Fall 1969

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New York Medical College

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CHIRONIAN

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New York Medical College Volume 85 Numbers 3 and 4

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Dr. Frederick L. Stone Appointed President of NYMC-FFAH

Dr. Frederick L. Stone, Director of the National Institute of General Medical Sciences (NIGMS), National Institutes of Health, has been appointed president of New York Medical College-Flower and Fifth Avenue Hospitals, Inc.

Dr. Stone is called a “dedicated, respected, career man,” by his colleagues at the Medical Science Institute where he has been director of programs since 1964. Prior to that time, shortly after joining the staff of NIH in 1948, he organized the general research training programs which have since trained thousands of young men and women for careers in medicine and medical research.

In 1962, when the NIH established a new division to administer grants for construction of research buildings, computer centers, and other large-scale facilities for medical schools and medical complexes, Dr. Stone organized and launched the division. Since 1964, when he became the director of NIGMS, Congress has increased the Institute’s annual budget from $127 million to $165 million for the support of thousands of research investigations and the training of young medical scientists.

The clinical and basic science programs that Dr. Stone promoted were diverse, ranging from bioengineering, anesthesiology and surgery to genetics, the field in which Dr. Stone holds his doctorate.

Dr. Stone was born on March 31, 1915, in Biloxi, Mississippi. He attended Middlebury College in Vermont, majoring in chemistry, and received a master’s degree from the University of Rochester in 1942. For the next four years he served with the U.S. Marine Corps in the Pacific Theatre of Operations. At the close of the war, he returned to Rochester where he was awarded the Ph.D. in 1948.

Dr. Stone was for a time an official of the National Institute of Neurological Diseases and Stroke, Director of the National Multiple Sclerosis Society, and was an assistant vice chancellor in the Schools of the Health Professions, University of Pittsburgh.

Twice commended by HEW for his leadership and performance in the Public Health Service, Dr. Stone was the recipient of the Superior Service Award in 1964, and the Special Citation of the Secretary of HEW, in 1966.

Though he has little time to spend at it, Dr. Stone likes hunting and salmon fishing. He lives in Bethesda with Mrs. Stone and their two daughters, Debra, a senior at the University of Pennsylvania, and Laurie, a junior at Gettysburg College.

Announcing the appointment on November 28, Mr. Jackson E. Spears said: “We are delighted to have Dr. Stone join us as our top administrative officer. His scientific background and his innovative approach to research and teaching programs will enhance and reinforce the role of New York Medical College in the advancement of medical education and the delivery of quality health care.”

Dean Eagle welcomed Dr. Stone on behalf of the faculties. “We look forward to working with him to provide the best education and care for all who depend on us and will do so in future years.”

The appointment of Dr. Stone was equally welcomed in Westchester County where Mr. Charles Mortimer, chairman of the Westchester Development Committee, offered a warm greeting: “I am very pleased that we will have a man of Dr. Stone’s outstanding stature and experience working with us. He is just the kind of leader and administrator needed both for New York Medical College now, and for the still bigger task of directing the new medical center in Westchester.”

Colleagues and acquaintances of Dr. Stone are warm and vigorous in their comments. “He is a man of high principle, a thoroughly competent administrator with a delightful sense of humor,” a member of the National Academy of Sciences told Chironian.

Dr. Stone is an affiliate of the Royal Society of Medicine, and a member of many groups including Sigma Xi, American Academy of Neurology, Association for Research in Nervous and Mental Diseases, and the Association of American Medical Colleges.

The entire family of NYMC-FFAH and its affiliated hospitals joins us in saying, “Welcome, Dr. Stone.”

Dr. Frederick L. Stone, president-elect of New York Medical College, joins Dr. Margaret E. Kakosh, dean of the Graduate School of Nursing, and the students at the conclusion of student caroling held on December 16.
Construction of Mental Retardation Center Begins in Westchester

Construction of the first unit of the medical center in Westchester to be built at Grasslands with New York Medical College as the core was begun in November when ground was broken for the Center for Mental Retardation.

The new center will provide expanded facilities for the largest institution in the world devoted solely to the retarded, presently located within the college complex in New York. It will cost about $6 million and will be financed from funds set aside several years ago. These include federal and college funds and philanthropic gifts, including one from the Variety Club of New York. The structure is being built on land recently purchased by the college from Westchester County.

Dr. Margaret J. Giannini, who has been professor of pediatrics and director of the center since its inception in 1950, will continue to direct the expanded program. The center will continue its policy of accepting patients without regard to economic, racial or geographic limits, and those with multiple handicaps such as the blind-retarded, deaf-retarded, orthopedically handicapped-retarded, and the child with multiple anomalies. The program, which encompasses patients from childhood through adolescence and young adulthood, and at all levels of retardation, was the first in the country to serve the community with a five-fold approach of diagnosis, treatment, rehabilitation, training of professionals and paraprofessionals, and research for the mentally retarded and his family.

More than 6,000 patients have been helped since its doors opened and patient visits now number 20,000 annually. In the new center, which will have 100,000 square feet of floor space, 500 additional outpatients will be accepted each year and those previously registered will continue to receive services. The center is expected to be ready for occupancy early in 1972, and will consist of a four-story main building which will house clinical research laboratories, offices, classrooms, playrooms and other facilities; an inpatient wing where children will stay when undergoing intensive diagnosis; and an auditorium, as well as therapy and outdoor recreation areas.

A day training center and sheltered workshop will offer programs to help retarded youngsters realize their full potential. Also, there will be a small gymnasium, rooms for physical and occupational therapy, and classroom kitchenettes to provide experience in daily living.

Multidisciplinary treatment services will follow the “family doctor” concept, whereby the pediatrician will be responsible for the overall health of the child by prescribing therapeutic measures, coordinating follow-up services and providing continual care and supervision of the patient. The basic comprehensive program is one of pediatrics, psychiatry, psychiatric social work, clinical psychology and speech pathology, nursing, nutrition, physical therapy, audiology, vocational rehabilitation and dance therapy. Each child will be given comprehensive screening examinations by consultant specialists, trained and oriented to the special problems of the retarded child, and will be observed by trainees.

The new facilities will permit an expansion of psychological services in order to provide a more thorough and refined delineation of each patient’s functioning level, intellectual and perceptual strengths and weaknesses, and social and behavioral adaptation. Detailed psychiatric evaluations of each child and his parents will be part of the initial work-up, and a greatly expanded program in individual psychotherapy for retardates will be instituted.

A dental department for retarded patients represents a departure from the conventional type offered. The proposed facilities will provide a complete service for evaluation and treatment unobtainable elsewhere.

With the increase of studies in biochemical, cytological genetics and polygenic inheritance as related to mental retardation, a genetics unit in the new center assumes major importance.

The new center will enable the college to expand its training of men and women on all levels, from non-professional aides to postdoctoral fellows in the field of mental retardation. Training will be offered in each of the areas of the basic comprehensive program. New teaching equipment being designed for the center includes multi-channel, closed-circuit television, video-taping facilities, one-way vision rooms for observation; and special electronic equipment for visual and auditory screening of non-verbal individuals.
By now you are aware of the financial crisis which has involved our medical school complex. The high quality of teaching, research, and medical care rendered to the community, and the caliber of the student body have brought high praise from the Medical Education Committee of the A.M.A. and the Association of American Medical Colleges; but the cost of keeping us in the forefront of education and health service is extremely high and constantly spiraling. The failure of third party payors (Medicaid and others) to meet full patient costs and cuts in research grants by the Federal government which affect all hospitals and medical schools have caused NYMC and other medical colleges serious financial problems.

Vigorous efforts are being made by the Board of Trustees, Alumni Association, Faculty Senate, Parents’ Council, and others to raise the large sums needed to meet the crisis.

The Annual Fund has always been an important source of income. Our goal of $235,000 must be met. Although gifts have been substantial this year, we need the participation of everyone in order to raise a portion of the additional funds which are so important to the vital work of the college.

Dr. Schwartz

New York Medical College–1969 Annual Fund Report
Gifts and firm pledges as of December 22, 1969

Current Totals

<table>
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<th>Gifts</th>
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<tr>
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</table>

Note: Comparative figures through 12/20/68

Gifts: 1,312  Amounts: $138,200.93

Annual Fund Donors

Alumni Donors to the 1969 Annual Fund as of November 25, 1969

1928 Aaron M. Lefkovits
Samuel Steinholtz
Fannie I. Tomson
Julian Wolff
Max Zuger

1929 Oscar S. Koenig
Bernard B. Nadell
George A. Rawler

1930 Louis Berlatt
Sylvester Catalanello
I. S. Feinstein
Max B. Fershtman
Hyman S. Gellin
H. A. Hauptman
Louis Hoffner
Joseph Korn
Salvatore LaCorte
Irwin I. Lubowe
M. W. Molinoff
Benjamin J. Rosenthal
Mark S. Rothenberg
Anna Samuelson
Walter F. Schmidt
Mortimer Schochet
Saul A. Schwartz

1931 Frank I. Ciofalo
Henry L. Drezen
Morris W. Greenberg
Alexander Libow
Fred F. Shepard

1932 Joseph Bloom
Simon Dack

1927 Marcus D. Kogel

1929 Louis H. Gold
Leon Greenberg
John J. Horowitz
David Marcus
Irving Pine
Alexander Richman
Marcus P. Rosenblum
Abner I. Weisman

1930 Jacob Bleiberg
Emile J. Buscicchi
Frank E. Fierro
Mayer S. Kaplan
Charlotte Yudell

1931 Joseph Ephraim
Frank M. Galioto
David B. Meisel

1932 Edmund D. Colby
Arthur Lepon
Charles A. Priviteri
Fred F. Senerchia
Sander V. Smith
Michael Veneziano

1933 Louis E. Gaeta
H. T. Golden
Paul S. Ingrassia
Willard H. Lemmerz
Arthur J. Linden
Maury D. Sanger
Nino Siragusa
Charles P. Vialotti

1934 A. John Bambara
Wilber B. Brett
Henry Buermann
John A. Esposito
Regina Gabler
William S. Gartner
D. J. Giorgio
Mortimer Mann
G. Anthony Mascara
Walter L. Mersheimer
Lucy D. Ozarin
Mario V. Pizzi
Joseph F. Tedesco
Phillip A. Zoller

1938
Louis A. D'Alecy
Robert D. McKay
Herbert R. Markheim
Pasquala Montesano

1939
Esther R. Aronson
Michael C. Barone
Frederick T. Clarke
J. Leonard Greif
Anthony M. LaSalla
George J. Mastellone
Morgan Y. Swirsky

1940
Ardow Ameduri
A. P. Capobianco
Saul Commins
S. R. Masiello
Frank L. Pintauro
Daniel Slater
Irving Weckess

1941
Charles J. Bivona
Robert C. Burnham
J. B. Enders
Jerome Samuel
Col. Harold G. Stacey
Louis J. Tedesco
Vincent J. Valente

1942
Emanuel N. Bizzaro
John A. McGurty
Leon I. Small
Sidney Stahler
Morris Zelman

1943
Joseph Brisbane
Murray Fenichel
Harold M. Gordon
George G. Green
Marvin A. Humphrey
Louis J. landoli
J. H. Lede
Ruth P. Lewis
John Menusitk
Adelaide T. Scanlan Sheehy
David J. Smith
Norman D. Stevens
Albert Willner
Ken Yamasaki

1944
Anthony J. Barbaro
Marcelle Bernard
Jerome D. Blumberg

1945
Marvin Baum
Robert L. Forman
R. H. Freedman
Cyrille R. Halkin
Milton E. Landman
Edward H. Mandel
Milton M. Mazursky
C. F. Naegle
Edward J. Nightingale
G. E. Paley
Mildred S. Seelig
Jane C. Wright

1946
Leonard Biel, Jr.
Theodore R. Brand
J. J. Buckley
Philip R. Gale
E. E. Gaudet
Henry Jacobius
Herbert C. Kantor
Abraham H. Margolis
Strother B. Marshall
Robert G. Maxfield
Dominic Pellillo
Gladys F. Raskin
S. Rossello
Jerome A. Schack

1947
Artur W. Adams
Donald Lloyd Gordon
Lawrence T. Hadbavny
Charles Neustein
Joseph O. Pistocchi
Jay H. Stubenhaus
Thomas F. Sullivan
Martin L. Sumner
Louis M. Tedone
Ian M. Thompson
William C. Trier

1948
Nicholas Antoszyk
Alex Schagian Edwards
Edward A. Friedman
Richard H. Lange
Robert J. Lifton
Seymour Nochimson
Olindo O. Santopietro
Robert L. Sherman

1949
1950
Adele R. Altman
Margot Ammann
Bernard Batt
Morton Goldfarb
Thomas F. Greenlees
Edward I. Kushner
Laura Grey Morgan
Joseph T. Noya
P. C. Zanger

1951
N. M. Brust
John W. Carrier
Lionel Chertoff
Constantin Cope
Irving Glassman
Arthur M. Harrison
Gerald Kass
Arthur Silverstein
Joseph Taubman
George D. Vlahides
Richard Wagner

1952
John J. Cahir
Richard J. Calame
Alexander Calder
Harold P. Curran
John L. Duffy
William A. Eddy
Benjamin H. Josephson
J. McCloy
Theodore Y. Rodreshon
Paul Tartell
Vernon E. Thomas
Seymour Tobin
A. V. Tramont
Franklyn P. Ward
Donald R. Weisman

1953
Melvin Bronstein
Joseph E. Davis
Robert S. Donnenfeld
John W. Mills
Mitchell Pincus
I. N. Rubininstein
J. W. Rutledge
Maurice Safrin
David J. States
Martha Stephens

1954
Jerry J. Appelbaum
Marvin S. Berk

David Siegal
William R. Thompson

(deceased 10/69)
If you have given to the Fund and your name is not listed above, it will be included in the next issue of *Chironia*, when the complete results of our campaign are reported.
Editor's Note:

Many of the alumni, when responding with their own generous contributions to the college's appeal for funds, have asked about the steps being taken by NYMC to acquaint those outside of the college with our financial plight in order to obtain assistance from all possible sources.

On Sunday, November 30, Dean Eagle was interviewed by Lester Smith of WOR-NY and Justin Hand of the New York News on the television program, New York Reports. Dean Eagle's remarks were of so much interest that we are excerpting the interview here. Dean Eagle represented both NYMC and the Associated Medical Schools of Metropolitan New York of which he is the President.

Smith: How critical is the financial problem affecting the private medical schools?

Eagle: The financial problem of the support of medical schools is at a critical stage today because of the cutback in all forms of support—training support, research support, and educational support and, also, for those medical schools that own and operate their own hospitals, the support of patient care.

Smith: Are the private medical schools badly overcrowded?

Eagle: They are very crowded, particularly in the first two years.

Hand: Doctor, a few months ago you said that you were receiving forty dollars less per patient than it cost you to take care of the patient. Do you think that this situation is going to get worse?

Eagle: No, I really don't. I think that the medical schools and the hospitals can't continue to operate that way, and as you know, a large number of hospitals in the city are in acute financial embarrassment because of under-reimbursement.

Smith: At NYMC, Dr. Eagle, how would you classify your fiscal status at the moment as it relates to the job that you should be doing with the young people you're trying to train to be physicians?

Eagle: We are running an operating deficit on the order of two and a half million dollars a year. And the only way that we can see to economize in such a situation is to curtail services and curtail programs. And this could only be to the detriment of our patients, to the detriment of our students, and to the detriment of our research efforts.

Hand: Is it possible, doctor, that you may have to close your doors?

Eagle: I don't think that's a reasonable possibility, because I cannot conceive of society permitting any medical school to close in this day, when there are only a hundred of them in the United States.

Smith: What is the answer to the increasing cost of operation, overcrowdedness, and the general fiscal problems which medical schools face?

Eagle: It is my feeling that support will have to come from governmental sources at all levels and at federal, state, and city or county levels and I would hope that the private sector will give a significant contribution in the area of medical education and health care. Because without such support, it is a little bit more difficult to be innovative and imaginative and to test new programs that will provide more effective delivery of health care.

Smith: Does the private sector do the job that it should do?

Eagle: Well, proportionately it is not doing what it used to be doing. Now that health care is a right and not a privilege, demands have been put on the health care systems that they were woefully unprepared to meet. We do not have enough doctors to provide the type of care that was envisaged by the Medicare-Medicaid program. We do not have the ancillary help necessary for its support.

As Dr. Egeberg remarked in a speech before the Association of American Medical Colleges, it was not until 1917 that all of the advances in medical knowledge were made as a result of a rather intensive research program.

We must do everything that we can to provide more doctors to make sure that the patients get the care that they need. But it is equally important that we allocate, appropriately and proportionately, a certain amount of the health dollar to research so that the need to provide this care is decreased.

Smith: Are enough young people today showing interest in going into medical school?

Eagle: They certainly are. At the present time, there is only one place in medical school for every two and a half applicants. And as a result of this, there are several hundred—maybe even as high as a thousand—well-qualified individuals who cannot get into any medical school and who could be educated if we could uncork this bottleneck.

Smith: Is there some answer for that one thousand people?

Eagle: Certainly, and I think it will have to be given in two fashions, both by providing new schools and also by providing the funds to enlarge the existing schools.
At a meeting of the Annual Fund Committee held November 14, 1969, members gave progress reports on the campaign which, this year, has placed a special emphasis on fund raising because of the financial plight of NYMC. Seated here are (left to right): Drs. Arthur Lautkin, Saul Schwartz, David Spiro, J. Frederick Eagle, Frederick Spector, Mr. Keith Urmy, and Dr. Martin L. Stone.

Dr. Lautkin, president of the Parents' Council, Kenneth Hafer and David Sorger discuss the campaign with Mr. Urmy (second from right), who is vice chairman of the Board of Trustees and fund chairman.

Dr. Spector talks with Frederick P. Dyckman, who was recently appointed executive director of the Alumni Association.
The Bronze Star "for meritorious service in the combat zone" and two promotions in the field—from captain to lieutenant-colonel, were awarded to Joseph F. Dursi ’59, who returned to New York Medical College from Vietnam in October.

Dr. Dursi spent most of the past year at the 36th Evacuation Hospital at Vang Tau, 50 miles southeast of Saigon, where he replaced another alumnus, Dr. Vincent De Angelis ’58, as Chief of Surgery.

At the 36th Evacuation Hospital in Vang Tau, Dr. Dursi enjoys a brief moment of leisure. In addition to care of the ill and wounded, U.S. Army medics train young Vietnamese doctors who also care for civilians.

The former director of Health Services at New York Medical College and an instructor in the Department of Surgery, he has returned to the college as assistant professor in the department.

Dr. Dursi said that statistics compiled by the U.S. Army Medical Corps showed that survival rate of those wounded in Vietnam is higher than that of any other war. "This is not only a reflection of the number of trained surgeons in the field, but even more important, is due to the swift evacuation by helicopter of the wounded to hospital facilities."

Dr. Dursi attributes this high survival rate to the management of gunshot and shrapnel wounds by the method of delayed primary closure which has become standard treatment for such wounds in Vietnam.

The hospital at Vang Tau is the primary center for such treatment.

"This technique employs the method of immediate debridement of wounds followed by closure after four or five days of observation, during which time the patient receives antibiotic therapy," he says. "The success of this treatment depends principally on rapid, adequate, and, where necessary, radical debridement together with profuse irrigation of wounds," he adds.

Dr. Dursi and two other surgeons are preparing a paper for publication in a military medical journal describing this modality and its results. The technique is not new, he stressed, and has been used sporadically for many years, but Dr. Dursi believes that this is the first time a major study has been conducted of its use in the field.

A preliminary report of 250 cases, representing some 800 wound closures, revealed an infection rate of only 1.6 per cent.

The entire study will eventually include nearly 6,000 wound closures and cover a period of seven months.

Dr. Dursi received worldwide acclaim when he and Dr. De Angelis (Chironian, Spring and Summer, 1969) joined the four-man team that successfully separated Siamese twin girls last February 22, twelve hours after their birth.

"The children were delivered by a midwife in Tay Ninh province near the Cambodian border and were flown by helicopter to our hospital within a few hours," Dr. Dursi recalls. The twins were joined at the abdomen which was complicated by an omphalocele, and a shared liver.

"Each twin had her own biliary system," says Dr. Dursi, "and because we were able to divide the common lobe, survival after separation was possible."

On his arrival in Vietnam, Dr. Dursi was stationed at the 2nd Surgical Hospital in Lai Khe, 40 miles northwest of Saigon. This was the location of one of the three MUST (Mobile Unit Self Transportable) hospitals now operating in South Vietnam.

"This type of hospital is designed for immediate use and is flown by helicopter to needed locations," said Dr. Dursi. "Each unit is inflatable, air conditioned and equipped with the most modern equipment. The complex includes five units: a triage or sorting area, an operating room unit, an intensive care unit and postoperative wards. It has a bed capacity of 60 and its power for heat, water and air conditioning is completely independent of its environment."

U.S. Army physicians are doing what they can to try to raise the pitifully low level of medical care among Vietnamese civilians who are suffering from a score of diseases ranging from malaria, cholera, typhoid and plague to parasitic diseases, he said. "U.S. Army physicians are working tirelessly in the villages outside military installations and young Vietnamese doctors are being trained in army hospitals", he added.

"The people in this country seem unaware of the support we are giving them in their efforts to improve their living conditions."

"In spite of what people here say about the negative aspects of the war, they should, at least, recognize positive accomplishments we have made in Vietnam in terms of medical care."

"My personal observation has been that our troops are doing a magnificent job, both in military and humanitarian terms, and their morale remains very high."

After attending Stephanie High School in White Plains, Dr. Dursi graduated from Georgetown University with a B.S. degree in 1955 and from New York Medical College in 1959. He interned at New Rochelle Hospital and was a resident in surgery at Flower and Fifth Avenue Hospitals and Metropolitan Hospital Center from 1960 to 1964. Dr. Dursi was instructor in surgery and director of the Health Services of New York Medical College from 1964 until he joined the service. He is married to the former Martha Kaus and has one son, Joseph, Jr., born June 20, 1968.
Dr. David Lehr, professor and chairman of the Department of Pharmacology, is a distinguished associate member of the Alumni Association. This month, Dr. Lehr was elected president of the Rudolph Virchow Society.

In a speech before this society, delivered in December at the Academy of Medicine in New York City, Dr. Lehr spoke on the widespread and growing use of psychedelic (mind-altering) drugs by disaffected middle-class youths in our culture. Because Dr. Lehr's subject, "Grass, Acid, and Speed," is one of growing concern to everyone, the editors of Chironian asked him for permission to publish excerpts from his timely and informative talk.

"A contemporary phenomenon in our society is the widespread and expanding use of mind-altering drugs. The one common denominator of all these drugs is the viewpoint of the pharmacologist is their effect upon the central nervous system; otherwise, the mind-altering drugs include many classes of agents having similar or totally divergent effects. There are the minor and major tranquilizers; the so-called mood-elevators, psychic energizers or C.N.S. stimulants; the opiates; ethyl alcohol and other C.N.S. depressants; and finally, the mind-expanders or psychedelics, also known as hallucinogens, psychotomimetics, psychotogenics, deliriants and delirifacients.

The use of some of these drugs is fully acceptable and sanctioned in our society, whereas the use of others is condemned and even punished.

Although alcohol is still the drug most widely abused, it is nevertheless, used safely and acceptably by the majority of those employing it (80 million in the U.S. alone). This suggests that human beings can handle mind-altering drugs fairly well. There are, of course, those who cannot—(with regard to alcohol, upwards of 7% in our society). I am going to talk about several representative drugs of the so-called mind-expanders, but for the sake of simplicity will stick to the terms hallucinogens or psychedelics.

Dr. Lehr then presented a brief historical review of drug uses and cultural attitudes which stressed the social and religious symbolism of ancient drug use in many countries.

"In a recent editorial in the American Journal of Psychiatry, Dr. Sidney Cohen, of the N.I.M.H., an authority on drug addiction and abuse, points out that those who look upon the current drug scene as a final manifestation of the Decline of the West or the portal to the Brave New World, may find a glance at the past revealing. He cites what he calls surprisingly close parallels to earlier episodes of preoccupation with psychochemicals to support the view that during every epoch of discontent, despair, and lack of direction, there have been those who sought the magic of a potion that would provide quick answers, easy utopias, or instant surcease.

The Age of Anxiety

One such period was 19th-century England which was called by Morley and others 'The Age of Anxiety.' It was the time when many authors and poets experimented with mind-expanding drugs and when 'laughing gas' and 'ether frolics' grew popular.

It is Dr. Cohen's view that the abuse of some mind-altering drugs tends to be cyclic, with a rise and fall which is not clearly perceived except from a distance and that with this historical perspective the present drug-abuse problem may not be as bad as it seems.

What bothers me about this historical perspective is that we were dealing in the 19th century with a few outstanding individuals or with small groups of well-to-do adolescents who were just having fun, not as today, with many millions of the younger generation who were raised in an epoch of mass media, mass information and mass drug production. Thus, while today's problem may appear to be similar, its dimensions are astronomical in comparison.

Dr. Lehr discussed anthropologist John H. Weakland, and his article on the hippie subculture. American youth, this author believes, has been raised in an era of legal, culturally approved drug use, and therefore often take disapproved, even dangerous, drugs in defiance and as a means of attacking the "hypocrisy, stupidity, and ill will" of those over thirty. The younger and the older generation, Weakland believes, are overreactive to both the real risks and probable safety of many of the agents each group uses.

Dr. Lehr finds however, that there are many misconceptions about the true effects of many drugs among all groups of people, even physicians:

"In a recent poll of physicians, conducted by Modern Medicine, the commentary of a substantial number of respondents (about 15%) reveals astonishing misconceptions concerning the pharmacology of marijuana. In other words, more than 4,000 of the 28,000 physician-respondents consider marijuana a dangerous narcotic and believe that 90% of all narcotic addicts begin drug use with marijuana.

Such views lead to bitter controversy among physicians, to confusion of the public, and to a widening of the 'generation gap.' The flood of recent publications on hallucinogenic or psychotomimetic drugs in the medical literature and in the lay press, containing much misinformation, distortions, exaggerations and claims not based on sound scientific evidence, has only compounded the confusion.

Yet, there is no denying that experimentation with a large number of potent mind-altering drugs is widespread and rapidly increasing at present, especially in the 'now' generation. It has reached such vast proportions that it is now a matter of serious concern. Hence, more than ever the physician must be well-informed on the potential hazards of these agents, so that he can dispassionately and competently deal with the problem by providing authoritative counsel to concerned parents and compassionate guidance to the young.

Abuse of Prohibited Drugs

Grass . . . Acid . . . Speed (translated into the square talk of pharmacologists this means, marihuana, LSD, and met-
Marihuana, the most widely-used among the three drugs, (also used by growing numbers of middle-aged representatives of the establishment) is, fortunately, by far the least hazardous. Tolerance does not seem to develop and there is no addiction liability. Marihuana is definitely not a narcotic, although it is legally still classified as such.

Smoking one or two marihuana cigarettes produces a dreamy state of altered consciousness with free-flowing ideas and distortion in time and space. Depending upon personality, there may be marked alterations of mood. Often there is a feeling of extreme well-being, exaltation, excitement and inner joyousness (‘being high’). Uncontrollable laughter and hilarity at minimal stimulation may be noted. This may be followed by moody reverie and occasionally by depression. There is thus, clear similarity to the effects of alcoholic intoxication. There is an increased appetite, especially for sweets, and vascular congestion of the conjunctiva; but no lasting ill effects occur from acute use and there are no hangovers.

Only with larger dosages or more potent preparations, does one encounter vivid hallucinations, often pleasant and of a sexual nature. But there may also be panic states with fear of death and distortion of the body image. The head may seem swollen, the extremities heavy and disconnected; there may be illusions of a dual personality. With high enough dosage, a toxic psychosis may be created. However, the basic personality structure remains unchanged; that is, thoughts or emotions alien to the individual are not aroused. Thus, in high dosage, the effects of marihuana are remarkably similar to those of LSD and its congeners such as mescaline.

While marihuana does not cause criminal behavior or juvenile delinquency, it may lead the adolescent to contacts with pushers and other undesirables and thus, indirectly, open the path to experimentation with hard drugs and finally, addiction.

### Potent Hallucinogens

LSD is used much more rarely and often only once or twice by the same individual. It is the most potent hallucinogen known, 0.1 to 0.3 mg. being sufficient for a full-blown trip. While there is no addiction liability, tolerance develops rapidly, so that repeated intake must be spaced days apart to produce similar effects.

Perceptual changes, especially visual and tactile distortions (hallucinations) are very prominent. There may be euphoria or dysphoria—the latter manifested by anxiety, object fear, ill feeling and panic. Sympathetic predominance is apparent from pupillary dilation, hyperthermia, piloerection, tachycardia, hyperglycemia, increased alertness and facilitation of monosynaptic reflexes.

The major effect on behavior seems to result from perceptual distortion of sensory input and its processing in the brain. LSD also produces a disinhibiting effect that allows color, sound, and mood to flow together. Repressed information and feelings may come to a conscious level. It may increase wakefulness, motor activity and the state of behavioral arousal. However, concentration, motivation and learned conditioned responses are impaired. High doses produce confusion and bizarre behavior resembling toxic delirium.

The intoxication is not well understood at this time. Overwhelming or ego-shattering panic reactions may occur, for example, if a person undergoes a nightmare-like dream under the influence of LSD, he cannot terminate it by awakening; panic ensues on reaching consciousness, and he may injure himself or others. In addition, the drug may trigger a psychotic episode probably in latent or borderline psychotics and in persons with underlying personality disturbances, requiring prolonged hospitalization and treatment long after the drug has been metabolized.

Much has been written about the psychedelic experience. The nature and impact seem to be determined to some extent by the expectations of the subject and the setting in which the drug is taken, rather than solely by the drug itself. After blocking of certain mechanisms and distortions of information processing in the brain, anything can happen, (that is, a good trip, or a bad trip).

Until recently, LSD was used most often by groups after a preconditioning or philosophic basis had been established. In the absence of such preparation, as is now common, the experience is anxiety-laden and not likely to be repeated. The peak of indiscriminate use of LSD is unquestionably past.

The nature of the ‘consciousness-expanding’ effect of LSD is transcendental and therefore, no more susceptible to precise description than are mystical, sexual or religious experiences.

Whether LSD causes significant chromosomal changes is currently a matter of dispute among cytogeneticists. Yet the possibility, however remote, that it can cause congenital defects is a compelling reason for not using the drug.

Metamphetamine (Speed), amphetamine, cocaine, and other adrenergic drugs are misused primarily for their euphoriant rather than their hallucinogenic effect. Yet, individuals who use huge amounts of amphetamine orally (up to 2 gm./day) or who use metamphetamine intravenously (‘main lining’) have experienced the hallucinatory state.
Except in most severe paranoid reactions, they recognize the origin of this state and avoid hospitalization.

Although many drug abusers claim that the amphetamines are unpleasant drugs to take and once experienced will not be resorted to again, there is a growing number who inject them intravenously to get a sudden, generalized, overwhelming sensation of pleasure. In the lingo of the user, this is called a 'flash' or 'rush' and described as an 'orgasm all over the body.' As much as 15.0 gm! have been injected daily. The victim continues these i.v. injections without any sleep whatsoever and with minimal food intake for a number of days until he collapses in exhaustion and sleeps for a day or more, only to awake debilitated and ravenously hungry. The cycle then starts again. During such 'runs' users often unite in groups.

**Amphetamines Disabling**

The amphetamine user has an intense fascination with all his thoughts and activities, which extends even to the paranoid fear and anger he almost inevitably experiences. His activity increases markedly, and at first is purposeful. As days wear on, it becomes less so. At times it may be compulsive but ultimately becomes grossly disorganized. Needless to say, this form of drug abuse is extremely disabling from a social and psychological point of view. Serious amphetamine abusers have extensive experience with other drugs, including marihuana, the opiates and barbiturates. Relapse rates with injected amphetamines appear to be extremely high. In fact, the addictive and relapse potential is fully comparable to that of heroin.

Because of the relative ease of illicit manufacture and the less urgent need to sustain uninterrupted use, the amphetamine addict will probably not be as extensively involved in crimes against property as are opiate addicts. Because of the enormous illicit trade in amphetamines and the grave dangers they pose, the United States is presently considering following Sweden's example and totally barring their manufacture and sale.

**Significance of Drug Use**

What then is the significance of these three drug prototypes in the youth subculture?

Marihuana is the social drug of the younger generation and is widely used, very much like alcohol in the 'straight' society. And though its use is on the increase at present, it is by far the least harmful.

The mature adult smoking a few marihuana cigarettes daily for years, will not suffer any greater damage than if he were to drink three bottles of beer daily for the same length of time.

To depict the dangers of marihuana by citing the effects of this drug at toxic levels to the young well-informed devotees, who carefully avoid such a contingency, is like warning against moderate intake of beer by citing the death-producing potential of a blood alcohol concentration of 500 mg. It is indeed difficult to understand the persistence in western society of the myth of the demon in marihuana.

LSD is the ritual drug used by subculture groups for mystical experiences and 'mind-expansion.' It is not without serious danger, particularly when used improperly and in the absence of competent supervision. (Its indiscriminate use is, fortunately, declining.)

Amphetamines are the addictive drugs in the subculture and when used intravenously have a high addictive potential and are extremely disabling. They are usually shunned by true hippies. In view of the limited therapeutic importance of this group of drugs and the enormous and growing illicit trade, I am in favor of outlawing their manufacture and sale.

Amphetamines are fully comparable to cocaine in respect to crimes of violence. The term 'dangerous dope fiend' was first applied to cocaine sniffers.

It is impossible to look at the present extensive use of mind-altering drugs by the younger generation, without devoting some thoughts to the reasons that may underlie their amazing international spread.

It is difficult to judge and evaluate objectively the problems of the society of which one is a member, yet no one can doubt that western society is in deep trouble today; nor can anyone deny that its ethics, its morality, and its concepts of sex, as handed down by the Judeo-Christian tradition, have been rejected by an important segment of the younger generation. Most of these youngsters (some of whom could be considered among the intellectual elite of the younger generation) have voluntarily left the comforts and conveniences of well-to-do middle-class homes to accept a life of serious personal discomfort in order to pursue their ideals. If you talk to adolescents of this type, many of whom are articulate, sensitive, and knowledgeable, you will find outspoken rejection of material possessions, war, hatred, ruthlessness, hypocrisy and selfishness. To them, our society is a very sick society which does not understand the worthy aims of the younger generation and hence denounces them.

The brain of western man seems unable to cope with the great moral problems of the 20th century because the education and development of the inner man has been badly neglected. Western man has remained steeped in religious and ethical traditions which have not progressed beyond the 19th century.

I believe the drug culture of our youth is a reaction to the discrepancy between the astonishing technological accomplishments of western man and his severely retarded spiritual life. Hence their distinct turn toward eastern culture which moves in exactly opposite directions: complete neglect of technology and total emphasis on the inner life and spiritual values of man.

This explains, I believe, the tremendous attraction exerted upon youth by Buddhism. Buddhism is the most peaceful and least warlike religion in the world. Emphasis is on personal conduct rather than external rites and ceremonies and the belief is strong that the ideal may be reached by ethical and moral means—by way of personal conduct in this life.

Much of today's youth believe that hallucinogens and mind-expanding drugs and their varied religious cults, permit one to take a trip into the Buddhist world of mystic beauty, to abandon the technology and physical possessions so important to western society, and to devote oneself to pure selfless love and contemplation.

Aided by drug-induced reveries and preoccupied with
England Journal of Medicine, which he believes best describes the current youth scene and the 'hypocrisy' of some of the adults, and concluded:

"I believe it is up to us, the older—not necessarily wiser—generation, to do some serious soul searching and to recognize that it is our generation that has lost contact with the new idealism and high ethical aims of our youth. The reasons are not difficult to uncover. Our generation has gone through the horror, blood baths and mass slaughter of two world wars, only to be exposed again to daily body counts, year after year, and the threat of a third world war. We have become tired and discouraged and often devoid of hope.

In accepting resignedly what to us seems unalterable, we have been numbed into a state that to our youngsters may appear as complacency but actually represents retreat into a shell. We dull our pain by hiding behind our work and the enjoyments of the fruits of our personal labors. We go on, quite deliberately, with business as usual, and let the younger generation fight the windmills.

While this is bad enough, we often go one step further and ask our youth to accept the status quo and to forget their idealistic dreams. Fortunately, these youth have grown up in an affluent society, without any of our dreadful experiences, the impact of which cannot be transferred by oral tradition from the older to the younger generation. It may be painful to us, but it is a fact that our children refuse to get involved in our past and to be bothered with understanding our present motivations.

I believe that it is for us, the older generation, to try narrowing the gap by showing greater understanding and compassion for the idealism and justified impatience of our youth with the questionable morality, hypocrisy, and lack of spiritual involvement of western policy. Laws against the drugs that adolescents are using will be of no avail without a change in our attitude. Whether we like it or not, a large segment of a free society obeys only the laws it considers to be just. The massive disobedience of the marihuana laws is a case in point. These laws have been described as falling somewhere between the 'insane, monstrous and heinous.'

And finally, I believe we of the 'then' generation should not forget that the clock can never be turned back. Time moves inexorably forward. It is thus the unassailable and invincible ally of the younger generation and their noble goals of a spiritual revival and awakening of western man."

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Dr. Levine Reports to Faculty Senate

As chairman of the Joint Committee for Program Coordination and Development-Westchester Medical Center, Dr. Rachmiel Levine reported to the Faculty Senate at its meeting of November 25, 1969, on the present status of the Committee's work. Because many of our alumni have expressed interest in the plans for the Westchester Medical Center, the editors of Chironian are printing the text of his remarks. However, Dr. Levine reminds us that these are not the final recommendations or plans but projections under active discussion.

The general concept of the Westchester Medical Center is that of university type of educational organization consisting of (a) a Medical School; (b) a Graduate School; (c) a School of Nursing (encompassing, as well, the training of "clinical associates" in various fields), and (d) a School of Public Health and Administrative Medicine.

The Center would have one clinical unit on the Westchester campus (a teaching hospital of 600 beds) and other clinical units in New York City (at least 1000 beds). The medical student population will be 160 per class at the time the Center opens.

Final plans for the undergraduate teaching facilities and the basic sciences buildings have been made and program planning for the hospital and clinical sciences buildings is underway. Mr. Gerlandino Agro, director of Construction and Planning at the college, is in charge. He is working with various faculty groups, the State and County authorities, and the architects.

Talks have been held with members of the Staffs and the administrative offices of the Westchester area hospitals concerning their educational affiliations with the Center at the level of continuing education, graduate training, and student instruction.

Discussions continue between members of the Center Committee, the Westchester Medical Society, and the Westchester Academy of Medicine, concerning the planning of a Library and Information Retrieval facility to be used jointly by all three groups. Members of the Westchester Development Committee—concerned prominent citizens and leading physicians of the community, and leadership of the County government—are working with the Board of Trustees and the administrative officers of NYMC to help us achieve our major goal, to make this an outstanding Center for medical care and education.

The Joint Committee consists of representatives of the Board, the administration, and the faculty of NYMC, joined by lay and medical members of the Westchester Development Committee. The Committee members hope soon to prepare a report of their deliberations for submission to Dr. Frederick L. Stone and the Board of Trustees.
Faculty Profile: Rachmiel Levine

Talk about diabetes anywhere in the world sooner or later will lead to talk about Dr. Rachmiel Levine, professor and chairman of the Department of Medicine of New York Medical College, and Director of Medical Services, Flower and Fifth Avenue Hospitals, Metropolitan Hospital Center and Bird S. Coler Hospital.

Dr. Levine is the president of the International Diabetes Federation and in this capacity he coordinates and communicates those worldwide developments in diabetes research which could mean a healthier life for millions.

His research, begun more than thirty years ago, is the basis of current work which may eventually help to reveal the cause of this enigmatic, metabolic malady.

A member of the council of the American Diabetes Association since 1957, he has also served as its president. In 1961 he won the coveted Banting Medal given annually by that association for "outstanding work in the field of diabetes and metabolism."

This year Dr. Levine has taken a leave of absence from the Department of Medicine to head the Joint Committee for Program Coordination for the new medical center in Westchester.

A communicator-teacher, lecturer, editor, writer, and film maker, over the years he has published more than 200 papers. He has lectured at countless medical centers around the world and in 1965 was invited to give the Annual Jacobaeus Lectures for the Nordisk Foundation, delivered in honor of the late Scandinavian clinician by "a physician of international renown."

In 1967 Dr. Levine was the Joslin Memorial Lecturer and was presented with the Joslin Medal by the New England Diabetes Association.

Already on the editorial boards of four journals concerned with diabetes and related subjects, he recently started a fifth which is international in scope. He has also written scripts and helped produce two movies on diabetes which have been translated into half a dozen languages and shown in medical colleges around the world.

On October 15, the day of the Moratorium, we met Dr. Levine in another role— as a man of peace, who addressed the faculty and staff on the drainage of desperately needed funds for health and welfare into the channels of human destruction.

While Dr. Levine's professional expertise is common knowledge, few people know the antecedent story which makes it even more remarkable.

Rachmiel Levine was born on August 26, 1910, in the small town of Zaleszczyki, then part of the Austro-Hungarian Empire, now in the Soviet Ukraine near Rumania. For centuries, the area has been buffeted by the tides of history and his childhood reflects these ancient conflicts. His mother died when he was three and several years later his father was killed escaping from Russia, where he had been a World War I prisoner-of-war.

As a young orphan, Rachmiel went to his mother's sister and her family, for his father's people had moved to the United States years before. As war and the ensuing civil strife surrounded them, the family moved first to Austrian Silesia and then to Cracow, Poland.

Despite a background of war and separation, Rachmiel Levine remembers his childhood as not too unpleasant. "School, from the start, was rewarding and I had many friends," he says. "Most of all I loved reading."

From sheer necessity, Dr. Levine recalls, he spoke four languages fluently by the age of 10. German and Yiddish were spoken at home, Ukrainian in the countryside, and Polish at school.

Encouraged by his father's family to come to the New World, he sailed from Gdynia in 1927, bound for Canada on the Canadian Pacific Liner "Metagama."

"I felt great," he remembers, "I was 17. I was on my own. I had the equivalent of a high school diploma and I wasn't seasick."

His enthusiasm dimmed on arriving at St. John's, New Brunswick, which struck him as very small, dreary, and cold. He remembers thinking, "Is this the promised land?" and caught the next train to Montreal, which looked more like it.

His first task was to improve his English enough to pass the entrance exams at McGill University, which his grandfather recommended. Movies, he found, were an excellent teaching tool, and he vividly recollects seeing Al Jolson in "The Jazz Singer," the first talking picture, and sitting through seemingly endless Movietone newsreels.

In 1928 he entered McGill as a liberal arts student. To make ends meet he worked after class as a shipping clerk in a slipper factory, tutoring math, installing the first dial telephones and, during the summer, as a sales clerk in a second-hand bookstore.

"My college years were exciting," he says. "We were, as students, reexamining social values. But the ferment on campus was different from today's ferment. We did not riot; we wrote and debated."

Rachmiel worked on the college newspaper, wrote for the "McGilliad," the literary magazine and edited "The Black Sheep," a journal of student opinion.

Rachmiel Levine did not, in those early college years, think of medicine as a career. "If I have had any continuous hobby during my life, right from childhood to the present day, it has been in the area of mathematics," he said.

On starting his junior year, however, he talked to the head of the mathematics department who warned him not to enter the field because the job situation in 1930 was so limited.

Rachmiel Levine received his B.A. in 1932 after one year in medical school, according to the Canadian system. His favorite subject, from the start, was biochemistry and he chose metabolism as his specific field of study. He
graduated in 1936, the winner of the Frances William Fellowship.

Research Begins in Chicago

Dr. Levine recalls: “In my years at medical school I was on friendly terms with the professor of biochemistry, David Landsborough Thomson. He was the best lecturer I’ve ever heard in my life, and he is also the author of my favorite mystery novel, Murder in the Laboratory.”

It was Professor Thomson who told his young friend about a new department of metabolic research at the Michael Reese Hospital in Chicago, headed by Dr. Samuel Soskin, who was doing impressive experimental work in diabetes.

“When I said I was interested, the professor wrote to Dr. Soskin,” recalls Dr. Levine. “I was accepted and went to Michael Reese for my internship. There the most thrilling period of my life began. Within a year I published my first paper with Soskin. It dealt with the regulation of the use of sugar by the tissues and thus spurred my continued interest in the exact role of insulin.”

Dr. Levine feels that his most productive period of research was from 1936 to 1955. For the first six years he worked steadily in the Department of Metabolism and Endocrinology at Michael Reese, where his research set the pattern for much that is being done today. In 1942, when Dr. Soskin became medical director of the hospital, Dr. Levine took over as department head. The following year he married Ann Gussack from Toronto, who had come to the University of Chicago, for her M.S. in social work, a field in which she has remained most active throughout her married life. They have two children. Judith, 24, is serving her medical internship, and Daniel, 22, is a graduate student in mathematics.

Dr. Levine was appointed Chairman of the Department of Medicine and Director of Medical Education at Michael Reese Hospital in 1952. He remained there until 1960 when New York Medical College invited him to join the college as professor and chairman of the Department of Medicine. He accepted and has brought the department to new levels of excellence, attracting top men in various specialties and sub-specialties to the faculty.

Dr. Levine has strong views on medical education, which, he says, has changed enormously since his student days. He is convinced that all medical schools today must examine carefully whether their curricula reflect the needs of the modern world.

“Because of the revolution in the biological sciences, we are now teaching, in departments of medicine, what used to be taught years ago in the departments of physiology and biochemistry,” he says.

“We have steadily been emphasizing the dynamic aspects of human biology, especially the biochemical events.” In the process, he states, rote knowledge has been largely eliminated. Because of this, Dr. Levine is a man with whom students feel no generation gap. They think he’s “great.” And Dr. Levine reciprocates the compliment.

“I’m tired of the hue and cry about the young today,” he says. “For all the campus riots, most students are not revolting. They are not taking drugs. And they are studying harder than we did. With the explosion of knowledge, they, like Alice, have to run twice as hard just to keep up.

“If they want more say in policy and curriculum decisions, I say: ‘Why not?’”

Medical Education Threatened

But despite the hard-working students, Rachmiel Levine fears that the quality of total medical education is being seriously threatened today.

He puts it this way: “It is expensive and time-consuming to build a medical school and so there is mounting pressure to increase classes with little or no increase in faculty, thus compromising intellectual standards. Good teaching cannot be watered down.” He adds, “There has been a subtle move in some quarters to suggest that since qualifications other than scholarship are important in the practice of medicine, one should emphasize compassion, humanity, social concern, etc. Nobody can quarrel with the thesis, thus far. However, the argument goes on, we should therefore minimize the scholastic aspects of admission requirements.”

Dr. Levine does not mince words in his reaction. “I am absolutely and unalterably opposed to this. The solution is not simply to increase numbers by lowering standards, but to enhance the quality of the physician and to increase his effectiveness.”

You can spot a good doctor in the making very easily, Dr. Levine says, by two qualities: curiosity and the ability to investigate facts for oneself. “A physician doesn’t really have to bother anyone to answer most of the questions he has. The answers are present, in abundance, in the library. If only students would read intelligently, the amount of time they spend in formal schooling could be cut considerably, leaving time for essential clinical and laboratory observation.”

Since 1950, Dr. Levine has been taking his family to Woods Hole, Massachusetts, for the summer, a town he chose because the Marine Biological Laboratory there has one of the best science libraries in the country. In 1958 he bought a house there which he considers a possible place for retirement.

“For anyone engaged in the clinical area, as I am, Woods Hole represents a real opportunity to renew and catch up on the ever increasing amount of knowledge of the biological sciences,” he says. He also finds the Cape Cod town a good place to meet scientists who come from all over the world to visit the Laboratory each summer. “And Woods Hole is a good place to write.”

One of his favorite pastimes, both summer and winter, is reading books and articles on the historical and philosophical aspects of the sciences. He also likes to keep up with the best in modern fiction and biography which he reads in Russian, German, French, and English.

Dr. Levine’s contributions to mankind were well summed up in the citation accompanying an honorary M.D. degree he received last May at the University of Ulm, Germany, where he delivered the Langerhans Memorial Lecture to the German Diabetes Association. The degree was given “in recognition of his original creative discoveries in the field of endocrinology and metabolism, of his widespread teaching activities and his work in behalf of meaningful international contacts between scientists and physicians.”
Members of the class of 1973 are welcomed by Jackson E. Spears. The chairman of the Board of Trustees congratulated the class on their high MCAT scores.

Freshman class, called "best ever admitted to NYMC," enjoy words of praise from faculty. The 138 students were selected out of 2,800 applicants.
Dr. David Lehr, chairman of the Department of Pharmacology, orientation chairman, chats with students at lunch.

Drs. Francis D. Speer, chairman of the Department of Clinical Pathology, and Miriam Lending talk with incoming students during the lunch break.

Students listen attentively to speakers during their freshman orientation program held in the college auditorium.
The Non-Peaceful Revolution in Medical School Curriculum

Medical students, unlike other university students, have classically tolerated having no voice in their curriculum. Because physicians are not educated so much as they are trained, the medical student understands that his choice of what he learns and how he learns it will be severely limited. What he has not bargained for, however, is the marked personality alteration that follows these limitations. To some degree, during the course of his training, idealism becomes smothered by cynicism, personal approaches to problems are dissolved in the face of treatment regimens, and one’s sense of humor is overshadowed by widespread seriousness. Therefore, the general goal of a change in medical education should be to produce a person who is also a physician, rather than changing a person into a physician.

The Flexner report of 1910 was responsible for the establishment of a stringent curriculum, devoid of loopholes and shortcuts, that assured production of standardized, high-quality physicians. The curriculum adopted at that time can be examined—still very much unaltered and unscathed by time—at New York Medical College. Here the student wades through two years of basic science lectures, the sequence of which is apparently unalterable, and is protected from exposure to patients until late in the second year. If he manages to emerge from this experience in tolerable academic standing he is given, as a reward, the third year. Not until the fourth year, usually at the age of one-quarter of a century, does the student begin the study of ill people.

Three factors, I believe, underlie the changes now being advocated by medical students. First, at no time in his life is the student more enthusiastic about medicine than at the beginning of his first year of medical training. Under the present system not only is this enthusiasm not utilized (for classically a first-year student does not enter the hospital), but it is continuously dampened by the lack of positive reinforcement.

Second, competition for grades and the threat of failure force the student to learn for tests, not for applicability in medical practice. There is a very real difference, for the former method leads to memorization and short-term retention, the latter to understanding and integration of knowledge.

Third, one of the least stimulating ways to teach is to lecture. And one of the least stimulating ways to learn is to copy, verbatim, an unstimulating lecture.

Solutions and proposed alternatives to these problems have been abundant. Yet the curriculum here, as at many other schools, remains essentially unaltered. If a core curriculum is eventually established at NYMC, it will have followed several years of student suggestion and will have been adopted fifteen years after its establishment at Western Reserve University.

Last year it was decided by New York Medical College that the freshman class would be graded only Pass, Fail, and Honors (a request achieved only after threats to withhold examination papers from the administration). But this year the old grading system has been restored, and the present freshman must repeat the request-demand-threat pattern to reinstate the Pass-Fail system.

The need for curriculum change may not seem so pressing as the need to end mass murder or widespread prejudice. This is probably because what one is told to learn involves more personal (and therefore less far-reaching) than events and beliefs that affect entire nations. Others care little how my mind is molded. Yet college students are presently emphasizing the importance of personal education rather than education of persons.

Because of the lack of responsiveness to proposals on curriculum change to date, it appears (as with civil rights and the war in Vietnam) that threats, demands, and some degree of civil disobedience ultimately will be necessary to achieve these changes.

If the faculty, alumni, and Board of Trustees will accept the assertion that not all of these student activists are under the influence of drugs, schizophrenia, and Communism, and that not everything, as it exists, is perfect, we can begin to plan how these changes can be made.

Because of the importance of health care, and because of its dependence on the training of physicians, any change in the right direction should be worth the transient turmoil.

Charles Mosher, Editor, Feedback

Dr. William J. Muster 1915-1969

Dr. William J. Muster, Sr., who graduated from NYMC in 1941 and was a clinical instructor in the Department of Obstetrics and Gynecology from 1948 to 1956, died on June 22 at the age of 54.

Dr. Muster was past president of the Valley Hospital Medical staff in Ridgewood, New Jersey, and, for the past 16 years, conducted his practice in Ridgewood in obstetrics and gynecology.

Dr. Muster had especially close ties with the New York Medical College. He met his wife, Louise, on the ninth floor of Flower and Fifth Avenue Hospitals when she was a student nurse and he was a freshman and now his son, William, is a senior here. To Mrs. Muster and her family, we extend our deepest sympathy.

The Chironian records with sorrow the death of the following alumni since May, 1969.

Ralph I. Lloyd, M.D. 1896
William F. Shaw, M.D. ’12
William C. Gaebler, M.D. ’20
John Maxwell Jacobus, M.D. ’22
Murray F. Lind, M.D. ’32
Irving Kalow, M.D. ’33
Robert I. Silick, M.D. ’36
Irving M. Rollins, M.D. ’42
Clifford J. Zeiss, M.D. ’44
Emmit Neil McCusker, M.D. ’45
Carl Gottschalk, M.D. ’50
Norman G. Konicoff, M.D. ’50
Robert B. Fitzgerald, M.D. ’61
Malvin W. Leibowitz, M.D. ’63
RMP Grant Aids Retraining Program for Physicians

Retraining programs to help inactive physicians, male and female, return to practice are being offered by the Woman's Medical College of Pennsylvania in Philadelphia.

The ongoing programs, aided by an initial $120,186 grant from the Greater Delaware Valley Regional Medical Program, will be geared to the needs of the individual physician. Thus a six-week course reviewing diagnostic skills combined with lecture series on latest developments in general medicine, pathophysiology, diagnosis and treatment might be followed by a clinical program set up in the physician's home-town hospital. Another course might prepare the physicians for specialization in family planning or intensive care.

Likely candidates for retraining are women who became medically inactive during their child-bearing and child-rearing years, or male physicians who would like to return to clinical medicine. Last October, assisted by a Josiah Macy Jr. Foundation grant, the college initiated a nine-month training course for inactive women physicians, who have, since completing the course, resumed medical practices or gone into residencies.

In order to arrange courses for the program, the college must know the requirements and resources of physicians interested in participating. For more information, contact Dr. Ethel Weinberg, assistant dean, Woman’s Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Pa. 19129, Area code 215-VI 9-0400, Ext. 308.

Key Positions Filled at NYMC

Two key positions at NYMC were filled in September when the appointments of Thomas D. Bannon as vice-president for finance and Robert C. Cassidy as controller were announced by Mr. Spears, chairman of the Board of Trustees.

Formerly vice-president and treasurer of General Precision Equipment Corporation, Mr. Bannon is a Certified Public Accountant in the State of New York. Mr. Cassidy's previous position was that of group vice-president for finance and treasurer of the Kearfott Group of Singer-General Precision, Inc.

Graduates of Fordham University School of Business, both are residents of northern New Jersey.

Thomas D. Bannon
Some Pictorial Highlights of the Past Year

Last year was a busy one at NYMC-FFAH. We knew the joys of helping to advance medical knowledge through research, of pointing to new directions in health care, helping to prevent illness, healing the sick, and aiding the handicapped. We felt the sorrow of knowing that some who come to us for care cannot be helped and that we have far to go before we will have conquered many of the social as well as the medical problems of our time. We’ve felt the frustration shared by all institutions like ours who are caught in the squeeze between the amount of work there is to do and the amount of time and money to do it.

We come to the new year—and the new decade—with a combination of concern and optimism—aware that we are faced with mindstretching challenges. “With insurmountable opportunity,” to borrow a phrase from Pogo—but knowing also that with wisdom and good will, we can improve the quality of life for all mankind—and trusting that we will.

On these pages we glimpse a few moments in the life of the college and its hospitals.

Annual Christmas caroling by the Graduate School of Nursing.

Nursing Service holds our clean-wound infection rate well below the national average.

A lesson in thonation for rapt pupils at the Mental Retardation Center.

A trainee learns how to measure fluids accurately.
Senior Class enjoys a picnic at Grasslands.

The never-ending search for new knowledge continues.

Students work in the college library.

The Surgical Society held its Sixth Annual Meeting.
Pictorial Highlights of the Past Year (Con't.)

A technician explains how to perform one of many laboratory techniques.

Interns attend a class lecture at Metropolitan Hospital Center.

Tending the newborn.

A new lounge for patients was opened at Bird S. Coler Hospital.
Alumnus Crusades Against Drug Abuse

Robert W. Baird ’51, clinical instructor of medicine, has taken his crusade against drug abuse to local and network television audiences and into the halls of Congress. Dr. Baird, the director of Haven (Help Addicts Voluntarily End Narcotics) in East Harlem, recently testified at the congressional hearings on drug abuse conducted by Rep. Claude Pepper of Florida. He has appeared on the Johnny Carson, Mike Douglas, and Merv Griffin talk shows, was featured on the CBS News with Walter Cronkite, and interviewed on radio by Dorothy Gordon. He has discussed the problems with William F. Buckley and with the director of a similar clinic in Haight-Ashbury. Unalterably opposed to the legalization of marihuana, Dr. Baird believes that such a course leads to subsequent experimentation with heroin.

Roy Gene Smith ’61 Joins Project HOPE

Roy Gene Smith ’61 took a two-month leave of absence last July from his post as associate professor of public health at the University of Hawaii, Honolulu to join Project HOPE’s land-based program in Trujillo, Peru.

The program is a follow-up mission designed to continue programs in nursing and medical education initiated by the visit of the hospital ship S.S. HOPE to that country in 1962. HOPE is also helping to establish the first nursing school in Northern Peru.

Both Project HOPE and the hospital ship are sponsored by the People-to-People Health Foundation, Inc. Project HOPE was founded in 1958, and the S.S. HOPE made its maiden voyage in 1960. Medical teaching and treatment programs have been conducted in eight nations on four continents as well as in the southwest United States.

Dr. Smith, a specialist in pediatrics and maternal and child health, instructed local medical personnel in the latest American medical techniques, while they also gained the benefit of practical working experience.

Fordham Names Surgeon to Team

Francis J. Loperfido ’43 has been appointed team doctor at his undergraduate alma mater, Fordham University. He maintains his Bronx surgical practice and his affiliation with the staffs of the Harlem Hospital—Columbia Medical Center, Westchester Square Hospital and the Pelham Bay General Hospital. He and his wife Natalie live in Eastchester, New York with three of their children—the fourth is married.

Alumni Discuss Oral Contraceptives and Diabetes at Upstate Panel

Allan B. Weingold ’55, associate professor of obstetrics and gynecology, and Richard J. Mahler ’59, assistant professor of medicine, were guest participants at a panel discussion held during a meeting of the Glens Falls (New York) Academy of Medicine on October 16. Dr. Weingold’s topic was “Obstetric Endocrinology Involving Both Oral Contraception and Aspects of the Fetal Environment Assessment in the Reproductive Age Female.” Dr. Mahler discussed “Diabetes: New Aspects of Glucose and Insulin Metabolism.” Another panelist from New York Medical College was Dr. A. Louis Southren, professor of medicine, whose topic was “Aspects of Androgen and Adrenal Metabolism in the Reproductive Age Female.”

Alta Goalwin ’51 Named Director

In November, Dr. Alta T. Goalwin, assistant professor in the Department of Pediatrics, became director of the Pediatric Division of the Jewish Memorial Hospital in Manhattan, after 15 years of full-time service at New York Medical College. Dr. Goalwin has not severed her ties with the college and continues to teach in the department on a part-time basis.

All Alumni

If you have a scientific exhibit you would like to have placed in Hetrick Hall on Alumni Day, June 1, 1970, please contact Dr. Harry Barowsky ’31, chairman of the Scientific Program, c/o the Alumni Office.
Massachusetts Alumni Group Holds Fall Get-Together

Doctors and their spouses at the Massachusetts Alumni Group meeting listen to Dean J. Frederick Eagle talk about the plight of medical schools.

Mr. and Mrs. Samuel Newman (left), Annual Fund Committee members and parents of NYMC fourth-year student Robert Newman, with Dean Eagle, and Mrs. and Dr. James M. Gibbons, Jr. '58, who hosted the October 5, 1969, meeting at their home in Arlington, Massachusetts.

Massachusetts alumni (l. to r.): Drs. Michael G. Kinsella '62, George B. Smithy '45, Francis P. MacMillan '64, and Edward E. Julien '46, with host.
(left): Mrs. David H. Spodick, Dr. Spodick '50, Dr. Charles Yerbury '16, Mrs. Laura Molava, Dr. Saul A. Schwartz '30.

Dean Eagle chats with Mrs. George B. Smithy at meeting.

Dr. George B. Smithy '45 and Mrs. Smithy in conversation.
The first Leonard Paul Wershub Memorial Lecture honoring the late clinical professor of urology and past president of the Alumni Association, was delivered November 6 by Dr. Robert S. Hotchkiss, professor and chairman of the Department of Urology at New York University School of Medicine.

The annual lecture was held on Urology Day, under the auspices of the Department of Urology and the Urological Alumni Society of the college.

Dr. Hotchkiss discussed "The Varicocele Experience," a postpuberty lesion that occurs only in upright animals.

Researchers, he told the audience, are discovering that some men with varicocele have semen of poor quality. However, after varicocelectomy, sperm count and motility increase, often dramatically. Dr. Hotchkiss believes that this accounts for the fact that postoperatively (six to ten months), 43 percent of the wives of the men he has treated, have conceived and delivered normal children.

Varicocele may affect spermatogenesis in several ways, Dr. Hotchkiss explained. A possible abnormality in the thermoregulatory mechanism may exist, or venous stasis may cause testicular pathology, which could in turn interfere with tissue oxygenation and metabolism. The combination of these conditions may also free toxic-metabolic or endocrine substances into the testicular circulation.

Semen quality also improves in 50 to 60 percent of men who undergo ligation of the spermatic vein, says Dr. Hotchkiss. Pregnancy then can occur at a lower sperm count level than was previously considered possible.

Observation of Urology Day, also included a scientific session, where speakers, college faculty, and alumni briefly discussed urological problems. Dr. Wershub’s cystoscopic instruments were accepted for the college by Miss Betty Jane Hoff, operating-room supervisor.

The current president of the Urological Alumni Society is Dr. Jesse G. Keshin, clinical associate professor. Dr. David Mininberg, instructor in pediatrics and urology, is secretary-treasurer of the society.

Dr. Hotchkiss, Dr. Keshin.
Miss Mary Jane Hoff (left) nursing supervisor in the operating room at FFAH, and Dr. Jesse Keshin, president of the Urological Alumni Society of NYMC, holding plaque. Dr. Wershub’s instruments were left to the college.

Dr. Joseph Addonizio, clinical instructor in urology, and Dr. Joseph Andronaco, clinical associate professor.

Dr. David Mininberg, instructor in pediatrics and urology, and secretary-treasurer of the urological society, and Dr. Thomas J. Sinatra, clinical assistant professor.
1918
Milton J. Wilson has retired and has moved to Boca Grande, Florida.

1927
William R. Rich has retired from the State Hospital Service, and is enjoying music, tennis, and his two grandchildren. He welcomes any members of his class who are visiting California to look him up in Camarillo.

1930
Saul A. Schwartz delivered a paper last November entitled “Gastric Ulcer—Classification, Diagnosis, Medical and Surgical Treatment” before the Academy of General Practice at the Bronx-Lebanon Medical Center.

1931
Harry Barowsky read a paper on “The Correlation of X-Ray, Gastroscopy, Intragastric Photography and Target Biopsy” at the annual meeting of the American Society for Gastrointestinal Endoscopy in Washington, D.C. in May. In October he was chairman of the Scientific Meeting of the American College of Gastroenterology, held in Houston.

1933
Irvin Klein is president of the American Academy of Compensation Medicine and medical director of the New York State Workmen’s Compensation Board.

1937
Lucy D. Ozarin reports that she met Janet Boog (’39) in September at a psychiatric meeting. They had not seen each other in more than 30 years. Janet is now a psychiatrist with the Veterans Administration in Lexington, Ky.

1942
Edwin J. Quinn and Amelia H. Lipton (Mrs. Quinn) are taking two months off and leaving Coos Bay, Oregon to serve aboard the hospital ship S.S. HOPE in Tunis, Tunisia, beginning November 13.

1943
William B. Greenberg is president-elect of the New Jersey Allergy Society for 1969-70, and was re-appointed to the Pediatric Allergy Committee of the American College of Allergists. At the college’s annual meeting in Washington, D.C. last April he was moderator of a panel on “Environmental Control in Allergy.”

Howard A. Winkler has been certified by the American Boards of Psychiatry and Neurology in Psychiatry.

1944
John J. Castronuovo has been appointed chairman of the Department of Surgery at Paterson General Hospital in New Jersey.

1948
Howard A. Britton was promoted from vice-chairman to chairman of the Department of Pediatrics at the Santa Rosa Medical Center Children’s Hospital, San Antonio, Texas.

David Siegel is associate professor of urology at the College of Human Medicine of Michigan State University and chief of staff of the Edward W. Sparrow Hospital in Lansing.

1951
Joseph E. Davis recently presented a paper entitled “Rate of Disappearance of Sperm Following Vasectomy” at the Second European Sterility Congress, Dubrovnik, Yugoslavia. He is now an attending in urology, at the New York Polyclinic Medical School and Hospital.

John W. Mills has returned to the private practice of obstetrics and gynecology after 18 months spent in research at Mead-Johnson and Co.

Joseph P. Tumblety, a radiologist, has been appointed director of the Ulster County (N.Y.) Tumor Clinic.

1954
Joyce C. Miller has been given attending privileges in general practice at Butterfield Memorial Hospital, Cold Spring, N.Y.

Henry F. Farrell was elected to the Board of Trustees of Connecticut Medical Service and serves as secretary of the CMS Medical Advisory Committee, of which he has been a member since 1966. He continues to practice orthopedic surgery in Torrington, Connecticut, and lives in Litchfield with his wife and four children.
James B. Leach, Jr. has been appointed chief of the Department of Radiology at Woonsocket, Rhode Island, Hospital. He and his wife and five children are living in East Greenwich, R.I.

Philip L. Levy was installed as a fellow of the American College of Surgeons on October 9. He was also recently appointed assistant clinical professor of ophthalmology at the University of California Medical School at Davis. He met Ronald Pion in October when both attended the Pan-Pacific Surgical Association Meeting in Honolulu. Ron has been awarded a Rockefeller Grant.

Joseph M. Torruella is presently a medical director in the United States Public Health Service and chief of surgery at the USPHS Hospital, Staten Island. He is Board Certified in general and thoracic surgery.

Elizabeth E. Birge discontinued her individual general practice one year ago and is now in group practice in Bridgeport. She writes that she prefers the latter because it leaves more free time for her family—three sons.

Jack Kasheta, a diplomate of the American Board of Anesthesiologists, is in private practice in Oakland, California after seven years in the Navy. He is married and has four children. All classmates are invited to visit when in the San Francisco-East Bay area.

1958

Kenneth D. Davis and his wife, the former Joan Clancy (Flower & Fifth Avenue Hospitals School of Nursing '54) report the arrival of their fourth child, Patrick Clancy, last September. Two daughters, Katherine and Joanne, and an older son Kenneth Christopher, complete the Evansville, Indiana family.

Robert V. Milora has been promoted from assistant to associate professor in the Department of Medicine of Albany Medical College, Albany, N.Y.

1959

John J. Stapleton, Jr. presented a paper on "Luteal Phase Deficiency in Primary and Secondary Infertility" at a meeting of the Pacific Coast Fertility Society.

1960

Ronald H. Hartman is practicing ophthalmology in Lakewood, California. His four sons are Carl, nine; Bruce, six; Gregg, three; and Glenn, one.

Robert L. McDonald was elected to a three-year term on the Shepaug Valley Regional School Board (Connecticut) last June and elected vice-chairman of the Board at its annual meeting in July.

1961

Joseph F. Kennedy was appointed assistant professor in the Department of Gynecology and Obstetrics of the Johns Hopkins School of Medicine and assistant professor in the Division of Population Dynamics of the Department of Population and Family Health of the university's School of Hygiene and Public Health. He resides in Luthersville, Md.

Walter T. Shanley continues as orthopedic surgeon at St. Vincent's Hospital, Bridgeport, Connecticut, and has been appointed medical director of the United Cerebral Palsy Association of Fairfield County.

Bernard Singer became a diplomate of the American Board of Ophthalmology last June, and is practicing in Norwalk, Conn. He and his wife Bernice and their sons Eric, three and Marcus, ten months, live in Westport.

Edwin S. Stempler is living in New York City, where he is practicing orthopedic surgery. Son Robert is seven and daughter Helene four.

1962

Raymond O. Craven has begun to practice urology in Newton, Connecticut, and lives in that city with his wife Judith, and David four, Susan, two and James, one.

Philip Davison opened an office in Hillside, New Jersey for the practice of urology.

James V. Diodato, Jr. is in the private practice of psychiatry in Oakdale, L.I. and Central Islip, and was recently promoted to assistant director, clinical and administrative, at Central Islip State Hospital. He has been named Consultant Psychiatrist to the Court Consultation Unit of the Suffolk County Mental Health Board and Consultantative Psychiatrist to Stonybrook University.

William F. Doyle is presently chief of anatomic pathology at Letterman Army Hospital, San Francisco. He and Doris now have five daughters.

Alan Fine has been appointed chief of cardiology at Raritan Valley Hospital, Greenbrook, New Jersey, after having held the same post at Sheppard Air Force Base. He maintains a private practice in Watchung, New Jersey, and has a wife and two sons.

Victor Grann announces the arrival of Edward last June, brother of David and Allison.

Michael G. Kinsella has completed a four-year radiology training program at the Boston City Hospital and was elected a diplomate of the American Board of Radiologists last June. He has joined the staff of the Bon Secour Hospital in Methuen, Massachusetts, and resides in Andover with his wife Marilyn, daughters Karen, seven, and Kathleen, five and son Paul, four.

Theodore Kramer has opened his practice in Ear, Nose, and Throat in Norwalk, Connecticut. He is a member of the Department of Ear, Nose, and Throat Surgery of the Albert Einstein College of Medicine, and is living in Westport, Connecticut with his wife Letty and their sons Seth, five and Thomas, four.

Richard LaPat has opened an office in Philadelphia for the practice of pediatrics.

Stanley R. Sakowitz has completed a pediatric allergy fellowship at children's Hospital Medical Center in Boston, and is now in practice in Brookline, Massachusetts.
Carl N. Steeg has completed his fellowship in pediatric cardiology and is staff pediatric cardiologist at the Columbia-Presbyterian Medical Center, as well as assistant pediatrician at Babies Hospital and instructor in pediatrics at the College of Physicians and Surgeons.

William E. Tesauro is out of the Army and practicing obstetrics and gynecology in West Islip, New York. A fourth child has been added to the family.

Harvey S. Kaplan is now Board certified in pediatrics, with a sub-specialty in immunology, and on the full-time staff of San Mateo County General Hospital, California. He is also a member of the clinical faculty of Stanford University Medical School, and his plans include the development of a community pediatric health program in San Mateo County. He and Gay have two children, Gregory, four and Ana, one.

James K. McAleer completed a one-year tour in Vietnam, at the 67th Evacuation Hospital in Oui Nhon. Still an Army major, he is stationed at Fort Devens, Massachusetts, and he and Mary look forward to next fall and a return to civilian status.

Thomas F. McGuire has been named a hospital-based physician in the Radiology Department of the Valley Hospital, Ridgewood, N.J.

Robert E. Haynie has completed his fellowship in pediatric cardiology and is staff pediatric cardiologist at the Columbia-Presbyterian Medical Center, as well as assistant pediatrician at Babies Hospital and instructor in pediatrics at the College of Physicians and Surgeons.

Howell Cooperman practices general surgery in Beverly Hills. He and his wife Trudy now have three daughters, Deborah, Laurie, and Jocelyn.

Robert J. Comizio has opened offices in Wayne and Paterson, New Jersey, for the practice of internal medicine and cardiology. He is on the attending staff of St. Joseph's Hospital, Paterson, and Chilton Memorial Hospital in Pompton Plains.

Howard Cooperman practices general surgery in Beverly Hills. He and his wife Trudy now have three daughters, Deborah, Laurie, and Jocelyn.

John O. Donato says hello to his classmates, especially Bob Comizio, Mike Longo, and Larry Koch, "wherever they may be." (Any doctors wishing to contact former classmates can write the Alumni office, which will try to furnish up-to-date addresses).

Bruce Hauptman is currently a registrant in child and adolescent psychiatry at the Tavistock Clinic in London, England.

Robert E. Haynie is a fourth-year neurosurgery resident at the White Memorial Medical Center in Los Angeles. His children are Britta, four, Kristen, one, and Sven, four months.

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Brenda A. Merritt is practicing dermatology at her office in the Wessex Professional Building in Livingston, N.J.

Barry Nash is spending his ophthalmology residency at Kings County Hospital, Brooklyn. His son Eric was born last August.

Arthur S. Pawgan has completed his residency in radiology at NYU Medical Center. He is now an Air Force Captain, based at Shepard Air Force Base, Wichita Falls, Texas. Rosalyn and their son Howard Scot are with him in Texas.

Marvin L. Teich is now living in Westchester with his wife Claudette and their daughter Monique. He has opened a practice in internal medicine with a sub-speciality in gastroenterology in the Bronx. He is also the coordinator of the medical residency program at Misericordia Hospital.

1966

William Weissman completed his fellowship in endocrinology at Mount Sinai Hospital, New York City and is presently a captain in the Army Medical Corps, stationed at Reynolds Army Hospital, Fort Sill, Oklahoma.

Theodore Caliendo is a Navy lieutenant, stationed at the Portsmouth, Virginia Naval Hospital. He is assigned as staff pediatrician in charge of the newborn nurseries.

Richard Collins is now chief resident in medicine at the Albert Einstein College of Medicine—Bronx Municipal Hospital Center. Next year he will be a resident in cardiology at Mount Sinai Hospital, New York City.

James Howell has completed his army commitment and is now taking a preventive medicine residency in the Palm Beach County, Florida, Health Department.

John C. Jurgensen is third-year resident in internal medicine and chief resident physician at Henry Ford Hospital in Detroit. He departs for the Army in July.

Alan J. Ostrowe is chief of the Department of Anesthesiology at the USPHS Hospital in New Orleans. He and Mary Anne have two children, Michael, three and David, 15 months.

1967

Roger S. Challop has been appointed chief resident in pediatrics at Mount Sinai Hospital, New York City. Starting in July, he will spend two years in the Public Health Service.

Victor G. Ettinger heads the General Practice Clinic at the U.S. Naval Hospital in Quantico, Virginia. Next July he will begin a residency in internal medicine at Montefiore Hospital. He has a one-year-old daughter, Ilana Mira.

Paul A. Hamlin and his wife June have moved to Florida, where he is an Air Force captain at MacDill Air Force Base, assigned to a unit of the Tactical Air Command. His previous service was at Bien Hoa Air Base, Vietnam.

Lloyd R. Hoffman will begin an ophthalmology residency next July at the Bronx Eye Infirmary. He and his wife expect their first child this November.

Mark Lowen is a second year resident in obstetrics and gynecology at Sinai Hospital of Baltimore. He and his wife announce the birth of their second daughter Donna Lynn last January.

Raymond Zuckerman reports the birth of Michele Lee last June.

1968

Michael L. Jacobs began an obstetrics and gynecology residency at the Genesee Hospital, Rochester, New York.

Kenneth E. Murdock is now in the first year of radiology residency at Baylor University Medical Center, Dallas, Tex.

1969

Joseph Ramieri, a Beth Israel (New York City) intern, has signed a contract to spend his residency in obstetrics and gynecology there. He reports that he now appreciates the value of his fourth-year senior clerkship at Metropolitan, and "I have also become aware of the fact that NYMC students have nothing to fear in competition with graduates from other schools, clinically or academically."

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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.

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