Touro College and University System
Touro Scholar

Journals
NYMC Archives Publications

Spring 1967

The Chironian Vol. 28 No. 1

New York Medical College

Follow this and additional works at: https://touroscholar.touro.edu/nymc_arch_journals
Part of the Higher Education Commons, and the Medicine and Health Sciences Commons

Recommended Citation

This Book is brought to you for free and open access by the NYMC Archives Publications at Touro Scholar. It has been accepted for inclusion in Journals by an authorized administrator of Touro Scholar. For more information, please contact carrie.levinson2@touro.edu.
April, 1967

Dear Alumnus:

In accordance with the provisions of the constitution of the Alumni Association, following are the names of alumni who have been placed in nomination for a third one year term beginning on June 1, 1967, as officers of the association.

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

While we would sincerely prefer you to vote in person at the annual business meeting in the College on May 31, please signify your acceptance or rejection of the officers by a check mark in the following space: Yes______No______.

If you have any suggestions for alumni to be nominated as officers other than the foregoing, please use this space for a write-in ballot:

Thank you very much and we look forward to seeing you at the annual reception and banquet on May 31, 1967.

Sincerely,

Bernard J. Wattiker, M.D. ’44
President
Contents

4  Neurology: The Pattern is Growth

8  Students, Faculty, Alumni . . . They Serve from Africa to Afghanistan

10 In Short: The Quarter in Review

12 Groundhog Day '67

14 Research at New York Medical College

19 Annual Fund Donor Roll

26 Flower Profile: Ales Hrdlicka '98
   by Leonard Paul Wershub

30 In the College Library

31 In the College Museum

34 Class Notes
Over the past years, Neurology has grown more rapidly than all of the other medical sciences, as far as an increase in the number of residents in training nationally and the number of actively practicing Neurologists," said Dr. Robert J. Strobos, Chairman of the College's newly created Department of Neurology.

This national pattern of growth in the field of Neurology is reflected here at the College.

Up until 1960, Neurology was basically handled by the Department of Neurosurgery and its staff was limited to five part-time Attending Neurologists. In 1960, the College appointed Dr. Strobos Associate Professor and Director of Neurology, and it was at this time that the field began to expand within the institution.

"Support by the National Institute for Neurologic Diseases and Blindness in the form of a Neurology Training Grant was first awarded to our program on July 1, 1962," explains Dr. Strobos. "At that time our Neurology staff consisted of one full-time Neurologist and five part-time Neurologists. Naturally, the grant enabled us to obtain more full-time Neurologists and to eventually obtain approval for a full-fledged residency program.

"At present, we have six full-time Neurologists and five part-time Neurologists. In 1962, Neurology was organized as a section of the Department of Internal Medicine, but as of 1966, the Administration and Board of Trustees decided to elevate Neurology to the status of a separate Department because of its rapid growth within the College.

"Concomittant with this, all our fields of endeavor have expanded. Instead of a total of two residents in training, we have at present a resident-staff of ten. We have added two EEG machines, two echo-encephalographs, and a fully equipped EMG laboratory.

Brain scan facilities have been instituted in cooperation with the Departments of Endocrinology and Radiology. We have initiated a Pediatric Neurology program and we now have two full-time Pediatric Neurologists.

"In addition, the ancillary neuro-sciences, so necessary for proper training in Neurology, have grown tremendously at the College. I believe partially under the impetus of our rapid expansion and its consequent demands. We now have three full-time Neuro-pathologists, one full-time Neuro-anatomist, one half-time Neuro-radiologist. The new chairman of our Department of Neurosurgery, Dr. Alan Rothballer, is expanding his staff as well. There are two complete neurophysiological units in operation, one under Dr. Vernon Brooks, Chairman of the Department of Physiology, and one under Dr. E. Roy John in the Department of Psychiatry."
"This," Dr. Strobos adds, "of course, strengthens the possibility for our trainees to continue their training, after the regular three years, into a fourth and fifth year in specific fields of research, and appropriate arrangements to this effect have been made with the above mentioned Departments. We are also planning to add two more full-time Neurologists to our staff in July 1967."

Dr. Strobos' statement concerning the rapid growth of Neurology on the national scene is statistically borne out by a report made to the Delegates of the National Conference on Education in the Neurological Sciences, held this past October in West Virginia.

Written by Dr. Aura E. Severinghaus, Director of the Neurology and Neurological Sciences Research and Training Study undertaken by the National Institute of Neurological Diseases and Blindness, Columbia University, and the A.M.A., the report reveals that as of April 1966, primary Neurologists in the United States numbered 2188, a gain of 500 since 1963 when a similar study was made. Residents increased from 415 to 586, other full time hospital staff from 134 to 172, full-time medical school faculty from 247 to 319, and laboratory and research personnel from 55 to 112. Neurologists who registered a secondary interest in Neurology increased from 1084 to 1767, raising the total number of Neurologists from 2772 to 3955 in a little over two years.

The recent upsurge in the number of Neurologists in this country reflects a change inherent in the nature of the specialty itself. As Dr. Severinghaus points out in his report "During my visits to schools I have repeatedly heard from teachers, administrators and students that Neurology was unique in that a careful and accurate diagnosis of the Neurologic disorders could be made, only to inform the patient that there was little that could be done through therapy to cure or even to relieve his distressing symptoms. For this reason, medical students, most of whom are motivated by a desire to practice their specialty and enjoy the restoration to normal health in their patients, found the prospect of doing so in Neurology a somewhat dismal one. Diagnosis without subsequent treatment and cure of the patient did not appeal," he explains.

Today, however, the nature of clinical Neurology has changed. Dr. Strobos explains that "due to the great increase in research in the basic Neurological sciences, the rapid development of diagnostic tools such as electro-encephalography, radiography, and echo-encephalography, as well as the influence and stimulation of the National Institute of Neurological Diseases and Blindness through which more funds are made available in this field, the clinical field of Neurology has moved from a purely diagnostic concern to more aggressive treatment methods."

"In the first place," Dr. Strobos continued, "the whole treatment of convulsive disorders, one of the major areas with which Neurology is concerned, has changed. Originally no drugs were available except bromides and barbituates, but since the War many new and effective anti-convulsants have become avail-
of the physiological processes underlying neurological disorders has greatly expanded."

The College's Neurology department divides its staff and facilities between Metropolitan, Flower-Fifth Avenue and Bird S. Coler Hospitals. At Metropolitan, a total of 36 adult and four Pediatric Neurology beds are available, separate Neurology outpatient departments for adults and children, two EEG machines, one echo-encephalograph, one EMG laboratory and full neuro-radiologic equipment including all contrast studies and brain scans.

Facilities at Flower include a varying number of private Neurology beds, four ward beds, a convulsive disorder clinic, a mental retardation clinic, two EEG machines, one echo-encephalograph, and full neuro-radiologic equipment. At Bird S. Coler there are 44 chronic patient Neurology beds, one EEG machine, and full neuro-radiologic equipment.

All three hospitals have full neuro-pathologic coverage and complete laboratory facilities.

"Our laboratory space has at least tripled in the past four years," Dr. Strobos says, "but in addition considerably more space is allotted to us in the proposed new hospital and research building projects to be undertaken by the College. We hope to have a separate area to be purely devoted to Neurology and Neurosurgery with nurses specifically trained in the field.

"The College has one of the pioneer programs in nursing education of this type. During the past year, with the support of the N.I.N.D.B., Dean Reiter and Associate Professor Elizabeth Plummer of the Graduate School of Nursing here at the College have been working with the Department of Neurology on this program.

"We are also planning to have a more complete neuro-radiologic diagnostic unit under the aegis of the Department of Radiology, more actual research space, and to bring in more staff members who are engaged in active Neurologic clinical research."

"The instruction in Neurology to the medical students at the College," continues Dr. Strobos, "has been strengthened and expanded and presently consists of eight hours of clinical demonstrations during the first year in conjunction with the Anatomy and Physiology Departments. Two eight week summer fellowships are available to first and second year students and have proved very successful.

"In the second year we contribute six hours to the course in Physical Diagnosis; in the third year, fifteen lecture hours are assigned to Neurology, and in addition, each student has sixteen hours of clinical demonstrations and discussions in smaller groups, and the possibility for an elective eight weeks period in Neurology."

Dr. Strobos describes the College's three-year Neurology residency program as follows.

"During the first year the resident is assigned to the adult Neurology ward and is responsible for work-up and diagnosis under strict supervision of the attending staff. During this time he learns to perform various neuro-radiologic procedures including PEG, myelogram, carotid and retrograde brachial arterio-
versity of Amsterdam. While interning in Medicine at the University of Amsterdam Hospital, he also received training in Psychoanalysis. He served his residencies in Neurology at Montefiore Hospital in New York; the Institute of Neurology, Queens Square, London, England; was a Research Fellow at the Neurological Institute in New York; and a Clinical Fellow at Montefiore Hospital. Dr. Strobos also served a one-year residency in Psychiatry at the New York Hospital—Westchester Division in White Plains, N. Y.

His major research studies have been in the field of epilepsy and electroencephalography and he is presently engaged in a study of the changes in repeat electroencephalograms in an epileptic population.

Neurology staff members presently include:

Dr. Norman H. Cohen, Assistant Professor of Neurology, and Coordinator of the residency program at Metropolitan Hospital, who is engaged in research concerning epilepsy and electroencephalography. Dr. Cohen is currently studying the influence of sleep deprivation on activation of the EEG in epileptics.

Dr. Robert J. Blankfein, Coordinator of the residency program at Bird S. Coler Hospital and Instructor in Neurology at the College. In conjunction with Dr. Miles Galin, Chairman of the Department of Ophthalmology at the College, and Dr. Strobos, Dr. Blankfein is engaged in a study on tonometric determinations of ophthalmic artery pressures, as correlated with carotid artery disease in patients with cerebrovascular disease.

Dr. Dorothy Yang, Assistant Professor in Neurology and a specialist in Pediatric Neurology. Dr. Yang is presently conducting a study on the prognostic implications of early Neurologic signs in children.

Dr. Pablo L. Pimentel, Instructor in Neurology. Dr. Pimentel is engaged in Pediatric Neurology and the field of mental retardation. He is currently involved in a study of the degree of vagotonia in febrile convulsions in childhood with Dr. Strobos, and a controlled study on the influence of anti-convulsants or atropine-like drugs, as compared with no treatment in this group of children.

Dr. Jay A. Rosenblum, Instructor in Neurology. Dr. Rosenblum is doing research on the withdrawal effects of dilantin.

Dr. Edward Gendel, Associate Clinical Professor of Neurology. Dr. Gendel is engaged in research concerning chromosomal abnormalities in, and genetics of, congenital neurologic disorders.

Those in the Neurology Department who are primarily engaged in the teaching and practice of clinical Neurology include Dr. Joseph Wilder, Professor Emeritus; Dr. Joseph A. Winn, Associate Clinical Professor; Dr. Herbert Ribner, Assistant Clinical Professor; Dr. Charles Shornstein, Clinical Associate.
Students, Faculty, Alumni . . . They Serve from Africa to Afghanistan

One of the truly great University Presidents of the nineteenth century stated:-
"We believe that it is one of the noblest duties of a University to advance knowledge
and to diffuse it not merely among those who can attend the daily lecture, but far and
wide." (Daniel C. Gilman)

Report from Afghanistan by Robert E.
Madden, Dept.
of Surgery

This past summer, for the month of August, I had the privilege of a most interesting and valuable experience working as a surgeon in Kabul, Afghanistan. This came at the invitation of Care-Medico, the nonprofit voluntary organization known best from its distribution of Care packages during the past twenty years. The Medico affiliate operates hospital units in some nine underdeveloped nations the world over. I'm sure most will recall the names of its co-founders Drs. Tom Dooley and Peter Comanduras. The units are staffed by a small number of full time professionals, doctors, nurses and laboratory technicians, who rely heavily on volunteer visiting specialists. These doctors come at their own expense for periods of usually one month. During my tour at the Avicenna Hospital, Kabul, I was chief of surgery most of the period since the permanent man, Dr. John Hankin, had left on emergency leave.

Afghanistan is a central Asiatic nation of 16 million people with about the land area of Texas. The capital is Kabul. It is bordered on the north by Russia and Communist China, on the east and south by West Pakistan, and on the west by Persia. It is totally landlocked, without any railroads, and, by Western standards, primitive. Historically it is a crossroads and for many centuries the path of camel caravans between Europe, the Orient and India. Today it is a strategically located neutral nation receiving aid from both Communist and Western blocks. The Medico program can be considered a U.S. addition to our effort, though it is not government sponsored.

Kabul is a city of 300,000. It has four hospitals including the University Medical School Hospital, Aliabad. The Medico mission operates at Avicenna, a hospital of 110 beds. There are twelve surgical and about fifteen medical residents in training, all Afghans and for practical purposes all locally trained. Kabul is the only real medical center in the nation with the exception of a fledgling medical school in Jalalabad. In Kabul, it is fair to say that Avicenna is considered the best hospital, even over the University Hospital. This is undoubtedly because of the presence of the American doctors and nurses. The more important people of the nation gravitate here for medical care. During my month the Speaker of Parliament, the King's daughter-in-law, and one of the King's sons came for treatment, the last as one of my patients. Some patients even left the University Hospital to come to Avicenna.

The case load in surgery was evenly divided between general surgery, chest surgery, and urology. There were thirty surgical beds and in my month forty-seven major procedures were performed. An unusual number of bladder and kidney stones are seen; one of my predecessors removed a large stone from a three year old child. Daily rounds is a memorable experience. Relatives are present everywhere on the wards, for which we were actually thankful. They accompany the doctors from bed to bed and by the end of rounds a fairly large entourage has accumulated. English was our working language and, not understanding a word, they would smile, frown, or nod heads with the doctors. In spite of humorous aspects the relatives are indispensable in patient care. Nursing being far from ideal they would sit with their sick patients round the clock, help in obtaining and preparing special diets, keep track of medications and even help is in calculating the oral and intravenous (I.V.) fluid intake, and the urinary output.

The hospital pharmacy is practically non-existent and most medications are purchased by the patients' family in the bazaar, even including I.V. fluids. The prescription is given to a family member making
rounds with us who then goes into town and brings back the plastic bottles of I.V. fluids for that patient for the day. One morning a man scheduled for a hernia operation was missing on rounds. We discovered that being from the provinces he had no relatives present. He had gone to the bazaar himself to purchase I.V. fluids. In a short while he reappeared with his bottles and climbed onto the operating table for surgery. He did well.

There is no blood bank as such. Blood is typed, cross-matched and drawn by a local German laboratory. It is then brought back by relatives, from whom it was drawn, to the hospital for ice box storage. It is intended for use by that patient only and can not ordinarily be diverted to another patient. One evening a man who was stabbed in the abdomen twenty-four hours previously came in critical condition requiring urgent surgery. He was from a province high in the Hindu Kush and had no relatives but was in shock from blood loss. My request for two units of blood belonging to a man operated on the day before and not used was denied. It required considerable loud protestation and demanding but we finally got the blood and the man’s life was saved.

Other shortages constantly plagued our efforts. On another occasion we ran out of surgical sponges in the middle of surgery and had to continue using towels. But the greatest trauma came the day we were performing major lung surgery and encountering considerable bleeding. The power failed. Lights went out as well as suction to remove blood from the field of operation. This was apparently not new and the residents knew just what to do; out came two flashlights and we proceeded. The patient did well.

The status of women in Afghanistan is a fair gauge of the social development of the country. Although Purdah was abolished in 1958, women are rarely seen on the street, and almost all still wear the Chadre, or veil, from head to ground. This has only a virtually opaque window at the eyes. Often in the clinic, man and wife (who would be the sick one) will come in together. Man will describe wife’s illness, she remaining silent, refuse to allow her to be examined, but expect medication and cure.

The Mullah, or Moslem priest, still wields great power, especially in rural areas, and is an active practitioner of medicine. Some of his work is good, such as the administration of anti-tuberculous drugs. Most of it is bad, such as ritualistic incantation and the practice of burning. In the latter the skin over an area of pain is burned with hot metal. Th’s of course relieves the original pain as it replaces it with a much worse pain. It is not unusual to see patients with from two or three to up to forty small round scars.

Many other stories could be recounted but space does not allow. It was a great experience which left me with an affection for the Afghan people and a sympathy for the efforts of that very small but educated minority who are striving to make the hurdle from the 15th to the 20th century. I hope that I will have the opportunity to return one day.

**Report from Malawi by Vincent J. Speckhart ‘58**

![Dr. Spreckhart '58 examines a young patient in Malawi.](image)

I am a graduate of the Class of 1958 and I know that you are interested in what your students have been doing since they left medical school. After graduation I interned at Mountainside Hospital and after that spent a two-year tour as a flight surgeon in the Air Force in Japan. Upon returning home I finished my residency in Internal Medicine at Mountainside (continued on page 32)
Plans for this year’s Annual Alumni Banquet have been completed. The banquet will be held on Wednesday, May 31, in the Plaza Hotel, and will begin at 7 P.M. with the President’s Reception in the hotel’s Terrace Room. Dinner will be served at 8 P.M. in the Grand Ballroom. Reservation forms will be sent out shortly.

Also slated for May 31, is the Alumni luncheon at noon in the College Foyer.

* * *

The Annual Alumni luncheon, the President’s Reception, and the Banquet have always been among the most significant events on the College calendar, but this year they will take on an even greater importance since they will represent the first opportunity for Dr. David Denker, President-Elect of the College, to personally meet a large number of alumni from all parts of the country. Dr. Denker is most anxious to personally acquaint himself with the alumni and, in turn, to acquaint them with the present and future needs and goals of the College and hospital.

* * *

The class of 1942 will receive special recognition at this year’s banquet in honor of their 25th anniversary. Each member of the class will be individually presented with silver certificates in honor of the occasion.

The 50th anniversary class, the class of 1917, will be honored at this year’s Commencement exercises when they will receive specially engraved gold certificates from the College.

* * *

Commencement exercises for the Class of ’67 are scheduled for Thursday, June 1, at 3:30 P.M. in the Cathedral of St. John the Divine, Cathedral Heights, New York City.

* * *

Private reunions are being planned by alumni from the classes of ’32, ’37, ’42, ’47, ’52, and ’57.

The class of ’32 will be celebrating its 35th anniversary on Thursday, May 18, from 8 P.M. to midnight at Whyte’s Restaurant, 145 Fulton Street, New York City. The cost of the stag dinner will be $20 per person (this includes a private dining room and bartender, cocktails, and a roast beef dinner). Checks should be made payable to Leon Paris Reunion and mailed to Dr. Leon Paris, 2685 Creston Avenue, Bronx, N.Y. 10468.

Observing their 20th anniversary with a dinner-dance, the class of ’47 will hold its reunion in the Grand Ballroom of the Hotel Gotham on Saturday, June 3. The festivities will begin with cocktails at 7 P.M. and will continue with dining and dancing until the early hours. Dress is optional, the cost is $45 per couple, checks should be made payable to New York Medical College and mailed in care of the Alumni Office at the College. Hurry!

The classes of ’37, ’42, ’52, ’57, and ’62 are planning to mark their 30th, 25th, 15th, 10th, and 5th anniversaries respectively, with private parties in the Hotel Plaza following the Alumni Banquet. Each class will adjourn to private suites at the conclusion of the Banquet, and will enjoy cocktails, a midnight “snack” supper, and music for dancing. Wives are cordially invited, dress is optional, and the cost is $25 per couple. Alumni are urged to send in their reservations as soon as possible in order that arrangements for each class may be finalized with the Plaza. Checks should be made payable to New York Medical College (don’t forget that it’s tax deductible), and mailed to the Alumni Office.

* * *

As most of you know, this year’s AMA convention will be held the week of June 18 in Atlantic City, New Jersey. The traditional Alumni Cocktail Party sponsored for the College by Sidney A. Sass Associates (Alumni insurance people), during the convention, is scheduled to take place in the Coral Reef Room of the Shelburne Hotel, Tuesday, June 20, from 4:30 to 7:00 P.M. All alumni attending the AMA convention are invited to come and Dr. Irving S. Shiner ’37, Chairman of the event, will be there to welcome you.
along with Dr. Bernard Wattiker, President of the Association.

Incidentally, any alumni who wish to make advance hotel reservations in New York City, whether it is for purposes of attending the Alumni Banquet, a class reunion, or just a visit, may do so by contacting the Alumni office at the College.

* * *

In the College . . . Dr. Sanford Sail '59 has joined the full time OB-GYN staff, Dr. Sail interned at Mount Sinai Hospital and served his residency at Flower, spending his fourth year as a Fellow of the American Cancer Society. Upon completion of his residency, Dr. Sail spent two years in the Army where he was stationed at Fort Gordon, Georgia. He presently holds the title of Instructor of OB-GYN and is also an Advanced Clinical Fellow in Cancer Control of the United States Public Health Service.

Automation, Morality, and the Performing Arts were the topics discussed at the Department of Psychiatry's "Residents' Day" program held March 11 in the College Auditorium . . . Dr. Margaret J. Giannini, Professor of Pediatrics and Director of the College's Mental Retardation Clinic, has been appointed to the New York City Mayor's Committee on Retardation. The committee will review and assist in the coordination of existing resources for the retarded, and develop a complete range of essential programs throughout the city.

A five by twenty foot exhibit on "Arthrogryposis — Its Mechanism" received outstanding acclaim at a recent meeting of the American Academy of Orthopedic Surgeons, held in San Francisco, when it was presented by Dr. Arthur A. Michele '35, Chairman of the Department of Orthopedic Surgery at the College, and Dr. Joel H. Eisenberg, a resident in the Department. The exhibit was prepared with the cooperation of various departments in the hospital and was flown to California for presentation.

Dr. Milton Terris, Professor of Preventive Medicine at the College, is serving as President of the American Public Health Association during 1967. Dr. Terris, who has been at the College since 1964, was formerly head of the Chronic Disease Unit, Department of Epidemiology, Public Health Research Institute of the City of New York . . . Dr. Martin L. Stone '44, Chairman of OB-GYN at the College, is now Chairman of District II of the American College of Obstetricians and Gynecologists. Dr. Allan Weingold '55, Professor of OB-GYN, will serve as Program Chairman for District II's Annual Nurses Conference to be held next October in New York. Dr. Weingold is at present negotiating to have the 1968 Annual District Meeting of the OB-GYN group in San Juan, Puerto Rico. He is also Chairman of a new Program Committee for the Alumni Association.

* * *

"Feedback," a monthly newspaper of opinion and fact regarding events at the College, is now being published by members of the student body. Darryl Chagi, Larry Denmark, Robert Ferrell, Kenneth Miller, and Bryan Updegraff, all members of the class of 1970, initiated the publication which dated its first issue on April 1.

The purpose of the paper, as described in its inaugural editorial, is as follows: "We students of New York Medical College have long realized the need to establish meaningful communication among ourselves and with the various members of our medical community. Students, teachers, researchers, house staff, and nurses are all involved in a common endeavor of scholarship and service. Since each group's contributions are essential to the excellence of the college as a whole, we feel that both awareness and appreciation of each others' interests and problems is necessary and desirable. To these ends we have originated "Feedback," a student publication dedicated to the dynamic exchange of ideas within our particular medical community."

The first issue of the six page paper contained reports on the College's newly-formed Ad Hoc Committee on Student-Faculty Relations, the activities of the nationwide Student Health Organization, events in the College, and the report written by John Marr '67 relating his experiences in a Liberian hospital which is printed in this issue of the CHIRONIAN.

* * *

The editors of "Feedback" have announced that all interested alumni may receive free subscriptions to the newspaper by sending their requests to "Feedback," in care of the Alumni Office at the College.

The 1967 "Fleur-o-scope" will be published shortly. This year's editors feel that it is more than a yearbook of interest only to the current senior class, that "it is a log, recording the growth of the entire college complex from year to year. We have greatly expanded the book this year from the 136 pages of 1966 to 200 pages this year. Much of this is due to our endeavors to include all active teaching staff under their appropriate departments. We have expanded the class and organization sections, added the history of the institution and over 500 new photographs."
The Research Reports appearing in the two preceding issues of the CHIRONIAN were the first of what have now become regular quarterly reports submitted to Dr. Alvin F. Coburn, Assistant Dean, by various departments in the College. These reports are edited by Dr. Coburn and compiled in the interest of keeping all divisions of the College informed of current projects and activities. In order to keep Alumni throughout the country equally abreast of the latest developments in research at the College, the CHIRONIAN will continue to publish these reports in each successive issue.

DEPARTMENT OF PSYCHIATRY
Activities of the Brain Research Laboratories by Dr. E. Roy John

The Brain Research Laboratories are primarily concerned with understanding the mechanisms by which the brain processes, stores, and retrieves information. Most of our experiments are carried out on the cat. These animals are trained to perform various tasks when particular signals are presented to them. Fine wires have been implanted into many regions of the cat's brain, permitting study of the electrical waves which appear in these anatomical structures. Methods have been developed, largely based upon the use of computers, which allow us to detect the electrical responses of these various brain regions to the signals which are presented to the animal by the experimenter. Thus, it is possible to study changes in the response of the brain as learning takes place about the meaning of the signals.

Many changes can be seen in the response of the brain to a signal as the animal learns its meaning. These changes appear in many parts of the brain. Mathematical analysis of these changes shows that different brain regions develop a characteristic common response to a signal during learning. We have demonstrated that a portion of this common response is produced by the brain itself, apparently as a result of the release of stored information. The specific features of the released pattern of activity depend upon the nature of the information. When an animal generalizes, responding to a novel stimulus as though it were familiar, the brain activity reproduces the usual response to the familiar event. Similar observations have been made when animals make errors in discrimination problems.

We are now studying the brain regions where these released patterns appear in order to understand the sequence of appearance in different places. Microelectrode studies are in process to clarify the way in which the activity of single nerve cells in various brain regions produces the common released pattern. Drug studies evaluate the changes in brain reaction caused by administering the various drugs most commonly used in psychiatric practice. Finally, we have succeeded in developing techniques with which we have shown very similar phenomena in recordings made from human subjects. The human brain shows one electrical response when a man sees a large square and a different response when he sees a large circle. However, the electrical response to a large and small square are the same. We believe that this is a correlate of the acquired perceptual meaning of the stimuli: that is, they are both square. Thus, we can begin to describe how the brain responds to abstract properties of stimuli in addition to their physical energy. Such techniques may give objective and simple methods to observe features of brain activity related to thought and to understanding or cognition.

Hopefully, these methods will be useful in understanding brain malfunction in psychosis, drug addiction, and mental retardation.

DEPARTMENT OF PEDIATRICS
Research in Tissue Culture With Human Kidney Cells by Dr. Nesrin Bingol

In an attempt to elucidate the pathogenesis of chronic glomerulonephritis, immune properties of human glomerular kidney cells propagated in tissue culture have been under investigation in the genetics and renal laboratories. These cells are obtained by biopsy from patients with acute, subacute, chronic and familial glomerulonephritis and studied by means of immunohistology with fluorescent labels and electronmicroscopy. Chromosome constitution and enzymatic properties of these cells are also under investigation. An attempt is being made to identify
the acid mucopolysaccharide portion of the basement membrane of the human glomerulus and the cells producing it. Possible changes occurring in the composition of acid mucopolysaccharide in certain renal diseases will be compared to normal.

Hormones and anti-metabolites, drugs used chemically, are being administered in tissue culture to reverse the process which has been observed in the cells derived from subacute and chronic glomerulonephritic patients.

By means of growing cells of glomeruli in tissue culture, we are able to demonstrate that immune properties of these cells are transmitted from one generation to another in the absence of antigen in chronic, subacute and hereditary forms of glomerulonephritis.

This implies a change in genomic structure of these cells. We are able to show that these cells produce a substance which binds fluorescein labeled Anti-human 7S gammaglobulins, and this property is transmitted from cell to cell when they divide in tissue culture. By using different hormones and anti-metabolites, an attempt will be made to reverse the process of genomic alteration with an implication of treatment procedures in subacute and chronic nephritis.

Research work both in the laboratory and at the bedside in organ transplantation has been planned at New York Medical College and is now underway. Clinical work will consist of both kidney and liver transplants. The former have been carried out with a notable degree of success in many centers including the University of Saskatchewan where I spent the last two years. The present mortality following cadaveric kidney grafts is only about 10% higher than that which follows the use of live donors. I believe that the mortality following such transplants can be greatly lowered by proper selection of donor kidneys and by reducing the dose of immunosuppressive drugs. Such reduction would result in a higher incidence of kidney graft rejections but it is now established that second and third kidney grafts can be carried out and frequently function even better than first grafts. With these thoughts in mind, it is hoped that the renal transplant program at New York Medical College may produce gratifying results.

**Human Kidney Transplantation**

At the present time, a boy, aged 8 years, with terminal renal failure and life threatening high blood pressure has undergone surgery for removal of both kidneys in the hope of lowering his blood pressure. He was maintained on an artificial kidney (intermittent hemodialysis) which is hooked up to an arteriovenous shunt in his thigh (the smallest vessels which could be used in this boy). A gratifying drop in this boy's blood pressure accompanied by a marked clinical improvement followed his bilateral nephrectomy, and his life is no longer threatened by high blood pressure. His kidneys were, of course, non-functional and were thought to be releasing a substance (renin) which produces high blood pressure. A search for a donor cadaveric kidney was made in a number of New York hospitals in the vicinity of New York Medical College. This boy was operated on recently and so far with success.

**Human Liver Transplantation**

The results of human liver transplantation so far have indicated that further trials are worthwhile in properly selected patients even with presently available techniques, especially if a second liver is transplanted rather than carrying out a replacement of the patient's liver. Such treatment would be of great value in cases of failure of the bile ducts to develop within the liver (a lethal disease in babies). Also suitable for treatment would be cases of terminal liver failure in cirrhosis, cases of primary liver tumors and cases of liver coma which are not amenable to standard medical treatment. A liver transplant was carried out at the Metropolitan Hospital on October 28 for acute liver failure with coma for 48 hours which occurred following the development of serum hepatitis in a boy aged 17 years.

In view of the boy's age and the hopeless prognosis, it was decided to attempt a liver transplant. The latter might function as a permanent successful graft but even if it did not do so, it might tide the patient over until his own liver recovered. The treatment was discussed and his relatives agreed to the procedure and a search was made in Flower and Fifth Avenue Hospitals, Metropolitan Hospital and neighboring hospitals for a suitable donor cadaver liver. Ultimately, a suitable liver became available at Mt. Sinai Hospital and was perfused with ice cold Ringerlactate solution at the operating room at Mt. Sinai. The liver was removed (continued on next page)
and transmitted by ambulance to Metropolitan Hospital where it was placed in the abdomen of the patient. Following re-establishment of circulation, the donor liver became pink giving evidence of good circulation and secreted bile on the operating room table. He made a satisfactory initial recovery from surgery which went very smoothly and with remarkably little blood loss in spite of the tendency of patients having liver grafts to develop severe hemorrhage. For the initial nine hours after surgery his progress was satisfactory in so far as the liver gave evidence of excellent function reducing his blood ammonia level (one of the poisons probably responsible for the liver coma) and in removing bilirubin from his blood. There was also evidence of the production of an important clotting factor—prothrombin. Nine hours after surgery he developed evidence of air in the chest cavities of uncertain cause but probably associated with the use of a respirator. This resulted in shock and a deterioration in the function of the donor liver. The patient's condition then deteriorated and he died 46 hours after the completion of his operation. The autopsy revealed complete loss of active cells in the patient's own liver, rather good preservation of the architecture of the donor liver, satisfactory functioning of all the blood vessel and bile duct anastomoses, some evidence of terminal hemorrhage and some partial lung collapse.

**LONG TERM GAINS TO MAN'S KNOWLEDGE**

In retrospect it seemed likely that this patient had already suffered from irreversible brain damage before the transplant was carried out, probably as a result of his cardiac arrest and it seemed likely that the development of air in the chest cavities which collapsed his lungs probably dealt the finishing blow to the donor liver graft.

In spite of the unfortunate outcome of this patient, it was encouraging that the donor liver functioned remarkably well as regards its normal physiological and biochemical functions, and the experience gained by all members of the surgical, medical, nursing and administrative teams, all of whom cooperated in a magnificent way, will be of great value in future trials. Extensive studies of blood clotting and fibrinolytic factors were carried out on this patient by the Department of Hematology and will also be of great value in future liver transplants. More elaborate steps have now been taken for the organization of such a future trial at New York Medical College.

**DEPARTMENT OF PHARMACOLOGY**

**Studies on Experimental Myocardial Necrosis by Dr. David Lehr**

As part of a long-term project, Dr. David Lehr, Chairman, Department of Pharmacology, has been studying the pathogenesis of experimental myocardial necrosis. Attention was focused, in particular, upon correlation of shifts in the myocardial electrolyte content with morphological alterations observed under the light and electron microscopes. It was found that the early stages of necrosis induced by either alpha or beta adrenergic amines in excess or sodium-phosphate loading of parathyroidectomized rats, were consistently linked to magnesium and inorganic phosphate depletion and increase of the sodium content of the myocardium, and that both the morphological injury and the electrolyte alteration could be prevented by adrenergic blocking agents and by parathyroid hormone substitution, respectively.

In continuation of these studies, it is planned to carry out serial recordings of bio-electric phenomena occurring in the heart in toto and in single myocardial cells at preselected locations during various phases of evolution and repair of myocardial necrosis. Additional studies will be done with small clumps of myocardial cells under simulated experimental conditions in vitro. With the aid of this methodology, the beneficial and deleterious influences of various electrolytes, hormones and cardio-active drugs, upon the development and course of the experimental injury will be explored.

These studies on bioelectric phenomena will be done in collaboration with Dr. Yoshiaki Omura, a new member of the Department of Pharmacology, whose primary interest encompasses electrophysiological phenomena of the myocardium.

In 1964, Dr. Omura and his collaborators were able to make surface electrodes with almost linear frequency response by silver-silver-chloride electrodes characterized by excellent frequency response in the high frequency range, and a 3 M KCL Agar salt bridge that has excellent frequency response in the lower frequency range.

More recently, using a combination of soft glass capillary microelectrode and Teflon coated silver wire, Dr. Omura was able to measure the transmembrane action potential (T.A.P.) of a single cell in the intact rabbit heart for more than two hours with the same electrode.

Using these improved methods, it is planned to measure simultaneously the T.A.P. of single cardiac cells, and the corresponding surface electrograms from pre-selected areas of the intact, in situ, heart in open chest preparations under
various experimental conditions. This will include early and advanced stages of myocardial necrosis produced by the methods enumerated above. In such instances, measurements from apparently healthy areas will be compared with those from damaged cells and those situated in the vicinity of necrotic loci. Vital signs of the artificially ventilated animals will be recorded simultaneously by multichannel recorders. The great advantage of this approach lies in the possibility, with proper multichannel recording equipment, to record the T.A.P. and electrocardiogram under the influence of deleterious and therapeutic measures, continuously and simultaneously from several preselected areas of the heart, over considerable periods of time. Thus, should differential effects upon predilection sites occur, they are expected to be reflected in the bioelectric phenomena recorded from these regions. Moreover, the acute experiment can be terminated at any desired stage and the heart subjected to analysis of the electrolyte content and histological study, so that changes in bioelectric phenomena can be correlated with alterations of the electrolyte content and the cellular and ultramicroscopic morphology.

The direct, cellular effects of various drugs such as cardiac glycosides, acetylcholine, ATP, adrenaline, norepinephrine, atropine, serotonin, and bacterial toxins, as well as various ions, have been studied by Omura (1965) and Omura, et al., (1964), in minute, microscopic clumps of spontaneously beating tissue-cultured cardiac cells in vitro. Direct observation of mechanical contraction through an inverted microscopic field, and measurement of the transmembrane potential and surface electrogram, by means of improved surface electrodes with linear frequency response referred to earlier, were employed. By way of example, the direct effect of a non-toxic dose of digoxin appeared in less than 1 second with a decreased magnitude of overshoot and maximum resting potential of the T.A.P. and with increased contractile force, while digitoxin, which varies very little in molecular structure from digoxin did not show any noticeable effect in the initial few minutes. In addition, the initial rate of contraction always increased markedly. These results indicate that the therapeutic effect in the intact animal is due to a combination of indirect and direct effects, since the direct cellular effect of cardiac glycoside always appears as an increase in the rate of cell contraction which is not the case in the intact animal.

It is planned to utilize this in vitro method, in addition to our studies, in the whole animal because of the ease of standardization and of production of desired changes in the milieu exterior and the possibility of studying the effects of various electrolytes, hormones, and cardioactive drugs in an ideal simplified system which is devoid of the influence of complicated external neural and humoral factors. The findings in such experiments should be most helpful for the interpretation of data obtained from the heart in situ. It is expected that these studies, utilizing close correlation of pharmacological and electrophysiological and histological methods in the in situ heart and in vitro, spontaneously-beating cardiac cells under simulated physiological and abnormal conditions, will provide both the basic scientist and the clinician with important information on myocardial function and dysfunction that could not be obtained by methodology employed in the past. These studies should contribute, in particular, to an understanding of the genesis of the normal and abnormal electrocardiogram and may help to enhance our knowledge of direct and indirect effects of chemical agents upon the heart and other organs.

Our group in the Department of Physiology is primarily interested in the cardiovascular system, the many diseases of which account for more than half of all deaths in Western civilization in our time. For some time now we have focused our attention on the role which the kidney may play in the regulation of blood pressure, fluid volume and red blood cell production. We believe that a specialized group of cells — the so-called juxtaglomerular cells — within the kidney are concerned with the elaboration of at least two important hormonal compounds.

One of these is called “renin.” When it gets out into the general circulation it acts upon a component of blood plasma to affect the release of a substance called agniotensin. This is the most potent blood-pressure-elevating agent known to us and it undoubtedly participates not only in the normal control of blood pressure, but also in the appearance of conditions characterized by a permanent elevation of blood pressure, such as in the disease, hypertension. In addition, the amount of angiotensin present in blood determines the secretory rate of aldosterone (manufactured in the adrenal gland), a hormone which is essential for life by its effect on maintenance of fluid balance.

The second hormone found in juxtaglomerular cells of the kidney is called erythropoietin. Its primary function is to stimulate the bone marrow to produce erythrocytes.
more red blood cells should the need arise due to hemorrhage or anemias of diverse origin.

All of the far reaching effects of these two hormones, now under investigation, can not yet even be envisaged.

In our research we are endeavoring to assess the true physiologic function and regulation of the above-described endocrine systems. We measure the appearance and presence of renin and angiotensin or erythropoietin in diverse experimental situations in different species of animals and man. Theories had been advanced to the effect that a number of disease entities, e.g. congestive heart failure, hypertension, shock, and anemias, have their origins in the malfunction of one or both of these regulatory systems. It is hoped that knowledge gained in the research laboratory will permit us in due course to prevent and treat fatal diseases.

A continuing investigation into the recognition and measurement of the parameters of tumor host relationships has been in progress for 15 years. These studies have focused on structural and biochemical features of the primary tumor and the regional lymph nodes. The studies of microscopic variations have led to the recognition of the prognostic significance of the degree of differentiation of the nuclei of the cancer cells of the primary tumor. In addition, attention has been called to the reactive changes in the lymphoreticuloendothelial system in cancer. Such reactions are of importance to the general question of immunological approaches to the control of cancer. A particular lymph node pattern, sinus histiocytosis, has been recognized which has prognostic significance. Such responses of the regional lymph nodes, coupled in some cases with lymphoid infiltrations in the primary tumors suggest that in some instances at least immunological control of cancer is a theoretical possibility. On an empiric level, the ability to recognize the diverse factors which influence survival in cancer patients allows for a more realistic evaluation of various types of therapy.

On a biochemical level we are investigating the basic proteins of cell nuclei. These proteins which are termed histones are intimately associated with DNA in the chromosomes. While the chemical nature of the histones has been recognized for many years their biological function remains a matter of conjecture, It has been suggested that they function as gene modifiers and play a role in cellular differentiation and in controlling gene activity. Our laboratory has developed a new procedure for cytochemical measurements of the histones which provide insight into their dynamic alterations. We have demonstrated that histone changes occur in the early phase of response of lymphoid cells to antigens and that qualitative differences exist in the histone — DNA relationship in different cell types. Of particular interest is the observation that cancer cells tend to exhibit characteristic changes in their nuclear histones. Investigations are in progress to define with greater precision the nature and significance of variations of nuclear histones in control and cancer cells.

The organization of the Department of Anatomy is centered about ultrastructural research using the electron microscope as a tool. Biological mechanisms are explored by examining relationships of parts within cells, and relationships between cells. Where auxiliary methods supplement the ultrastructural approach, these are developed. For example, several members are regarded as being contributory because they have set up histochemical and autoradiographic units within the department. The advantage of investigating a number of problems by common methods is that a high degree of sophistication can be developed within the department in regard to interpretation. It should be pointed out that while the chief method of analysis of the various biological problems being investigated within the department is at the ultrastructural level, a general biological theme also permeates the department, and this is the developmental approach. For example, one of the ways to decipher how structural units are functionally interrelated is to study how they are put together. Therefore, most of the problems that are investigated within the department are oriented in this manner. One begins with the undifferentiated cells and then studies their development into functional units. The advantages of having a central biological theme in addition to common interests in methodology are self evident. The existence of a group of workers oriented in the same direction gives strength to the department. It becomes crucial, however, to have a specialist who is sophisticated in the area of the central theme; that is, someone who is a specialist in the undifferentiated dividing cell.

(continued on page 23)
Annual Fund Donor Roll

When the books were closed on the 1966 Annual Fund, 1,050 gifts had been received from Alumni making the total Alumni contribution $74,910.08. The class of 1938 ranked first among the fifty-nine classes participating in the fund with an overall contribution of $6,200. Following the class of 1938 in the “top ten” were the classes of 1933 ($4,265), 1943 ($4,125), 1937 ($4,050), 1941 ($3,506.20), 1934 ($3,375), 1935 ($3,075), 1945 ($2,820), 1956 ($2,775), and 1942 ($2,710). Listed below are the names of the individual contributors.

The importance of the Annual Fund cannot be minimized. It is the single source of unrestricted funds available to meet the present and future needs of the College. The College is indeed grateful to its Alumni, not only for their support, but for their confidence and loyalty as well.

(continued on next page)
The Department of Anatomy is fortunate in having Dr. Pentti T. Jokelainen from Helsinki, Finland, who shoulders his important and central position. He comes from an institution where notable contributions have been made in the area of embryologic research. Moreover, he brings with him unique mathematical and mechanical insights which are most exciting when they are applied to the analysis of structural data. It should be pointed out therefore that even in projects with which Dr. Jokelainen has no direct part, those investigations which only touch on the undifferentiated cell are strengthened by his analysis and recommendations. Specifically, Dr. Jokelainen studies normal cell division and its mechanism. Particular attention is paid to the mitotic apparatus and its development in the dividing cell. This intricate cellular structure is primarily engaged in the transportation of chromosomes (carriers of genetic information) from the parent cell to the daughter cells. Furthermore, the mitotic apparatus regulates distribution of the parental cytoplasm to the daughter cells. Errors in the development of the mitotic apparatus may lead to abnormal cell division.

The presence of qualitatively and quantitatively abnormal cell divisions is characteristic for malignant tumors. It is clear that a basis for understanding tumor formation and subsequent curative efforts must be based on thorough knowledge of the normal mechanism of the cell division.

It is evident, therefore, that: (a) one of the key personnel in this department must be someone who is a specialist in the biology of undifferentiated cells; (b) his approach should be ultrastructural; (c) he should have the personal qualities which make it easy for him to transmit this knowledge to other departmental members; (d) he should be willing to teach. Dr. Jokelainen gives the entire course (12) lectures in basic medical genetics to the first year medical students. Not only did he design the entire course himself, but also he based it upon the most modern approach in the field of genetics, some of which is derived from his own field of research on cell division and chromosomes.

To study the absorption of Vitamin B₁₂ in the human intestine, I choose to determine the cellular pathway through which Vitamin B₁₂ is absorbed from the intestine. During the past six months I first devoted my time to acquiring the basic techniques of tissue preparation, and tissue examination. After this preliminary period I performed initial experiments in the dog, perfecting a method that would enable me to follow step by step the stages through which the Vitamin B₁₂ is first taken up by the intestine and then transported through the intestinal absorbing cells into the blood stream. The technique used here is one in which a radioactive (labelled) form of the vitamin is instilled into a loop of the intestine and at several time intervals following its instillation samples of tissue from the intestinal loop are removed for examination with the electron microscope. Because of the radioactivity which this form of the vitamin emits, it may be detected in the tissues under the electron microscope using a special technique called radioautography.

When preliminary experiments in the dog proved successful, a similar study was then performed on normal human volunteers in the Department of Medicine at Metropolitan Hospital. These studies are currently in progress.

The importance of this work resides in the ability of the electron microscope to reveal certain vital processes at the cellular and intra- or subcellular level. Thus we are able to examine directly those activities which the body uses in order to maintain growth and repair and where the intestine is concerned this is primarily in the absorption of food and other nutrients. When we are able to understand fully, at the cellular level the pathway by which Vitamin B₁₂ as absorbed into the body from the intestine, this study will then be extended into the conditions of certain disease states, such as pernicious anemia and intestinal malabsorption where Vitamin B₁₂ is not normally absorbed. We shall then be able better to understand what are the defects in these conditions and how best to overcome them.
In atherosclerosis and coronary thrombosis there appears to be defects in both lipid metabolism and blood coagulation, and heparin is therefore employed clinically to treat this tissue. Elucidation of the structure and metabolism of heparin should aid in understanding mechanism of its biological activity and possibly in clarifying the nature of the abnormality in the diseased state.

Heparin is classified chemically as a mucopolysaccharide. It has an extremely complicated structure with a molecular weight of about 20,000. Certain information concerning the chemistry of heparin has been elucidated in this laboratory. For example, it has been shown that it contains specific units called glucuronic acid and others called glucosamine. We have also shown how these are linked to each other and to sulfate groups. This indicates that these groups are among the factors required for anticoagulant activity.

Heparin within the tissues was shown to be attached to protein; present work is concerned with discerning how this attachment occurs. Within the tissues, heparin is found within certain types of cells called mast cells. These occur in connective tissue and to a large extent around blood vessels. Other studies in this program involve the question as to how heparin is synthesized within the mast cells.

Studies are also being carried out on other mucopolysaccharides. These include connective tissue materials called chondroitin sulfates and hyaluronic acid. Substances in this category are involved in maintaining the integrity of connective tissue. It is known that the characteristics of these substances change within connective tissue during aging (time spent on earth) and in various diseased states. Information with regard to the chemistry and metabolism of the mucopolysaccharides is therefore considered of great importance.

Studies in Immunology:
A number of different research projects are under way in Immunology. The following is a brief description of some of the work in progress.

I. Inactivation of MS2 bacteriophage with rabbit antibody.

As long as the nucleic acid of a virus is associated with its protein coat, infectivity can be neutralized by specific antibody. Although antibody molecules attach to many surface antigenic sites, not all such associations lead to a loss of infectivity. Certain ones do, however. From the studies that we are engaged in with MS2 virus, we have ascertained that a single antibody molecule is sufficient to inactivate this virus, thus preventing it from initiating the infection it normally would produce. On the average, about four molecules of 7S rabbit antibody are required to effect a single filling dose. This suggests that one quarter of the antigenic sites on the virus particle are critical for the proper functioning of the virus. If any one of these critical sites is interfered with by an antibody molecule, the infectivity of the virus will be neutralized. The nature of the association of the inactivating antibody molecule with its complementary site on the virus particle is being investigated by both immunochemical means and electron microscopy.

II. Antibody synthesis by single cells.

Antibody is synthesized by cells of the reticuloendothelial system, particularly small lymphocytes and those of the plasma cell series. A question of fundamental theoretical importance with respect to antibody synthesis and our notions of immunity in general, is to potential of any one individual cell. Can a single immunocompetent cell respond to a variety of antigens by making antibody to each, or is the cell restricted in its capacity to synthesize perhaps no more than two kinds of specific antibody molecules? Research is in progress with individual spleen cells which have been removed from mice that were previously immunized with three serologically unrelated antigens to determine whether in fact any restriction on the synthetic apparatus exists. The technique involves suspending the individual cells in a nutrient agar and examining the micro amounts of antibody released from these cells.

III. The effect of streptomycin on antibody synthesis.

It is known that streptomycin interferes with protein synthesis in bacteria. The antibiotic does this by causing the wrong amino acids to be incorporated into new protein being synthesized. This has been described as a misreading of the genetic code. As a result, these proteins are non-functional resulting in death of the bacterium. We have also demonstrated that streptomycin affects the production of antibody by cells in vitro. Antibody that is synthesized in the presence of streptomycin has altered specificity! These altered antibodies no longer bind to the homologous antigen with the same specificity as do the untreated or control antibody molecules. In certain cases the streptomycin influenced antibodies fail to inactivate the viruses used to stimulate their production. Studies are in progress to uncover the amino acid changes in the antibody molecules that are responsible for the changes in antibody specificity.
Research in Parasitology:
From surveys, it is estimated that over 350 million people in the world are infected with *Trichuris trichiura*, a parasitic worm which lives in the intestine of man. Populations, particularly children, infected with this worm develop hemorrhagic diarrhea, anemia and weight loss.

In order to combat the problems presently attributed to these worms it is necessary that knowledge be obtained of the worm's own metabolism and of its demands and effects upon the host. For this project, mice are being used as laboratory hosts and the rodent species *T. muris* as the infecting worm. This host and worm species are being used because experimental infections produce clinical findings similar to those observed in man infected with these worms.

In the present studies, four avenues of approach are being explored:
(a) characterization of the pigment and chemical make-up of the body fluid of the worms;
(b) the effects of worm extracts upon the host's bacterial flora;
(c) the effect of the worm upon the body weight and protein balance of infected hosts;
(d) hematological studies of the infected host.

Research in Electron Microscopy:
Efforts are being made to develop an electron microscope which will operate with a vacuum 10,000 to 100,000 times better than that obtained with the best commercially available instruments.

The first step in this program is a pilot study in which a JEM 6-C electron microscope is modified to operate at the desired vacuum in order to obtain the design information necessary for specification of an improved instrument which will then be constructed by a suitable manufacturer of electron microscopes. This pilot study is virtually completed. The advantages of such an instrument are many, but probably the most important are:

(1) The reduction to nearly zero of the contaminating layer of polymerized hydrocarbon which builds up on the specimen in all commercial electron microscopes at a rate of several hundred angstroms per minute; thus limiting the useful resolution with most biological materials to only 1/10 to 1/20 of the full resolution of which the electron lenses are capable. This has been achieved in the pilot study. (2) The opportunity of using a type of electron illuminator which has 100 times the intensity of the conventional electron “gun” but which requires an excellence of vacuum which precludes their use in conventional electron microscopes. Such an increase in intensity would allow visual focusing at the ultimate resolution of the instrument.

It is expected that these two advances in performance will make practical the study of a whole new region of biological structure, namely, the region of structure consisting of only a few atoms to structures the size of small protein molecules.

The Department of Rehabilitation Medicine currently has three research projects underway. The fields of research include “Therapeutic Application of Ultrasound in Spasticity”, “Attention and Drug Effects in Pain Tolerance”, and “Sensory and Sensorimotor Processes in Disability”.

Dr. Osvaldo E. Miglietta is the principal Investigator of “Therapeutic Application of Ultrasound in Spasticity”, which is being sponsored by a Public Health Service grant. The purpose of the investigation is the evaluation of ultrasonic energy as a therapeutic tool in the control of spasticity. The project aims to explore effects of ultrasound energy on biological tissues and to improve dosimetric methods of ultrasonic application which would provide indication of the intensity of focused ultrasonic beams onto nerves.

“Attention and Drug Effects in Pain Tolerance” is being sponsored by the National Institute of Health with Dr. Bernard Blitz as principal Investigator. The project is concerned with the role of attentional processes in pain tolerance. A theoretical model is proposed which attempts to synthesize a number of different findings related to pain tolerance. In outline, this formulation states that pain tolerance is determined by variables which regulate the perceptual salience of noxious stimulation. Certain variables are being studied and several hypotheses tested.

“Sensory and Sensorimotor Processes in Disability”, sponsored by the Vocational Rehabilitation Administration, is under the direction of Dr. Milton Lowenthal. The program has four general aims: 1) to develop measures of perceptual and sensory motor functioning which will contribute to an understanding of the problems faced by rehabilitation patients; 2) to apply a battery of such tests on patients with Parkinson's disease and with other neurological disorders so as to determine the adequacy of a theory that the motor symptoms of Parkinsonism reflect an underlying sensory malfunction—an excessive latency in the proprioceptive system, and to investigate aspects of the phenomena of pain.
The following notice appeared in Volume 4 of the January, 1943 issue of the Chironian:

Ales Hrdlicka, M.D., Ss.D., Class of 1894.

Dr. Ales Hrdlicka retired on March 31, 1942, as Curator of the Division of Physical Anthropology in the U.S. National Museum, when he completed thirty-eight years and eleven months of active service with the Smithsonian Institution. As a token of the esteem of the institution he has been appointed an associate in anthropology and will continue his scientific research and serve as the outstanding physical anthropologist of this country and one of the foremost scientist's of our graduates. He was born in the city of Humpolec, Bohemia on March 29, 1869 and came to this country in 1882.

In the October Issue of the Chironian Vol. 5, #3, 1943, appeared the memorial notice of Hrdlicka who died of a heart attack on September 5, 1943, at the age of seventy-four.

Dr. J. H. Angel, Curator-in-Charge, Division of Physical Anthropology, Smithsonian Institution, has generously supplied me with a biographical study of Dr. Ales Hrdlicka, by Dr. Adolph H. Schultz. This has been an excellent source of material, and in addition to an intimate article on “Ales Hrdlicka” by T. D. Stewart, the following reading material about one of our graduates is herewith presented. Dr. T. D. Stewart was Dr. Hrdlicka’s successor and Dr. Angel’s predecessor. Dr. Stewart is now Senior Physical Anthropologist in the Office of Anthropology of the United States National Museum.

In 1882, Ales Hrdlicka emigrated with his father to America to found a new home in New York to which other members of the family followed later. For the next six years Ales attended night school. During the day he worked in a cigar factory. At about nineteen years of age he contracted typhoid fever and was attended during his long illness by Dr. M. Rosenbleuth, a former rabbi who took great interest in the patient’s future and urged him to study medicine. Thus, as a trustee of the Eclectic Medical College of the City of New York, Dr. Rosenbleuth gained Ales admission to this institution and also acted as his preceptor. Ales Hrdlicka graduated from this school in 1892 with the highest grades in his class. He immediately began to practice and soon became physician to several organizations on the East Side. It was a common method of earning a livelihood and young physicians aimed to become the doctor for a “Lodge” or other society usually composed of recent immigrants.
Singularly, Hrdlicka, now enrolled as a student in the New York Medical College (then called the New York Homeopathic Medical College). He attended classes and clinics in the daytime and practiced at night. He graduated in 1894, again leading his class. He subsequently passed a Maryland State Board examination, as he planned to apply for a position in the Johns Hopkin's Hospital, at which institution Ira Remsen, a graduate of our college, was then Professor of Chemistry, and later President of Johns Hopkin's University.

Instead Hrdlicka now entered, as an interne, the new State Homeopathic Hospital for the Insane, at Middletown, New York. This hospital was largely under the control of “Flower” faculty and graduates. Hrdlicka’s anthropometric interests can be traced to this phase of his life, for as early as 1895, he had already introduced bodily measurements on one thousand individuals, grouped according to sex and form of insanity.

In 1895, Hrdlicka became Associate in Anthropology of the newly organized Pathological Institute of the New York State Hospitals. He accepted this appointment with the provision that he be permitted first to visit European laboratories and thus became better acquainted with certain fields of science. Schultz says, “At his own expense he went to Paris early in 1896 and for four months he studied anthropology under Manouvrier, physiology under Bouchard, and medico legal subjects under Bronardel, besides attending clinics at various hospitals. He also travelled to Germany, Switzerland, Austria, Belgium and England to inspect medical and anthropological institutions. In September of 1896 he returned to New York to begin his work at the Pathological Institute. This was also the date of his marriage to Marie Strickler Dieudonne, a young French woman who had earlier attended some of his lectures. With her he had a happy and devoted, though childless, married life, until her death in 1918. In 1920, he married Mina Mansfield.”

As early as 1897, Hrdlicka began to realize many shortcomings in physical anthropology, most outstanding being the lack of adequate comparable data on the body build of normal persons. The subsequent search for opportunities to collect accurate records on the proportions of the outer body and the skeleton of normal man, greatly influenced him in his work. Professor G. S. Huntington, had started a collection of human skeletons at the anatomy department of the College of Physicians and Surgeons, Columbia University. Hrdlicka not only studied these specimens in detail, but assisted in augmenting it. In 1898, he began to use it as a standard for his later comparisons with skeletons of other races. He was invited to accompany Carl Lumholtz to Mexico to be in charge of medical

(continued on next page)
and anthropometric work among the Indians. Upon his return from Mexico, he presented his findings at several scientific meetings, and in 1905, was invited to come to Washington as the first Curator of Physical Anthropology in the United States National Museum—"The history," writes Schultz, "of the first forty years of this division, which today is one of the world's few great collections and laboratories of physical anthropology, represents the life work of Ales Hrdlicka."

In 1909, Hrdlicka was called to Egypt to investigate and collect the numerous skeletons in an early Egyptian cemetery. He used this opportunity for measuring the predynastic remains, stored in Cairo, and a series of living natives at the Kharga Oasis.

In 1910, Hrdlicka went to South America, attended the International Congress of Americanists in Buenos Aires and Mexico City. He also examined the remains of an alleged ancient man in Argentina. He collected over 3000 skulls of Indians in Peru.

Hrdlicka was asked to prepare an exhibit in physical anthropology for the Panama-California Exposition, to be held in San Diego in 1915. This meant a substantial grant of money which enabled Hrdlicka to organize a series of expeditions for the collection of new material and data.

In 1920, the Rockefeller Foundation invited Hrdlicka to give a series of lectures at the Peking Union Medical College. This gave him the opportunity to visit Hawaii, Japan, Korea, Manchuria, and Northern China, geographical sections loaded with anthropological data. During the greater part of 1925, he visited India, Ceylon, Java, Australia, South Africa, and Europe, collecting data on the skulls of Negroes, Australian aboriginees and the extinct Tasmanians. He also investigated the site of the find of Rhodesian man.

According to Schultz, Hrdlicka began, in 1926, his anthropological surveys in Alaska. This became his foremost interest for the remainder of his life. His trips to the far North were interrupted in 1927, by an invitation to deliver the Huxley Memorial Lecture before the Royal Anthropological Society of Great Britain. With this opportunity he again visited many countries on the European continent to complete preparations for his extraordinary and comprehensive work on the Skeletal Remains of Early Man. Between 1929 and 1938, Hrdlicka travelled nine times to Alaskan rivers, the Aleutian Islands, and Kodiak and Commander Islands. He measured the living Aleutians, Indians and Eskimos, encountered and excavated and collected enormous skeletal series of these races. He thus developed his broad thesis of the Asiatic origin of the American aborigines. In an effort to close

the chapter on this work, in 1939, at the age of seventy years, he left for Siberia. Upon reaching London in April, he suffered an attack of coronary thrombosis, from which he made such a remarkable recovery that he delivered two lectures and examined the ancient human remains from Palestine at the Royal College of Surgeons. He later courageously continued his trip to Russia and then to Siberia.

Schultz writes, "The growth of physical anthropology during the past half century and, particularly, its rise in the United States was greatly benefitted by the labors of Ales Hrdlicka. He has published a larger number of contributions to this science than has anyone else. He lived for his chosen field to which he gave all of his time and exceptional energy. His work was his hobby and his only and absorbing ambition was to advance the younger science of physical anthropology. This he did accomplish admirably and in many ways. He not only added constantly to the stock of our knowledge with the great mass of his publications, but created one of the world's largest collections of research material for physical anthropology, containing at his death well over 15,000 human skulls or skeletons besides large series of other specimens. He improved and helped to unify the methods of investigation and promoted directly and indirectly the needed clarification of the aims and scope of physical anthropology. Last, but not least, he founded and managed a special journal and organized, and for some years presided over, a Society of Physical Anthropologists, thus vitally helping and stimulating his fellow scientists in this country.

"Hrdlicka was largely a self-taught anthropologist and it is remarkable that he succeeded in learning so much of ethnology, archaeology, geology, etc. while busily engaged in developing his comprehensive research program in physical anthropology. He had a medical education (italics mine) which gave him much, yet lacked much else that would have formed an ideal preparation for his future work in a philosophical science. He had no special training in biology and his schooling in mathematics had not gone beyond elementary instruction. It is probable for these reasons that he paid almost no attention to genetics or to these other old and new branches of biology and comparative anatomy, which have acquired great significance for physical anthropology of to-day, and that he would never admit that modern statistical methods have vastly increased our powers for discovering and analyzing the laws of human nature . . . It was only by his persistent intolerance of certain innovations and advances that Hrdlicka may have retarded to a slight extent the more recent develop-
ment of American physical anthropology which he had always guided with genuine devotion and much effect.

"Hrdlicka was a tireless worker all his life; he was never really hurried, yet never idle. To him the world contained so much that should be observed and recorded, that he could feel no temptation to relax. The six weeks in a hospital, following his heart attack in 1939, he called "the first vacation of my life." (An Anthropologist in Modern Russia, 1942). He was endowed with great bodily strength and exceptional physical endurance. Even in his advanced years he could still use a shovel most effectively for his Alaskan excavations. He walked a great deal and could easily overtake many a younger man. He scorned overcoats. He once told the writer (Schultz) that at home he kept a board under his bed-slijeet, so that he could readily sleep on the ground while on expeditions. He never used tobacco or alcohol and led a rather frugal existence, granting himself no luxuries, yet few men enjoyed life more intensely than he did. Everywhere and at all times, he indulged in his absorbing passion for collecting knowledge and potential new data in form of specimens."

Stewart (who succeeded Hrdlicka as Director of Physical Anthropology in the National Museum in Washington) writes, "I think of Hrdlicka mostly as I saw him in his office and in the Divisional laboratory. Usually he was in his shirt sleeves, or if expecting a visitor, wearing a light-weight and light-colored jacket. His collar was always of the stiff, winged type. In the course of time the laundering of these collars became quite a problem and one of the museum's employees was called upon regularly to take them to a Chinese laundryman across town, the only one who seemed able to do them to the Doctor's satisfaction. A preformed necktie, fastened by a hook to an elastic band around the neck, was worn with the collar. Both adorned a shirt, the front of which often was made of a contrasting material, like a sewed on dickey. Hrdlicka never seemed the least concerned about the unfashionableness of this attire."

Stewart continues, "It was not the attire, of course that you saw when you met him for the first time. Then your attention was held by his personality; by that combination of facial appearances, gestures, way of speaking etc., which are difficult to sort out afterwards. This combination, everyone seems to agree, was impressive, revealed his foreign ancestry. This was emphasized by the bit of Mongoloid in his appearance; broad face, swarthly complexion, rather thin mustache, piercing dark eyes, and heavy mane of hair combed straight back."

"He would resent," writes Stewart, "my mentioning the Mongolid element, although others saw it too; he always insisted that the Hungarians had the Mongoloid strain, not the Czechs. He would explode when anyone asked, however innocently, whether he was Hungarian."

Stewart who had spent an apprenticeship of almost twenty years with Hrdlicka, is probably the best authority on the mannerism and opinions held by this unusual man, who graduated from our College, without any early thoughts of anthropology. Stewart tells of Hrdlicka's attitude towards visitors and how he could turn on an act of charm or, contrary minded, give visitors the cold stare. "I recall," writes Stewart, "being in his office when two girls from a local college came in to get information for a term paper. One girl, very ill at ease, began asking a question and was promptly interrupted by Hrdlicka saying, "Why do you put that stuff on your lips?" I felt so sorry for the girl that I departed hastily and am not sure how the interview progressed."

Obviously, Hrdlicka disapproved of the modern fashions for women. Indeed he was of the opinion that women were only fitted for housework and raising families. Whenever he visited anthropological departments in universities he always seemed to take issue with girl students on the subject of smoking or because they desired to enter anthropology, a field which he considered fit only for men.

Stewart tells of another interesting incident which sheds some light on Ales Hrdlicka, Pioneer Physical Anthropologist: "One morning I arrived in my office, having just become a father. Hrdlicka had not been told of the impending event largely because he did not invite confidences or 'small talk' of any kind. Of course other staff members knew, and so it happened that I was in my office receiving the congratulations of a colleague from across the hall when Hrdlicka passed through on one of his regular inspection tours. Visiting among lowly staff members this early in the morning was so irregular by his standards that he exclaimed 'What is this?' When told that my wife had just given birth to a daughter, he said, 'That is good.' Then on second thought he asked, 'What did you say the sex is?' When told again that the baby was a girl, he said rather sadly, 'Well the first one is usually a weakling.' It must be added, however, that later when my daughter was old enough to be brought to the museum, Hrdlicka delighted in picking her up and seemed pleased to say 'But she is strong!' "

Despite his actual lack of medical practice, Hrdlicka always had an ear for anyone who went to him with (continued on next page)
a health problem. He would inevitably give a medical lecture to the incumbent, and in addition would dispense a little round box of citrine ointment. He dispensed this at the museum free of charge to victims of anything from sore muscles to pyorrhea. Strange as it may seem the effectiveness of the remedy was well received and was very much in demand.

In 1918, Hrdlicka founded the American Journal of Physical Anthropology. He remained as its editor until 1942, and whenever the Journal could not go to press because of lack of material, he was always able to contribute sufficient accumulated data, to fill the pages of the Journal. This gave rise to criticism of some who complained that the Journal was Hrdlicka's private publishing medium. But they overlooked the most important factor, that the critics were not submitting papers for publication.

Despite resentment against Hrdlicka by those who accused him of domination, he founded the American Association of Physical Anthropologists (1929). By creating the Journal as the official organ of this society, success of both was inevitable. Because of his extraordinary knowledge and clear thinking, it is not surprising Hrdlicka had many enemies. All however will agree that Hrdlicka as a Pioneer Physical Anthropologist set high standards, devoted much time and contributed many basic tenents for the success of this new division of science. Ales Hrdlicka, has a permanent and honored place in the history of physical anthropology, a science to which he devoted his life with neverfailing enthusiasm and energy, and unquestionably has a permanent and honored place in the archives of our College.

**In the College Library . . .**

New study carrels have recently been installed in the Lillian Morgan Hetrick Library. This is a recent innovation in college and university library furniture which makes possible a more concentrated individual study area. The atmosphere of the main reading room is now as it should be: more scholarly than social.

Library circulation continues to grow and to meet this demand, changes have been made in circulation technique. Our library users, staff and student alike, have an equal opportunity to use all materials under the most favorable circumstances.

Photo-duplication service is available at ten cents a page. To cite but another aid to study, the Library has recently received two microfilm readers. Much information, such as out-of-print books, old editions of periodicals and doctoral dissertations, formerly unavailable, can now be purchased or borrowed on microfilm. In addition, Mrs. Dover, the librarian, plans to acquire second copies of our most frequently used journals in this form.

In 1963, the Library became one of the nine original contributing members of the Medical Library Center, through which it has access to all material of member institutions, by interlibrary loan with messenger service.

The Library now subscribes to approximately eight hundred journals and serials which include not only all well-known and basic medical titles but also many of more specialized subjects, both foreign and domestic.

With the increased use of the Library, the hours of service have also increased. The Library is now open eighty-two hours a week, from 8:30 A.M. to 11:00 P.M., Monday through Friday, on Saturday, 9:00 A.M. to 5:00 P.M. and Sunday from 1:00 to 9:00 P.M.

To complete the picture of advancement and growth of the Library, it should be noted that in this year, the Library will be air-conditioned for the year-round comfort of all those using it.

Under the chairmanship of Dr. David Lehr, the counsel and support of the Library Committee have been a vital force in the realization of these changes which have been made in adapting the Library to the growing needs of the college.
In the College Museum...

(At Right), “Pretty Lady,” from the Colima-Jalisco-Nayarit area of Western Mexico, donated by Dr. Abner I. Weisman '32 from his collection of Pre-Columbian Medical Sculpture. Pieces from Dr. Weisman’s collection were on exhibit in the College Foyer during the month of February and it was at this time that he donated the figurine for permanent display.

In presenting the gift, Dr. Weisman wrote “This tiny figurine was excavated from a grave in western Mexico after being interred with its owner for 1500 years. This type of female figure, fashioned by the artisans of old, in ordinary terra cotta, represents symbolically the continuation of life. The theory is that such tiny female figurines might serve seedlings for further reproduction of the individual—and are hence described as fertility figurines. Somehow, it was felt that this type of effigy would insure the continuation of the individual. The culture is occidental Mexico and the dating ca. 200-400 A.D.

“It is the donor’s wish that the New York Medical College, utilizing all the charms of this tiny figurine will continue in its efforts of developing physicians to serve the public until time infinitum. It will also commemorate the first time in medical history that a medical college played host, in its very halls, to a collection of Pre-Columbian Medical Sculpture.”

(At Left), A portrait painting of Dr. Frank Hopkins Boynton, recently presented to the Memorabilia Museum by Dr. Boynton’s daughter, E. Ora Boynton Lininger.

Dr. Boynton was Professor of Ophthalmology at the College and Attending Ophthalmologist at the New York Ophthalmic Hospital from 1873 until his death in 1913.
and the Jersey City Medical Center, and then went to California for a year in preparation for coming to Africa. Right now I am at Our Lady of Africa Hospital in Likuni, and am the only medical officer in this 160-bed hospital.

I suppose you might call my practice a very general one. I feel more like an obstetrician and gynecologist than I do an internist, but there are enough medical diseases to keep me happy: TB, malaria, belharzia, hook worm disease, diarrhea and malnutrition — which are our most serious problems. There is a degree of kwashiorkor in practically all of the children with the result that minor infections develop into major diseases. The mortality rate at the moment is 70% by age 15. In this country of four million people there are less than 100 doctors. The medical situation in Malawi shows signs of great improvement under the leadership of the President, Dr. H. Kamuzu Banda, but progress will have to be slow because of the severe lack of money in this new and developing nation.

I have recently been elected Chairman of the Private Hospital Association of Malawi, which is designed to promote better standards among the mission hospitals and to establish liaison with the government medical service. One of the other reasons for my writing this letter is that there is an urgent need for physicians of good quality to practise here. In my judgment the time to develop interest in this type of work is while a young man is in medical school. If you know of any physicians who are interested in work in a developing country, please have them write to me and I will be glad to direct them how to go about coming to Malawi.

The work is extremely interesting and the pay extremely poor, but one can certainly do without money for a couple of years without incurring too much debt, I am sure. I have enclosed a picture in case you would want to use it.

Hope you are well, and my greetings to all of the faculty.

---

**Report from** / **by John Marr**

**Liberia / Class of ’67**

For the past seventeen years, Columbia University School of Medicine has offered an elective period in tropical medicine for fourth-year students in Africa and South America. The program, under the direction of Dr. Harold Brown, has found wide success in stimulating students to pursue future studies in the fields of public health, tropical medicine and infectious diseases. This year, with the cooperation of Dr. Brown, the Microbiology Department of New York Medical College initiated a similar program for the fourth-year students, under the guidance of Dr. Eileen Pike. Under this program I spent five weeks working in a missionary hospital in Liberia, Africa. The following is a report of this experience.

I arrived in Liberia in early November, just as the rainy season ended. Liberia is situated on the northwestern coast of Africa, adjacent to Guinea, Ivory Coast and Sierra Leone. With these countries, Liberia is considered in the Tropical Rain Country group, receiving heavy rainfall for six to eight months, followed by a dry windy season for the remainder of the year. The country itself is ostensibly a democracy, similar to the United States, sharing economic intercourse with the U.S. and other western countries. It was founded in 1823 by freed American slaves with the assistance of President Monroe. As such it is the oldest democracy in Africa, sharing with Ethiopia the traditional role as a leader among black African nations.

Liberia has long been a country open to missionary assistance, usually in the areas of education and health care. The Phebe Hospital, located one hundred miles from the capital city of Monrovia, is in the approximate geographical center of the country. It was accessible only by the dirt road connecting Monrovia on the coast with Guinea on its eastern border. The hospital I worked in was a modern, sixty-bed unit erected two years ago through the joint efforts of the
Dr. Spreckhart’s wife Carole comforts a child suffering from tuberculosis and kwashiorkor.

Episcopal, Methodist, and Lutheran churches. Its staff consisted of two full time doctors, a surgeon and an internist, numerous American and Liberian nurses, medical assistants, midwives, nurses’ aides and a pharmacist. In addition, the missionary community of some twelve families, including teachers, an aircraft pilot, maintenance personnel, and a pastor formed an efficient autonomous unit.

During my five weeks at the hospital I worked both in the clinics and at night on the wards. The clinic week was divided into General O.P.D. on Mondays and Fridays; Well Baby Clinic on Tuesdays; chronic and follow-up cases on Wednesdays, and Prenatal and Gynecology Clinics on Thursdays. Each day the clinic lines queued up at seven o’clock in the morning and by five-thirty some two hundred patients had been attended to. The patients represented a cross section of the seventeen major tribes living in this part of Africa. Even though the hospital was only two years old, its reputation was such that patients would undertake long and arduous journeys to obtain treatment. Since each tribe had a separate language, interpreters were necessary for communication. The more valuable interpreters were adept at the languages of one or more of the following tribes: Mandingo, Mende, Gola, Loma and Kpelle.

The majority of the patients I saw and treated on an outpatient basis would have been immediately hospitalized in any hospital in the United States. Anemia was by far the most common disease entity; each day one could expect to see many hemoglobins ranging from four to seven and at least one below three grams. These anemias are usually secondary to malaria (predominantly *P. falciparum*), Ascaris, hookworm, Strongyloides, and Sickle Cell Disease. Hepatosplenomegaly was also quite common, the etiology of which was usually Sickle Cell Disease, Schistosomiasis, kwashiorkor, cirrhosis, malnutrition or anemia. In addition, urinary schistomiasis, onchocerisiasis, tuberculosis, leprosy, tetanus (neonatal and adult), tapeworm, yaws, gonorrhea and amoebiasis (enteric and hepatic) were oft times seen. Yellow fever, leishmaniasis and sleeping sickness were a rarity. Incidence or prevalence of any of these diseases was impossible to estimate with any degree of accuracy, nevertheless they were met with such frequency that only those severely debilitated by their disease could be admitted, with the exception of tuberculosis. In Liberia, tuberculosis is similar to the plague of the Middle Ages in its ability to decimate entire villages. Plague itself, along with small pox, is a comparatively minor health problem.

Obstetrical and gynecological problems, considered rarities in the United States, were responsible for many admissions among the female patients. Ruptured uteri, ruptured ectopic pregnancies — both often days, and even weeks old — retained placentas, toxemia of pregnancy, often with eclampsia, could be seen at least once a month. Ruptured uteri were often secondary to excessive use of an ergo-type leaf preparation given by jos (equivalent to witch doctors) to women in labor.

The most common operation was for hernia, often long neglected and complicated by intermittent incarceration, and finally strangulation. Orthopedic cases were usually the result of automobile accidents occurring up to one hundred miles from the hospital. Other surgical emergencies were the result of gunshot, knife and spear wounds. Also, during my five weeks at the hospital I saw one case each of leopard mauling, snake bite and scorpion sting.

Although my five-week elective was unstructured with respect to formal academic teaching, I feel that such a unique experience is an equally valid mode of learning. I did see many unusual diseases, but perhaps more important was the realization that most of the supposed “unusual” diseases (by United States standards) are the major medical (and consequently economic and political) problems not only of Liberia, but of most of the world’s people.
1928

Alan R. Cantwell has been disabled for the past five years and is not practicing. He would like to hear from his classmates. He's at 2 Grandview Blvd., Yonkers, N. Y. 10710.

1929

H. H. Friederwitzer gave a lecture to the physicians of New York City's Dept. of Health on "Oddities and Stupidities in Cases of Viral Hepatitis."

1932

Louis H. Gold addressed the Westport Bar Association, the Connecticut Prison Association, and the Junior and Senior Bridgeport, Conn., Bar Associations on "The Psychiatric Evaluation of the Potentially Dangerous Offender." He also appeared on a television panel with the U.S. Attorney for Connecticut and the Prosecutor for Circuit Court #14 to discuss a similar subject.

1934

Max M. Pomerantz has been appointed President of Ohio College of Podiatry. Dean of the College since 1952, he joined the Institution as head of the Physiology Department.

1936

Harvey E. Nussbaum has been elected President of the New Jersey Society of Internal Medicine.

A. A. Mascali was elected President of the Medical Staff of Nesbitt Memorial Hospital in Wilkes-Barre, Pa. He is married to the former Martha A. Hauck, RN, and resides at 55 Machell Ave., Dallas, Pa. The couple have three children, one girl who is married, one boy who is a student at the University of Scranton, and another girl who is at home.

Irving Innerfield has been Professor and Chairman of the Department of Biochemistry, Graduate and Dental Schools at Fairleigh Dickinson University, Teaneck, N. J., since 1960.

1937

G. W. "Monte" Monteleone writes: "Am at Cornell U. since September. Would like to hear from classmates. All welcome to stay day, week or month at 168 Pleasant Grove Road, Ithaca, N. Y. 14850."

1939

Herman Scheps has been named assistant chief of staff at United Hospital, Portchester, N. Y. He started private practice in 1941 when he joined the courtesy staff at United and served in the army medical corps at bases in Wyoming, Colorado and Kansas from 1942-46. Married, he has three children: a married daughter who is a teacher, a son who is a student at Boston U., and another daughter who is at Vassar. Janet M. Boog is a staff physician on the South Psychiatric Unit at the Lexington Veterans Administration Hospital, Ky.

1940

Herbert Fanger, Director-Pathologist at Rhode Island Hospital, has been named president of the American Cancer Society's R. I. Division. He was recently appointed a Brown Univ. Professor of Pathology at the Hospital.

1943

Walter X. Lehmann is a frequent lecturer for the Citizens for Decent Literature committees in Norwalk, Conn., and surrounding areas. He is Director of children’s allergy services at Norwalk Hospital.

1944

Dallas E. Billman, director of the Corning Glass Works medical department, has been elected president of the Corning Hospital Medical Staff. He served with the Naval medical corps in naval hospitals at Portsmouth, Va.; Bethesda, Md.; and Yokoruh, Japan. He is a Fellow of the Industrial Medical Association, a member of the College of Chest Physicians, a past president of the Steuben County Cancer Society, a past president of the N.Y. State Industrial Medical Society and a member of the board of the Rochester Regional Hospital Council.

1948

Col. John A. Hennessen, Jr., has recently returned from a three-year assignment in Wiesbaden, Germany and has assumed command of the USAF Hospital, Wright Patterson Air Force Base, Ohio.

Mrs. Margaret Flipse sent this sorrowful note: "Upon reading through the articles in the latest issue of The Chironian, I realized I had neglected to write to you about the passing of my husband last October 9th. He had had a fatal heart attack shortly after returning from church Sunday morning. At the time he was Associate Professor of Radiology in the University of Miami and in the department of Nuclear Medicine of Jackson Memorial Hospital. I regret that I did not inform you before this, since our deepest friends were made while he was a student at New York Medical College till 1948."

W. H. Brown has been appointed chief of the Dept. of Obstetrics and Gynecology at Ellis Hospital, Schenectady, N.Y. He has been on the hospital staff since 1954. He was appointed chief of the obstetrical section in 1963. Following two years service in the naval medical corps, he was an assistant resident at Hartford Hospital and then a Fellow in Pathology at the Free Hospital for Women in Brookline, Mass. He has been practicing in Schenectady since 1954 and is a Diplomate of the American Board of Obstetrics and Gynecology.
Gynecology and a Fellow of the American College of Obstetrics and Gynecology.

1949

Richard Bass notes that he has been practicing Pediatrics in a four man group ... Asst. Clinical Professor of Pediatrics at Cornell Medical College ... Asst. Attending at New York Hospital ... Vice President, Medical Research, Tensor Corporation.

Robert L. Marsh died of a compound fracture of the skull and a crushed chest when his light plane crashed near Lamar, Colo. He had recently been elected Pueblo County Coroner and was alone in the plane when it crashed last Nov.

Martin Altech announces the removal of his office for Orthopedic Surgery to 67 Prospect Ave., Middletown, N.Y. 10940.

1951

Gerald R. Frolow has been appointed Assistant Clinical Professor of Dermatology at New York University Post-Graduate Medical School (skin and cancer).

1952

Stanley Butler is in practice of General Surgery at 901 E. San Antonio Drive, Long Beach, Calif. He is Director of Medical Education at St. Mary's Long Beach Hospital ... Father of three girls.

1953

Joseph E. Davis was recently appointed Clinical Professor of Urology at New York Fertility Institute and his particular sub-specialty interest is male infertilty. He is Director of Male Infertility, New York Fertility Institute and will soon publish a chapter on this subject in a forthcoming book on "The Infertile Couple."

1954

Sanford H. Engel has been appointed Assistant Clinical Professor of Orthopedic Surgery at the University of California, California College of Medicine, Los Angeles.

Herve M. Byron has moved his office to 220 Engle St., Englewood, N. J. He has taken over the practice of the late Dr. John Worcester who was killed in his airplane in May, 1966. ... Says Herve: "I have also moved my home and family to a wonderful home in Englewood. ... I will present a talk at the Spring meeting of the Alumni Association of the New York Eye and Ear Infirmary entitled, 'Traumatic Hyphema.' I have also been invited to present a talk entitled 'The Contused Globe: Effects and Management' to the Miami Ophthalmologic Society in March."

1955

Herbert M. Kravitz has been in private practice in Plastic Surgery in Oklahoma City for the past three years. Herb was recently certified by the American Board of Plastic Surgery and inducted as a Fellow into the American College of Surgeons. He and his wife, Bobbie, and their two sons, Bruce and Alan, now reside at 9505 Lake Lane, Ft. 2 Box 137AA, Oklahoma City, Okla. 73114.

1956

Harry Allen is regional program director for chronic diseases with the U.S. Public Health Service in Boston.

Alex Calder has been doing General Practice for 14 years in Youngstown, Ohio. Has three children: a girl, aged 15; and two boys, 12 and 6.

1957

G.O.F. Jensen has been elected president of the Bristol Medical Society for the year 1967-68. He has been practicing Pediatrics in Bristol since 1962 and is a Diplomate of the American Board of Pediatrics.

Jack Harrison sends this memo to Saul Schwartz: "Greetings from upstate N.Y. I'm in emergency group practice where we staff emergency rooms in two large community hospitals. The work is rewarding."

1958

Major Spencer R. Downs, USAF MC, checks in with the following new address: 86th Tactical Hospital, CMR 2058, APO New York 09012 and adds the following: "Was transferred to Germany from France in October, 1966. Am now assigned as Chief of Hospital Services; Chief Internal Medicine. The family is the same in number but the size has changed significantly. Looking forward to visiting the College on return to the United States which will be in 1968. Would like very much to hear from some of the old classmates.

Frances J. Reilly is currently serving in Vietnam as Commander of the 67th Medical Thoracic Surgery Detachment at the 8th Field Hospital in Nha Trang. After graduation, he interned at Jersey City Medical Center and then served a six year residency in General and Thoracic Surgery at Flower and the Bronx VA Hospitals. He is a Diplomate of the American Board of Surgery and qualified by the American Board of Surgery. His wife and four children now reside in Tarrytown, N.Y.

Howard Kline bulletins the arrival of his first child, Michael, 8 months ago. Dad presented a paper at the American College of Cardiology in Washington, D.C., Feb. 1967.

R. V. Guggenheim is practicing Obstetrics and Gynecology in San Pablo, Calif. He interned at UC Hospital in San Francisco and held a residency at Kaiser Hospital.

Michael H. Geller is a resident in Radiology at St. Luke's in NYC, after two years in the Navy. He is married to former Eleanor Weinberger of Pennsylvania ... Daughter, Anna Gwyn was born October 6 last year.
John T. Howard has been named a Diplomate and Fellow, with a specialty in Surgery, by the American College of Surgeons. He is staff surgeon at St. Vincent's Hospital in Worcester, Mass., and coordinator of Surgical Education there with his office in Worcester.

1959

Alan R. Cantwell, Jr., doing Dermatology with the Permanente Medical Group of Southern California at Edgerton St. and Sunset Blvd.

Dick McCarthy is now engaged in private General Surgical Practice at 289 Main St., Salem, N.H.

Lawrence Sheff passed his Psychiatry Boards in December and is in private practice in Great Neck and on the staff of the Hillside Hospital Children's clinic. His family includes Andrea, 3, and Robin, 1.

Donald L. Praeger has been certified as a Diplomate of the American Board of Ophthalmology. He is in practice at 104 Fulton Ave., Poughkeepsie, N.Y.

1960

R. H. Hartman now has a third son, Gregg Philip, born 8/66 plus Carl, 6 and Bruce, 3.

George W. Seuffert has finished his Anesthesiology residency in the USPHS and is now Deputy Chief at the USPHS Hospital on Staten Island, N.Y. He has three children: George, Jr., 6½; Cynthia, 4; and Laura Jane, 1½.

Barry Schenk, who was in practice with his father before joining the Air Force last year, has been assigned as a captain in Vietnam. He's with the U.S. medical service at Tan Son Nhut airbase near Saigon.

William E. Hennessey is in private practice in Cardiology and Internal Medicine in West Springfield, Mass.

Carl M. Marchetti, practicing Obstetrics in Neptune, N.J., will serve as Associate Director in charge of the program for the 52nd anniversary of the National Order of the Arrow Conference, Boy Scouts of America . . . He has been a member of the Order since 1949 and is the youngest man ever to be appointed to a national committee of the youth organization . . . Conference set for next August at the Univ. of Nebraska.

Wm. K. Ehrenfeld is a Vascular Surgeon at Henry Moffet Hospital and Assistant Professor in that specialty at the University of California in San Francisco.

Michael J. Kelleher is practicing General Surgery and Gynecology at 2660 Main St., Bridgeport, Conn.

Wilmot S. Draper now at the Naval Hospital, Portsmouth, Va.

James H. Stewart is in Urology as a member of the Medical Group in Honolulu, Hawaii . . . address him at 155 Ohana St., Kailua-Oahu, Hawaii.

Willard D. Smith is in Pittsburgh, Pa., as chief resident Pediatric Surgeon at Children's Hospital. His wife, Ann and their three children: Debbie, 6; Kathy, 5; and Cherie, 4, are with him.

Richard W. Lindsay is on the faculty of Internal Medicine at the Univ. of Virginia Medical College.

Gregory C. Moore says he is now married and will be starting private practice in Ophthalmology, July, '67, in Spring Lake, N.J.

1961

Major John P. Moody has three children: Cindy, 7; John, 4; and James, 5 months . . . He's currently assistant chief of the OB-GYN service at Martin Army Hospital, Fort Benning, Ga.

Walter T. Shanley has opened an office for the practice of Orthopedic Surgery at 2660 Main St., Bridgeport, Conn. . . . He interned at St. Vincent's, followed by 18 months of residency there . . . He commenced training in his specialty at Lahey Clinic, Boston, where he was appointed a Fellow for a year . . . He spent the next year in Pediatric Orthopedic Surgery at the Shrine's Hospital for Crippled Children, Springfield, Mass. . . . While completing his training at the Boston City Hospital, he was chief resident and clinical instructor in Orthopedic Surgery at Tufts University medical school.

Capt. Peter Haritatos, Jr., has completed the orientation course for officers of the Air Force Medical Service at Sheppard AFB, Texas. He is being assigned to Carswell AFB, Texas for duty with the Strategic Air Command.

Joseph Karp is a captain in the Air Force at the USAF Hospital, San Francisco.

Arthur J. Grahl is practicing Psychiatry at 715 Park Ave., NYC.

John P. Moody is at Fort Benning, Ga.

Elizabeth Muffett Craven had a baby boy, Roderick Patten, on July 19, 1966.

Kenneth M. Young is doing a four year residency in Internal Medicine at the Jersey Shore Medical Center, Fitkin Memorial Hospital, Neptune, N.J.

James T. Horne is chief resident in Plastic Surgery at George Washington University Hospital in Washington, D.C. He'll complete his residency on July 1 of this year.

Richard E. Murphy, after two years in the Navy, is a resident at Rhode Island Hospital . . . He has five children, two boys and three girls.

John H. Seward is a Captain in the USMCR stationed at Fort Clayton in the Canal Zone.

Anton V. Smith is a captain in the Army Medical Corps, and Peter Anton, born Dec. 16 last year, is a new brother for Jeanette and Susan.

Ruben L. Shapiro has completed his residency at Hartford Hospital, Conn., and has been in practice for a year as an Internist and Cardiologist. His office is located at 85 Jefferson St., Hartford.

After two years in the Navy, Robert L. McGuire is senior resident in Surgery at Long Island College Hospital.

Henry I. Saphier is a Captain in the Army and is headquartered on Okinawa.

Murray N. Cohen had a second son born on Oct. 19, 1966 . . . Eldest is now 2½ . . . Murray has been in the army for over a year and is stationed at Valley Forge Hospital.
James A. Walker interned at Good Samaritan Hospital in West Palm Beach, Fla., in 1961, and in September of that year, married Pamela Ashton, a graduate nurse from Flower. They have a son, James, Jr., aged 3½. Jim was in the Navy and at Guantanamo Naval Base during the Cuban crisis. He's now serving his residency at Grady Hospital in Atlanta, Ga., specializing in Urology. Set to finish up in June, 1968.

Neil A. Kurtzman is at the Southwestern Medical School at the U. of Texas in the Renal Division. He is a major detached from service in the army for two years. A nephrological consultant at Parkland Hospital in Dallas where he is working on plastic implants for those who have lost both kidneys. Has written a book in collaboration with Col. Robert Moser.

1962

Abe Meltzer was recently married to the former Susan Rosenberg of Yonkers, N.Y. and is now living in Montclair, N.J. He is presently a resident in Internal Medicine at St. Michael's Hospital in Newark, N.J. Served two years active duty with the Navy Medical Corps, attached to the Marine Air Wing in the Pacific.

Robert C. Cresson is staff anesthesiologist at Camp Pendleton since August, 1965. He reported there after completing his residency at Oakland Naval Hospital.

Harvey M. Bloom is at the Grossmont Medical Center, La Mesa, Calif.

Raymond O. Craven is a first year Urology resident at Flower.


Theodore Kramer is a resident in Otolaryngology at Columbia Presbyterian Medical Center. "Lots of work to be done—love every day."

Michael L. Rosenfeld became the father of a boy, David Samuel, Nov. 3 of last year. After two years in the Air Force, he is completing his second year of residency in Medicine at St. Vincent's Hospital in NYC. Interned at Cedars of Lebanon in Los Angeles.

Carl M. Steeg is completing his Pediatric residency at Long Island Jewish Hospital and will be a fellow in Pediatric Cardiology at Babies Hospital, Columbia-Presbyterian Medical Center in July.

Alan I. Fine is a Captain stationed at Sheppard Air Force Base in Wichita Falls, Texas. Has a year and a half to go.

Alan L. Rubinstein is a Captain stationed in Lawton, Oklahoma.

Edward H. Umgelter is doing a residency in Pathology at Rochester General and will follow that up with Surgery. He married Linda Klein in Dec. of last year and interned at Herrick Memorial Hospital in Berkeley, Calif. In the Army Air Force, he was stationed at Tachikawa, a suburb of Tokyo, from Aug. 1963 to Sept. 1966. His period of service was extended because of the arrival of "James Eric" on Aug. 1, 1966. Not permitted to leave overseas assignment until baby was 6 weeks old. Expects to stay in Rochester from one to five years.

Capt. Edward A. Norcott can be reached care of Mrs. Robt. B. Archey, 200 Lexington Ave., Oyster Bay, N.Y.

Paul Dubbs married Ellen Ostman, R.N., from Philadelphia, on Aug. 12, 1963. After his internship, he took a postgraduate course in Ophthalmology at Howard Medical and the Boston Eye and Ear Infirmary. He did two years as an Air Force Captain and began a residency at Boston City Hospital last July. Expecting his first child in May.

Milton A. Pereira is in the Air Force at March Field, Riverside, Calif.

Joseph H. Bennett expects to complete his three-year residency in Orthopedic Surgery at the Hospital for Joint Diseases in New York in June, 1967.

William M. McCall entered the army in July of last year and is a Captain serving at Fort Polk, La. He is married and has three children—Lisa, Lori and Linda. Took his residency in OB-GYN at the Harrisburg Hospital in Pa.

Capt. Sanders T. Frank was recently awarded the Air Force Commendation Medal for outstanding achievement at Wilford Hall USAF Hospital, Lackland Air Force Base, San Antonio, Texas. "his skill, initiative and untiring efforts contributed significantly to the extremely low mortality rate among patients suffering from meningococcal meningoitis during an outbreak of the disease at the air force base."

1963

Leon Mercur was a surgical resident at Newark, N.J., City Hospital prior to entering the Army. He has been stationed in Korea since July, 1966 and will complete his tour of duty in Aug., 1967.

Malvin W. Leibowitz is a Captain stationed at Fort Benning, Ga.

John O. Donato is a senior resident in Surgery at the College.


Norman Lieberman is a resident in Cardiology at NYVA Hospital and will go into the army in July.


James C. Morrison is a Captain in the Army and is in Vietnam since June, 1966. He completed two years residency at California Medical, San Francisco.

Chris Maloney is a Captain in the Green Berets in Vietnam.

Peter O. Macs is a resident in Orthopedic Surgery at Newlington Hospital for Crippled Children in Connecticut until March of this year. The next four months, he'll do a residency in Bronx Veterans Hospital and for his last year, he'll be chief in the Hospital for Special Surgery, NYC.
Wayne A. Perkins is finishing up his last year of residency in Psychiatry in May, and then heading for the Army.

Lawrence W. Koch is finishing his residency in Internal Medicine in July at New Britain General Hospital . . . Next stop, the army for two years.

John Brodsky did a rotating internship at Pennsylvania Hospital, a residency in General Practice at St. Agnes Hospital, Philadelphia and from 1966-68 will be Lt. Cmdr. U.S. Public Health Service, Director of T.B. at Muscogee County Health Dept., Columbus, Ga.

Wayne A. Perkins expects to finish his residency at St. Elizabeth's in Boston this year . . . He will practice Obstetrics in the Boston area.

Lucy Goodenday has a Fellowship in Cardiology at the Univ. of California Hospital.

Richard M. Latkin spent two years in the Navy and is now a resident in Ophthalmology at Columbia-Presbyterian Hospital in New York.

Peter A. Philips is in the Bellevue-Cornell five year surgical residency program . . . 'Til June of this year at Children's Hospital in Washington, D.C.; the next year at North Shore Hospital in Manhattes, N.Y.

Phyllis Ackerman Appel is a resident in Psychiatry at St. Elizabeth Hospital in Washington, D.C.

Stephen K. Carter is chief resident in Internal Medicine and chief of the house staff at Lenox Hill Hospital in NYC.

Charles Lomanto is assistant attending anesthesiologist at Memorial Sloan Kettering Cancer Center and a Fellow of the American College of Anesthesiologists.

Joel C. Ullman is a Captain in the Army and is stationed at Aberdeen, Md. He has a son and a daughter.

1964

Philip A. Passalaqua is a second year resident in Internal Medicine at Mountainside Hospital in Montclair, N.J.

Franklin C. Scudder now doing a medical residency at U.S. Public Health Service Hospital on Staten Island, N.Y. Married to the former Ann De Rosa he has a son, Christopher, and another child is expected, may even be here by now.

Richard Rose is an army captain and is in Vietnam until August, 1967 . . . Married and has a daughter, Heather . . . Wife, Robin is a speech therapist on the staff of the Long Island Hearing and Speech Center of Long Island Jewish Hospital . . . Dick is going to specialize in Internal Medicine.

Edward H. Glenn is a second year Radiology resident at Bronx, N.Y. Veterans Hospital . . . He is married to the former Sylvia Wilcox and they have a nine-monther named Edward, Jr.

Edward R. Hatton is at the USAF Academy in Colorado.

Louis A. Privitera is Lt. Senior Grade in the Navy since last July and is the doctor in charge of mine sweeper personnel. He's at 1304 Kikiway, St. Andrews Branch, Charleston, S.C.

Barrie S. Bollas is in the second year of a Dermatology residency at Skin and Cancer Hospital in Philadelphia.

Francis P. MacMillan interned and did a year of residency at Boston City Hospital . . . He is in Internal Medicine at the Veterans Hospital, West Roxbury, Mass.

David J. Nochinson is in his senior OB-GYN residency at Cedars of Lebanon Hospital in Los Angeles.

Robert H. Waldie is a second-year resident in Ophthalmology at Meyer Memorial in Buffalo, N.Y.

Robert Littmann is a Captain in the army . . . is now stationed at a NATO base hospital near Frankfurt, Germany.

1965

Jeff Tucker doing his residency in Psychiatry at Metropolitan Hospital in N.Y.

Howard D. Cantwell, after internship at the U.S. Naval Hospital, St. Albans, N.Y., spent six months at Submarine Medical School, Groton, Conn . . . He has just been assigned as Medical Officer to the Polaris Submarine, Abraham Lincoln SSBN (602) . . . Wife, Linda, and Kerin, 3, and Christopher, 2, reside at 269 Chestnut Lane, RFD #6, Ledyard, Conn. 06339.

Bertram W. Droga reports a new addition, Karen Sue, born August 30, 1966.

Edward Bracht has begun his two-year residency in Anesthesiology at the Navy Hospital in San Diego . . . Married, he had a son born on Feb. 4, 1967.

Robert E. Mallin is serving in Vietnam as Squadron Surgeon for the Tenth Cavalry (Fourth Infantry Division).

Stephen B. Bernstein is a resident in Psychiatry at the McLean Hospital Division of the Massachusetts General Hospital and a teaching Fellow at Harvard Medical School.

John J. McGroarty was married on Dec. 31, 1966, to Lt. j/g Kathleen Mitchell, NC-USNR in Los Angeles . . . She is serving at St. Albans Naval Hospital in Queens . . . He is resident in Ophthalmology at Columbia-Presbyterian Hospital, N.Y.

Michael L. Lapkin a Pediatrics Resident at the Univ. of Minnesota Hospital . . . A son was born August 23, 1966.

Marshall L. Gladnick is Director of Health, Education & Welfare for the U.S. Public Health Outpatient Clinic, Chicago.

Albert L. Saphier was married June 13, 1965 . . . Now a resident at Flower.

Arthur M. Scott, Jr., interned at Walter Reed Army Hospital, 1965-66 . . . Completed flight surgery training at Brooks Army Hospital in Texas and helicopter flight surgery training at
Fort Rucher in Alabama... Landed in Saigon on October 5 and was commander in charge of establishing a hospital and facilities connected with it... Assigned as flight surgeon to 431st Medical Detachment at Cu Chi... Three months of front-line service in Operation Attelboro in the Tay Ninh Province... Now with the 68th Assault Helicopter Co., in Bien Hoa... Last three months of 13 month tour will be at Vung Tau in the paraplegic center... Returns home in October of this year.

Irwin H. Steiger is a resident in Surgery at Beth Israel Medical Center in NYC... Heads for the Navy in July of this year.

Peter S. Lorman is a first year resident in Orthopedics at Cleveland Clinics, Cleveland, Ohio.

Gerald F. Fenster is finishing his first year of Surgical residency at Mt. Sinai Hospital in NYC... In July, 1967, begins three year residency in E.N.T. at Manhattan E.N.T. Hospital in NYC.

Elliott M. Puritz bulletins a son, Adam Todd, born November 27, 1966.

Charles A. Lopresti is a resident in OB-GYN at Newark City Hospital, N.J.

1966

Stephen M. Greenberg interning at USPHS Hospital on Staten Island... Effective July, 1967, will be a resident in Surgery at the same institution.

Steven Weissberg is completing internship at Kings County Hospital, Brooklyn, N.Y., and entering Public Health Service in July, 1967.

Gary R. Donshik interning at Elmhurst General Hospital, N.Y., and expects to be a resident at Flower in July, 1967.

Harvey Eisenberg interning at Kings County Hospital, Brooklyn, N.Y.

Raymond A. Gagnon an intern at St. Francis Hospital, Hartford, Conn.

Bruce M. Reitberg recently received his appointment for Orthopedic Surgery at Flower for 1968.

M. James Stedman will begin a four year residency in Urology in July, 1967 at Beth Israel Hospital, NYC... Accepted in Berry Plan with a four year deferment... Now at Mt. Sinai Hospital, Miami Beach, Fla.

William L. Turano will serve a three year residency in OB-GYN at Nassau Hospital, N.Y.

Alan B. Cohen has been accepted at Jackson Memorial Hospital, Miami, Fla., as of July 1, 1967, for a residency in Pediatrics.

Howard L. Bruckner was expecting his first child near the end of May... Should be a pappy by now.

Richard Lefleur appointed a Radiology resident as of July, 1967, at Albert Einstein College of Medicine, Jacobi Hospital, N.Y.

Steven H. Horowitz is interning at Kings County Hospital.

James T. Howell is presently interning at Staten Island Hospital and has signed up for residency at Metropolitan.

E. Eugene Moore is interning at St. Mary's in Montreal.

Theodore J. Caliendo is interning at Cedars-Sinai Medical Center in Los Angeles... He will remain for his residency in Pediatrics.

Charles Scher begins his surgical residency in July with the USPHS Hospital in San Francisco.

John C. Jurgensen is interning at Henry Ford Hospital in Detroit and expects to do his residency there.

Neil T. Greenidge won third prize and $200 in the Norman A. Welch, M.D., Medical Ethics Essay Contest sponsored by the Judicial Council of the American Medical Association... He is now interning at Newark Bethlem Israel Hospital, N.J.

**Annual Alumni Banquet**

**Date:** Tuesday, May 31, 1967

**Place:** Hotel Plaza

Fifth Avenue and 59th Street

New York City

**Time:** Reception 7:00 P.M.

Banquet 8:00 P.M.

**Dress:** Optional

**Price:** $15 per person
(New office, appointments, honors, children, activities, moved, etc.)

This space is for your news and views. Fill it in and mail it to us right away.

TO THE EDITORS, NYMC CHIRONIAN