 1899
Lindsey F. Cocheu ................................ 1904
Louis R. Kaufman .................................. 1904
Clifford E. Terry ................................ 1913
Louis Gold .......................................... 1915
Harold Gross ...................................... 1915
Walther T. F. Heinicke ............................ 1917
Abraham D. Edwardson ......................... 1920
Nathan Urus ....................................... 1920
William A. Morris ............................... 1921
Leon Herbert ....................................... 1922
Robert E. Swartwout ............................. 1924
Irving Jacobs ..................................... 1926
Fannie I. Kapp ................................... 1927
Stephen W. Lesko ................................. 1928
Alexander A. Virona ............................. 1928
Martin J. Kronish ................................ 1932
Gerard J. Finelli .................................. 1933
John A. Swartwout ............................... 1936
Donald F. Harrington ......................... 1943
Robert E. Buckmaster ......................... 1944
Edna P. Bernabeu ............................... 1946
Frank E. Barnes, Jr. ............................. 1951
John F. Dietel ................................... 1955

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