Summer 1968

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New York Medical College

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Dear Fellow Alumnus:

In July 1966 death claimed Dr. Israel S. Kleiner, Emeritus Professor of Biochemistry and former dean of the medical college.

Amongst all the dedicated, illustrious faculty in the preclinical sciences, there is no doubt that Professor Kleiner stood out clearly as one of the most gifted teachers, albeit a demanding one. His retirement left a void which from a pedagogical viewpoint has never quite been filled. The listing of his writings and achievements are too voluminous to recount here. His work leading to the discovery of insulin ranks him with the giants in the world of science. His text on biochemistry was published posthumously in its seventh edition.

The purpose of recalling the above is to urge your help in finding some means of perpetuating the memory of such an outstanding person. In over 100 years of its existence, the New York Medical College has never had nor does it now have a single endowed professorship. This is hopefully best explained by the simple inertia of its alumni. Certainly, it would be possible with over 3000 living alumni, well over 60% of whom had the good fortune of being taught by Professor Kleiner to obtain a sufficient fund to establish the Israel S. Kleiner Professorship in Biological Chemistry. The establishment of a simple annual award in his name would be too minimal a gesture to serve as a memorial to Professor Kleiner’s recognized stature among scientists of the twentieth century.

Your assistance toward bringing this project to a reality will be a source of pride to past and future alumni.

Sincerely,

Abraham Rosenthal, M.D.
NEW YORK MEDICAL COLLEGE

CHIRONIAN

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For mem’ry has painted this perfect day
with colors that never fade,
and we find at the end of a perfect day
the soul of a friend we made.

Carrie Jacobs Bond

On May 25, 37 members of the Class of ’33, and their spouses gathered at the St. Moritz Hotel in New York to celebrate their 35th Anniversary at a gala reception and Dinner Dance marked by cordiality and good fellowship.

The classmates came from far and near. Al Robbins from Florida, Jim Hammerling from Canada, others from Connecticut, New Jersey and New York. Since Al Robbins flew in early, he made a short detour to the Belmont Race Track, where he enjoyed (?) an unprofitable afternoon. But he was in great spirits at the affair.

The smartly gowned ladies received gardenia corsages as they arrived. Of course, the men in dinner jackets, graying hair at the temples, smoking long cigars made a distinguishing looking lot. The dinner
was excellent, the wine relaxing and the music stimulating. One never expected these old timers to trip the light fantastic so lightly.

A moment of silent prayer was observed in memory of the eleven departed classmates. Of the original 69 graduates, 58 remain well and active.

There were few speeches. The chairman made the address of welcome and gave a short review of the history of the class, proudly pointing out the accomplishments of many of our distinguished classmates. Irving Kurtz, who finally managed to attend his first reunion in 35 years, held us spellbound with his interesting and amusing anecdotes of our Freshman year at Flower. Jim Hammerling, now Professor and Head on E. N. T. Department of Dalhousie University in Canada made an interesting speech. Al Robbins added some amusing items.

Irv Klein made a surprise class gift presentation, of a solid gold, engraved money clip to George Stivala and myself in appreciation and as a token of esteem from the class for the many reunions we arranged during the past years. We again express our sincere thanks to our classmates for this kind gesture.

Bill Kropf
43's – 25th
Well over a hundred members of the class of 1943 celebrated the most auspicious occasion in their class history with a 25th anniversary reunion at the Hotel Gotham in New York City on Saturday evening, May 25.

Under the able chairmanship of Howard B. Rasi and Elias R. Stoller, the successful evening began with a cocktail party in the Embassy Suite of the Gotham followed by a dinner-dance in the hotel's ballroom. Among those who attended the black tie affair with their wives or husbands (with but few exceptions) and enjoyed chatting with the honored guests at the gala evening — Dr. David Denker, President of the College, and his wife, Jane Denker, were:

It was literally wall-to-wall alumni as the Class of 1958, under the indefatigable leadership of Walter F. Pizzi, staged a most successful 10th anniversary cocktail party at the 'Copter Club, high atop the Pan Am Building in New York City on May 25, 1968.

Dr. Pizzi began planning the affair as long ago as last September in the alumni office and by dint of many letters and personal phone calls packed the Club to capacity where the anecdotes and remembrances flowed as continuously as the refreshments and food for a warmly memorable occasion.

The President of our College, Dr. David Denker and his wife, Jane Denker, were warmly welcomed and the guests, who also included Ralph Meeker, the film and television star, numbered the following classmates:

- Dr. Mark Novitch
- Dr. C. M. McCullough
- Dr. & Mrs. Lew Cibbeau
- Dr. & Mrs. F. Esemplare
- Dr. & Mrs. P. Schneck
- Dr. E. Roth
- Dr. W. Bierfreund
- Dr. & Mrs. L. Scotti
- Dr. & Mrs. J. Summa
- Dr. & Mrs. A. Hodas
- Dr. & Mrs. R. Cavanaugh
- Dr. Walter Pizzi
- Dr. & Mrs. R. Bradley
- Dr. & Mrs. R. Blankfein
- Dr. & Mrs. J. Lynch
- Dr. & Mrs. J. Cavanaugh
- Dr. & Mrs. J. Sadowski
- Dr. L. Dahlberg
- Dr. & Mrs. R. Bloch
- Dr. & Mrs. J. Culverwell
- Dr. & Mrs. H. Kline
- Dr. & Mrs. F. Reilly
- Dr. & Mrs. A. Simotas
- Dr. & Mrs. E. Parmer
- Dr. & Mrs. B. DeAngelis
- Dr. & Mrs. J. Gibbons
- Dr. & Mrs. F. Clair
- Dr. & Mrs. K. Paltrow
- Dr. J. Tully
- Dr. & Mrs. E. Underwood
- Dr. & Mrs. R. Riggio
- Dr. & Mrs. J. McCann
- Dr. & Mrs. F. Callipari
- Dr. & Mrs. M. Weich
- Dr. & Mrs. J. Orphanos
- Dr. & Mrs. W. Donahue
- Dr. M. Keappler
- Dr. & Mrs. M. Tager
Report
From the
College President
Delivered at Commencement

Members of the graduating class, I shall exercise the prerogative of any President of an institution of higher learning and address a few words directly to you. But just before I do so, let me congratulate you on the successful completion of years of difficult and sometimes exhausting study, and thank you for the honor you have done your college by maintaining its high standards in so doing.

For two and a half millennia the men and women who have elected the profession of medicine have known what the great charge to each new generation of doctors has been. Like all the true dedications to which young people subscribe themselves, the oath you have just taken has implicit in it everything which I should wish at this moment to commend to you. For me to charge you is perhaps an act which the Greeks who gave us Hippocrates used to call HUBRIS, a rash insolence against the established divinities by which men live.

Yet it is perhaps permissible for me to remind you that the most deeply serious human undertakings demand a seriousness which is only in part to be applied to the particular—the doctor and his patient, the physician and the human being who comes to him for healing. Beyond you, the doctor, and him, the patient, there is a vital area of responsibility which the founder and patron figure of our profession could not have imagined. In the urgency and social intricacy of our times and circumstances all men are charged with the burdens as well as the rewards of brotherhood.

So I charge you to remember that the earth today is crowded with those who cannot come to you or any physician like you. No matter how long the hours you keep or how many the years in which you serve your profession, the patients not treated will be infinitely more numerous than those few you manage to help and serve.

I charge you also to remember that the ways in which you use the skills you have learned here will affect the whole of mankind, and the healthy as much as the ailing. You will be the companions of birth and the companions of death, and in between, the trusted confidants and counsellors of the living at their most vulnerable and often uncertain moments. As you conduct yourselves, so will they often judge their whole society to be. Your example to them will rank in social importance with that of your peers in other great professions—the teachers, the judges, the lawmakers.

I charge you to remember throughout your lives the simple human truth that the acceptance of responsibility and the decent discharge of its obligations is one of the great satisfactions.
Many of you will elect, in your next few years, to specialize in a medical field of particular and special interest. Our society demands specialization, and medicine would be impoverished without an adequate supply of confirmed and effective researchers, teachers, and administrators. Yet I believe that the physician is, to most of our fellow human beings, an administer, not an administrator, a doctor, not a teacher.

So, I suggest that we have perhaps taught you more about the science of medicine than about people, and exposed you more professionally to the speciality than the generality. The life of the general practitioner is not much celebrated these days, but I believe it is worth thinking about in terms of its special rewards. Of these, certainly the on-going responsibility to the patient, to a family, even to several generations of a family is one of the most enriching. This we could not hope to teach you in medical school. But it is a real reward which you all need to consider in planning the futures of your careers.

I charge you, too, that in your professional life you do everything in your individual powers to enlarge the contributions of medicine to all men everywhere. Men are organized into societies, and the healths of those societies are an obligation upon you. Do not take from any of those societies more than you can return to it. The impoverished societies of the earth—and they are in the majority—need more doctors than they have. It would ill become us to accelerate the doctor drain because we can afford to do so.

And last, I charge you never to forget that the common humanity of the children, the women, the men whom you will be treating and counseling in the years ahead of you is equally and totally your own humanity as well. The sacrifices you have made to fit yourselves for medicine have not graduated you from the rest of the human race nor alienated you from it. The physician and the patient are alike man born of woman, and both find the years too few for the work to which they set their hands.

May 27 marked by scientific program alumni luncheon business meeting annual banquet...
Alumni Day—

Alumni Day, 1968 was held on Monday, May 27, and consisted of a specially planned scientific program, the Alumni luncheon, the Annual Alumni Association Business Meeting, and the Annual Alumni Banquet.

The scientific program, under the able direction of Chairman Allan B. Weingold, M.D. '55, Associate Professor of OB-GYN at the College, began at 10 A.M. in the College Auditorium.

Welcomes were extended by Dr. David Denker, President of the College, Dr. J. Frederick Eagle, Dean, and Dr. Bernard J. Wattiker '44, President of the Alumni Association.

Dr. Weingold introduced the first speaker, Dr. Sheldon Segal, Director, Biomedical Division of the World Population Council. Dr. Segal's subject was "Biological Aspects of Fertility Regulation."

Dr. Richard J. Smith '55, Associate Professor of Orthopedic Surgery, Mount Sinai School of Medicine, and Director, Hand Surgery, Mount Sinai and Joint Disease Hospitals, was the next speaker and his talk was entitled "The Radical Club Hand."

A discussion of "Progress in Psychiatry—38 Years" was conducted by Dr. Phillip Polatin '29, Professor of Clinical Psychiatry, College of Physicians and Surgeons, Columbia University. Final speaker of the morning was Dr. Pasquale E. Perillie '55, Associate Professor of Medicine, Yale University School of Medicine, and Co-Director Hematology Clinic, who spoke on "Studies of Muramidase (Lysozymes) in Leukemia."

The Alumni luncheon, where various members of the faculty joined the alumni for the occasion, began at 12:30 P.M. in Hetrick Hall.

Concluding the day's activities was the Annual Alumni Business Meeting held in Room 419A at 2:30 P.M.
Dr. Richard J. Smith '55, Director, Hand Surgery Mount Sinai and Joint Disease Hospital.

Dr. Phillip Polain '29, Professor of Clinical Psychiatry, College of Physicians and Surgeons, Columbia Univ.

Dr. Pasquale E. Perille '55, Co-Director Hematology Clinic Yale University School of Medicine.

after the luncheon . . . .
The annual business meeting of the Alumni Association was held in the Alumni Room, 419 Annex on May 27, 1968.

In accordance with the provisions of the constitution of the Alumni Association, the nominating committee of Dr. Walter L. Marsheimer, Chairman, and Drs. Arthur A. Michele and Allan B. Weingold nominated the following slate of officers and governors; beginning June 1, 1968:

**OFFICERS**

President: E. Edward Napp '33  
1st Vice President: Martin L. Stone '44  
2nd Vice President: Cyrille R. Halkin '45  
Secretary: Joseph M. Andronaco '42  
Treasurer: Herbert M. Eskwitt '47  
Archivist: Richard J. Mahler '59

**GOVERNORS**

<table>
<thead>
<tr>
<th>Jules Blankfein '28</th>
<th>George Nagamatsu '34</th>
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<tr>
<td>Frank J. Borrelli '33</td>
<td>Jacob L. Oberman '42</td>
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<td>Frank E. Fierro '33</td>
<td>Saul A. Schwartz '30</td>
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<td>J. Clifford Hayner '19</td>
<td>Irving S. Shiner '37</td>
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<tr>
<td>Henry P. Leis, Jr. '41</td>
<td>Lawrence B. Slobody '36</td>
</tr>
<tr>
<td>John M. Marino '59</td>
<td>Edward Wasserman '46</td>
</tr>
<tr>
<td>Walter L. Mersheimer '37</td>
<td>Allan B. Weingold '55</td>
</tr>
<tr>
<td>Arthur A. Michele '35</td>
<td>Leonard P. Wershub '27</td>
</tr>
<tr>
<td>David T. Mininberg '61</td>
<td>Milton J. Wilson '18</td>
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<td>Bernard J. Wattiker '44</td>
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The ballots were recorded as 239 in favor, 2 against.

A committee composed of Dr. Henry P. Leis, Jr., Chairman and Drs. Cyrille R. Halkin and Leonard Paul Wershub revised the Constitution and by-laws of the Association. Copies of the Constitution as amended and passed by the Board of Governors were distributed to those present.

After a discussion, led by Dr. George B. Smithy '45, it was decided that the new constitution and by-laws would need more time for consideration and the document was temporarily tabled.

A lengthy discussion was held relative to the reinstatement of regular dues for all members and associate members. The general feeling was voiced by Dr. Martin L. Stone who was of the opinion that dues should be reinstated as soon as possible and that every step necessary should be taken to reestablish the autonomy of the Alumni Association.

Dr. Cyrille R. Halkin, Treasurer, delivered the following financial report:

- **On Hand:** 1968: May 15, 1968  
  - Savings Account $15,851  
  - DSBF 29,572

- **May 15, 1967:**  
  - Savings Account $15,136.55  
  - DSBF 28,239.13

Alumni Annual Fund Chairman, Dr. Saul A. Schwartz reported the following standing of the Fund:

<table>
<thead>
<tr>
<th>Gifts</th>
<th>Amounts</th>
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<tbody>
<tr>
<td>1967</td>
<td>1,191</td>
</tr>
<tr>
<td>1966</td>
<td>1,046</td>
</tr>
<tr>
<td>1965</td>
<td>1,256</td>
</tr>
</tbody>
</table>

The membership figures, announced by Dr. Bernard J. Wattiker, were:

- **May 17, 1968:** Members 3,887  
  - AM's 290

- **May 16, 1967:**  
  - Members 3,800  
  - AM's 280

* 126 Seniors — 1968  
* 39 Deaths

**The Archivist's report listed the following:**

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</thead>
<tbody>
<tr>
<td>W. Frank Fowler</td>
<td>1902</td>
<td>Isadore Roth</td>
<td>1920</td>
<td>Jerome J. Leon</td>
<td>1954</td>
<td></td>
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<tr>
<td>Sprague Carleton</td>
<td>1906</td>
<td>Julius Miltz</td>
<td>1921</td>
<td>Alex L. Mancini</td>
<td>1934</td>
<td></td>
</tr>
<tr>
<td>A. Gerard Cranch</td>
<td>1906</td>
<td>Paul H. Bernstein</td>
<td>1922</td>
<td>George J. Will</td>
<td>1935</td>
<td></td>
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<tr>
<td>Horace E. Ayers</td>
<td>1909</td>
<td>Woff J. Domsky</td>
<td>1926</td>
<td>Harry R. Barr</td>
<td>1936</td>
<td></td>
</tr>
<tr>
<td>Vincent M. Myers</td>
<td>1913</td>
<td>Herbert Gade</td>
<td>1926</td>
<td>James T. Dodge</td>
<td>1937</td>
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<tr>
<td>Carroll A. Bennett</td>
<td>1915</td>
<td>Hyman Nattis</td>
<td>1927</td>
<td>Daniel Green</td>
<td>1938</td>
<td></td>
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<tr>
<td>William G. Herrman</td>
<td>1916</td>
<td>Herman E. Wolfe</td>
<td>1928</td>
<td>Joseph F. Madorano, Jr.</td>
<td>1943</td>
<td></td>
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<tr>
<td>William H. Kober</td>
<td>1916</td>
<td>Anthony P. Distti</td>
<td>1930</td>
<td>Barzilla R. Waldrin</td>
<td>1945</td>
<td></td>
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<td>Karl Bretzfelder</td>
<td>1917</td>
<td>Daniel H. Eschner</td>
<td>1930</td>
<td>Lewis E. Imperiale</td>
<td>1946</td>
<td></td>
</tr>
<tr>
<td>Samuel Colliss</td>
<td>1917</td>
<td>Solomon Kleiner</td>
<td>1930</td>
<td>Roy Foley</td>
<td>1951</td>
<td></td>
</tr>
<tr>
<td>George W. Millen</td>
<td>1917</td>
<td>Abraham Schechiner</td>
<td>1930</td>
<td>Edward Maciejewski</td>
<td>1955</td>
<td></td>
</tr>
<tr>
<td>Joseph O. Snigel</td>
<td>1917</td>
<td>Max Friedman</td>
<td>1951</td>
<td>Lawrence M. Stone</td>
<td>1963</td>
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The day was climaxed by . . . .
The Annual Alumni Banquet, one of the largest in the Association’s history, was held this year on Monday, May 27, at the Plaza Hotel.

The 546 alumni, faculty members, parents and friends who attended gathered in the hotel’s Terrace Room for cocktails and then proceeded to the Grand Ballroom for dinner. The guests of honor were the newest Alumni, the members of the Class of ’68.

Dais guests included Dr. Bernard J. Wattiker, outgoing President of the Alumni Association; Dr. E. Edward Napp, the newly elected President; Mr. Jackson E. Spears, Chairman of the College’s Board of Trustees; Dr. David Denker, President; Dr. J. Frederick Eagle, Dean; Dr. Lawrence B. Slobody, Vice-President in Charge of Hospital Affairs; Dr. Leonard Paul Wershub, Curator of Medical Memorabilia and President of the Medical Board; and Dr. Irving S. Shiner, co-chairman of the Banquet Committee.

The classes of 1943 and 1918 were specially honored during the evening in recognition of the occasion of the 25th and 50th anniversary of their graduation from the College. Members of the class of 1943 were personally presented with their Silver Certificates by Dean Eagle. Gold diplomas were awarded to the Class of 1918 at Commencement on the following day.

Mr. Spears, Dr. Eagle, and Dr. Denker addressed the gathering and thanked the alumni for their participation and interest in College affairs and asked for their continued confidence and support.

Dr. Wattiker presented the Alumni Medal posthumously to Dr. Robert A. O’Connor, alumnus of the Class of 1943, and Associate Dean of the College. Dr. O’Connor, who died early this spring, was an active member of the Alumni Association and an especially beloved friend and associate of all who were privileged to work with him.

Dr. Slobody presented the Alumni Medal to Dr. Wattiker, outgoing President of the Association, in recognition of his outstanding efforts on behalf of the Association during his three-year term of office.

At the close of the evening, all alumni were invited to attend the Alumni cocktail party to be held during the AMA convention on Wednesday, June 19, at 4:30 P.M. in the Fairmont Hotel, San Francisco.
A talk with E. Edward Napp, M.D. '33, newly elected President of the Alumni Association of New York Medical College, leaves the layman with a warm and encouraging feeling about the state of the medical profession, considerably renewed faith in its practitioners, and a distinct impression that its critics have been talking to the wrong people. Most important of all, however, is the great sense of pride and confidence in the future of the Alumni Association given to those who are concerned with it, with the knowledge that Dr. Napp is at the helm.

The nautical reference is more than mere symbolism. Dr. Napp is a Rear Admiral, Retired, of the United States Navy. He is also probably one of the most decorated medical officers in its history. The citations hang in a small corner of Dr. Napp’s office on East 60th Street in New York, and they tell a story that is more than heroic. They tell a story of a doctor’s devotion, to his fellow man, in what are now the legends of World War II and the battles waged by the Navy at Guadalcanal and throughout the Pacific. Dr. Napp holds the Silver Star Medal, the Navy and Marine Corps Medal, the Bronze Star Medal with V, the Purple Heart, the New York State Conspicuous Service Cross, and the Presidential Unit Citations.

Dr. Napp is Clinical Professor of OB-GYN at the College, and is an Attending physician at B. S. Coler Memorial Hospital, Metropolitan Hospital and at Flower. He was Vice-President of the First Marine Division Association, a Diplomate of the International Board of Surgery, a Fellow of the American College of Surgeons, and a member of the American Geriatrics Society, the AMA, the Board of OB-GYN, and the Academy of Science. Dr. Napp is the author of various contributions to medical journals and maintains an avid interest in European and American history, and the history of land grants in this country.

A graduate of the class of ’33, Dr. Napp was a student when the College was located at its 64th street site. Commencement was held in Town Hall and the speaker was the then Secretary of State of the United States. Where students now play cards in the lounge, Dr. Napp remembers that in his day he and his class-
mates held dice games in the cellar. "Those were the Prohibition days," he recalls, "and on Friday nights, we'd all go out and drink needle beer."

A native New Yorker, Dr. Napp attended De Witt Clinton High School and Columbia University. He is married and has a daughter presently a Junior at Beaver College. As a boy, he worked in a doctor's office taking down phone messages while the G.P. was out on call. Along with most other observers of the medical scene, Dr. Napp believes that the old G.P. is gradually disappearing. However, he feels that there will always be a place for the general practitioner, and that he shouldn't be relegated to the status of an antique. "People look for someone to go to besides a psychiatrist," he feels.

Dr. Napp points out that the distribution of specialists is poor. In a large urban area such as New York, there is a great concentration of specialists, but in the outlying areas there is usually only one doctor. Even in this case, however, the G.P. can always call in a specialist when it is necessary.

Changes in medical training and education will depend on how medicine will actually be practiced in the future, Dr. Napp believes. Many ancillary services such as nursing and social service are taking care of services formerly only performed by physicians, he points out.

A specialist himself, Dr. Napp divides his time between his teaching obligations at the College and his own practice. He feels that a man engaged in full-time academic medicine, by the very nature of his work, experiences a loss of empathy between himself and his patients.

Dr. Napp has been active in the Alumni Association of the College since his graduation, and has been a member of its Board of Governors for the past 15 years. He firmly believes that the alumni should be independent of the College; that they should maintain close ties, but that they should be independent. Dr. Napp explains that the alumni can act on behalf of the College in many ways. The first and foremost is financially, and the second most important is as critic. "Everyone can stand a little criticism, and no one should be hurt by it, as long as it is constructive," he continued.

The new President emphasizes the importance of the autonomy of the Alumni Association. In this respect, it is necessary for the Association to have its members pay dues. "We can't fall back on the College to underwrite our expenses, they have enough of their own."

"I want to know what they (the Alumni) think so I may act accordingly on their behalf."

In ascertaining the amount of dues to be paid, Dr. Napp feels that taking the age of an alumnus and the number of years since his graduation into consideration would be far more practical, and more fair, than a simple flat rate.

Dr. Napp maintains that the alumni should have more meetings during the year, instead of the one traditionally held on Alumni Day, and that Senior students should be encouraged to attend these meetings. He also feels that the possibility of instituting a scholarship to be supported by the Alumni Association and given to an alumni son should be investigated and put into effect.

According to Dr. Napp, the role of the President of an Alumni Association should be to represent the entire alumni body at meetings and in any business conducted with the College. He firmly believes that the president should reflect the feelings of the alumni, and not simply his own. This is the reason that he continually stresses the importance for increased communication between the President, the Board of Governors and the general alumni body.

The alumnus has an obligation to his College, Dr. Napp maintains, because the College is the reason for what the alumnus is now, that whatever the alumnus may think of any College administration at any time, he should still support his College.

Dr. Napp ends the interview and begins his term of office with a special plea to the men and women he will represent. He asks that all alumni express their interest in the Association by continually providing him with their suggestions and their criticisms. "I want to know what they think, so that I may act accordingly on their behalf."
Commencement

Joy
contemplation of the future.
Dolores Fiedler '53 brought searing memories of fire and fear, of disease and death, of almost endless pain and suffering back from her voluntary tour of duty as an obstetrician and gynecologist in Vietnam but she's going back because she was "wanted and needed."

Perhaps the answer or the reason—if a reason is needed for a doctor to go to Vietnam where 15 million people live in the desperate grip of a war with only 1,500 native doctors to help—lies in our own way of life. As she puts it: "If I were to die tomorrow my local patients would commiserate for about a day, decide the whole thing was unfair to them and in about a week would have what they would easily describe as 'a better doctor'."

There were many compelling inner reasons behind her volunteering for Vietnam last October under the program sponsored by the American Medical Association which has had about 400 American doctors who have served in that war-stripped country.

"War casualties receive the most attention, naturally, with orthopedic specialists and surgeons," she said, "but few doctors are there for civilians. There simply were no gynecologists in a country where in many areas babies are delivered by neighbors or by the mothers themselves. Three out of five do not live out their first year."

She was in a Queens, N.Y., high school when she decided to become a doctor. Her father, a retired doctor, had her work every Saturday for two years as a volunteer in the emergency room of a hospital. And to make doubly certain that she could take it, she spent a summer vacation in the operating room, cleaning up.

She graduated from New York Medical College in 1953 and became an obstetrician and gynecologist. Her husband is a school teacher and she has two daughters, Terese, 17 and Meredith, 14. All three are quietly proud of their mother.

She reached Saigon with eight other doctors, all men, on January 29 and was scheduled to leave for...
My Tho, 40 miles south, to open a clinic for women. But the Tet offensive began the next day and for three days they endured constant shelling.

"On the fourth, we had had it," she recalled. "And we figured it was better to be doing something than be sitting around paralyzed by fear. So we each went to a hospital to work."

She went to Saigon Hospital, near the police station, in the center of the Chinese section. Heavy enemy fire hit the area often and at one time the Vietcong held the hospital for six hours. When they left, the doctors returned.

"I guess I'll never forget the people sleeping in the middle of the streets during the night. That was their home right in the middle of everything."

After 15 days of holocaust in Saigon, she moved on to a hospital in Danang where she thought she might get to practice gynecology. There she found the hospital simply crammed with civilian casualties from the fighting at Hue, 20 miles away. Their hospital records destroyed in the fighting, the sick and the injured either walked or were carried the full 20 miles from Hue to Danang. American helicopters on one occasion brought in 169 of the worst from Hue in the space of two hours.

The next six weeks were a nightmare. Twenty hour work stretches, cleaning wounds, repairing bodies incredibly ripped and torn by shrapnel and bullets. She helped pregnant women whose conditions were complicated by neglect and the paramount emotion of fear. The hospitals did not feed the patients so their families came along to cook for them. On some occasions, fear of a night attack would force them to spend the night in the jungle, returning in the morning for daily rounds with the Vietnamese residents, interns and medical students.

"At home, I teach residents who are always asking questions," she said. "But in Vietnam, I'd do surgery and they'd help. Then I switched with them doing the surgery and my doing the assisting. But no questions. Of course, they were good but they rarely talked. I felt I hadn't reached them until the time I told them I was going—that my time was up."

Their consternation was soul-satisfying.

"Are you really going?"
"Why?"
"Will you be back?"
"When?"

Yes, Dolores Fiedler will go back to Vietnam someday because here "you go every day the same way. In Vietnam, they need you and when I left I knew that if I hadn't been there it would have made a difference."
Boston Concert Benefits

Massachusetts alumni and parents, under the able and dedicated leadership of Mr. and Mrs. Samuel Newman of Boston, combined to stage a spectacularly successful—socially and financially—concert by the Civic Symphony Orchestra of Boston for the benefit of the Annual Fund.

A black tie cocktail party and dinner at the Ritz Carlton Hotel in Boston at which Dr. and Mrs. David Denker were guests of honor preceded the concert on April 30, 1968. The concert, held at Jordan Hall, Boston, began at 8:30 p.m. with the following exciting program:

SYMPHONY NO. 4 IN E FLAT . . Franz Berwald
   Allegro risoluto
   Adagio
   Scherzo—Allegro molto
   Allegro vivace
   (First Boston Performance)
LA DAMOISELLE ELUE . . . . Claude Debussy
   (The Blessed Damoselle)
   ROADCLIFFE CHORAL SOCIETY
   Soloists: Marsha Vleck—La Damoselle
   Christine West Robbins—Récitante
   INTERMISSION

CONCERTO NO. 1 IN B FLAT MINOR, OP. 23
FOR PIANO AND ORCHESTRA
Peter Ilyitch Tchaikovsky
   Allegro non troppo e molto maestoso
   Andantino simplice
   Allegro con fuoco
   ROBERT CLARK—soloist

The successful evening culminated months of strenuous individual effort by Mrs. Newman, a devoted and arduous supporter of the College's Annual Fund, who conceived and executed the entire affair.
After the concert — champagne and an opportunity to meet the performers.

A check for the annual fund presented by Mr. and Mrs. Newman to Dr. and Mrs. David Denker.
A 44-year-old member of the class of 1952 has become one of the few medical-legal men in the United States as a "good change of pace." And, believe it or not, you can give all the credit to television.

James A. Harkins recently joined the New London, Conn., law firm of Dupont, Pavetti and Dupont to become both Doctor and Attorney and he has no intention of abandoning his medical practice. He is going to specialize in medical-legal areas in the field of law and as an internist in the field of medicine.

"A change of pace, after hours in one field," he says, "automatically makes a man refreshed and alert. I don't anticipate any more difficulty than when I attended law school while practicing medicine full time."

Dr. Harkins graduated from Columbia University cum laude with a Bachelor of Science degree and settled in Norwich "which seemed like a nice place" one year after he received his medical degree.

The thought of becoming both doctor and lawyer took root sometime back in 1961 although he always had a long-time interest in law. The interest blossomed into resolve one night when after a particularly dull session with television he then and there decided he should be doing something more constructive with his time.

He became a commuting student by enrolling in the Evening Division of the University of Connecticut law school and driving from Norwich to Hartford for the next five years. He counted the minutes as well as the miles, running up a total of 5,000 during his studies. He dictated what he wanted to remember from his class notes into a recorder and would keep these points fresh in mind by playing back the recordings.

He had a recorder in his home and in his office as well as his car and the long driving time was far from wasted since he could listen to his own "lectures" to himself while commuting.

Maybe he learned to make every minute count in World War II since he was with the 13th Armored Division under General George Patton, also somewhat famous for not wasting much time. Dr. Harkins graduated with a Bachelor of Law degree on June 16, 1966 and was high man in the class of 70 in the day and evening divisions combined.

For a while he conducted a solo practice of law in Norwich but found that too cumbersome because he wanted to actively participate in the general practice of law as well as medicine. He now divides his time between practicing law in New London, Conn., and practicing medicine in his Norwich office at 63 Lincoln Avenue.

Time is obviously a commodity that James A. Harkins knows how to handle in more ways than one. He can also fix his own watch, if necessary. After his discharge from the army, he opened a watch repair service in New York to earn enough money to complete his education. And, he is married and the father of four children.
For well over a century, New York Medical College-Flower and Fifth Avenue Hospitals, has provided the best in medical care to hundreds of thousands of persons and, since its founding 109 years ago, the most complete education possible to almost 6,500 physicians graduated.

The aspirations and inspirations of the founders of the College have been permanently woven into the fabric of our institution which through the years has become a national leader in three most important areas—education, research and service—as well as a living memorial to its founders and friends.

THE NEED IS GREAT

To continue in the role of leader, we must have followers. Legions of them, for the medical college is the source of all medical care in the country. We lead the world in providing the finest medical care for all because we have supported our medical colleges and helped them in the fight against disease, pain and death. We are faced today with a grave danger that medical education, face to face with tremendous new demands, will succumb to the spectre of ever rising costs.

The times will never allow us to lapse into indolence as far as contributing financial support to the College’s 1968 Annual Fund campaign which is now underway. There is no truce in the perpetual hot war between our two major difficulties—need and time. The former is too great and the latter too short. And, we face an even greater danger—group ennui, perhaps even boredom, with our annual appeal for funds. It is highly probable that a great many of our faculty, alumni and parents have never enjoyed asking and being asked for money.

It is also quite possible that some of our contributors feel that the only thing that has increased over the years is our financial appetite and that our continuing thirst for more can never be slaked. The Annual Fund should not be looked upon as an ogre with an insatiable craving for money but rather as an instrument that provides all of you with an opportunity for a concrete enhancement of the good, for a furthering of the best and above all, for a fostering of the future.

Because needs are so much on the increase, and because all of them cannot be forecast—despite our constantly increasing sensitivity to the benefits of forward planning—there is going to have to be an extra effort this year on the part of all of us to insure the success of the Annual Fund. We must raise as much money from as many sources as possible each and every day of the year.

We can only be successful if we have a body of alumni, parents, faculty and friends with a deep and personal commitment, which understands our institutional purpose, which has confidence in the idea which New York Medical College represents and above all, a body of dedicated supporters which knows that if they provide the financial bullets, the accuracy of firing is a matter of course.

It is not given to all of us, as it is to alumni, to have the opportunity to be intimately acquainted with the many facets that pertain to New York Medical College, its faculty, its physical plant, its research departments and their achievements, changes in methods of medical education, enhancement and maintenance of leadership, selections of students whose motivation, integrity and high intellectual capacity will assure us of a true physician as an end product, cost of medical education, time spent for education and preparation of our students to meet equally the new sociologic and economic trends and still remain true physicians.

The complexity of the whole pattern of the doctor and his education and his survival very often becomes so overwhelming that too many people find it much simpler to take the road of least resistance and relegate the solution to someone else. That is tragically wrong. Interest and participation in the problems related to our College must rise to a high level and be shared by all. The stakes are high but the reward is great.

THE TIME IS SHORT

With your increased support of the Annual Fund, we can retain and further our high medical standards by supplementing the salaries of those who sacrifice the rewards of private practice to educate our young people to be the physicians of tomorrow.

Whatever affects medical education must also affect medical research and practice. It is the key that can give or deny the best medical care to all Americans. Your contribution to the 10th Annual Fund of New York Medical College will help it to continue to carry out its program of service that benefits all of us. Your gift will mark you as one dedicated to concern for his fellow man.—SAUL A. SCHWARTZ, M.D. ’30
A glance backwards is always rewarding when one delves into the rich historical background of the New York Medical College, Flower and Fifth Avenue Hospitals.

The history of cholera is one of the most fascinating tales of all epidemic diseases, and “Flower” played a significant and contributing role in the early management of this disease. At its inception the College was the leading exponent of homeopathy, its name at that time being “The Homeopathic Medical College of the State of New York in New York City” (incorporated April 12, 1860—Chapter 329 of the Laws of 1860). Through Samuel Hahnemann and his followers, who ultimately developed homeopathy, the gross population benefited since drug therapy was at that time fallacious and harmful. This was particularly true with regard to the first epidemic of cholera in New York City in 1832. The old school resorted to venesection, followed by a dose of castor oil and the inevitable calomel. At least homeopathic medicines would not make well men sick, nor keep sick men from getting well. In addition the homeopathic physician stressed hygiene, cleanliness, nourishing diet and supportive nursing, all of which aided toward a rapid convalescence.

During the 1849 cholera epidemic of New York City, a petition to the New York City Board of Health appealing for the establishment of a hospital on homeopathic principles was signed by such prominent New Yorkers as William Cullen Bryant, (who became the first President of the Board of Trustees of the New York Medical College in 1860), P. J. Van Rensselaer, Stephen Cambreleng, and General James Talmadge—all trustees of the Homeopathic Dispensary Association (File Drawer V-60, City Clerk’s Papers, Municipal Archives and Records Center, contains the original petitions, dated June 8 and June 14).

The homeopathic principle drew to the attention of physicians, the significance of evaluating where possible, the vis medicatrix nature, the tendency of people to get well regardless of therapy. Cushing, in writing of Osier states, “His (Osler) belief that overtreatment with drugs was one of the medical errors of the day and it was always one of his favorite axioms that no one individual had done more good to the medical profession than Hahnemann, whose therapeutic methods had demonstrated that the natural tendency of disease was towards recovery, provided that the patient was decently cared for, properly nursed and not overdosed”.

by Leonard Paul Wershub, M.D.
In 1849, C. F. Hoffendahl, M.D. published his results in the treatment of cholera in the epidemic of 1831, in Germany. Hoffendahl was an ardent follower of Samuel Hahnemann and played an important role in the opening of the New York Medical College in 1860. The pamphlet published in Boston by Otis Clapp (available to the interested reader in the Curator's Museum) is specific in that the author does not attempt to explain the pathogenesis of cholera but rather to emphasize the importance of a "natural mode of living" (although these remarks are far from enlightening, I mention them to illustrate the views of an average practitioner on the subject in 1849). As Rosenberg stresses (Ref. Rosenberg, C.E.: The Cholera Years, The United States in 1832, 1849 and 1866) everyone wrote on cholera. "Indeed the subject seemed almost to have been exhausted. The writer of a treatise on cholera, complained one medical author in 1849, was in much the same position as the prospective author of a Fourth of July oration or a eulogy of George Washington. There was nothing new to say."

In 1849 John Snow published in London a book entitled "On the Mode of Communication of Cholera". Brown (Brown, P.E. John Snow—The Autumn Loiterer Bull. Hist. Med. 35, 1961, p. 519) claims that it is to be regarded as the prototype of much modern epidemiologic research. Snow believed that cholera was communicated through drinking water. His idea was that a contagious principle attacked the intestinal mucosa without passing into the blood-stream. "Such an agent could only enter the body by being swallowed and leave it in the vomit or stools—the chain of infection being completed by the faecal contamination of food and water. Some form of poison which could 'multiply itself by a kind of growth, changing surrounding materials to its own nature', was clearly essential to this theory, since the disease was able to spread without limit from one or two affected individuals". Unfortunately his theories were not accepted. Even at the time of the second outbreak of cholera in New York City (1849) the great majority of physicians still believed that the cause of cholera lay in the atmosphere.

This unwelcome visitor to New York (cholera) at one time was confined to the Far East. It later appeared in the Middle East and the European Continent. It is an alarming disease and well read New Yorkers followed its slow but definite progress from one area to another, until finally it reached England in 1831. Because of the impending crisis, the Board of Health of the City of New York as early as September 6, 1831, resolved that three of the City's most prominent doctors be requested "to collect . . . with all possible speed, all information which can be obtained from Europe or Asia or elsewhere on the subject of the oriental cholera". (Ref. Rosenberg, C.E.: The Cholera Epidemic of 1832 in New York City, Bull. Hist. Med. 33, 1959, p. 37).

This apprehension and fear can be understood when the reader appreciates the fact that prior to 1816, India had always been the home of the dreaded disease, although there is evidence to believe it prevailed during antiquity in areas remote from India. Thus in 1816, for the first time since British occupation, the disease best described as the "pestilence" spread beyond the boundaries of its native India.

The epidemic incidence of cholera has been compared to the waves set up by dropping a stone into a quiet pool, waves which carry to every port. In similar manner Chambers claims the initial case of cholera

FIGURE I — Everyone seemed to be writing about cholera, and as one medical writer in 1849, stated, a treatise on this subject, was in much the same position as the prospective author of a Fourth of July oration or a eulogy of George Washington. There was nothing new to say. The above illustrated front piece is from a treatise on Epidemic Cholera housed in the Rare Book Room of the College.
in the Delta of the Ganges started waves of destruction which carried to every port of the human pool. "Wherever man went there cholera went also; to all points of the compass it traveled; along river routes, through mountain passes, over desert trails and across oceans it pressed on until it encircled the globe. The speed and direction of its progress were the speed and direction of human travel. The waves paused in winter only to speed up again with the coming of Spring. (Ref. Chambers, J.; The Conquest of Cholera—America’s Greatest Scourge. New York. The Macmillan Company, 1938, pp. 18-19).

Let us examine the route traveled by this invisible agent as it spread beyond the confines of India in 1816. This disease showed some resemblance to the cholera, or bilious flux, described in works from Hippocrates to Sydenham, and so the scourge was named. The new cholera was something more devastating than the disease the ancients mentioned, and European physicians christened it variously cholera asiatica, cholera indica, cholera spasmodica, and, in tribute to its deathly powers cholera morbus. As it first spread it did not pass beyond the limits of Asia and Africa. In the Spring of 1826 an outbreak started in the Delta area of the Ganges and began a slow but thorough spread over India. Over a period of two years it made its ascent up the river to beyond the northwest boundary of India. It then took a year to cross the desert with the caravans and, encircling the Caspian Sea, it was well into Russia and the Near East.

The role played by large gatherings of people is well demonstrated when in the Spring of 1831, the pilgrims of the Mohammedan faith from distant parts of the orient met at Mecca. Fifty thousand persons were gathered together but one uninvited guest in the form of cholera appeared at the festival. It is estimated that approximately 20,000 fell victims of the disease and the remaining pilgrims fled to Suez, Alexandria and Cairo where the disease soon established itself.

The disease appeared in England during the summer of 1831 and subsequently spread over England, Scotland and Wales. In 1832 it appeared in London and went by “stage” to Newcastle, Edinburgh and Glasgow and thence “jumped” to Belfast and Dublin. Since many Irish emigrants were leaving for America, it successfully traveled to America, with its port of entry being Canada. From there it gradually made its way to New York City and subsequently traveled west with the gold-miners of '49.

The poor suffered the most from cholera—and living in filthy, crowded, damp, moist rooms they were perfect victims which gave rise to the expression “in-
equality before death" which served to aggravate the differences between the classes. On July 10, 1832, New York's Special Medical Council announced that "the disease in the city is confined to the imprudent, the intemperate and to those who injure themselves taking improper medicines . . .".

Rosenberg (Ref. Rosenberg, C.E.: The Cholera Epidemic of 1832 in New York City—Bull. Hist. Med. 33, 1959, pp. 37-49) writes that New York City in 1832 provided "an eager audience for scores of articles and treatises on the cholera. For once the disease had reached England, it seemed inevitable that the United States should, in turn, fall victim. A medical school commencement was entitled "Providing for the Cholera". In March, over two thousand crowded into the Baptist Meeting House on Mulberry Street to hear Sylvester Graham (Graham, Sylvester: A Lecture on Epidemic Diseases Generally and Particularly the Spasmodic Cholera, New York Courier and Enquirer, April 6, 1832) lecture on the cholera.

When the news from Canada reached New York (June 16) a cynical and despairing mood enveloped the entire city. By Sunday, July 2, news leaked out about the first cases of cholera in New York City, and a general exodus of those who were able to leave the city took place. Those who could not leave, namely the poor, remained. Since they lived in wretched conditions particularly those in basement apartments, they were perfect victims for cholera.

By the 20th of July the city was in chaos and over a hundred deaths were reported. "Cartloads of coffins rumbled through the streets, and, when filled returned through the streets to the cemeteries. Dead bodies lay unburied in the streets and coffin makers had to work on the sabbath to supply the demand. Harsh smoke from burning clothes and bedding filled the air, competing with the acrid fumes of tar, pitch, and other time-tested preventives. Houses stood empty, prey to dust, burglary and vandalism. By August, even churches were beginning to shut their doors—especially those with wealthier congregations".

But what of the medical profession? All were unanimous in agreeing that the intemperate, the irregular, the filthy were peculiarly vulnerable. They believed that cholera was an influence in the atmosphere which was malignant to only those who somehow or other weakened themselves. The concept of antiquity regarding disease now came to the foreground; namely, that sin was the cause of disease and therefore cholera was not a scourge of mankind, but of the sinner. Unfortunately, the sinner was one immersed in poverty and its environs could not be differentiated.

For readers of this article, living in a modern city, it is difficult to appreciate what New York City was like at the time of the first outbreak of cholera in 1832. Let us examine the state of affairs as it existed at that time.

For the most part, the city extended from the Battery to 14th Street. The most populated areas were along the river fronts, but even below 14th Street, there were sparsely settled areas on either side of Broadway. The population of New York City was just below 298,000, and was the largest city in the United States. Only six cities in Europe (all who had been visited by cholera) had larger populations, namely London, Paris, Constantinople, St. Petersburg, Naples and Vienna. Twenty-five thousand people lived in Brooklyn, which was connected with the city by four ferries. An occasional ferry ran to Staten Island (Ref: Hilton G.W.: The Staten Island Ferry. A History of the Ferry, Berkeley, Howel, North Books, 1964, Chapter II).

The city obtained its water supply from the Manhattan Water Works, which pumped water from a large well in Reade Street, and distributed it by wooden and iron pipes. With rapid increase in population and because of the cholera epidemic plans were inaugurated to bring water from the Croton-River, through a forty-five mile-long covered canal, which was estimated to give a supply of thirty-two gallons of clean water daily to the main reservoir at 42nd Street and Fifth Avenue (the present site of the New York Public Library). (Ref: Wershub, L.P.: One Hundred Years of Medical Progress. Charles C. Thomas, Springfield, Ill. 1967, pp. 21-23). The Croton aqueduct was completed (1842) 10 years after the outbreak of the first cholera epidemic at a cost of $12,500,000, and it is believed that the availability of this fresh supply of water did much to minimize the epidemic of cholera in New York City in 1849.

The crowded tenement houses in New York City were indeed a menace to health and happiness.

William Cullen Bryant, the first President of the New York Medical College was one of the most vigorous of the reformers in an attempt to clean the city and improve housing condition. Using the Evening Post as his media, he confronted the politicians with the neglected, filthy conditions of the city streets. It was said that "the dirtiest streets in Italy are no
FIGURE III — In addition to the valiant efforts inaugurated by William Cullen Bryant in his Evening Post, a concerted campaign against the filth of the city was carried on by Harper's Weekly. In this startling sketch "King Garbage" is depicted as the ruler of the city. (Courtesy of Rare Book Room — New York Academy of Medicine)
worse than those of New York in the early 19th Century. Bryant recommended the use of "horse-brooms"... and wrote: "(they) could not vote, but they would reduce the cost of street cleaning from $330,000 to $50,000 a year. No one needed to be thrown out of work because those not needed for sweeping streets could be put to work repairing the broken pavements".

A further insight into the nature and existing conditions of sanitation is well documented by Dr. Stephen Smith (Ref. Smith, Stephen: Report to Legislature, 1839), who presented a report to the Legislature illustrated with photographs. He wrote:

"Streets where refuse, garbage, and often excreta accumulate to the depth of two feet in winter, with summer to rot and dry and be dispersed as dust all over the area. Houses where privies were not connected with sewers, and where the cesspools were completely filled. Lots with front and rear "tenant-houses", the yard being occupied by privies where twenty-five persons was the proportion per privy. Cellar dwellings with floors contaminated by sewage—the walls reeking and air foul beyond description. Areas and houses where the morbidity rate was 70%, where small-pox, diptheria, scarlet fever, typhus and typhoid were practically always present. Living quarters where "home-work" was being done, garments being hung on beds occupied by smallpox and typhus cases. The death rate in good communities was seventeen per 1,000 (considered the irreducible minimum) while among these quarters it varied from twenty to forty."


"One great source of ill health among laborers and their families is the confined and miserable apartments in which they are lodged. In the rapid growth of our city in particular the number of buildings has by no means increased in a manner corresponding to the great influx of strangers. The accommodations are insufficient and the rents in consequence extravagantly high. Upon no class of the people does this evil weigh so heavily as upon the laboring population. To give an instance of this—the garret of a small two-story building in Catherine Street is divided by a board of partitions, into three apartments, the stairs leading to the garret are broken and have lost their banisters, and the flooring of the rooms is broken through in several places. The ceiling in the center of the garret is not higher than twelve or fourteen feet, and from this it shelves off towards the eaves of the house. For the largest of these rooms, about twelve feet by fourteen, and the only one which has a fireplace, $1.50 per week is demanded, and for each of the others, $1.00 and $1.25 per week respectively; so that the rent of the garret alone amounts to $195 per annum. For a cellar, one small dump lighted by a single broken window and the walls formed by the naked stones of the foundation through which the moisture was constantly exuding, $65, payable quarterly in advance, was demanded and obtained. Nor are these singular examples; in every instance that I have inquired, I have found the rents of the laboring poor in a similar proportion... Can we wonder if in such a state of things we find moral as well as physical disease, vice as well as sickness? Can we expect men who live thus to be sober and orderly or women to be cleanly and domestic? In such situations, during the summer months, diarrhea and dysentery are ripe, and among children, fatal... these are lurking places where smallpox, measles, and scarlet fever lie covered under the ashes or when circumstances are favorable, blaze up into sudden fury."

McCready wrote this thesis five years after the depressing and frightening cholera epidemic which now seemed to be completely forgotten. One hundred and twenty-five years later Sigerist (Reference Sigerist H.: Civilization and Disease, Chicago, University of Chicago Press, 1962, p. 39) wrote: "Slums are still the cancer of our cities. The dwelling, meant to protect the people's health, has in many cases become a major cause of disease. All our cities, so badly adapted to the present means of transportation and to modern sanitary requirements, need drastic rebuilding. Some progress has been achieved and a few of the worst slums have been demolished, to be replaced by sanitary and pleasant housing developments."

Little attention was given to sanitation as a means of combating cholera and foremost in mind was the...
belief that the sinner and only the sinner would succumb to the disease which indeed was a wrath from the heavens.

Rosenberg writes of John Pintard, a wealthy New York Banker, a stern and upright man who on July 13, wrote that the alarm in the city would be indeed great if the disease was ever to attack the "regular householders". He thanked God that it remained "almost exclusively confined to the lower classes of intemperate, dissolute and filthy people huddled together like swine in their polluted habitations." A week later, even at the very height of the epidemic, Pintard still clung to his theory and wrote to his daughter that those attacked were "chiefly of the scum of the city" and that the sooner this group was dispatched, the sooner the disease would run its course." Even if New York had to mourn the loss of some estimable and valuable citizens, it would be 'mere affectation' not to acknowledge that hundreds had been renewed 'who were festering wounds in the face of society. (Reference quoted by Charles E. Rosenberg, John Pintard, Letters from John Pintard to his Daughter Liza Noel Pintard Davidson (1816-1883 New York, 1941), vol. IV, pp. 72-75. July 13 and 19, 1832; New York Mercury, August 1, 1832.

Even the clergy approved of the view of Pintard and others and in the words of Gardiner Spring, pastor of the Brick Presbyterian Church—to "promote the cause of righteousness, by sweeping away the obdurate and incorrigible ... to drain off the filth and a scum which contaminate and defile human society."

There is a class of men whom nothing will reform; who live only to degrade themselves and their fellow men, and whose only influence is to pollute and poison the fountains of joy. Towards such persons the God of mercy is not wanting in forbearance; but there is a limit beyond which his forbearance may not be extended ... It is a kind interposition of His Providence towards the cause of religion and good morals, when men who are the pests of human society, and whom nothing can reform are swept away by divine judgments. (Reference Gardner Spring, D.D.: A Sermon Preached August 2, 1832, a Day Set Apart in the City of New York for Public Fasting, Humiliation and Prayer (New York, 1832).

But there were others who thought differently and felt that although the disease was a consequence of the actions of man, of his individual and collective sins it was not punishment directly from the hand of the Lord. These men, among whom were many homeopaths, believed the disease was the inevitable result of man's failure to observe the laws of nature; laws which had been established by God for man's own benefit. Truly it was their belief that cholera was brought about by intemperance and filth and vice, conditions which had never been imposed by God. "If man will close his eyes ... and stumble on in opposition to the immutable laws of God, he must bear the pains and suffer the penalties of such waywardness." (Reference From a Sermon by William Whittingham of St. Lukes. Mrs. H. Croswell Tuttle, History of St. Luke's Church in the City of New York 1820-1920 (New York, 1927), sermon reprints, pp. 496-511.)

It is of singular importance to evaluate the early belief of many Americans, that cholera would not invade the American shores. This attitude came about by the universal impression abroad that the disease did in reality, select a disproportionately large number of its victims from the poor. Americans were under the false belief that there was little real poverty in the United States. Unfortunately they attributed poverty as purely the result of idleness and intemperance, and never for once thought that such behavior was the result of poverty. Charles E. Rosenberg in his most excellent monograph, "The Cholera Years, The United States in 1832, 1849, and 1866—University of Chicago Press, 1962 pp. 58-59, writes: To many Americans, the extent of poverty revealed by the epidemic was genuinely disturbing. Only on such extraordinary occasions, wrote one New York matron, was the 'dreadful misery and distress of the city known'. ... To a professed radical like George Henry Evans, cholera was no heavenly decree, but rather an inevitable result of human injustice; men, not God, permitted filth, wretchedness, and poverty to exist ... Though not a scourge of the vicious, cholera had taught a lesson—a very simple one; there must be an end to poverty, destitution, and ignorance ... To at least some Americans, cholera seemed an unmistakable indictment of the society which allowed it to exist. Cholera was but a most recent and acute consequence of man's chronic inhumanity to man."

The idea that microscopic organisms might be the indulging cause of this dreaded disease now began to arise in the minds of many investigators. The most consistent believer and advocate of the microrganism theory was Samuel Henry Dickson, professor of medicine at New York University. Dickson believed that the cause of the disease although "ultra-microscopic," was living matter; "whether simply cellura or of complicated structure" was definitely etiological. Yet the medical profession continued to ignore such claims
and regarded them as bizarre since they were theories unproven.

From 1849-1854, cholera persisted then disappeared as quickly as it had 20 years earlier, and remained absent for another twelve years. It returned in 1865, and its reappearance was expected since cholera was again sweeping over the European continent. It was the proper attitude for few changes in sanitation had taken place despite the vigorous campaigning of William Cullen Bryant and other outstanding citizens.

Since the last epidemic (1849) New York had grown not only in area but in height and depth as well. The dangers and constant menace of cramped and unhygienic living conditions still existed. The death rate in New York's notorious sixth ward—site of the Five Points—was almost three times as great as that of the city as a whole. New York City in 1865 had 15,357 tenements in which 501,327 people lived.

Because of inefficiency and political control of sanitation of the city a new Metropolitan Board of Health
was organized. On February 26, 1866, a bill titled “an act to create a Metropolitan Sanitary District and Board of Health Therein” became the first legal step to aid in the control and ultimate eradication of cholera. As a result of the pioneer work of John Snow in 1849, and the Munich sanitarian, Max von Pettenkofer, (both demonstrated the significance of contaminated drinking water) further steps toward the control of cholera as well as other contagious diseases took place. The New York Academy of Medicine unanimously approved of such procedures and announced:

“That in the judgment of the Academy the medical profession throughout this country should, for all practical purposes, act and advise in accordance with the hypothesis (or the fact) that the cholera diarrhea and “rice-water discharges” of cholera patients are capable in connection with well-known localizing conditions, of propagating the cholera poison; and that rightly enforced precautions should be taken in every case of cholera to permanently disinfect or destroy these ejected fluids.”

Despite the conscientious efforts of the new Board of Health, cholera raised its ugly head with the first warm days of April. Nevertheless the cases were scattered and few and whenever sanitation was lacking the necessary steps were taken, such as disinfection and burning of clothes, linens, etc. What was most significant was that a Board of Health had, “by its efforts, turned away a cholera epidemic from the largest and most congested city in North America. Medical men and concerned citizens in general throughout the United States called for the creation in their communities of health boards similar to that which was credited with having saved New York.” (Rosenberg—Book—p. 210).

Since ships coming to Canadian and American ports apparently brought cholera to the shores of the North American Continent, it would not be amiss to conclude our story by some observations on quarantine, which in itself played little role in the control of the three epidemics that involved New York City.

The earliest records of intentional isolation of diseased individuals for the protection of healthy persons was first demonstrated at the beginning of the Middle Ages. In 736 A.D., St. Othmar, was one of the first to provide a place for lepers in a “hospitium ad suscipientes leprosos” near the abbey of St. Gall where they were separated from other sick and healthy persons. In 757, Pepin the Short and in 786 Charlemagne, issued edicts ordering lepers to be cared for in Special houses. Leper houses must have existed earlier, since Gregory of Tours (538-593) mentions such institutions in his History of the Fraules.

It seems logical to assume that the experience that had been gained by isolating lepers certainly influenced the measures taken when the “Black Death” ravaged Europe in the 14th Century. Like cholera and despite violent oppositions more and more physicians supported the theory that the plague was transmitted by contact.

In 1374 Venice (as did Geno) barred her harbour to ships arriving from plague-stricken countries. The famous edict of Bernabo of Reggio (1374) is accepted as the true origin of quarantine. Visconte Bernabo of Reggio, near Modena, issued a decree of a 10 day period of observation which although inadequate, (the name quarantine implies 40 days) was the first record of an attempt to isolate and prevent the spread of disease. He ordered that every plague patient be removed from the city to a field where they would either die or recover. Those who attended a plague patient was to be isolated for ten days before resuming his usual relations with others. The clergy had to examine the sick and report them to the authorities. Anyone introducing the plague was to have his property confiscated. Three years later, July 22, 1377, the municipal council of Ragusa on the Dalmatian coast ordered a 30-day period of isolation for those arriving from plague-stricken areas. A 40-day period of isolation was first required in 1383. Gerlitt believes that according to Hecker, the reason for the establishment of a 40-day period was that during the 13th and 14th centuries, the fortieth day was generally regarded as the day of separation between the acute and chronic forms of disease. “It was also believed”, writes Gerlitt, “that the embryo develops in 40-day periods, and women in child-bed were observed for 40 days. Alchemists maintained that 40 days were necessary for certain transmutations. The Bible was also drawn upon to endow the number 40 with a special significance; the Flood lasted 40 days, and other biblical events also occurred in 40-day periods”. Gerlitt, J.: The Development of Quarantine. Ciba Symposia, September, 1940 pp. 566-568.

Of singular interest is that before the use of quarantine had become general in seaports and cities, the most important method of protection was escape by flight from those who were sick. This was well demonstrated in the three important epidemics of cholera in New York City, where practically all who could afford to leave the doomed city did so by carriage, wagon, horseback and boat. Unfortunately such a
means of quarantine actually spread rather than confined the disease.

Even during the height of the cholera epidemics (as well as the plague and other epidemics) many outstanding physicians opposed quarantine, either in part or fundamentally. Pettenkoffer as late as 1872, opposed the quarantining of ships declaring that the isolating officials were as dangerous as the persons to be isolated. Even with strict quarantine of vessels, cholera could not be prevented—as long as the cause of the disease was unknown. The general weakness in the face of all epidemics was the fact that the causative organisms did not become known until the end of the 19th century. The most grotesque ideas and fantasies were promulgated in the explanation of disease, and used as means of combatting any enforcement of quarantine (such enforcement resulting in certain definite economic losses as in shipping, transportation etc.).

To appreciate the vagueness associated with epidemic diseases it is well to read that while the "Black Death" was raging during the 14th century, the medical faculty of Paris, an accepted authoritative group, proclaimed the following:

It is known that in India, in the region of the Great Sea, the Stars, which oppose the rays of the sun and the warmth of the heavenly fire, exert their power especially against that sea and struggle violently with its waters. For this reason vapours frequently arise which cover the sun and change its light to darkness. These vapours ascended and descended repeatedly and incessantly for 28 days, but finally the sun and the fire acted so violently on the sea that they attracted a large part of it, and the sea water rose in the form of vapour".

This phenomena, it was believed, caused the death of the fish and the evil vapours which developed caused the deaths of human beings. Gerlitt writes, "Even stranger are the remedies recommended against the epidemic: fumigation with vine wood, laurel, warmwood and camomile. This is followed by dietary regulations containing an arbitrary mixture of all possible kinds of food."

On October 12, 1830, the Russian Government proposed "the nature of cholera" as a subject for a prize competition, because the opponents of quarantine rejected all measures of isolation. This came about because of the realization that even the separation of the sick from those who were still well did not prevent the spread of the disease.

For many years fear of cholera was made responsible for the spread of the disease. In Hoffendahl's treatise mentioned above (Boston, 1849) he outlines rules for the prevention of cholera and stresses the role of fear as follows:

Quite as important as the above rules by way of preventative and even more important than they are, is the total absence of fear. All accounts agree the fact that the cholera appeared more fearful at a distance than near by. Its contagion is more and more universally denied by physicians and laymen; and most certainly if the disease is contagious at all, it is only when at its height, and with those who are individually peculiarly predisposed to it. The intemperate either in eating or drinking, and the uncleanly, and the poorly and insufficiently clothed, those whose dwellings are wretched and who partake of indigestible and unwholesome food, and those who have become debilitated by a loss of humours, have most to fear."

It remained for the Metropolitan Board of Health of New York City first organized on February 26, 1866, to show that cholera could be prevented, not with prayer and fasting, but through disinfection and quarantine. Specific medicines (prior to vaccine therapy) formerly popular were now discarded because of their obvious failure and cupping and venesection soon fell into the same category. By 1866 it became clear that cholera patients did best when given careful care and nursing, hygiene and good nourishment. Paradoxically since this was the main form of therapy of homeopathic physicians it is difficult to understand why homeopathic physicians were not recommended in the war against cholera. Due to pressure by the New York Academy of Medicine, homeopathic physicians were not allowed to practice in the city's cholera hospitals. The New York State Homeopathic Medical Society (composed of many of the faculty of the college) protested and claimed that the homeopathic devotees paid half of the city's taxes and constituted at least 50 percent of the city's educated population. These intolerant views of the regular medical profession who referred to homeopathic physicians as "irregulars" did much to hinder the progress of human knowledge and deprived this intelligent group of its equal rights in the choice of physicians hired by the city. Great antagonism to the college was aroused because of the ever-increasing popularity with the lay public and the homeopathic school and its adherents. In New York City, the so-called deluxe medical practice was most predominant among homeopathic physicians and this, in itself, aroused bitterness and anger among the old school practitioners. Eventually, however, the board did permit these so-called "irregulars" to direct wards.
at the Battery Barracks and the Five Points Cholera hospitals, the latter being completely staffed by members of the college (New York Homeopathic Medical College). Nevertheless it was truly a curious phenomenon, this existence of two bodies of educated physicians living side by side, with absolutely no mutual interest or communication.

Kelly (Ref. Kelly, M.: History of the Medical Society of the State of New York 1882-1906. N.Y.J. Med. 57, Pt 1, 1957) in writing of the history of the New York State Medical Society between 1882 and 1906, points out that a study of the minutes of many county societies during the middle of the 19th century shows the marked antagonism of the physicians to the so-called “irregular” practitioneers, even censure of those “regulars” who dared consult with them. Indeed, this controversy led to a split in the ranks of the State Society, and the formation of a New State Medical Society. This occurred mainly because of the demand for consultation with homeopathic physicians, which became increasingly difficult since in 1868 the American Medical Association had confused the issue by declaring it was unethical to consult with an “irregular” physician. Indeed in 1871 the Commissioner of Pensions in Washington issued an order excluding all irregular physicians from serving as “examining pension surgeons”. Homeopathic physicians were not considered eligible for membership in the New York Academy of Medicine; the first graduate of a homeopathic medical school to be proposed and elected to the Academy did not occur until 1893, but only after he made a statement in writing that he was not a sectarian practitioner, nor connected with a sectarian school. (Ref. Van Ingen, P.: The New York Academy of Medicine—Its First Hundred Years. New York Columbia University Press, 1949.)

With the advent of the 1866 epidemic of cholera, the attitude of the medical profession had greatly changed with regard to the cause of cholera and there were few intelligent physicians who doubted that cholera was portable and transmissible. Above all cholera taught the world the need for sanitation, and the development of public health measures. All these improvements plus the method of vaccination has aided in the prevention of this formerly dreaded disease as well as other highly contagious diseases.

It is with pride that we read of the role of our school in the management and ultimate control of cholera in New York City, and learn to appreciate the part played by faith and reason, religion and science in this final victory.

Annual Dues Reinstated

At a special meeting of the Board of Governors of the Alumni Association on July 17, it was unanimously voted to reactivate annual dues, an action approved at the Annual Business Meeting on May 27, 1968.

"The reasons for this are many and important," pointed out Dr. E. Edward Napp, 33, President of the Association. "You may not be aware of it, but the Alumni office and the Chironian are completely subsidized by the College administration. This deprives the Association of its most valuable commodity — autonomy — and the independence of thought, criticism and editorial action that are the natural attributes of an alumni organization.

"To function independently, our office must have an income. Our primary source for any consistent amount, of course, is membership dues. Initially, we have set these at $15. annually for senior members, including Associate Members, and $5. annually for junior members, a designation covering the first five years following graduation."

The Doctors’ Sick Benefit Fund, which has been in existence for many years and is designed to aid those alumni who are in financial difficulties due to ill health, is a completely voluntary segment of the dues arrangement and the funds thus realized are held in escrow for that sole purpose.

"We would also like to ask you," added Dr. Napp, "to communicate more directly with your Association. Write to us about your ideas, your criticisms, your suggestions and news about yourself and your classmates. We would particularly like your help in securing information about fellow alumni in your area who are outstanding members of the community not only professionally, but from a civic standpoint as well. We are proud of our alumni and would like to give them the recognition they deserve.

Dr. Napp also emphasized that he would like as many alumni as possible to contribute articles to the Chironian on virtually any subject and any viewpoint.

"The Chironian is the strongest link we have with each other," concluded Dr. Napp. "Please help make it even more so."
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1916

Charles C. Yerbury is still in active practice and has moved his office to the West Gate Professional Building, West Main St., Hyannis, Mass. 02601. It was a pleasure to meet and talk to him at the recent Annual Banquet.

1923

S. Carlyle Trattler reminds us that he was President of his class and the founder and long-time member of The 400 Club. "I shall be celebrating my 45th year since graduation by having my grandson applying for admission to my Alma Mater."

1927

Leonard Paul Wershub off on another of his around the world ocean tours. Embarked June 5 and returned July 9 after touring nine countries via the S.S. Brasil.

1930

Saul A. Schwartz has been appointed to the Program Committee of the Section of Internal Medicine of the New York State Medical Society. He also participated in the annual convention of the American Gastroenterological Association at Philadelphia last May.

1931

Henry W. Eisfelder pens a brief note that he is retired due to a spinal injury.

1932

Marcus P. Rosenblum received the following citation from the American Board of Psychiatry and Neurology: "The American Board of Psychiatry and Neurology, Inc., hereby acknowledges with gratitude and appreciation the devoted assistance of M.P. Rosenblum, B.S., M.D. as an Assistant Examiner in ten or more of its examinations. His dedication has contributed to the advancement of education in Psychiatry and Neurology." He was formerly Associate Clinical Professor of Psychiatry at our College; also served on the Psychiatric faculty at the University of Pennsylvania Medical School and at present, teaches at Jefferson Medical College. Louis H. Gold addressed the American Academy of Forensic Sciences in Chicago at their annual meeting on "Statistical Review of court appointed psychiatric examinations."

1933

Frank Spindler has his first grandchild, Phyllis Heather, born to Dr. and Mrs. Byron Hurwitz last February.

1934

On March 20th, Dr. George R. Naganumatsu, Chairman & Professor of the Urology Department of New York Medical College, was elected President of the New York Section of the American Urological Association, Inc. for 1968-9. He is also Chairman of the Committee on Scientific Exhibits of the national American Urological Association, Inc.

In recent months, he was Visiting Professor at Norfolk, Va. Medical Center and the University of Cincinnati, Department of Urology; panel speaker at the First Annual Meeting of the Henry Weyrauch Memorial Urology Seminar, Presbyterian Medical Center in San Francisco, and at the Brooklyn-Long Island Medical Society Annual Meeting; and Guest Speaker at the Buffalo Urological Society Annual Meeting, at which he was awarded an Honorary Membership.

Recent scientific exhibits are: "Current Concepts in Lower Urinary Tract Infections," which was awarded the Aesculapius Award at the Indiana Academy of General Practice in Indianapolis in March; and two new exhibits from the Urology Department on "Cryotherapy: Its Advent, Status and Future in Urology," which won Second Prize at the American Urological Association's Annual Meeting in Miami, and "Carcinoma of the Prostate: Effects of a New Anti-Androgen."

1937

G.W. Monteleone says he's still at the Medical Clinic at Cornell University, John Esposito and his wife paid him a visit last Fall and he also heard from Douglas J. Giorgio in Indianapolis. He would like to hear from others. All still welcome by day, week or month. — "Monte"

1939

Dr. Clement M. Barone '68 and son of Dr. Michael C. Barone, married Elizabeth M. DiFronza following his graduation. The bride graduated from Boston University in 1965 and received her M.A. from Columbia University.

1940

Robert W. Barnett has been named a fellow of the American College of Physicians. He received his Fellowship in the War Memorial Building at Boston during the first joint meeting of the American College of Physicians and the Royal College of Physicians of London. He is also a Fellow of the American College of Cardiology and is on the staff of the Jersey Shore Medical Center in Newport, N.J., and Monmouth Medical College in Long Branch, N.J.

CLASS

He is also a member of the Board of Internal Medicine, a member of the American Society of Internal Medicine and a diplomate of the National Board of Medical Examiners. He has three children: Harry, George and Craig.

1943

Col. Anthony N. Fazio was among key Air Force Reserve Officers attending the 39th Annual Aerospace Medical Association meeting in Miami, Fla. He also took part in the special symposium held annually to provide a closer understanding between reserve and active duty medical service personnel. He is commander of an Air Force Reserve medical unit at McGuire AFB, N.J.
Murray Fenichel, whom we had the pleasure of talking to all too briefly at the Cherry Hills Inn in southern N.J., writes: “Thank you for your recent kind letter inviting me to contribute a few words relating my feelings on our Vietnam involvement. As you might have realized in our brief conversation at the Cherry Hill Inn, I am deeply disturbed, indeed, incensed by the immoral and criminal actions of our government against a small country, 10,000 miles from our shore, which poses no threat to our security. It is particularly disturbing to me as a physician that the medical profession, allegedly in the service of humanity, has not spoken up in angry dissent at this wanton destruction of a land and its people — a national shame, a stigma that will evermore haunt us.”

John B. Reddy has been promoted to Professor of Otolaryngology at Jefferson Bridgeport, Conn. She was the former “College Sweetheart” and “Wistaria Queen” at the Junior College of Conn., of the University of Bridgeport, graduating Magna Cum Laude. She is active in civic affairs, past president of the Putnam Ave. School PTA and Polish Junior League of Conn.; former recording secretary of State Women’s Medical Auxiliary and past first vice president of New Haven County Women’s Auxiliary and president-elect until her recent resignation. They have two daughters: Kim, 12, a high honors student in junior high, and Deidre, age 4.

1949

Robert L. Massonneau bio: that he began solo practice in internal medicine in 1958 in Springfield, Vt. He gradually developed the sub-speciality of psychiatry and psychosomatic medicine, including a year of psychiatric residency at Boston State Hospital in 1964. He is now moving to Burlington, Vt., for the remaining two years in Psychiatry at the University of Vermont Medical School, Dept. of Psychiatry with the intention of further developing the sub-specialty of psychosomatic medicine at the medical school and hospitals. He hopes to move before September of this year, if and when housing is available, with his wife—Mary Carol—and four children ages 9 to 14.

1950

Thomas Halky has been sworn in as official city physician in New Rochelle, N.Y., where he had been assistant since 1954. As city physician, he must plan and supervise the professional medical work of the police, fire and other city departments. He will oversee the administration of physical examinations for applicants for positions and present employees of the departments. He will conduct medical examinations and perform other professional services for personnel in these departments as well. He has a son, a senior at Iona College and a daughter, Pamela Ann, a sophomore at the Academy of the Resurrection in Rye.

1951

Rita Girolamo has been Professor of Radiology at the College since 1965 and acting Chairman of the Department since November, 1967. Her particular area of specialty is Radioisotopes and she has been the Chairman of the Radioisotope Committee at the College for many years. She is married to Armand Leone, class of 1947, who is Director of Radiology at the Paterson General Hospital and holds at teaching appointment at the College. The family consists of three boys, age 11, 8 and 6.

Maura Lynch Flynn memos: “Our triplet boys, age 5, will start school at last. Our daughter, Maura is six. My new office is doing very well.”

1952

James A. Harkins is now both Doctor and Attorney. For the details see separate story in this issue.

1953

1955

Dr. Lowell Kane has removed his office to Jamaica, N.Y. and continues to participate actively on the Urology Service at New York Medical College—FFAH and Metropolitan. He was elected to The American College of Surgeons in Oct., 1967, and is a member of the American Urological Association. He is a charter member of The American Society of Nephrology.

Pasquale E. Perillie, Assistant Professor of Medicine and Associate Director of the Section of Hematology at the Yale School of Medicine, has been appointed as chief of Bridgeport Hospital’s Department of Medicine. He will retain his position at Yale and continue to teach at the university.

1956

Steve Rous, after many years in sunny San Francisco, has joined the staff of the Department of Urology as Associate Professor and Chief of Urological Service at Metropolitan. California’s loss is the College’s gain.

1957

Richard O. Sword, in addition to the practice of clinical psychiatry, is a prominent lecturer, physician, dentist, consultant and psychiatrist. He is active in consultation and education, which includes lecturing and leading group discussions in seminars on human relations for executives in business and industry.

1958

After a great trip to Europe and the Middle East, living in a VW camperbus, Ken Paltrow is now settling down to starting private practice in Psychiatry. "I am practicing community Psychiatry and am Consulting at the School for the Blind in Salem, Oregon and the Crippled Children’s Division of the University of Oregon Medical School. My wife, Merle, and two daughters, Danielle and Tamar, 6 and 4 respectively, are fine."

Received my Fellowship to the American College of Physicians in Boston, says Howard J. Kline. Presently, he’s chief of Cardiology at Valley Forge General Hospital having been drafted into the Army Medical Corps.

Mark Novitch writes: "While I am honored to have had my Alumni Fund donations listed among those of the distinguished Class of 1956, I would have been just as content being identified with my own class of 1958."

1959

William D. Mahoney, chief of Head and Neck surgery at Walter Reed General Hospital, has been promoted to Lieutenant Colonel. Prior to active duty in 1960, he was a member of the Army Senior Medical Student program. His first permanent assignment was as commander of the 501st Armored Medical Company and regimental surgeon of the 14th Armored Cavalry in Fulda, Germany. For his two years service there, he was awarded the Army Commendation Medal. After completing a residency in General Surgery and one in Head and Neck Surgery, he became head of the Head and Neck Surgery Service at Walter Reed General Hospital. With his wife and four children, he lives at 121110 Galena Drive, Rockville, Md.

John J. Stapleton recently built a new office in Reno, Nevada, where he is in busy solo OB-GYN practice. He presented luncheon conferences at the annual meeting of the American Fertility Society in San Francisco.

1960

Stanley Ostert civic prides the following: I have been in private practice in Internal Medicine for the past two years in the "garden spot" of California, Santa Barbara, also known as the "Riviera of the Pacific" where it's sunny and warm most of the year. We have two children, Jill, 5½, and Vicki, 2½. I saw Richard Schaefler before he decided to move.

1961

LCDR Malcolm E. Drezen will complete his military obligation with the Navy (I Marine) as general surgeon in Phu Bai, South Vietnam. He returns this July to his wife, Kim, and four excited children, 8, 6, 4 and 2 to practice general surgery in Princeton, N.J.

Dr. Joseph Karp is serving in the Air Force Medical Corps as Chief of Urology at Clark Hospital in the Philippines. He is enjoying travelling through S.E. Asia with his wife and daughter. He hopes to return to civilian practice in early Sept. ’68.

Robert Greene, M.D., his wife, Violet and 1-yr. old daughter, Janet, are enjoying Air Force Life at Tucson, Arizona. He finished his Urology Residency at FFAH last year, and is planning to take a Fellowship in Pediatric Urology in London after his service tour is completed.

Richard A. Stein reports: "I will be leaving the army this month (April) to return to group practice in the Los Angeles area. I recently became a Diplomate of the American Board of Pediatrics and am Attending on the staff of the USC medical school. Home address: 4244 Fleeathaven Road, Lakewood, Calif. 90712.

Theodore F. Bielskiedcki messages from Haddonfield, N.J. that he is specializing in Academic Pediatrics and has three boys and one girl. He recently received an appointment as post-doctoral fellow for the National Institute of Arthritis and Metabolic Diseases at Temple University Health Science Center in Philadelphia.

1962

Norman Katz has two important announcements: he’s opened his office for the practice of Internal Medicine at 1255 North Ave., New Rochelle, N.Y., as of July 1. And he and his wife, Suzy, are the proud parents of Heidi Beth, born Nov. 18, 1967.

Johanna A. Paliotta is instructor in Internal Medicine at Harvard Medical School and assistant in Medicine at the Beth Israel Hospital, Boston. Her husband, Michael Stephen, is Professor of Physics at Massachusetts Institute of Technology. A daughter, Jacqueline, was born in April.

Marvin A. Roth has just about finished his army obligation at Aberdeen Proving Grounds. He will enter the private
Charles Ray Jones is in practice in Pediatrics with affiliation at Yale-New Haven Medical Center, Margate and he have two children, Martha 4 and Christopher, six months. "Am kept busy with 10,000 plus active patients and many consultations."

Abraham Meltzer mails: "I will enter private practice in July in association with Edward Margarettin in Perth Amboy, N.J., specializing in Internal Medicine and Cardiology."

Peter A. Philips writes that he is still in surgical residency finishing 5 years of the Cornell-Bellevue program. As of July 1st, he begins two years in Thoracic Surgery at Montefiore Hospital. It was good to see him at the Annual Banquet and we want to thank him here and now for his thoughtfulness to the Annual Fund.

Gary Gallo is in Orthopedic Surgery at Yale and has two sons, Gary, Jr., and Christopher.

A nice note from James K. McAleer who completed his training as chief resident in Urology at the Cleveland Clinic, Cleveland, Ohio, in June. Marriage on July 6 to Miss Mary K. Ryan of University Heights, Ohio and Chris T. Maloney, '59 was a member of the wedding party. Their new address is 7 Charles-ton Square, Euclid, Ohio 44143. His active duty date with the army is set for August 26, 1968, at Fort Sam Houston, Texas. Bests from all of us back at the College.

Melvin Gerber is beginning his chief residency in Ophthalmology at the Jewish Hospital of Brooklyn. His latest edition: Sanford Keith, age 3 months; also has one daughter, Beth Jocelyn, age 2 1/2 years.

Franklin C. Scudder fills us in with: "I have two boys, Christopher 2 1/2 and Jeffrey 1. Finished two years of medical residency at USPHS Hospital, Staten Island, N.Y. Am presently a Fellow in Renal Physiology at the same hospital and begins a year as Clinical Fellow in July. Recently had a little get-together with Ed Siegel and Ned Glenn in NYC. Each has one addition to the family.

Marvin L. Ginsburg has been appointed Director of the newly-established Department of Respiratory Functions and Inhalation Therapy at West Valley Community Hospital in California. It's a 152-bed, community-sponsored, non profit hospital. With his wife and three children (a fourth on the way) he lives at 9218 Monogram Ave., Sepulveda, Calif. And -- he's just gone into the practice of Internal Medicine and Diseases of the Chest in Suite 505, 23101 Sherman Way, Canoga Park, Calif.

Dr. Ira Raff is a Second Year Urology Resident, who will become Chief Resident in July 1968. He presented a paper at the New York Academy of Medicine in March, on "Hypercalamia in Malignancy without Osseous Metastasis." He lives in Flushing, Queens, with his wife Tobi and son.

By the end of June, Jack J. Kleid will have completed a year as chief Medical resident at Metropolitan Hospital, NYC. This fall he will be leaving for the Karolinska Institute in in Stockholm to work in the field of Cardiac Radiology.

Peter Lorman is in the second year of residency at the Cleveland (O.) Clinic in Orthopedic Surgery. He and his wife Susan have one daughter, Carrie Denise who was a year old this June. (Hope you received the Chironian okay.)

Henry Spitz was married this June to Susan Toby Abrams who was a psychiatric social worker at Metropolitan Hospital, NYC. She received her master's from NYU Graduate School of Social Work. He is in his second year of residency at Met.

Joel R. Katz and his wife, Carol, are the proud parents of a baby girl, Lauren Beth, born last January 24. Joel is now serving a straight medical internship at Beth Israel Medical Center, NYC and will assume a first year residency in Pediatrics, beginning July 1.