The observant reader will quickly detect the change in volume, number and date format of the present issue of the Chironian. This change is made only to be more accurate and exact and therein lies the story herewith presented.

The first issue of the Chironian appeared on October 22, 1884, (Volume I, number 1). The editorial appearing in the first issue of the Chironian is worthy of repetition:

To Our Alumni:

The first number of the Chironian lies before you. We venture to hope that you will find its pages both pleasant and instructive reading. Pleasant, since by its portrayal of the medical student's college life, old memories will be revived, and associations called to mind, and the days of Auld Lang Syne rise before you. Instructive, in that its various departments will contain all that is especially valuable or noteworthy in the college work. Reports of especially remarkable surgical cases, valuable clinical records, and interesting lectures, will find place in our columns. In short, the journal will reflect as accurately as possible the teaching and work done at the College. Our alumni will not be forgotten. Their successes will be noted and sketches of some of the most successful will appear from time to time. The Journal will contain sixteen pages, and will be issued semi-monthly during the college term, making twelve numbers in all.

The Chironian will be edited by students, managed by students, and controlled by students. It will endeavor to further, by every honorable means within its power, the interest of the college. Its columns will be open at all times to the professors, alumni and undergraduates. It will strive to deal honestly and fairly with all men. In regard to college matters, it will allow more than one view to be presented. It will fight incompetency, ignorance and quackery at all times and places. It believes in higher medical education and will do what it can to advance it. Brevity is undoubtedly the soul of wit. It is also an essential feature of introduction. Gentlemen of the alumni, to you we look for aid and support, and we believe that we shall not look in vain.

Thus launched, the Chironian continued for many years to be an important means of communication between student, faculty and alumni. The ownership and supervision was ultimately taken over by the Alumni Association who for many years published the Chironian as a monthly journal. In 1918 during the first World War it was discontinued due to lack of financial support. When the Alumni Association decided to resume the publication of a journal in 1938 the name Quarterly was selected because it was to be published once every three months.

Thus volume I, number 1, of the Quarterly of the Alumni Association of the New York Medical College, appeared in April, 1939. In 1941 at the annual meeting of the Alumni Association it was voted to continue this quarterly but to resume the old title of Chironian. The Chironian reappeared in print in July, 1941, but erroneously listed as volume 3, number 2. The corrected number of issue and volume now appears in this issue of your journal.

The origin of the name, Chironian, has been subject to considerable speculation and the present editor joins with previous editors in the suggestion it was taken from the Greek mythological character Chiron. Chiron was the pupil of Apollo and Artemis, and the instructor of Achilles. He was renowned for his wisdom and skill in medicine, hunting, music and prophecy. He dwelt on Mount Pelion, and on his death was placed by Zeus among the stars, as the constellation Sagittarius.

In Bulfinch’s Mythology we further learn that Chiron was the instructor of the most distinguished heroes of Grecian history. For example, Apollo placed his son Aesculapius in the care of Chiron and as Chiron returned home bearing the infant, his daughter Acyrhoe came forth to meet him, and at the sight of the child burst forth into a prophetic strain (for she was a prophetess), foretelling the glory that he was to achieve. Aesculapius became a renowned physician and even in one instance succeeded in restoring the dead to life. Pluto resented this, and Jupiter, at his request, struck the bold physician with lightening, and killed him, but after his death received him into the number of the gods.
CONTENTS

2  Chiron and the Chironian

4  Apogia for Everard Home
   by David Charles Schecter
   Irving Sarot

8  Sarah C. Upham Clinic
   by Harry Barowsky '31

10 What is an Alumnus?
   by E. Edward Napp '33

11 Flower Profile — The New Yorker and
   His Physician in the Nineteenth Century
   by Leonard Paul Wershub '27

16 In Short — the quarter in review

20 The “Come Again” Thrift Shop

22 Alumni Mail Box

24 Class Notes

PRESIDENT'S MESSAGE (Centerfold)

Cover:
Portrait of William Todd Helmuth — Dean 1893-1902 and
Professor of Surgery for many years. On February 26, 1885
he presented his first Sunday Morning Lecture to medical
students and continued these Sunday lectures for many years.
He was one of the most popular professors the College ever
had on its faculty. (For correspondence between the College
and Dean Helmuth's descendants see Alumni Mail Box —
page 22 of this bulletin.)
Some of the most cherished objects in the patrimony of surgery are to be found at the Hunterian Museum and Library of the Royal College of Surgeons in London. The articles currently on exhibit mirror the indefatigable labors, devotion and care of countless individuals during the past 150 years. Only a small fraction of the items is left from John Hunter's original collection. In July, 1823, several of Hunter's manuscripts were deliberately burned. In May, 1941, the Museum was devastated by bombardment. The first of these disasters was executed by the hand of Sir Everard Home, on whose name all succeeding generations of surgeons have never ceased to cast opprobrium.

It is scarcely possible to this day to read anything about the Hunterian epoch without encountering some vilification of Home. This is all the more remarkable by no mention whatever being made that during his life-time this man was a highly esteemed and respected surgeon, educator, investigator, writer and speaker, honored repeatedly by his profession, nation and king. It is also ironic that Home, more than any other single person, toiled incessantly to create pantheons to the memory of Hunter in the face of widespread opposition and apathy, being responsible directly or otherwise for establishment of the Hunterian Museum and annual Oration, and Hunter's eventual reburial in Westminster Abbey.

What, then, was the reprehensible crime which blotted out all the past accomplishments of this tragic figure and relegated him to shameful oblivion? In point of fact there was only a single act, perhaps an error of judgment, that one can be sure of — namely, the destruction of documents at a time when they had become public property. Serious enough, this deed of itself would probably not have had the same lingering repercussions that it did were it not superseded years later by the devastating accusation of plagiarism. The latter, never proven conclusively and founded chiefly on allegations and flimsy circumstantial evidence, is the basis on which Home has been made a pariah by the medical community.

A dispassionate survey of the entire matter, in the perspective of contemporary accounts and examination of Home's writings and those of his coevals, suggests that the magnitude of the punishment inflicted on him has far exceeded whatever wrongdoing he committed. Indeed, he was in some respects actually an unfortunate victim through association with the Hunterian epic. It would not be amiss, while acknowledging his burning of the manuscripts, to seek to allow him the benefit of doubt about the reasons he preferred for executing that infamous act. Moreover, the graver charge of guile and plagiarism, being largely unsub-
stintiated, should be erased from his name in order that his reputation may be restored to its rightful place among that of the luminaries of English Surgery.

THE PROTAGONISTS

John Hunter was Everard Home's brother-in-law and mentor. During the span of some twenty years of their association there was never any question of the staunch allegiance evinced by Home. It was a mutually beneficial relationship. Hunter initiated, instructed and directed Home in activities that molded his career. Home in turn proved a particularly vocal disciple in the days when his teacher's work met with intense derision. He also served assiduously among the retinue of associates who kept some semblance of order in Hunter's never-ending acquisitions, edited his publications and lecture-notes, and attended to the needs of his considerable private surgical practice. Hunter, whose skill as a lecturer apparently left something to be desired, would either fortify himself with laudanum before delivering a lesson, or turn it over to Home.

Hunter's house, doubling as a school and repository of his specimens, was an enormous place extending from Leicester Square to Charing Cross Road, and required the stupendous sum of 10,000 Pounds yearly for its maintenance. This expense, together with Mrs. Hunter's glittering style of living, detracted Hunter from what he viewed as the prime harvest of his life-work — the Collection — and compelled him to devote more time than he really desired to a private clientele.

In his will, Hunter entrusted his entire establishment and its contents to his nephew, Dr. Matthew Baillie, and to Home, with the stipulation that they be offered for sale to the British Government. After disbursing numerous debts and providing for Mrs. Hunter and her daughter, Home and Baillie drastically reduced to one person the former staff of a score or more who had formerly tended for the anatomical specimens. This individual was William Clift, an impoverished youth of eighteen who for the preceding year had been a prosecutor and amanuensis in the Hunter organization.

We know little of Clift other than what he wrote of himself or as he appeared in the eyes of Sir Richard Owen, his son-in-law, later Curator of the Museum, and one of Hunter's biographers. Unquestionably devoted and diligent, he nevertheless appears as a somewhat craven and torpid character. One may sympathize with him for his long suffering from poverty, and marvel at his blind hero-worship and adoration for his master without however fully grasping the roots of his paradoxical bitter discontent against Home. During the lean years which followed Hunter's death, it was Home who from his own pocket contributed to Clift's support, later had him appointed to the office of Conservator of the Museum, and saw to it that his salary was increased appreciably and his position made secure. Home's professional and social enterprises sparkled. He enjoyed a large and fashionable private practice, which included royalty, and was in great demand especially as diagnostician. It was partly through his connections with the nobility that the government, even though strained for funds because of the war being waged against France, was persuaded in 1800 to purchase Hunter's offertory for 15,000 Pounds. Now a national treasure, the collection was transferred in 1806 to the recently chartered Royal College of Surgeons at Lincoln's Inn Fields. In 1813, Home and Baillie "being desirous of showing a lasting mark of respect to the memory of the late Mr. John Hunter" gave to the College the sum of 1684 Pounds for the endowment of an annual address to be called the Hunterian oration.

Already elected a Fellow of the Royal Society, Home became President of the Royal College of Surgeons, and twice was Hunterian Orator. His literary output was prodigious. He contributed more papers to the Royal Society than any other single member of that august body since its foundation. It was partly this prolific writing which later made him impugnable to the accusation of plagiarism. Much sought after as a public speaker, he was the first surgeon in England to give continuous free courses of hospital lectures. In 1808 he was appointed Sergeant-Surgeon to King George III, was awarded a Baronetcy in 1813, was made Consulting Surgeon to St. George's Hospital in 1827, and was bestowed the coveted distinction of an honorable reward and retreat as Military Surgeon to the venerable Chelsea Hospital. There he died on 31 August 1832.

THE AFFAIR

During the seven years of concerted lobbying by Home and Baillie which culminated in state ownership of Hunter's scientific material, the latter had remained in Clift's custody. Among these belongings was a scattering of folios consisting of unpublished drawings and observations. Six years before transfer of the collection to the Royal College of Surgeons, Home obtained possession of the manuscripts, leaving the specimens with Clift. There was implicit understanding between the two men that the notes were to be used by Home for the preparation of a catalogue, while classification of the specimens was to be continued by Clift. Home declared at the outset that the manuscripts in their existing state were "not fit for the public eye."
The proposed catalogue was never fully compiled. In July, 1823 Home voluntarily announced to Clift that he had burned most of the manuscripts in fulfillment of a pledge made to Hunter before he died. A handful of surviving manuscripts were forwarded by Home to the Museum when requested by the Board of Curators.

Although Home's revelation created a stir in scientific circles, it would seem that the initial reaction was a grudging acceptance of his assertion that he had behaved only in accordance with Hunter's wishes. When asked for an explanation by the Royal College of Surgeons, he replied, "whether Mr. Hunter acted wisely in giving these directions, I have not presumed to judge. He made two requests; the one that his body should be opened, the other that his manuscripts should be destroyed. I have complied with both."

The College could obviously not let the matter rest at that for, in effect, it had guaranteed safekeeping of all the Hunteriana which the country had bought. In April, 1826, after a lengthy spell of quiet investigation, the Council of the College issued an official memorandum deploring Home's conduct, but without making any recommendations regarding the institution of formal correctional measures or censure. Home was not stripped of his rank as a Member of the Council or the Board of Trustees of the Hunterian Museum, or of several other important posts.

Thus, at this stage of the affair Home received no greater punishment than a reprimand from his colleagues. One gets the impression from communications of that period that the authorities were displeased, and the College embarrassed, more because what was undeniably public property had been demolished than the intrinsic scientific value of the papers. It did not seem implausible for a confirmed eccentric like Hunter to give orders that some of his possessions be destroyed. What Home had avered received tacit corroboration by its not being challenged by co-executor Baillie. It was puzzling, of course, that Home's neat job of arson should have been performed 30 years after Hunter's death, instead of right away. However, if any ulterior motives were ascribed to the act, they were probably discussed sotto voce. It was a messy business all around. Home was then 63 years old and at the apogee of his career. He relished the patronage of the Crown, and the highest professional standing at home and abroad. Accolades continued to accrue for him until his death six years later.

Meanwhile, William Clift had bided his time and gathered adherents. In 1834 the bubble burst. Home had, by his own free admission, destroyed some of Hunter's folios. The deed was a fait accompli, irremediable of course, but which seemed destined to become engulfed in the mists of time and eventually be forgotten. The denunciation levelled by Clift against his deceased benefactor was staggering in its magnitude, timing and implications. Home, he claimed, had burned the Hunterian notebooks to conceal his having systematically pilfered the data therein for his own advancement. Instead of being regarded as a mere jeremiad, Clift's allegations drew widespread attention, coming as they did during a surging popular interest in John Hunter and because they concerned a celebrity. The discredited party, Home, being dead, the onus for the defense was overwhelming and arraignment for slander impossible.

It is another mystifying feature of this bizarre affair that Clift should have waited eight years after the flames consumed Hunter's manuscripts and two years after Home's death before launching his attack. Why had he kept silent? Was it because he feared Home's influence at Court and in the College? Surely his livelihood was not at stake, because by then his security was assured. Was it because he had not been able to muster until then any supporters, and now found some who had old scores to settle with Home? These questions remain unanswered.

Clift's accusations were repeated before the Select Committee of the House of Commons on Medical Education, and so were recorded as a public document.

Sir Arthur Keith in 1928 and Professor Henry R. Viets in 1930 postulated that Home's act may have been one of supreme loyalty, intended to spare Hunter from being exposed as a disbeliever of the Bible consequent to his inquiries into the phenomena of Nature. Keith writes as follows:

"There would have been no record left if Sir Everard Home had had his way. That any record was preserved at all of Hunter's real thoughts is due to Owen's father-in-law, William Clift. Home burned Hunter's original manuscripts, the usual explanation being that he had pilfered from them. A close study of the conventional character of Sir Everard Home and of the circumstances which surround this infamous act of vandalism have convinced me that the accepted explanation is not the true one. Home shared implicitly in the religious beliefs of his time and never doubted that by destroying all evidence of Hunter's heretical convictions he was performing an act of piety on behalf of the world in general and for the memory of his brother-in-law in particular."

Whether Home committed infraction of his moral obligation to science to conserve even what was imperfect cannot be readily answered, for it is evident that his sentiments towards Hunter over-rode all other considerations. His actions in that regard were purely subjective. There is no reason to believe that the manuscripts would not have been published posthumously
in Hunter’s name had they been in a more perfect state. There is nothing unusual in a dying author’s request to have unpublished works destroyed. Franz Kafka, for one, made such a request to a friend. Had the latter complied, posterity would have been deprived of superb pieces of literature. The key difference, of course, is that Kafka’s stories were completed, whereas Hunter’s essays were not.

Some may dispute that even if he merely drew from Hunter’s imperfectly developed notes for inspiration or guidance, Home cannot be exonerated of plagiarism. Were that argument valid, one would have to place in the same category of guilt some of the greatest minds of our civilization. As admirably expressed in the 13 August 1911 issue of the New York Times:

“It is next to impossible to say anything that some one has not said before. The fact remains why so few authors have escaped the charge of plagiarism. If a good thing can be repeated so as to make a new appeal, it justifies itself, even though it may open the door to the charge of imitation. The deliberate appropriation of the sayings of another in flagrant violation of the ethics of the quotation marks, is a cardinal literary sin, but few authors or composers of worth consciously steal the thoughts of others. Most charges of plagiarism are unjust, and he who makes them should have a care that he is not himself as guilty as the one he accuses. Plato condemned Homer for imitating earlier poets, while he himself borrowed from Homer. Socrates appropriated from Zeno, and Virgil did not hesitate to utilize the thoughts of earlier writers. Even Shakespeare, Lowell says, ‘scarcely ever scrupled to run in debt for his plots,’ and Johnson borrowed the words of his most beautiful song, ‘Drink to me only with thine eyes,’ from Philostratus. Few are the speakers, writers or thinkers, who can with good grace charge any of their contemporaries with plagiarism. The plagiarist, therefore, despite his offense, finds himself in good company. In his caustic criticism of plagiarists, Poe admits having appropriated the caption of his essay from Dionysius. Yet to borrowed ideas literature owes much, for he who can present a thought in better form than he found it has done a service to mankind. The sin of plagiarism lies in the appropriation of a well-expressed idea and making poor use of it. Chaucer’s influence in literature is incalculable, yet Chaucer, as Emerson says, was ‘a huge borrower.’ Mirabeau, we are told, felt that the things which his presence inspired were as much his as if he had said them. Possibly Adam was original; no one else has been wholly so. The inventor achieves success by utilizing the thoughts of those who have gone before. Howe was not the first to dream of the possibilities of the sewing machine. Madersberger, Adams, Dodge and Thimonnier had preceded him. Should Watt have abandoned his study of applied steam, which resulted in his invention of the steam engine, because others had dreamed dreams before him?

‘Invention, strictly speaking,’ says Sir Joshua Reynolds, ‘is little more than a new combination of those images which have been previously gathered and deposited in the memory.’ Great would be the sacrifice were we to surrender that dear American classic, ‘Rip Van Winkle,’ for no other reason than that Irving borrowed it from the German. Longfellow found the idea of his ‘Way-side Inn’ tales in the ‘Canterbury Tales,’ and Tennyson took many of his themes from less attractive writings than his own. Shall we condemn Wagner for going to the old legends for his operas? Rarely is an opera produced in these days, when we are so hungry for new things, that the critics do not pronounce the music ‘reminiscent.’ Genius may reach greater heights than talent, but it generally uses the talents of others for stepping-stones. No man, however talented, ever reached the top without profiting by the experience of others. ‘Newton,’ said Matthews, ‘could never have been Newton without the labors of Kepler.’ Pope Gregory the Great burned the works of Varo, a writer of prodigious erudition, from whom St. Augustine had borrowed profusely, that the latter might escape the charge of plagiarism. Balzac borrowed bodily, in one of his novels, an entire chapter from Bulwer’s ‘The Disowned,’ while Bulwer, in turn, helped himself to many good things from Hazlitt, Mrs. Inchbald, Schiller, Richter and others. The tune of ‘America’ is taken from ‘God Save the King,’ and Mrs. Howe’s grandiloquent ‘Battle Hymn of the Republic’ signs itself to the air of ‘John Brown’s Body.’ The poem ‘The Beautiful Snow,’ has no less than eight poets claiming its authorship. Here must be seven cases of plagiarism. Since so few of us escape the taint, we should be more generous in our judgments and less generous with our charges.

Let the imitation be better than the thing imitated, and the offense will be thereby condoned.”
Professor Roy Upham, '01, occupies a highly respected niche in the archives of New York Medical College and holds a warm position in the hearts and memories of his classmates, faculty and former students with whom he came into contact during his long association with our institution. And his dedication to the profession of which he was such an outstanding member and the welfare of the patients whom he served so well is embodied in the Sarah C. Upham clinic created and continued under a permanent bequest of his estate.

Sarah C. Upham Clinic - funded from an alumnus' continuing grant

Harry Barowsky '31

Several important new developments have taken place in the activities of the Sarah C. Upham Clinic during the past year. There has been a major expansion of our research effort. We have initiated a new gastric...
cancer screening procedure and we have appointed another physician to service the clinic.

The Sarah C. Upham Clinic occupies the same facilities on the ground floor of the Medical College building in the follow-up complex. Several improvements in the physical aspects of the clinic were made. The nurses' station and the examining rooms were reconstructed. In addition, some new diagnostic equipment and filing cabinets were installed. These improvements make it easier to service the patients.

Patient Care

As anticipated, the number of patient-visits to the clinic more than doubled. During the past year, we had about 310 visits in contrast to 132, the previous year. The majority of the cases came from the local community and some were referred by physicians outside the local area. The patients were selected on their needs for gastrointestinal care and their suitability for teaching purposes.

In mid-year, an additional physician was appointed to the clinic. He is Dr. Giancarlo Buganza, a diplomate of the American Board of Internal Medicine with training in Gastroenterology. His assistance has greatly facilitated carrying out in the clinic, many special procedures, such as gastroscopy, esophagoscopy, proctosigmoidoscopy and intragastric photography.

New Gastric Cancer Screening Technique Introduced.

About two months ago, we initiated a new diagnostic gastric screening procedure by the application of intragastric photography. This technique was introduced in Japan as a method for the early detection of gastric cancer. It is also extremely valuable in diagnosing all other gastric diseases.

The instrument employed is the Olympus GT-5 A gastrocamera. It consists of a tiny camera (smaller than an aspirin tablet) attached to the tip of a narrow tube. The camera is capable of taking 32 pictures (Microfilm) in color.

The patient reports in the morning after an overnight fast. A topical anesthetic is applied to the pharynx and then the camera is passed through the mouth and lowered into the stomach. The camera is then rotated in various positions and 32 pictures are taken. In this manner, the entire interior of the stomach is photographed. The camera is then withdrawn and the micro-film is removed for processing. Once, the procedure is mastered; the entire examination takes only 10-15 minutes. The patients tolerate the examination extremely well. The processed pictures are usually excellent. They are in color and show great detail and contribute greatly toward the diagnosis of gastric disease.

Teaching

Gastroenterological training for medical residents is carried out. The residents continued to be assigned in rotation on a weekly basis. Each case is reviewed and special problems are stressed. The residents receive special training in such procedures as proctosigmoidoscopy, gastroscopy, esophagoscopy and more recently in intragastric photography.

Research

A major expansion of our research effort took place in the past year. Harry Barowsky, M. D. made contributions in clinical research and William S. Rosenthal, M. D. in basic research.

Conclusion

The past year has seen a progressive increase in almost all the activities of the Sarah C. Upham Clinic. There was a major expansion of our research endeavor. The initiation of a new cancer screening technique and the appointment to the Clinic of another physician.

Dr. Barowsky and associates examine color microfilm from the Gastrocamera.

Dr. Harry Barowsky, class of '31, has been appointed Director of the Sarah C. Upham Gastrointestinal Clinic. He is a past president of the New York Academy of Gastroenterology and is currently secretary of the American College of Gastroenterology. He is attending at Flower-Fifth Avenue and Metropolitan Hospitals. He has been chief of the gastrointestinal clinic at Metropolitan Hospital for the past 15 years and is an associate professor of clinical medicine at N. Y. Medical College. He has also conducted a post-graduate course in Gastroscopy for many years at N. Y. Medical College, which has received national recognition.
What is an alumnus?

What is his role in the development and continuing success of the medical college that awarded him his degree?

It may be completely presumptuous on my part to define or even attempt to answer either question. Yet as President of the Alumni Association of our College and an active alumnus for the 35 years since my graduation, it is behooven upon me to offer my personal hypothesis.

An Alumnus is one who is inextricably woven into the fabric of the college that provided him with his medical degree. He is a spiritual stockholder in his Alma Mater because four years of his time and energy were totally involved in that institution.

Following that almost total immersion in the academic life of a single institution should forge a permanent link between the man and his school, his, or her, subsequent role as an alumnus should have inevitably evolved into the contribution of money, time or work. The deeper his penetration into these areas, the greater his interest in what the college has stood for, what it stands for today and where it is headed for in the future.

If, after four years of study at New York Medical College, we were unable to persuade our graduates to give to the best of their ability, we have failed in an important aspect of our mission as a college. For if we have trained our students solely in the sense of acquisition while absolving them from any future philanthropic responsibility to their college, we might very well question our reason for existence.

Alumni can be divided into three sections. There is the group that completely cut themselves off from the college after absorbing four years of medical education that provided them with membership in the most honorable profession in the country. There is another group that has steadily contributed money year after year but has not found ways of offering time and work. Perhaps they have not been asked. And finally, there is the third group that has given time, work and money over the years. To which do you belong?

It must be the hallmark of the alumni of our kind of institution that they identify with their college as “contributing” people in one, at least, or ideally in all three areas of money, time and work. For aside from professional education, it is our mission to teach our students to be “giving” people, to give of themselves in all aspects of their lives. Education is something which should be apart from the necessities of earning a living, for just providing the tools for the material rewards of life. A devoted technician is seldom a truly educated man. He can be a useful, contented, busy man insulated within the confines of his profession. But unless he is one with others and gives of his participation in civic, religious, political and social affairs of his community with a continuing interest in his college, he will have no more sense of the mystery and paradox of existence than a chicken fattening itself for the mechanical plucking, freezing and packaging.

However, if rhetoric had financial power, our problems would be over. There is only one yardstick we have for measuring how well we have done the job of making our college a place a man or woman is proud to belong to; a place that he proudly identifies with as he does with his country club, his community, his state and, in a much greater sense, his country. The Annual Fund is the graph of our success. It is not a completely accurate barometer since many of our alumni give generously to numerous causes.

For us, the Annual Fund is a specific frame of reference, our recording of that part of your life that you are sending back to us as a mark of faith in our handling of the future. The sum is not so important as the gesture which says:

"Count me in."
Most physicians are familiar with the history of the United States and can recite from early school days the names and dates of historical events of prime significance in the history of our country. But few are familiar with the mores of our ancestors and know even less about the methods of practice of physicians in the years before the advent of the 20th Century.

Why should this knowledge be important and how can it affect our living to-day? To be familiar with the past medical history of our country, aids one to understand and help solve medical problems of to-day, particularly with regard to their socio-economic influences. One must attempt to see the humanity behind the history and evaluate it in modern thinking and understanding. A glance backward often reveals things which are of more than antiquarian interest, for certain problems persist even through a century of change.

New York had its beginnings in the early part of the seventeenth century, and the first doctor who made his appearance on Manhattan Island was a typical seventeenth century doctor. The reader will recall that the world at this time had not fully emerged from that long era of darkness, called the Middle Ages. Significantly the arts, letters, and the amenities and luxuries of life had developed remarkably, but science made little progress, and the doctor is still traditionally practicing in a manner handed down from remote ages.

The reader can better understand the status of medicine this time, when he recalls that the works of Hippocrates, who lived in the second century before Christ, and those of Galen, who lived in the fifth century of the Christian era, were still the standard authorities on physic for the practitioners of the seventeenth century.

Let us now examine some of the daily events characteristic of the early 19th Century and see what historical facts we can uncover. First it is significant to emphasize that during the 30 year period from 1790 to 1820, the city’s population almost quadrupled, jumping from about 33,000 to 124,000.

Housing, a problem still present in the city of New York was perpetually in short supply, and newcomers found themselves crowded into the older areas close to the docks and ships, where primitive sanitary conveniences soon proved hopelessly inadequate. The slum area became notorious for their fetid and reeking atmosphere. These conditions gave proof that the mu-
municipal government, which had proved adequate in colonial times, needed to expand its field of operations.”

Yellow fever had attacked New York in epidemic fashion on two occasions. The first epidemic, in 1702, created havoc, killing almost 10 per cent of the population. In 1743, a second epidemic occurred but fortunately of a milder nature. Almost half a century passed without an outbreak and in 1791 returned briefly for three summers, and then struck from 1795 to 1805 in a series of devastating epidemics. Finally in 1822 it disappeared. One must evaluate the hygiene and sanitation of a large metropolis such as the city of New York during this era, where filth and lack of sanitation made life unbearable and precarious. The city experienced other epidemics. Cholera, typhus fever, yellow fever and small-pox were constantly threatening the very existence of the city. Dearborn in his history of Metropolitan Hospital attributed the spread of these diseases as due to “inadequate sewerage facilities along with primitive sanitation in the poorer sections of the city. However most of the real scourges were introduced by passengers and crews of the ships, which thronged the port of New York. In addition quarantine as we know of it to-day was non-existent and little was known of the causes, nature and prevention of most of the epidemic diseases.”

It is difficult for us who now live in New York City, or in any large city where transportation and communication is no problem, where innumerable universities and medical centers exist and afford abundant opportunities for investigation and teaching, to realize what New York offered to physicians in the early 19th Century.

For the most part, the city extended from the Battery to 14th Street. The most populated areas were along the river fronts (where yellow fever first broke out in 1702) and where over a hundred years later, sanitation standards had not greatly improved. In 1835, the population of New York was nearly 300,000. It was then the largest city in the United States, and only six cities in Europe had larger populations, namely London, Paris, Constantinople, St. Petersburg, Naples and Vienna. Twenty-five thousand people lived in Brooklyn, which was connected by New York by four ferries.

An occasional ferry ran to Staten Island. In 1840, the population rose to 312,710 and, in the next two decades, the population steadily rose because of the great influx of immigrants caused by the revolutions that swept Europe in 1848 and 1849. Between 1850 and 1860, almost two million people flocked to the United States. Few migrated out of the city and the majority settled in the already over crowded city succumbing to many ills because of poor housing, inadequate water supply, toilet facilities and garbage disposal.

Communication was poor, faulty and archaic. Transportation was equally poor and was accomplished first by horse-driven buses and then by horse-cars, except for the new Harlem Railway, planned to extend seven and one-half miles from Prince Street and the Bowery to Harlem; cars ran every fifteen minutes daily at twelve and a half cents per passenger.

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, 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 daily into the main reservoir at 42nd Street and Fifth Avenue (the present site of the New York Public Library and Bryant Park). Since the city then required eight million gallons each day, this plan seemed most adequate.

Despite this, a large part of the city’s population had no running water and resorted to cisterns or water drawn pumps. The crowded tenement houses in New York were indeed a menace to health and happiness. It was not until 1867 that legislature was enacted for tenement housing control, such as requiring banisters for stairways, fire escapes, and a toilet for every twenty tenants.

Morison, in speaking of the humble water closets, said that this supposed emblem of American civilization, came in slowly and only where city water and sewage made it possible. Thus in 1855, when the population of New York City was 630,000, there were 10,384 water closets, but only 1361 set bath tubs. Few American bathrooms had hot water, and the standard bath tub was a wooden box lined with copper or zinc, and filled with water carried in buckets from the kitchen stove.

Until 1865, the city of New York depended for its fire department upon volunteer citizens consisting mostly of young gangsters and racketeers who made the engine houses notorious quarters for rape, riot, assault and robbery. All kinds of graft were levied upon storekeepers. In addition, it became a practice to criminally appropriate as much of the property as possible at every fire to which the firemen were summoned. Not infrequently the supposed firemen maliciously set fire to buildings and private dwellings. Rivalries between the various companies led to frequent and bloody street fights.
No city police force existed at this time. Public order was maintained by the “constabulary” who apparently only functioned when called upon, and even then, not effectively. In 1843, William Cullen Bryant the first President of the New York Medical College wrote, “We maintain a body of watchmen but they are of no earthly use, except here and there to put an end street brawls and sometimes to pick up a drunken man . . . there could be no improvement in conditions unless a police force with organization and more efficiency shall be introduced.” This was not accomplished until 1853.

Bryant and his newspaper, the Evening Post, also played an important role in projecting improvements in the then large and unruly city. For example, the Evening Post confronted the politicians with the neglected unclean condition of the city streets. It was said that “the dirtiest streets in Italy are no worse than those of New York in the early 19th Century.”

The serious status of the health of the city remained unchanged until 1865 when a bill was introduced in the legislature to create a Metropolitan Board of Health, comprised mostly of physicians.

Dr. Stephen Smith, often referred to as the “Father of Public Health” wrote as follows:

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 cess pools 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 per cent, where small pox, diphtheria, scarlet fever, typhus and typhoid were practically always present. Living quarters where “homework” was being done, garments being hung on beds occupied by small pox 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.

Benjamin McCready wrote of the bad condition of New York City in 1837:

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 . . . Another evil resulting from a crowded population, and the consequent exorbitant rents, is the manner in which the houses, intended for the poorer classes of our community, are constructed. In some instances large buildings, designed for breweries or sugar refineries, have been divided into numerous small dark rooms, everyone of which is tenanted by a family. In other cases, the cupidity of landlords has tempted them to build up narrow alleys with small wooden tenements, which costing but little, and being let to numerous families, yield immense profits. The alley is often no more than six feet wide, paved with round stones and with very insufficient means for drawing off the water. It is not uncommon in such instances to find one or two of the apartments in each house entirely under ground.

In the 20th Century, Sigerist wrote:

Slums are still the cancer of our cities. The dwelling, meant to protect the peoples 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, needs 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. The problem, however, is far from being solved, and even people of means who pay high rents, often live crowded in their city apartments, with little privacy, disturbed constantly by the neighbor’s radios and other savage noises.

Although the city was physically growing by leaps and bounds, as a cultural center, it fell far behind other cities. This was mainly due to the lack of educational institutions. Up until 1831, Columbia University was the only college in the city. In that year New York University was founded. Columbia graduated on the average twenty-four Bachelor of Arts each year between 1835 and the Civil War. New York University added twenty-one to the list, and after 1841 Fordham University added a few more. What is most significant is that New York business men were more interested in their sons entering business from school, rather than “read law by the apprentice system in a lawyers office or attending a medical school or theological seminary.”

Contrast this with a recent talk given by David Rockefeller before the 50th Anniversary World Convocation of the National Industrial Conference Board.

To-day, we hear exhuberant talk of a “New Renaissance,” a “cultural explosion,” and the statistical evidence, at least, is impressive. Americans spent some
The great discoveries which transformed medicine in the latter half of the 19th Century required drastic changes in medical schooling. For a large part of the 19th Century, progress in Medical education lagged far behind the progress made in medicine. Medical education consisted of a preceptorship to a physician and courses given at a so-called medical college. The courses were entirely by lectures, with no opportunity for recitation and discussion. Since the students were not divided into classes, and the professor's notes rarely revised, the main advantage for a student in taking a second course (which was compulsory) was that it probably fixed the material more firmly in the student's mind.

The course offered to medical students in the Nineteenth Century was indeed limited, and few subjects were contained in the curriculum. Although a chair in obstetrics and medical jurisprudence existed, clinical instruction in this field did not actually start until many years later. This was probably due to prejudice against student participation in midwifery.

The physician practicing medicine in this era did not know the cause of tuberculosis, diphtheria or pneumonia or other infectious and communicable diseases. The physician was now first being introduced to the use and clinical value of the new clinical thermometer, the stethoscope, the hypodermic syringe, the aspirator and other similar devices. The surgery of the day was principally that of setting fractures of the extremities, injuries, and rarely of the abdominal and pelvic organs. Diagnosis was made on the basis of history, inspection, palpation and use of the stethoscope. Microscope, examination of blood and urine had reached a very useful stage, but the chemical examination was very sketchy. In typhoid fever, test for indole and skatole, were believed confirmatory of the disease. These names are almost forgotten as the disease is almost extinct. X-ray diagnosis was unknown. The ophtalmoscope was rarely used as was the laryngoscope mirror, although both were available. Cystoscopy, sigmoidoscopy, proctoscopy and bronchoscopy were yet to come. In general, fevers were treated as such and not for the cause as in malaria. It is true some men became especially interested in surgery, particularly those who went abroad for postgraduate study, but all seldom gave up general practice entirely. Shryock believes that this combination of the physician and surgeon in one practitioner came down from a time of primitive colonial conditions, when differentiation would have been impractical.

Appendicitis was little understood, although some cases of appendectomy had been reported on the continent and in Great Britain. In 1867, Willard Parker of New York, published a paper in the Medical Record in which he advocated opening appendical
abcesses at an early stage. In 1884, Samuel Fenwick, a physician at the London Hospital, wrote about appendicular diseases and advised surgical intervention. His advice met with little enthusiasm in Great Britain. American physicians, however, listened to Fenwick's advice and by 1886, American physicians were now advocating early operation and surgeons were overcoming their fear of opening the abdomen in the presence of peritonitis. The first successful operation for the removal of the appendix under anaesthesia, was performed in 1886, by R. J. Hall of New York. The operation was performed during an operation for irreducible inguinal hernia, when a gangrenous appendix was found in the sac and removed. In 1889, McBurney, read a paper before the New York Surgical Society, giving his experience based upon eight cases in which operations had been performed within two to three days of the onset of acute symptoms. He made it clear that ninety-nine out of one hundred cases of inflammation in the right iliac fossa were due to disease of the appendix. He described a specific area, now known as McBurney's spot, in which the tenderness was most constant.

The years 1878 and 1879, according to Cope must be accounted the critical years in the surgery of the diseased gall-bladder. This operation was at first performed in two stages, but by the turn of the century, it became clear that the procedure could well be performed in one stage.

A word about Renal surgery. The dawn of renal surgery dates back to August 2, 1869, when Gustav Simon of Heidelberg removed by the lumbar method, the kidney of a woman who had an abdominal ureteral fistula resulting from an ovarian cyst done one and one half years before. Simon performed this operation despite the then prevalent universal belief that it was "madness to dream of extirpating a kidney in the human subject." In 1870, Gilmore in America performed a successful nephrectomy for a painful, shrunken, fibrous kidney in a woman five months pregnant, and who recovered without a miscarriage. In 1872, two nephrectomies were performed, both in New York, both unfortunately were fatal. One was for a painful kidney by Durham, and the other for calculous pyelitis by Peters.

In 1887, William Todd Helmuth, Professor of Surgery, and later Dean of the New York Medical College performed a successful nephrectomy. In the College Archives a thorough comprehensive survey of the subject is to be found. Despite these modest surgical advances, medical research was nihilistic and focused on diagnosis rather than on treatment. The latter not quite perfected and in most instances unfruitful. When Oliver Wendell Holmes returned from Paris, he stated to his American colleagues that if most of the medicines used in this country were thrown into the sea it would be all the better for mankind and all the worse for the fishes.

If we believe that we are now living in an age of social reform, let us look back to the mid nineteenth century era, which was indeed an age of social ferment and reform, anti slavery and the women's suffrage movement as well as many other utopian aspirations and hopes. Even in medicine there was unrest which gave rise to the establishment of two irregular practices, namely eclectic and homeopathic. These physicians not satisfied with the then universal practice of purges, blood-letting and unsavory and poorly compounded medications resorted to other methods of therapy and were therefore called irregular practitioners and bared from many privileges. The irregular practitioners subsequently succeeded in dubbing the regular school as allopaths, which name continues to be in use. Since the Greek "allos" means other, the implication was that these irregular practices were the normal and the regular school was "other."

Improvements in clinical observations came about purely as a result of the French School, who were opposed to speculative theories and advocated correlation between pathologic changes and clinical signs. The French system now demanded more searching clinical examinations than heretofore and one now began to hear of the more frequent use of stethoscopes, thermometer and pulse-timing. Although the clinical thermometer was first used in 1840, few were in use at the time of the Civil War.

Because of the interest in gross pathology, American physicians now aroused themselves from their former patriotic complacency and began to realize that European medicine was far superior and more advanced than American medicine. Fortunately this was easier to swallow in the case of the French, for there still existed in post-Revolutionary America, a dislike for things British. American medicine continued to be dependent in some degree on European science throughout the rest of the century.

The world center of medicine ultimately came to the United States after World War I. Here it still remains eminent in its leading position in medical education and scientific research. New Yorkers can well be proud of the progress in educational facilities and creative activities of its citizens in art, architectural, music, literature, medicine and allied sciences.
Dr. Milton Terris, Professor of Preventive Medicine at the College, has replaced Dr. Jonas N. Muller as Chairman of the Department of Preventive Medicine. Dr. Muller resigned because of illness but will retain the post of Professor in the Department.

Dr. Terris, who is former President of the American Public Health Association, received his medical degree from New York University School of Medicine in 1939 and the MPH degree from Johns Hopkins School of Hygiene in 1944.

He was Associate Professor of Preventive Medicine and Assistant Dean for Postgraduate Education at the University of Buffalo school of medicine. From 1960 to 1964, he was head of the chronic disease unit in the Department of Epidemiology of the Public Health Research Institute of the City of New York. In 1964, he joined the College faculty as Professor of Preventive Medicine.

Dr. Terris has been President of the Association of Teachers of Preventive Medicine and of the Public Health Association of New York City. He is currently Chairman of the Society for Epidemiologic Research and is also Chairman of the Annual Health Conference of the New York Academy of Medicine. His wife, Rema Lapouse, is a Professor of Preventive Medicine and of Psychiatry at the College.

Dr. Sheldon G. Gaylin has been appointed to the faculty of the Dept. of Psychiatry and to the post of Director of Psychiatry at Grasslands Hospital in Valhalla, in anticipation of the formalizing of the comprehensive relations between the county and the College.

Contractual arrangements will be developed over the next few months between the county and the college giving our Dept. of Psychiatry, the authority to operate the Psychiatric Division of Grasslands Hospital.

Dr. Gaylin will begin his association with the college and Grasslands Psychiatric Division on January 1, 1969 and will devote full time to these responsibilities as of July 1, 1969. He is currently chief of the Section on Program Development of the Division of Community and Social Psychiatry of the College of Physicians and Surgeons of Columbia University. He is the Director of the Washington Heights Mental Health Center Development Project and a training and supervising analyst at the Columbia University Psychoanalytic Clinic.

Three College faculty members have completed the first controlled study of an accurate X-ray technique for diagnosing blowout fractures of the eye. Drs. Jack M. Dodick, Miles A. Galin and Arnold Berrett have found the method—hypocycloidal tomography—100 per cent reliable. Previously, only surgery provided dependable diagnosis so the new method is expected to save many patients from unnecessary operations.

A blowout fracture is a break in the orbit—the bone cup holding the eyeball—and is caused by a trauma such as a fist blow in the eye. If the bone is not re-
The decision of New York Medical College to move to Westchester County, announced by the Board of Trustees March 15, 1968 and reported in the Spring issue of Chironian, received warm endorsement on Election Day, when Westchester voters cast their ballots overwhelmingly in favor of Proposition No. 1. This was a referendum on the construction of a university teaching hospital at Grasslands Hospital, the first step in the creation of a major medical center with New York Medical College as its focus.

The story is best told by the following account, which appeared in The White Plains Reporter Dispatch and nine other leading Westchester papers.

With every part of Westchester reporting a strong “yes” vote, county residents yesterday approved a $28-million bond referendum to build a $50-million medical center at Grasslands Hospital, Valhalla.

More important, the residents, by their action, welcomed to the county the New York Medical College which will be constructed at Grasslands in conjunction with the new medical center.

The bond referendum, appearing on the ballot as Westchester County Proposition No. 1, passed by a vote of 203,037 to 45,468, a margin of about $2 to 1. Every community gave the proposition a 3-to-1 margin, with some as high as 6 to 1.

It was believed to be the largest vote ever given a countywide multi-million-dollar bond issue. By contrast, the County Courthouse, also a $28-million proposition, squeaked through with only a 4,000 plurality last year. The medical center hospital would have 600 beds.

The $28-million Westchester investment will be joined by a federal contribution of $22-million for the $50-million facility. The county would have had to renovate the pre-World War I hospital even if the medical college had not decided to move from New York City to the county. The college will build a $50-million college with its own assets plus state and federal contributions. Also planned for the hospital complex is a $5-million Mental Retardation Center, for which funds are already assured, and a $6-million self-amortizing residence hall which will be among the buildings to be
constructed at the medical center. The Medical College had been committed to move to Westchester, whether or not the bond issue passed. The passage, however, is expected to accelerate the timetable to move here. The 13 voluntary hospitals in the county would be able to be affiliated with the medical college to qualify for construction grants now denied them.

It would place the hospitals in a stronger position in the competition for graduates of American medical colleges to serve as interns and residents.

The landslide vote in favor of the medical center was achieved by the strong support of County Executive Edwin G. Michaelian and 44 of the 45 members of the Board of Supervisors, and a Citizens Development Committee led by Charles G. Mortimer. Mr. Michaelian termed the passage a "great victory for the county." He said that the voter approval was by a larger victory ratio than he had expected.

A telegram from Governor Nelson A. Rockefeller to Mr. Mortimer's committee a few days before the election gave a specific pledge of support from New York State. Here is the text of the Governor's message:

I am delighted with progress being made in the creation of a medical school — medical center complex in Westchester County through the joining of forces of Grasslands Hospital and the New York Medical College and am hopeful that Proposition No. 1 passes to help make this a reality through careful and innovative planning and development.

The program of the proposed center will provide more high quality health care to the residents of Westchester County and the surrounding region. This center will also provide a much needed expansion of physician training resources in our state. Be assured that the planning and financing resources of the state, represented by the State Department of Health, and the Health and Mental Hygiene Facilities Improvement Corporation, will be available to assist and ensure the sound development of your fine program.

So we are now well launched on our journey northward. It will be several years, of course, before the buildings can be ready, but the master plan already has been outlined.
for the new center, which initially will occupy 80 acres of the 600-acre Grasslands Reservation. By comparison the college's facilities in Manhattan occupy about two acres.

The major elements considered in the first phase of construction are a university hospital of 600 beds, buildings for faculty offices and research laboratories, a facility for teaching laboratories and classrooms, animal quarters, a medical library, and an auditorium. A college administration building, housing for students, faculty, and staff, and provisions for recreational areas are also included in the first stage.

The facilities in Westchester will provide for an entering medical class of 160 students, in contrast to the 133 we were able to admit in September, 1968. A continuing, sensible increase in enrollment is a major goal of the college, reflecting its obligation to help meet the national and worldwide shortage of doctors.

The new medical center will have a teaching hospital with six nursing floors, the optimum height for maximum operating efficiency, for economy in cost of construction, and for wise use of land.

On each floor of the six-story tower rising above the hospital base will be three nursing units plus an intensive care unit, together with care and service rooms. The outpatient department and emergency rooms will be adjacent, on the ground floor.

For the college, a clinical-science building will be connected floor-by-floor to the hospital, and will contain research laboratories and offices for the clinical faculty. In close proximity will be a basic science building or wing designed to house laboratories for research in the basic medical sciences, plus more faculty offices. Interlocked with these science buildings will be the teaching core facilities, including multi-disciplinary laboratories, lecture rooms, seminar rooms, and essential supporting facilities.

The medical center's auditorium, seating at least 1,000 persons, will be on the far side of a landscaped plaza around which the science
buildings and hospital will also be grouped, and will be connected with them underground.

The pavilion for the Mental Retardation Center, formerly planned for construction adjacent to the present New York Medical College site, will be erected at Grasslands. The center will continue both to provide interdisciplinary training of professionals in the treatment and care of the retarded and to serve as a focal point for such treatment and care.

How soon will the new medical center be operative? Detailed designing will now proceed, and by early 1969 applications for construction grants will be submitted to the appropriate Federal agencies. It is hoped that ground for the buildings can be broken in 1970, and that the college will be able to begin operations at the new center by 1973.

We can, then, look forward to being relocated some five years from now in first-rate, modern facilities, which will give us outstanding opportunities to extend the training of physicians, provide health care at the most advanced level, and broaden the base of our research. Further, we will be able to extend our training of nursing and para-medical personnel.

But what of the intervening five years? We have spoken often of our responsibility to our present community. We will continue to fulfill this responsibility at the highest level of excellence, until an orderly transition has been achieved. And, because five years are a long time in the fast-growing science and art of medicine, we must move ahead continuously in every phase of our work.

If we are to arrive in our new home as an excellent and vital institution, we must keep elevating our standards, continue to attract the best medical students and teachers, and recruit men and women of high professional quality and potentiality for all phases of our work.

Further, our vigorous programs of research must stay in motion. We must insure that projects under way are not lost through lack of funds,
and that new ones can be undertaken.

And we must maintain and improve an environment for research, scholarship, and service that will bring us closer to the realization of our ultimate goals.

To achieve all this, we will need $6 million in basic funds over the next five years. To raise these funds we are embarking on *Operation Move Ahead*, a drive for funds to keep our college contributing at the highest professional levels.

We will need your support in *Operation Move Ahead*, and as the campaign develops, you will hear more about ways in which you can help your alma mater maintain and improve its excellence.

Our goal is "the finest achievement yet devised for the conquest of disease and the relief of human suffering" — the modern medical center.
paired, the eyeball may sink down, causing defects in vision and deformity in appearance.

Another Department Head appointed at the College is Dr. David Spiro who became Professor and Chairman of Pathology on July 1, 1968, coming to us after seven years with the College of Physicians and Surgeons of Columbia University.

The 46-year-old Professor is the author, or coauthor of more than 70 publications in his field and some 40 abstracts. In both 1956 and 1959, he was awarded the Henry L. Moses Prize of the Alumni Association of Montefiore Hospital and in 1960, he shared in the Annual Award of the Meeting of Neuropathologists.

He is a member of the Cell Biology Study Section of the National Institutes of Health and editor of Circulation Research, a journal of the American Heart Association.

Dr. Spiro received his M.D. from the New York University School of Medicine in 1944 and earned his Ph.D. at the Massachusetts Institute of Technology in 1956. He served as a medical officer in the U.S. Naval Reserves on active duty during the last war.

He was a UPHS Research Fellow from 1950-51 and a Damon Runyon Cancer Research Fellow from 1952-54, both at the M.I.T. Department of Biology. He has taught at Harvard and Columbia Universities, has served as Associate in Pathology at Massachusetts General and a consultant to the USN Hospital at St. Albans.

He joined Columbia in 1961 and became Professor of Pathology in 1963. He served as Attending Pathologist at Presbyterian Hospital and Consultant in Pathology at Harlem Hospital Medical Center.

Dr. Harold F. Bishop is the new Chairman and Professor of the Department of Anesthesiology with a quick pride in the history of his specialty one of the youngest in the profession, and its rapid development by, and in, the United States.

"This country has led the world in the development of Anesthesia which was literally born in New York State. One-sixth of all the training programs in the United States are here in New York."

Engaged in teaching Anesthesiology in four leading hospitals since the beginning of his medical practice in
1938, Dr. Bishop has trained about 200 physicians. Since that year, he has been Director of Anesthesiology at Grasslands Hospital in Westchester County, the site of the projected location of a new medical center with our College as the hub.

Dr. Bishop's tenure at Grasslands was interrupted by service as a Colonel in the army during the last war. He was chief of Anesthesiology from 1941 to 1944 at Walter Reed General Hospital, Washington, and from 1944 to 1946 at Halloran General in Staten Island, N.Y.

A graduate of the University of Wisconsin Medical School, Dr. Bishop has authored or co-authored 22 publications. He is a Diplomate of the American Board of Anesthesiology, a Fellow of the American College of Anesthesiologists, and a Fellow of the New York Academy of Medicine.

In 1946, he was appointed consultant in Anesthesiology to the Veterans Administration for the 13 hospitals of New York State and holds the same position now on seven community hospital staffs in Westchester, Fairfield and Dutchess Counties. Modern Anesthesia, he feels, began in 1938 with the formation of the American Board of Anesthesiology, Inc. and in the ensuing comparatively short span of 30 years, the field has been changing — particularly in recent years.

"We are asked more and more frequently to consult," Dr. Bishop says, "and we now spend about half of our time out of the operation room. Major advancements are being recorded in inhalation therapy and resuscitation. Our services are being sought in the management of patients in the recovery room, the intensive care room and the emergency room."

A member of the Alumni Association's Board of Governors, Dr. Weingold is a Fellow of the American College of OB-GYN and of the American College of Surgeons.

Only in office since July 1, as Chairman and Professor of the Department of Radiology at New York Medical College, Dr. Richard M. Friedenberg has set a somewhat breathless expansion and modernization pace.

Dr. Richard M. Friedenberg is Chairman and Professor of the Department of Radiology.

"We expect to increase the staff in time to a total of 30 full-time Radiologists," says the former Associate Clinical Professor of Radiology at Albert Einstein College of Medicine and Director and Chairman of the Department at the Bronx-Lebanon Hospital Center.

"We are being given three times the floor space the Department formerly had and we are obtaining over $400,000 worth of new equipment. The City has also promised us almost $2 million for a crash program of expansion at Met.

"The Division of Radiotherapy has also been expanded and contains a Theratron 80 Cobalt Rotational Unit and expanded office space with full-time radiotherapists, physicists and a radiobiologist added to the staff." The new facilities are in the old ambulance driveway on 106th Street.
The 42-year-old Chairman received his medical degree from Long Island College of Medicine in 1949, interned at Maimonides and was Assistant Resident in diagnostic Roentgenology from 1950 to 1951 at Bellevue. He was a National Cancer Institute Fellow in radiation therapy from 1951 to 1952 and a Fellow in Radiology at Columbia-Presbyterian in 1952-53.

Dr. Friedenberg was certified in 1953, spent two years in London with the 3rd Air Force as consultant Radiologist and in '55 was appointed Assistant Professor in his specialty at Albert Einstein. He became Director and Chairman of his Department at Bronx-Lebanon in 1963.

He is a Fellow of the American College of Radiology and the NY Academy of Medicine. He has published many papers, primarily in the field of genito-urinary radiography.

Present Director of the Dermatology Section of the Department of Medicine at the College is an alumnus of 1945, Dr. Edward H. Mandel. A Clinical Professor of Medicine, he has also been named Director of Dermatology at Flower and Fifth, Metropolitan and Bird S. Coler Hospitals.

Dr. Mandel returned to the College as a member of the faculty in 1951. He interned at Met in 1945-46 when it was on Welfare Island and was an assistant resident in Dermatology at City Hospital on Welfare Island. He completed a three-year course at the Skin and Cancer Unit of New York University Medical Center and was appointed a Fellow in Medical Mycology there.

He received a Henry Silver Award of the Greater New York Dermatological Society in 1966. He has authored or co-authored 29 publications. He is a Diplomate of the American Board of Dermatology and a Fellow of the New York Academy of Medicine.

One of the best-known immunologists and immunochemists in his field, Dr. Sidney Shulman, Chairman and Professor of the department of Microbiology at the College, is the author of more than 100 papers and co-author of a textbook on biophysics.

Previously associated with the School of Medicine of the State University of New York at Buffalo as Professor of Immunochemistry and director of the Graduate Training Program in the Department of Bacteriology and Immunology, Dr. Shulman received his BS in Chemistry from George Washington University. He was awarded his Ph.D. from the University of Wisconsin where he specialized in the physical chemistry of proteins, biochemistry and blood clotting.

Until 1952, Dr. Shulman remained at Wisconsin as a project associate in the Department of Medicine as an associate in immunochemistry, was appointed Assistant Professor in 1954, Associate Professor in 1958 and Professor in 1965. From 1958 until 1965, he held dual appointments in the Department of Bacteriology and Immunology and the Department of Biophysics.

He held a Senior Research Fellowship from the NIH from 1958 to 1962 and was honored by an NIH Research Career Award in 1963 which he relinquished at the end of 1967. During the academic year of 1965-66, he was on sabbatical at the Hospital St. Louis in Paris and traveled throughout Europe lecturing on his research.

Dr. Shulman's current research includes studies on autoantibody responses to thyroid proteins and their molecular fragments; the immunology of reproduction; cryo-immunology; and the molecular structure of immuno-globulins.

He plans to develop active programs in his department in the fields of autoimmunity, cancer immunology and transplantation immunology.

A research grant of $276,738. has been awarded the College by the John A. Hartford Foundation, Inc., of New York City. The grant is for immunological and immunochemical studies of the urogenital system and its associated functions. The award will cover a three-year program of research under the direction of Dr. Shulman, as principal investigator.
The “Come-Again” Thrift Shop of New York Medical College is at one and the same time probably the least known but most unselfish organization that is completely devoted to raising funds for our College.

Under the able direction of Mrs. Clara Rice, a 1964 Graduate Parent, the shop at 1333 Third Avenue, New York City, is completely staffed and run by non-salaried members of the Parents Council and its profits — which are formidable — go to the Annual Fund.

So, if you are being driven from house and home by those gifts you do not want but cannot throw away, the dishes that are too good to discard, the clothes that no longer fit or satisfy, send them along to the Come-Again Thrift Shop. You can once more be King of your closets, shelves and attics by telephoning the shop at RH 4-9692. You will receive a statement of value realized for income tax purposes.

All gifts are welcome, no matter how small, no matter how big. Mrs. Rice will gladly arrange to have bulky items called for and if you cannot bring, or send, the smaller merchandise, they may be dropped off at the offices of the Alumni Association, Room H-119.

Help them to continue helping the College. Remember the magic words: “It’s deductible.”
With this issue your editors are inaugurating a forum for the discussion of issues that are of singular interest to the readers of the Chironian. All correspondence is welcome. Letters may be selected to avoid lengthy dissertations and duplication in order to meet the limitations of space. Photographs are sent at owner's risk.

November 5, 1968

The Editors
The Chironian
New York Medical College
Fifth Avenue at 106th Street
New York, N. Y. 10029

I wish to express my appreciation of the important part the Chironian plays in maintaining a loyal and vital spirit amongst our alumni. During his long illness Dr. O'Connor received over five-hundred messages of encouragement and friendship from New York Medical College colleagues, many of whom he had not seen for years. Each letter was particularly meaningful to him and did much to reinforce his personal courage and fortitude.

I am most grateful for the dozens of condolence letters and flowers sent to me by recent graduates whom I knew as students.

The Chironian encourages a viable bond of alumni friendship which is strengthening and comforting in the lonely times of need.

Sincerely yours,
(Mrs. Robert A. O'Connor)
Lillian M. O'Connor

Leonard Paul Wershub, M.D.
New York Medical College
The Chironian

Dear Leonard:

I am delighted to have your beautiful article on “New York’s Unwelcome Visitor”. I suppose you have read the book written about the terrible trial of Benjamin Rush for malpractice in the treatment of cholera. It puts in sharp relief the ignorance of the time and the resulting complete misconception of the principles of treatment of the dehydrating disease. Benjamin Rush’s treatment, of course, was murder but he was not found guilty because he was in perfect step with his times.

Your article is of special interest to me because my maternal grandfather died in a cholera epidemic in St. Louis and left a family of children to be brought up by my grandmother. The result was that I had an unusually thrifty and able mother who had to fight for a living to survive. Grandfather was from Munich and had set up a very prosperous brewery when cholera struck. With his death grandmother lost all but her numerous children.

With warm personal greetings and my very kind regards,

Yours most sincerely,
Elmer Belt, M.D.
Elmer Belt Urologic Group
Los Angeles, Calif.

N.Y. Medical College Alumni Assn.
New York, N.Y. 10029

Dear Sirs:

Doctor Rieger wishes the enclosed check to be a donation to the Alumni Benevolent Fund. He thanks you for your letter of September 5th, advising him of his status as a permanent lifetime member.

Yours truly,
Ruth F. Rieger

E. Edward Napp, M.D. ’33
President
New York Medical College Alumni Association

Dear Dr. Napp:

I have not had the time until now to comment on your letter of August 21, 1968.

I want you to know that I am in complete accord with you on all areas mentioned in your communication. There is no doubt at all that we should have a strong Alumni Association and that we function, of course, independently of other groups but with special emphasis on whatever we may contribute to our school. Your letter was quite interesting because it revealed certain things that we did not know. I refer to the fact that the alumni office and the Chironian are completely subsidized by the College Administration. I wish to comment that your point on the achievements of our Alumni is well taken. I have had the feeling that we have not in the past held our heads high enough and I think it’s about time to show every-
one that we have finally "arrived." I will keep in mind one of your suggestions, namely that we communicate more directly with the Association from now on.

I will be very glad to be of help in any way possible and in turn, of course, you may keep in touch with me.

Cordially yours,
Diodato Villamena, M.D., F.A.P.A.

* * *

September 9, 1968
Dear Doctor Napp:

Your recent letter to Alumni of N.Y. Med. Coll. wherein you state that graduates of 1918, or earlier, are exempt is appreciated here, as I am sure it is elsewhere. Those of us who thought we had sufficient set aside for our old age and for contingencies are now finding that we are mistaken.

You ask for word as to the activities of our members. I cannot tell anything regarding other members of the Class of 1912, for I have lost contact with any survivors, whose number must be very small.

As for myself, I continue practicing from my office in Orange, where we reside from October to June, having two appointment hours per week there during the summer but working a full schedule winters. A Diplomate in both Clinical Pathology and Pathologic Anatomy, I maintain my own laboratory and specialize in chronic and metabolic diseases, wherein lab work is most important.

As a side line, I am active in Freemasonry, and in National Sojourner, a national society composed of officers and warrant officers of the Uniformed Services who are also Master Masons, dedicated to promoting the national security. As the above heading shows, I occupy a national office therein, which I have done for many years, and am also a Past Nat'l Commander of the

Heroes of '76, a "higher body" within Nat'l Sojourners.

Thinking you may be interested to peruse it, I enclose an article of mine, printed in THE SOJOURNER MAGAZINE, and reprinted later in THE CONGREGATIONAL RECORD. Another article is now in process of being published.

Another "side-line" is Rotary International, wherein I am fortunate to have a 45-year 100% attendance record.

I believe I have now fulfilled your request, and express my best wishes to you and to others in the Alumni Association.

Sincerely,
Albert G. Hulett '12
Office of the National Surgeon,
(Summer Home) 457 East Shore Trail, Sparta, N.J. 07871

* * *

Dear Ed,

Your classmates are very proud of you, upon your election as President of the Alumni Asso., of our Alma Mater.

Your inspiring message to all the Alumni was excellent, and should show wonderful results.

I am sure the great loyalty and fine spirit of our Class has had its beneficial effect on you, and will help you engender a firmer feeling of loyalty amongst our Alumni.

You can count on your classmates for assistance, to help you in your difficult work in the months ahead.

Sincerely,
William Kropf M.D.

* * *

October 7, 1968
Mrs. William Tod Helmuth III
125 East 93rd Street
New York, New York 10028
Dear Mrs. Helmuth:

It was with real pleasure that I learned from Dr. Leonard Paul Wershub of your recent and generous gift to the memorabilia concerning Professor William Tod Helmuth, Sr., who at one time was Professor of Surgery and Dean of this College. You contributio...
1930

Saul A. Schwartz delivered a paper on Pancreatitis to the American Academy of General Practice last Oct. 8 at the Bronx Lebanon Hospital Center, N.Y.

We are extremely happy to report that Anthony P. Desti is still among those present. He had what must always be something of an unsettling experience when he was listed among the deceased some time ago.

1931

Henry T. Gaynin is Associate Visiting Surgeon in Ophthalmology at St. Clare's Hospital, NYC., and is also Deputy Director in his specialty and Associate Clinical Professor at our College. He appeared as Moderator of a panel on Eye Problems at the New York University Medical Center's Medical and Surgical Problems in Workmen's Compensation sponsored by the American Academy of Compensation Medicine in November, 1968. He spoke on Injuries to the Angle of the Eye.

1932

Lucy D. Ozarin paid her first visit to the College and the Alumni Office in 31 years. She was spending the day at the Dept. of Psychiatry and recalled going to NYMC when it was on York Avenue.

1937

Sidney Rosenfeld writes elatedly: "I am now the proud grandfather of three boys, John, David and Peter." (See 1962 for note on his son, Michael.)

1939

Diodato Villamena presented a paper at the Second Pan-African Psychiatric Conference at Dakar, Republic of Senegal on March 7 last entitled "An Evaluation of Electro-Convulsive Therapy in post-Menopausal Depressions." The paper will be published in EXTEND in the proceedings of the conference. His sons, Diodato, Jr., and Anthony, are respectively second- and fourth year students at our College. His daughter-in-law, Patricia, is a member of the nursing staff of Flower-Fifth Ave. Hospital and a very valuable asset to the Intensive Care Unit. Mrs. Villamena is President of the Women's Auxiliary of FFH and is doing a wonderful job in keeping it an active and driving force in the life of the hospital.

1943

Anthony N. Fazio, M.C. AFRes was elected National Surgeon of the Reserve Officer Association at the recent convention in Miami, Fla. He is the Commander of the 903d Tactical Hospital and Wing Surgeon of the 514th Troop Carrier. In civilian life, he is Director of the Department of Anesthesiology of the Brooklyn Hospital. In addition, he is Assistant Clinical Professor at the Downstate Medical Center where he also holds a position as the Medical Liaison Officer for the USAF. He is married and lives with his wife and five children at 14 Stephen March Lane, New Hyde Park, N.Y.

1944

Theodore Leizaux of Plainfield, N.J. chief of obstetrics, gynecology, became Muhlenberg Hospital's first full time chief of staff — He has been a member of the hospital staff since 1948. He is a member of the OB-GYN Society of New Jersey, the NJ Academy of Medicine, NJ Medical Society, a Fellow in the American College of OB-GYN, and is certified by the American Board of OB-GYN. He has four children: Suzanne 21, Juliette 15, Joshua 11 and Christopher 4.

1945

George S. Zarou was recently appointed Director of OB-GYN at the Lutheran Medical Center, Brooklyn, N.Y. He is also an attending physician at the Methodist Hospital of Brooklyn and the Kings County Medical Center and a Clinical Assistant Professor at the State University of NY Downstate Medical Center. He is a Fellow of the American College of OB-GYN, a Fellow of the American College of Surgeons and a Diplomate of the American Board of OB-GYN.

Edward H. Mandel has been appointed Director of the Dermatology Section, Department of Medicine of NYMC.
Col. Jerrold L. Wheaton, USAF, participated in the first Free World Psychiatric Conference held in the Republic of Vietnam. He is Commander of the 280-bed USAF Hospital at Cam Ranh Bay Air Base that hosted the three-day meeting. More than 65 military and civilian professionals representing Vietnam, Australia, Thailand, Korea and the U.S. met to hear addresses and take part in discussions concerning psychiatry and mental health as related to the "whole man" concept, with particular emphasis on the stresses to which men are exposed in combat.

More to add on Col. Wheaton which just came in:

Air Force Logistics Command at Wright-Patterson Air Force Base has him as a new deputy command surgeon after a year's tour in Vietnam. He received his master's degree in public health at Harvard and practiced seven years before entering the service. He, his wife, Ruth, and two daughters live at 7253 Home Acres, Beaver Creek, Ohio.

Robert A. Seitz was appointed to the post of full-time assistant director of the division of Anesthesiology at Grasslands Hospital, Valhalla, N.Y. He served a rotating internship at New Rochelle, a one year internship at the Jersey City Medical Center, and a residency in anesthesia at Grasslands from 1956 to 1968. He has been in general practice from 1950, specializing in Anesthesiology for 19 years. He has been on the staff of Butterfield Memorial Hospital with courtesy privileges at Highland Hospital, Mahopac Hospital and Peekskill Hospital.

Adrian L. Coblentz has been appointed Clinical Assistant Professor in Psychiatry as the medical faculty of the New Jersey College of Medicine and Dentistry.

V. D. Mattia was recently accorded a signal honor by the Essex County Chapter of the National Football Foundation and Hall of Fame. He received the Distinguished American Award, presented annually "to a former player who has carried the lessons learned on the football field into a life of service to the community." Full details, contained in a newspaper story of the occasion, were entered into the Congressional Record by the Hon. Peter W. Rodino, Jr., of New Jersey in the House of Representatives.

Robert L. Coblentz is President of the newly organized Greater Bridgeport Society of OB-GYN.

1947

John J. Vogell, Jr., has been appointed Medical Director of the Rochester Institute of Technology, Rochester, N.Y., effective October 1 last.

1951

John H. Hirsh notes that he is now a fellow of the American College of Surgeons and is certified by the American Board of Surgery. His new address is 1415 East Sunrise Boulevard, Ft. Lauderdale, Fla. 33304.

1952

Henry T. Uhrig has been promoted to the rank of full colonel at Edgewood Arsenal, Md. He is chief of the clinical research division of the Research Laboratories and reported to the Maryland Base after completing the regular one year course at the Army War College, Carlisle Barracks, Pa. A former enlisted man, Col. Uhrig served as a medical corpsman with a tank battalion in Europe during World War II. He received his AB from Fordham in 1947 and after graduating from NYMC, interned at Valley Forge General Hospital, Phoenixville, Pa. He served his residency in Radiology at Walter Reed General Hospital and was then appointed chief of that specialty at the Station Hospital, Ft. Carson, Colo. He moved to the Chemical Corps School in 1960 as medical advisor and was assigned in 1962 to the Walter Reed Army Institute of Research as chief of isotope metabolism. A tour of duty from 1964-65 as division surgeon with the 7th Infantry Division in Korea preceded his assignment to Washington, D.C., as a medical advisor in the Office of the Army's Asst. Chief of Staff for Intelligence. He has also completed the basic and advanced Medical Field Service Schools and the Command and General Staff College. His decorations include the Army Commendation Medal, the Good Conduct Medal and the General Staff Badge.

1954

Lt. Col. Budd Appleton, Medical Corps, chief of Ophthalmology service at Walter Reed General Hospital has been awarded the "A Prefix". The "A Prefix" rating is the army medical department's recognition of the highest degree of professionalism. Individuals selected to receive this award are not only certified in their specialty but are also actively participating in teaching or research. Length of service, duration of experience in the specialty and membership in professional societies. The Colonel interned at Brooke General Hospital in 1955 and did his residency in his specialty at Walter Reed General in 1959. From 1960 to 1962, he was assigned to the U.S. Army Hospital at Fort Hood, Texas and following a tour as division surgeon with the 7th Infantry Division in Korea, he was assigned to the Walter Reed Army Institute of Research. He became chief of service in 1968. Certified by the American Board of Ophthalmology, he is a Fellow of the American Academy of Ophthalmology and Otalaryngology. Married, he has three children, Bruce 16, Dana 14 and Curtis 13. His home is at 10431 Huntley Ave., Silver Spring, Md.

The wife of Chester M. Bernstein died on August 20 last at the age of 36. Besides her husband, she leaves two sons, Robert L., and David J. Burial was in Beth Alom Cemetery.

1955

Martin L. Norton is program director and one of the guest speakers in the postgraduate program in Anesthesia of the Wayne State University School of Medicine. The program runs from October 28, 1968 to March 10, 1969. Dr. Norton will talk on Oxygenation on February 10 and will speak again (Open Topic) on February 17.

1953

1948

Martin L. Norton is program director and one of the guest speakers in the postgraduate program in Anesthesia of the Wayne State University School of Medicine. The program runs from October 28, 1968 to March 10, 1969. Dr. Norton will talk on Oxygenation on February 10 and will speak again (Open Topic) on February 17.

1950

1955
1956

Alfonso Richards has been certified by the American Board of Urology.

1958

James C. McCann, Jr., will be one of the speakers at the first annual meeting of the Lahey Clinic Foundation Alumni Association to be held in Boston, Mass., this Fall. He served his internship and residencies at St. Vincent Hospital, Worcester, Mass., and a Fellowship at Lahey Clinic. A member of the Mass. Medical Society, a Fellow of the American College of Surgeons and a Diplomate of the American Board of Surgery, he is on the active staff of St. Vincent, Fairlawn, Hahmemann, Doctors and Worcester City Hospitals (all in Worcester) and Whittinsville Hospital in Whittinsville, Mass. He will deliver a paper on “A Reliable Technique for Performing Lymphangiography and Practical Areas of Clinical Application.”

A very pleasant little card from Dr. and Mrs. Kenneth D. Davis of 500 South Burkhardt Road, Evansville, Ind., 47715. And tucked into a blue niche, protected by a small safety pin was the news that

Kenneth Christopher Davis arrived on May 5 last at 8 pounds 5 ounces. Congratulations!

Congratulations to Walter Pizzi who became a Fellow of the American College of Surgeons at the annual Convention in Atlantic City, N.J., last month.

1959

Army Doctor Kenneth W. Lennox was promoted to Lt. Col. during ceremonies at Ft. Sam Houston, Tex., last May 28. His wife, Berit, and the acting commandant of the Army Medical Field Service School at the Fort were present. Dr. Lennox entered active duty in 1960 and was last stationed at Ft. Leonard Wood, Mo.

1961

Conrad Jacobs is in the private practice of Psychiatry, in association with two other doctors. He, his wife, Carol, and son, Kenneth live living in Hollywood, Fla., at 3435 Hayes St.

Charles E. Morhardt has opened his office at 45 South Main St., West Hartford, Conn., for the practice of general surgery. He interned at Connemah Valley Memorial Hospital in Johnstown, Pa., did his residencies at Hartford and Western Pennsylvania Hospitals. He recently completed his two years of duty with the Air Force. He is married to the former Elaine Bishop of Hartford and they have two children.

Ruben L. Shapiro became a Diplomate of the American Board of Internal Medicine last May and is practicing Cardiology at Hartford Hospital.

Murray N. Cohen, whose Dad was a most successful President of the Parents’ Council for two terms, was discharged from the army after two years of service on February, 1968 and is now in the practice of Internal Medicine with two associates at 3341 Johnson St., Hollywood, Fla. he has two sons, Lee 4 years, and Stuart, 2 years.

Henry I. Saphier’s son was born in Okinawa, October 7, 1967. He and his wife have just returned to the States after two years on the island.

George W. Lutz has entered the private practice of Internal Medicine and Cardiology in association with another doctor at 22 North Maple Avenue, Irvington, N.J. He and his wife, Eileen, have two children, Christopher John 2, and Sharon Marie 3 months.

1962

Stuart Seigel has associated with two other doctors in the practice of OB-GYN at the Medical Park in Wayne, N.J., and the Carey Avenue office in Butler. Prior to moving to Jersey, he was in private practice in Glen Cove, N.Y. He is married to the former Estelle Dansky and has two children, Amy and Scott.

John Munna notes on a letterhead bearing the legend: “3d Marine Division (REIN), FMF, Vietnam” that he completed his residency at Metropolitan. He is now with the 3rd Medical Battalion, A Co, 3rd Marine Division, FPO, San Francisco 96602. “We will be here at Phu Bai until the first of August and then we move north to Quang Tri.” Best wishes from all of us at NYMC, John.

Raymond L. Casella, a practicing internist, specializes in Diabetology and Cardiology and has been in practice for two years in Agawam, Mass. In August he was married to Joan Bye, a teacher, who completed her Master’s in elementary education. During residency, he completed Fellowship study at the Joslin Clinic in Boston and with Dr. Isadore Snapper, at Brookdale Hospital in NYC. He has published articles in the JAMA and in Connecticut Medicine and is the originator of a microtiterometer. A member of the New York Academy of Science, he has published original research on Chinchilla Hematology and Cardiology. His new address is 192 Shoemaker Lane, Agawam, Mass.

Walter M. Stern has become engaged to Marjorie Delores Spencer and plans are for a December wedding. Miss Spencer is with the Chemical Bank N.Y. Trust Co., and her stepfather is an Episcopal minister and her father, a physician.

Michael Rosenfeld has completed his residency at St. Vincent’s as of last August and is practicing Internal Medicine in Cold Springs, N.Y.

1963

Robert W. Edwards has joined the Roxbury Medical Group in the practice of pediatrics in Roxbury Township, N.J. He interned at the Naval Hospital in St. Albans, N.Y., and received his specialty training in pediatrics both at Portsmouth, Va., and at the University of North Carolina School of Medicine in Chapel Hill, N.C., and subsequently became a member of the teaching staff at the Naval Hospital. He is married to the former Gail Saylor who was an RN on the staff at FFAH. They have two children, a son, Kevin 3 and a daughter, Maria Beth 2.

Chris Maloney was scheduled to go back to Vietnam as a volunteer physician in October.

By this time the Marty Hochbergs should have had their first child. Best wishes.

James Sorger has associated with three other doctors for the practice of Pediatrics at 505 Elm St., Westfield, N.J. His Dad is president of The 400 Club at the College.
Richard L. Glatzer has associated with two doctors for the practice of Orthopedic Surgery, 2695 Le-Jeune Road, Coral Gables, Fla.

George J. Mehler completed his surgical residency at Beth Israel Hospital, NYC, last June. He is now on active duty with the Army and has been assigned as a surgeon to the 67th Evac Hosp in Qui-Nhon, S. Vietnam and will be there until August 15, 1969. We are forwarding The Chironian to his wife, Marian, until further notice at 2385 Creston Avenue, Bronx, N.Y. 10468.

1965

Lt. Irwin Steiger returned home at the end of July. He received two Presidential Unit citations and the So. Vietnamese Cross for gallantry.

Capt. Kenneth Desser began his residency in Medicine in August at Beth Israel Hospital.

Richard Allen sends along: "Since I am relatively isolated from the rest of the alumni here in Portland, Oreg., I welcome any news I can get. I am now chief resident at Emanuel Hospital in Portland and plan to enter private practice here next July. I am also happy to report a new addition to our family on July 17 last, a daughter, Rebecca Lynne."

Lt. Cmdr. Irwin H. Steiger, MC, USNR, is now at Los Alamitos Naval Air Station, Los Alamitos, Calif., 90720. His justifiably proud mother, Augusta Steiger (who is still one of the most loyal active members of the Parents Council) forwards the following letter: "Congratulations on your selection for promotion to the grade of Lt. Cmdr. You were selected not only for your past service, but primarily for your potential to continue your excellent performance in positions of greater responsibility. I am certain that you will meet this new challenge with credit to you and the Navy Medical Corps. I extend my best wishes for every success in your new rank." It was signed by Vice Admiral R. B. Brown, Surgeon General, Navy Dept.

Peter H. Maher is in a Fellowship in Cardiology at Boston University Medical Center. He has two daughters, Mary Angela, 2 years and Michael Ann, 4 months.

William Fiedelman is also a Lt. Cmdr., stationed at Norfolk, Va. In July, 1969, he is returning to Mt. Sinai Hospital in NYC to complete his residency in Pathology. He was married on Dec. 3, 1967 to Meryl Sue Miller of Brooklyn, N.Y.

Geraldine I. Silkalns is presently a Fellow in Pediatric Nephrology at Albert Einstein College of Medicine.

Arthur M. Scott, Jr., is in his first year of an Internal Medicine residency at Maine Medical Center in Portland. Part of his residency will be spent at New England Hospital, Tufts University, Boston. He spent 1966-67 on a tour of duty as a flight surgeon in Vietnam with the 116th Helicopter Co. He interned at Walter Reed Hospital in Washington.

Barrie S. Bollas pens the following: "I have completed my residency at Skin and Cancer Hospital, Philadelphia and am now a Dermatologist with the Southern California Permanente Medical Group in Panarama City, California. I am now living at 15434 Sherman Way, Apt. 220, Van Nuys, Calif., 91406."

Stuart T. Sitzman pens: "Since graduation, I served an internship at Beth Israel Hospital in NYC and finished 1 1/2 years of OB-GYN residency there before being drafted into the Navy. I have also married. My wife’s name is Stephanie, a Fine Arts graduate of Boston University. Have a stepson, Michael, and another due in December, 1968. At the completion of active duty, I plan on returning to NYC to complete my residency program.

Congratulations to the David Nochimsons who sent us one of the cleverest birth announcements we’ve ever seen. The cover had a hatching egg with the legend: ‘‘another Population Egg-Splosion.’’ Inside it said: ‘‘D’s in Obstetrics and so you see; His business is babies, and now so is E’s; On the 15th of September, bursting with glee; Our most important product hollered—; Now we are three!’ Oh yes, it was a boy, Michael Paul, 7 lbs., 11 1/2 ozs., 21” long. At home is 1635 North Formosa Ave., Los Angeles, California 90046.

Russell B. Marion has been appointed a resident in Plastic Surgery in the Mayo Graduate School of Medicine, University of Minnesota at Rochester.

Joel L. Kanter, a Captian in the Medical Corps, is engaged to Carol G. Wildenberg of Great Neck, N.Y. She graduated Cornell and received her Master’s in guidance from Hofstra University. He is stationed at Fort Campbell, Ky.

John Freie has a new address: 615 Arbor Drive, Iowa City, Iowa 52240.

1966

Harvey G. Masor, now a Captain, has just completed a 13-month tour of duty in Korea and will be stationed at Fort Monmouth, N.J.

Stephen B. Bernstein is chief resident in Psychiatry at McLean Hospital in Belmont, Mass., and is a teaching Fellow at Harvard Medical School.

Donald R. Balaban has been in the Pacific since September, 1967. He spent about six months in South Korea, having been sent there at the time of the Pueblo incident. He has been stationed at an Air Force base hospital in Taiwan. He is expected back in this country around Thanksgiving to complete his service in Texas.

Michael Epner is now a Lt. Cmdr. at the New London, Conn., submarine base.

Andrew R. Ganz is a resident at Manhattan Eye, Ear and Throat Hospital in Otolaryngology.

Lawrence S. Schechter is scheduled to wind up his stint with the USPHS in June, 1969 and will begin his residency in Radiology at the Downstate Medical Center-Kings County Hospital in July. He and his wife, Doris, live in Manhattan.

Albert Saphier is a third year resident at FFPAH-Met. He and his wife, Anita, and their 14-months old daughter are doing just fine.

THE CHIRONIAN/VOL.84 NO.3 27
Alan B. Cohen, brother of Murray '61, is now in his second year of residency at Jackson Memorial Hospital in Miami, Fla. Address is 1441 NW 19th St., Miami, Fla.

Capt. Lawrence F. McManus is at Tripler Army Hospital, Honolulu.

Capt. Raymond S. Keller's address is 196th Station Hospital, APO NY 09055.

Capt. Michael T. Charney has been with the 25th Medical Group at Dan Tieng for the past seven months. He is Battalion Surgeon for a group of 500 men of the 25th Infantry and several artillery groups in the area. He also conducts a clinic for civilians in the Vietnamese village contiguous to the base. On Sept. 20th, the day after his 27th birthday, he wrote: "I don't feel 27 years old, but I do think I have matured a great deal. Human suffering, seen in such large numbers, first hand, has a pronounced sobering effect." In an earlier letter, Mike wrote: "Most of the boys who are killed and wounded are even too young to vote."

Capt. John Perzik is with the 173d Airborne Brigade, APO San Francisco 96250. His wife, Marilyn, is living at home in Salt Lake City.

Richard Robbins is presently serving in the Navy and is stationed at Camp Pendleton, Calif. He was married in January 1967 to Lois Goldman of Laguna Beach, Calif., and is about to become a father.

Stuart D. Lestch is in the Navy as a Lt. S.G. and is stationed at the Long Beach Naval Hospital, Calif. He is married and his wife is with him. She is the former Rita Ronen, a graduate nurse of Beth Israel Hospital, NYC.

M. James Stedman is a second year resident at Cedars of Lebanon Hospital, Los Angeles, Calif. His second child, a son, was born on July 30 last and has been named Robert Matthew.

Capt. J. Michael Purcell is instructing in Preventive Medicine at Fort Sam Houston's Brook Medical Center. He and his wife, Anne, are the parents of a daughter, Rosemary, born in April, 1968.

Charles Z. Scher is a second year resident in surgery at the USPHS Hospital, Richmond District, San Francisco, Calif.

Salvatore R. Tuzzo is a resident in Psychiatry at Cincinnati General Hospital and Veterans Hospital. His home address is now 23 East Lake Shore Drive, Cincinnati, O.

Ira Bernstein's wife has given birth to a boy, their second child.

Captain Charles Vaccariello gets his mail now at 1513B Werner Park, Fort Campbell, Ky.

Franklin A. Morrow is at the 93d Evacuation Hospital, Long Binh, Vietnam.

John C. Jurgensen is now in his second year of residency at Henry Ford Hospital after completing his internship there also. He is married to the former Jean Mills and they have one daughter, Heather Ann, one year old.

Patrick J. Dwyer is now a resident in OB-GYN at New Britain General Hospital. He and his wife, Patricia, have two children, Cathleen Ann and Patrick J.

Cornelius J. Cornell, Jr., is serving as a Naval flight surgeon with the 1st Marine Air Wing, USMC-USN, in Vietnam.

Michael Brody is a second year resident at Columbia Psychiatric Institute. He and his wife, Shelley, have a son David, six months old.

Gary R. Donshik is completing his residency at St. Albans Naval Hospital in Medicine. A son, Jon David, was born Feb. 21, 1968.

1967

Robert A. Scalise is now a first year medical resident at St. Vincent's, NYC. He married Patricia A. Fransen, RN, on Feb. 24, 1968.

Anthony Van Grouw, Jr., and his wife, Janice, are the proud parents of twin sons, Anthony Todd and David Alan, born September 11 last. Having recently completed his internship at Greenwich Hospital Tony is now in his first year of general surgery residency at the Mary Hitchcock Memorial Hospital, Hanover, New Hampshire.

Roger Challop has completed his internship at Brookdale General Hospital and is now a Pediatric Resident at Mt. Sinai in NYC. At the completion of his residency, he will enter the Public Health Service.

John Giles died at Flower and Fifth Avenue Hospitals after a comparatively brief illness. Burial services were held in his home town of Boston, Mass. His wife and two children will return to her home in Maine.

Capt. Donald E. Doyle is with the Army Medical School at San Antonio, Texas. He was a resident in Surgery at Cedars of Lebanon when he got the message. He plans to be a plastic surgeon.

Stuart L. Wanuck is at Beth Israel Hospital, NYC.

Judith Fiedler married classmate Arthur A. Tapilow on Dec. 10, 1967. Judith is now a Pediatrics resident at Bronx Municipal Hospital. Arthur is a resident at FFAH-Met. And they will be living at 1859 Yates Ave., Bronx, N.Y. 10461.

Capt. Stanford L. Schatz is with the Army Medical Corps at the Rader Clinic in Fort Myers, Va.

Leonard Goldstein is holding forth as Surgeon and Chief Medical Officer in charge of the USPHS Unit, Fort Worth, Tex. He has the equivalent rank of Major with the U.S. Coast Guard. He recently married a Texas girl, Annetta Lichtman. His service tour ends in June, 1969 and he is scheduled to begin his residency in Ophthalmology at Long Island Jewish Hospital in July of that year.

Michael J. Kaufman is a Dermatology resident at Metropolitan, N.Y.

Geraldine L. Ahneman is a resident in Anesthesiology at St. Vincent's, N.Y.

Stephen L. Bloom is a flight surgeon in the Air Corps stationed at Brooks AFB, Texas.

Anthony Van Grouw, Jr., interned at Greenwich Hospital, Conn. He is married to Janice Van Der Have and they are the proud parents of twin boys, born Sept. 11, 1968. He is doing a residency in Surgery at the Mary Hitchcock Hospital, affiliated with Dartmouth College. He is doing part time at the VA Hospital, White River Junction, Vt.
Norman S. Rosenthal is in a 4-year residency in Urology at Stanford U. Hospital, Palo Alto, Calif.

Paul A. Hamlin, who completed his internship at St. Vincent's Hospital in June, 1968, is currently serving as General Medical Officer with the Third USAF Dispensary in Bien Hoa, Viet Nam.

Capt. Jerome Solomon is in the Air Force and received his Flight Surgeon's wings at Brooks Air Force Base in San Antonio, Texas. He interned at David Grant Hospital, Travis AFB, Fairfield, California.

Vincent J. Catrini is a Resident in Surgery at St. Clare's, NYC.

Michael D. Paris is presently serving his military obligation at the NIMH Clinical Research Center, Lexington, Ky. Elizabeth Sue Paris was born last November 4.

Paul A. Goldberg announces the birth of a son, Tony Lawrence, on June 19, 1967.

Marie B. Casalino is a first year Pediatrics Resident at St. Vincent's, N.Y.

Lt. Edward T. Butler is engaged to Joy Van Wyck of Ohio and a January wedding is planned. He is stationed aboard the USS Rachamkin in the Mediterranean.

Capt. Lloyd R. Hoffman is serving at the Armed Forces Examining and Entrance Station in Bangor, Me.

Paul A. Bostrom is a first year resident at Lenox Hill and John Walter is in his first year of residency at St. Vincent's, both in NYC.


Philip Aries entered the Navy last July and is now stationed at Camp LaJuene, N.C.

1968

Craig Fenton married Bonnie J. Rabun (RN from FFAH) of California on June 16 last and honeymooned in Montego Bay, Jamaica. He is interning at Harrisburg Polyclinic Hospital in Harrisburg, Pa. and their address for the next year will be 40-A Thomas St., Harrisburg, Pa. 17105.

Dr. and Mrs. Richard K. Stone announce the birth of a daughter, Laura Kay, at FFAH. Richard is interning at Met.

Paul Vernaglia is interning at Stong Memorial Hospital in Rochester, N.Y. and forwards his new address: 209 University Park, Rochester, N.Y.

A. Roy Rosenthal is interning at Montefiore Hospital and looking forward to a residency in Urology.

Jeffrey I. Goltz has been accepted in the Air Force Berry plan for Orthopedic Surgery, upon completion of his internship at University Hospital, Ann Arbor, Mich.

Bobby Sherman and his wife now live at 55 East End Avenue.

Michael Jacobs and his wife are expecting their first baby sometime in December. He will remain at the Genesee Hospital, Rochester, N.Y., to do his residency in OB-GYN.

David E. Cohn is interning at the Albany, N.Y. Medical Center and may specialize in Psychiatry.

Craig A. Fenton married Bonnie J. Rabun of California on June 16 last in Oceanside, N.Y. He is doing his internship at Harrisburg Polyclinic General Hospital where his wife is a nurse.

Joseph J. Fay is interning at Albany Medical Center Hospital, Albany, N.Y. and is the father of a 10-month old son (Junior).

Louis M. Feder is interning at the Public Health Service Hospital on Staten Island, N.Y. He won the Dermatology Award when he graduated last May.

Ardow R. (Bud) Ameduri is at St. Luke's Hospital, Denver, for his internship. He has been accepted for the Berry Plan in Radiology but hasn't decided yet where to do his residency.

Morris L. Schwartz proudly announces the birth of a baby boy, Peter Ethan on September 4 last.

James L. Bauer is interning in Pathology at the Yale New Haven Hospital. He was married on Sept. 13 last to the former Suzanne Jacques of Jackson Heights, N.Y.

ALUMNI MAIL BOX (Continued)

The medical College from time to time. Beyond that, however, I very sincerely hope that it will be possible for you to visit the College soon. It would give me and Dr. Wershub great pleasure to show you how the institution is developing.

With my most sincere expressions of gratitude,

Cordially yours,

DAVID DENKER

My dear Dr. Wershub:

Please forgive my delay in writing to thank you for your kindness in sending me the book—"One Hundred Years of Medical Progress". My children and I have been very much interested in reading it.

If any more photographs or clippings turn up, referring to my husband's grandfather, I will know where to send them, and I look forward to visiting your college some day soon.

With many thanks for your gracious note, and the book.

Sincerely,

MARGARET KEDER HELMUTH

* * *

Dear Dr. Wershub:

I just wanted you to know how much I enjoyed your fine article on cholera in New York published in your alumni magazine.

Very truly yours,

GENEVIEVE MILLER

Howard Dittrick Museum of Historical Medicine
Cleveland Medical Library Assn.
ONCE THE DIE IS CAST...  
(*the steel die required to make fine engraved stationery)

... you can have beautiful engraved stationery for little more than the cost of ordinary printing. And the engraving die is your lifelong possession which can be used dozens of times and still retain its fine printing qualities.

COPY AND MAILING ADDRESS

Name .................................................................
Address ..................................................................
City ..................................................State...........Zip........

Check enclosed for □ 500 □ letterheads
□ 1,000 □ envelopes

Compute cost of engraving die at 30¢ per letter
(do not count punctuation marks)

   Die total ....................
   Printing total ............... 
   N.Y.S. Tax ................. 
   Amount of check ..........

You can have this beautiful stationery (Mon­arch size: 7¼ x 10½ and matching envelopes) for

<table>
<thead>
<tr>
<th></th>
<th>500</th>
<th>1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>letterheads</td>
<td>17.00</td>
<td>23.50</td>
</tr>
<tr>
<td>envelopes</td>
<td>23.50</td>
<td>36.50</td>
</tr>
</tbody>
</table>

1. Printed black ink
2. Envelopes printed on face at upper left corner — flap printed — add $3.00
3. Above prices do not include steel engraving die

R. WAYNE COMPANY
160 Avenue of the Americas
New York 10013
Alumni Association
Insurance Program
Sidney A. Sass Associates, Inc.

Disability income to $250 weekly; Lifetime Benefits paid for Accident; to age 65 for Illness; simplified enrollment, liberal acceptance.

* * *

Life insurance at remarkably low premiums reduced further by dividends; to $50,000 in coverage; renewable to age 70; convertible to cash accumulating plan; waiver of premium for disability; guaranteed added premium savings as enrollment grows.

Accidental Death and Dismemberment: 24 hour protection; worldwide; pleasure and business; outstanding premium savings.

Administered by:
SIDNEY A. SASS ASSOC., INC.
20 East 42nd Street, NY 10017
212 - MU 7-8934
(New office, appointments, honors, children, activities, moved, etc.)

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

TO THE EDITORS, NYMC CHIRONIAN