Winter 1971

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New York Medical College

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1970-71
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*Regional Representative.  **Alumnus Representative.
CHIRONIAN

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New York Medical College Volume 86 Number Three

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Early this year, New York Medical College took title to an 11.6-acre site at the Grasslands Reservation and signed the contract to build a basic sciences building. Thus the first phase of planning for the new medical center at Valhalla ended and the era of construction and renovation that will make it a reality began.

Ground-breaking ceremonies are expected to take place this fall.

Construction of the new Mental Retardation Institute is already under way, as is the renovation of Elmwood Hall, the administration building. By 1972, all three buildings will be completed and will house the college’s administrative offices, its six basic science departments, graduate school, and all facilities for teaching the first and second years of the medical course.

The four-story Mental Retardation Institute will have 100,000 square feet of floor space and will contain classrooms, laboratories, playrooms, an auditorium, and therapy and recreation areas. A 24-bed inpatient wing is being built so that children in need of intensive diagnostic tests can remain at the center during the evaluation period.

Construction Aided by Grants

These long-awaited and significant events were made possible by funds from the National Institutes of Health and New York State. Interim funding, pending permanent financing, is being provided by loans from 17 banks in Westchester and New York City.

Early in 1970, the plight of all medical schools was recognized by the New York state legislature, which authorized a grant of $1,500 per student for all medical colleges in the state. New York Medical College receives $750,000 annually from this grant.

Later in 1970, the college was awarded two construction grants by the National Institutes of Health totaling $6.6 million. A matching award for construction was made by New York State in recognition of the need for expansion of classes at the new location. This grant, administered through the State University of New York, was in the amount of $4.8 million and brought the total of funds for construction to $11.4 million.

In September, a site visit was made by an N.I.H. Project Site Visiting Committee in connection with an application for $38 million in federal funds to be utilized for construction of the new hospital at Grasslands.

Banks Provide Credit

In January, 1971, 16 Westchester commercial and savings banks formed a consortium to provide a line of credit to the college during the period of construction of the Mental Retardation Institute. In February, another line of credit, in the amount of $1,500,000, was opened by
Schematic of the first floor of the Basic Sciences Building. Planned by the college's faculty and planning officers, the building was designed by architect James D. Lothrop and will be constructed by Conforti and Eisele, Inc. It will cost an estimated $10,400,000. Funding will come from the National Institutes of Health and the State University of New York.
the Chase Manhattan Bank, N.A., to provide additional funds for construction and renovation of the administration and basic sciences buildings. These loans which provide funds for the period between the time of payment to the general contractors and the receipt of permanent funds, will supply $4 million toward the Mental Retardation Institute, the total cost of which will be $8 million. A Federal grant and philanthropic gifts will make up the balance.

The college is a world leader in the diagnosis, treatment, and care of retarded children and the training of personnel to work with them. With the construction of the new center, and its university-affiliated training program, the college will be able to prepare many more men and women for work in the retardation field.

Dr. Margaret J. Giannini, director of the Mental Retardation Center and professor of pediatrics, will direct the new institute.

**Unique Design for Basic Sciences Building**

Modules grouped around a central axis of common-use facilities—library, cafeteria, bookstore, and instrument shop—form the core of the new basic sciences building. The building's unique design also places all the mechanical and electrical utilities necessary for a laboratory building in a shallow basement under the main floor. Every pipe, electrical conduit, and duct is located there, accessible for repair, removal, rerouting, or whatever else is necessary to change the function of any room. The partition walls will be concrete blocks or plaster board. The use of these relatively inexpensive and easily disposable materials makes it possible to remove barriers swiftly, at any time, between any number of spaces.

The laboratory equipment (benches and utilities) also has been designed for easy moving and reuse. Everything in the laboratories used by students is on casters so that the spaces can be quickly adapted for any kind of group instruction. Since only four and one-half of over six acres will be occupied by the new building, sufficient space will be available when the need for expansion arises. Modules, each 21 by 21 feet, can be added as needed.

Each end of the new building will contain a large lecture hall. Teaching space for an entire medical school class will be surrounded by the three basic science departments principally concerned with the teaching program of that class. Eighteen laboratories provide teaching space for 16 medical students, each of whom will have a desk, storage cabinet, and stand-up bench where experiments can be conducted. The keynote of the laboratory design is flexibility, for all laboratories will be able to accommodate not only traditional as well as new teaching methods, but multidisciplinary programs as well.

U-shaped groupings of laboratories and offices around
a central courtyard provide an outside view for nearly every room. Each chairman’s office space, two modules in size, will contain, in addition, a small conference room and secretarial and storage areas. A seminar room, a room for graduate students, and two preparation rooms are also allotted to each department.

It is estimated that by September 1972 more than 500 persons, including students, faculty, and staff, will be studying and working in the new building.

New Foundation Formed

Late in 1970, Charles G. Mortimer, chairman of General Foods’ executive committee and former chairman of the General Foods Corporation, announced the organization of the Westchester Medical Center Foundation, Inc., which will govern the new health care facility. With the incorporation of the foundation, the informal Development Committee for the Medical Center in Westchester, organized in 1968 with Mr. Mortimer as its chairman, went out of existence. Mr. Mortimer and the 21 other members of this citizens’ group have all been elected directors of the new foundation, with Mr. Mortimer chairman of the executive committee. He will be aided by Thomas S. Thompson, senior vice-president for research and development of General Foods, who has joined the board of the Westchester Medical Center Foundation, Inc. and its executive committee. Dr. Frederick L. Stone is president.

The foundation began its fund-raising efforts by soliciting gifts from what has been named the Founders’ Fund Group. “We feel,” Mr. Mortimer says, “that before we seek gifts from others in the private sector—foundations, corporations, and individual philanthropists—to supplement Federal, state, and county funds, we who are closest to the project should set an example. So the Founders’ Fund Group, made up of all the trustees of New York Medical College, are being solicited first for leadership or kickoff gifts.”

New College Trustees

Two more residents of Westchester County have been elected to the board of trustees of the college. They are William L. Fanning, chairman of the executive committee and former president of the Westchester-Rockland Newspapers, Inc., and Dr. William C. Felch, president of the New York State Society of Internal Medicine and a trustee of the American Society of Internal Medicine.

Mr. Fanning and Dr. Felch are also serving as directors of the Westchester Medical Center Foundation, Inc. Other college trustees who are serving as directors of the foundation, in addition to Mr. Mortimer, are Jackson E. Spears, chairman of the board of New York Medical College; Keith M. Urmy, vice-president of the college board; Edward J. Hughes; John A. Riegel; Mrs. Maurice Pate; and Alden C. Smith, the foundation’s treasurer.

New Appointments

Sixteen clinical department chairmen at the college received appointments to the medical board of Grasslands Hospital as attending physicians.

These staff appointments are made in accordance with the recent affiliation contract signed by the county and the college. The contract provides for the operation of Grasslands Hospital as a teaching institution and is designed to assure an integrated staff, improved patient care, and effective teaching programs.

On the recommendation of Dean J. Frederick Eagle, the board of trustees of the college appointed 12 members of the Grasslands’ staff, including two associate professors and four professors, to the college faculty. Additional appointments of Grassland’s staff members to the college faculty will be made from time to time. In addition, two affiliations with the college were formalized, those of Grasslands Hospital and the Veterans Administration Hospital at Montrose, New York.
A simple inexpensive screening test is proving its worth as a reliable indicator of fetal distress, according to Allan B. Weingold '55.

The test is an analysis of the diamine oxidase (DAO) levels in the plasma of pregnant women. It has proved to be such a reliable index of intrauterine life during the first two trimesters of pregnancy that it has enabled the team conducting the study to reduce by 60 percent the number of patients judged by clinical standards to be high risks.

Dr. Weingold, associate professor in the Department of Obstetrics and Gynecology, is obstetrical coordinator of the Maternal and Infant Care Program at Metropolitan Hospital Center, under the direction of Dr. Martin L. Stone '44, chairman of the department and project director of both the clinical and laboratory programs.

More than 3000 women, ranging from 11 to 46 years of age, received the test over a five-year period.

The women in the study were registered in the high-risk clinic of the program which is federally supported and designed to improve the quality of care given to pregnant women. It offers the benefits of the health team approach by providing prenatal care, family planning services, and care of the newborn. In short: total care for the female patient from her birth through her reproductive years.

To the surprise of Drs. Weingold and Stone, and their associates, Drs. A. Louis Southren, Mary J. O'Sullivan, and Bai O. Lee, falling or subnormal DAO levels (a sign of compromised intrauterine environment) did not occur as predicted in certain of the patients deemed high risks.

Contrary to a widely held belief, neither the very young adolescents (those under 16), nor the obese patients with uneventful pregnancies proved to be high risks when judged by the standards of this sensitive biochemical test, or by clinical outcome. Conversely, test results reaffirmed the belief that women over forty, regardless of the number of prior pregnancies, were high risks, especially during the last trimester when increasing fetal demands apparently conflict with insufficient uterine circulation.

Another unexpected finding was that patients with maternal anemia, regardless of severity, did not show falling DAO levels. "Although anemia is a clinical problem that must be identified and treated," says Dr. Weingold, "we found that its mere presence was not the high-risk factor it is commonly believed to be."

DAO levels in chronically underweight women with uncomplicated pregnancies remained in the low normal range. Of the patients in this group 20 percent had premature or small-for-date babies, and the team found that this was consistently prognosticated by the test; the lower the DAO curve in the third trimester, the smaller the baby proved to be. "However, because we found that small women have smaller babies," says Dr. Weingold, "we kept them in the high-risk category."

Since late in the 1930s it has been known that levels of diamine oxidase could be studied to determine fetal well-being. But there existed no simple or reliable way of making the necessary determinations. Since 1961, when a method utilizing radioassay was reported, the laboratory team headed by Dr. Southren has been devoted to establishing mean values from which they could draw a normal curve with a range broad enough to permit the study of a large group of so-called high-risk women.

Each month during the patient's pregnancy, a team member drew a five milliliter sample of blood from which the plasma was removed and analyzed for DAO. A serial curve of enzyme activity was prepared for each patient. When examined, the plasma repeatedly showed that during the first two trimesters of pregnancy, titers of the enzyme showed an almost linear rise; at the beginning of the third trimester, the titer fluctuated, then rose gradually to term. Thus the clinical application of DAO is limited in late pregnancy when other endocrine and biophysical techniques can be more useful.

In most instances where normal curves were found, live
births occurred. In those mothers who showed falling DAO levels, fetal status was evaluated by measuring total urinary estrogens and by serial ultrasonography for fetal biparietal growth. Many patients who had low or flat curves came to term; preliminary follow-up studies of their offspring, however, revealed that within one year after birth these infants had a significant increase in abnormal pediatric findings that showed the effects of their compromised fetal environment.

The test also provides a means of monitoring hormone therapy administered to those patients whose falling enzyme titers indicate imminent spontaneous abortion. If the titer begins its rapid linear rise, the crisis has passed and the pregnancy will continue; recurrent bleeding and flat DAO curves indicate poor outcome, however, despite the use of progestational agents.

By separating the genuinely high-risk patients from those in need of other kinds of care, team members are able to concentrate their attention on patients whose past histories show habitual missed or spontaneous abortion, incompetent os syndrome, recurrent prematurity, stillbirth, hypertension, or diabetes.

"The most immediate and practical results of our findings," Dr. Weingold says, "is the reduction in the numbers of patients requiring treatment as high risks. In this period of financial cutbacks, when manpower, facilities, and equipment are in short supply, it allows us to concentrate our efforts on those whom we know are in need of special care. Where we once treated as many as eight hundred to one thousand patients annually, we now see three hundred and fifty to four hundred.

"The young, healthy pregnant teenagers are being placed in separate facilities which we have opened for them where their special needs—often socio-economic more than medical—can be met. These may be factors affecting the anemic and obese patient as well. By separating them from the true high risks, we can better treat their problems—poor nutrition, insufficient family planning, lack of rest—more effectively."

The team's research, which has been supported by grants from the Children's Bureau of the Department of Health, Education, and Welfare, has been confirmed by investigators at other institutions. A team headed by Dr. Elsie Carrington, of the Medical College of Pennsylvania, will report corroborating experience at the upcoming 19th Annual Meeting of the American College of Obstetricians and Gynecologists in San Francisco where Dr. Weingold will moderate a session on perinatality. A previous report from Northwestern University School of Medicine confirmed the usefulness of the DAO test in the diagnosis of trophoblastic disease. The test is currently being investigated at Yale, State University of Medicine Upstate Medical Center, and the State University at Buffalo.
The rapid increase in malpractice suits brought against physicians in recent years seriously hinders the delivery of quality medical care. It creates a climate in which every doctor knows he may encounter legal action at any time if his examination or treatment proves less than completely successful. He may sometimes be forced to decide whether he dares prescribe what is needed, for fear of reprisal if the patient fails to respond.

This situation is doubly tragic in an era when public needs and demands for more and better health care have reached critical proportions. It is one of the many complex problems involved in delivery of improved health services, and it deserves immediate attention by the medical profession, medical educators, and the government. Above all, it requires review by individual physicians and the formulation of programs to resolve it.

What has brought us to this circumstance?

The answers are multiple. The propensity of the public to initiate legal action for real or imagined wrongs; the enthusiasm of some of our legal colleagues for what seems to be a trend to "reach into the deepest pocket" from whence all risks of man in modern society must be recompensed; and the platitude that "professional liability insurance will take care of it" are painfully obvious.

The effect upon physicians is forecast by a statement of the California Court of Appeals that malpractice suits "subject the medical profession to an endless possibility of harassment" and place a potential of punishment upon doctors for conditions beyond their control.

A body of law exists that is directed toward compensation of the individual for loss he has suffered at the hands of another as a result of the wrongful conduct of that other person. This is called tort law. For our purposes, we can say that there are two ways through which a person can commit a tort: through intentionally wrongful conduct or through negligence.

It is important to point out the difference between tort law and criminal law. The purpose of criminal law is to protect and vindicate the interests of the public as a whole by punishing those who offend against criminal statutes. The purpose of tort law is to protect and vindicate the legally assured interests of the individual and does not consider the concept of intent.

The individual, not the state, brings the tort lawsuit. If the individual is successful, the lawsuit results not in physical punishment of the offender but in a money judgment to compensate for the reputed injury. In order to hold a defendant liable (i.e. responsible for an intentional tort or negligence), there must be a showing of fault, or blameworthiness. Merely because his conduct has caused an injury does not mean that he is accountable for that injury. Injury does not necessarily equal liability.

There are four requirements for a successful lawsuit
based on a claim of negligence. These are (1) duty, (2) breach of duty, (3) injury, and (4) proximate causation.

First, the individual bringing the lawsuit must show that a legal duty or obligation existed on the part of the other party, and that the defendant was required to act in a specified manner (standard of care principle) toward the plaintiff.

Second, the plaintiff must show that there was a proved breach of duty by the defendant. The test employed to determine whether a breach of duty has occurred is usually phrased in terms of the "reasonable man" standard. The jury is asked to decide whether the defendant acted as a reasonable man of ordinary prudence would act in similar circumstances. In most cases, the law relies on this standard because it is based on the expectation that individuals will act reasonably and exercise due care to avoid injury to others. Thus, if a defendant has behaved reasonably, he will not be found to have been negligent, even if his action has injured another person.

The third requirement is injury. The plaintiff must prove that an injury did in fact occur.

The fourth element is that the plaintiff must prove not only that the defendant acted negligently, but that his negligent activity caused the specific injury about which complaint is being made.

The term "malpractice" is embodied in the legal concept of "negligence." The philosophy that each individual is responsible for the consequences of his acts, be they intentional or unintentional, is basic to this concept. In addition, the common law has developed the idea that a person who has been injured by the acts of another must receive recompense monetarily. This policy was not related to the medical profession originally. It has been so directed relatively recently.

Both the volume of malpractice claims and the amounts of awards have moved upward sharply in the last few years. This movement is reflected in continuing increases in malpractice insurance premiums, tightening of the underwriting standards, and withdrawal of some major companies from certain geographic areas, or from the malpractice field as a whole.

Despite constantly improving standards of medical care, the medical profession is faced with the anomaly of a deteriorating liability experience. The physician has learned to fear anything "legal." This fear is amplified a thousandfold when he hears of judgments in excess of one million dollars.

Much has been written about contingency legal fee arrangements. The practice has been defended on the basis that it allows economically destitute individuals to seek the protection of legal counsel. On the other hand there is the argument that it makes the attorney an interested party to the suit, with the result that his role as advocate is prostituted. Little attention has been paid to the obligation of the legal profession to provide some free services, and particularly of the responsibility of the individual attorney to make his personal contribution to society. Physicians have been doing this for centuries.

Insurance companies have contributed to the overall problem by their use of fear psychology to promote higher professional liability policy fees, and by accounting procedures that are, at least, questionable. Investigation of these practices is mandatory.

In addition, the companies' tendency to settle small-claims cases out of court makes them easy marks for unprincipled clients and attorneys. Thus, the vicious cycle of the interested-party advocate joining forces with the insurance business in its guaranteed profit motive, with the combination feeding on the paternalistic trend of today's society, completes the picture.

At no point thus far have we mentioned the often quoted idea that malpractice actions serve as a deterrent to substandard medical practice; or the converse notion that they stimulate a higher level of medical practice. Indeed, there is no adducible evidence that these pur-
ported objectives are ever in view. There is, however, much evidence that the adverse effects of promiscuous suits have been and are seriously influencing the quality of medical care and its availability and cost to the ultimate consumer—who is the patient.

Lack of understanding is another factor that leads attorneys to pursue these cases. A lawyer is not cognizant of the mechanics of diagnosis and therapy, the vagaries of medical practice, and the nature of the doctor-patient relationship. As the total advocate, he can be concerned only about “winning,” not about “right” or “wrong.” In his mind, the financial rewards of success apparently supersede the long-term effects on medicine and its relation to social needs. Certainly this attitude is a very great part of the currently evident schism between the physician and the attorney.

The public, also, is guilty of misunderstanding. Laymen look upon every legal action against a physician as a reappraisal of a most reprehensible nature. Malpractice actions are considered to be social punishment of the physician, and they arouse the suspicion that he was not sincere in his desire to help the patient.

To the physician, a legal action is anathema. For twelve to sixteen years, he has been trained in the principles of Hippocrates; they have been ingrained in his personality during all the years of his practice. To him, a malpractice suit represents excommunication, damnation, and the destruction of his self-image, all in one.

These attitudes on the part of both the layman and the physician are closely related to lack of understanding about “negligence” actions, and the differentiation between “intentional” and “unintentional” torts.

A frequently heard comment is, “The health care of the nation is too important to leave to the doctors.” If not to the doctors—then to whom? A full discussion would require more space than is available here.

Suffice it to say that this viewpoint indicates a need for a much better public relations program than we have had to date, in order to improve our professional image. Trends toward specialty practice and the stress of ever-growing demands on the medical profession have separated doctors and patients from the intimate lifelong association they once enjoyed. The gap can only be bridged by conscious, intensified effort on our part. It is essential that such an effort be made if the climate that encourages malpractice suits is to be changed.

To think that our problems can be solved by abolishing the aforementioned contingency legal fee is unrealistic. Clearly, legislatures made up predominantly of lawyers will never prohibit by statute the bread-and-butter of a major and increasing segment of their colleagues.

One attempt at solution has been the formation of interprofessional (law and medicine) review boards, to which cases in the “malpractice” field can be submitted for legal action. An example is the board operating under the New Jersey Supreme Court Rule 4:25B, which has been effective since February 1966.

Such boards have not been entirely satisfactory, largely because the parties are not bound to abide by the decisions of the screening panel.

It has been stated that to replace a citizen’s common law right of recourse to the courts with administrative decision-making would be to abrogate that right. In light of the relative administrative regulatory autonomy of many of our governmental agencies, this argument is patently fallacious.

Currently, an experiment in arbitration is being tried in California.

The idea has also been advanced that “risk insurance” should be included in medical fees. In this plan, the patient in effect purchases the liability policy.

These experiments are too new to evaluate on an experiential level, but they represent the kind of innovative thinking that should be encouraged.

The writer is convinced that, regardless of merit, our profession is on the road to more and more governmental direction. Much of the health dollar being spent today is either governmental or in some way influenced by government policy: Medicaid, Medicare, Aid to Families with Dependent Children, and so forth.

In concert with this development, we should consider the possible application of a no-fault workmen’s compensation approach that would be binding upon all parties who accept governmental funding of health care programs, either directly or indirectly. It is not out of reason to tie in such an approach with the social security system concept.

We must recognize that in the final analysis it is the patient who pays the costs of increasing litigation, judgments, and malpractice insurance fees, under whatever system obtains.

Legislators are concerned fundamentally with the interests of their constituents—who are also our patients. Surely, since both they and we are striving toward the same end—the health of people individually and collectively—legislators and physicians should be able to work together toward our ancillary goal: the health of the medical profession.
1970 Annual Fund

Once again you have shown your characteristic loyalty and generosity by vigorously supporting the 1970 Annual Fund.

Alumni contributions represented a healthy 40 percent of the total money collected in 1970. This unrestricted capital enables the college to meet its most pressing needs immediately.

We are proud of our alumni and the record shows that we can be confident of your support in future campaigns.

Sincerely,
Joseph F. Dursi, M.D. '59
Alumni Chairman
1970 Annual Fund Committee

Alumni Contributions 1970

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E. Deland Battles  
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*Louis H. Gold  
*John J. Horowitz  
Jules M. Koch  
J. M. Krich  
David Marcus  
*Irving Pine  
Alexander Richman  
*M. D. Rudick  

1933  
Total: $1,700.00  
*Jacob Bleiberg  
*Emile J. Buscicchi  
*Harry N. Fleischer  
*Nathan Goldberg  
Samuel Horowitz  
*Mayer S. Kaplan  
*lrving Pine  
Alexander Richman  
*M. D. Rudick  

1934  
Total: $2,150.00  
Joseph Ephraim  
*Frank M. Galioto  
Joseph R. Gallucio  
Harry Jasper  
*David B. Meisel  
*George R. Nagamatsu  
*Murray Sherwin  

1935  
Total: $2,200.00  
*Michael DeMarco  
Hyman Friedman  
Thomas E. Lee  
Arthur Lepon  
*Arthur A. Michele  
Charles A. Priviteri  
Fred F. Senerchia, Jr.  
Roy E. Wallace  

1936  
Total: $1,295.00  
*William Brown  
*H. T. Golden  
Chester S. Heimlich  
*Paul S. Ingassia  
*Harvey E. Nussbaum  
Roland D. Roecker  
Lewis E. Savel  

1937  
Total: $2,500.00  
A. J. Bambara  
Wilbur B. Brett  
Henry Buermann  
*David Dragutsky  
John A. Esposito  
Regina Gabler  
*William S. Gartner  
D. J. Giorgio  
S. A. Greenberg  
Samuel H. Mallinger  
*Walter Mersheimer  
Lucy D. Ozarin  
Mario V. Pizzi  
Herman Reinstein  
*Philip A. Zoller  

1938  
Total: $765.00  
Alma Allen  
P. Ciaglia  
*Herbert R. Markheim  
Robert D. McKay  
*Pasquale Montesco  
Myron M. Rubin  

1939  
Total: $1,300.00  
Esther R. Aronson  
Frederick J. Dann  
*Francis A. Gagliardi  
J. Leonard Greit  
*Herman Reinstein  
*Philip A. Zoller  

1940  
Total: $1,355.00  
*Robert W. Barnett  
A. P. Capobianco  
Herbert Fanger  
*Thomas M. Mar  
*Frank L. Pintauro  
Leon Ryack  
Irving Wecksel  

1941  
Total: $1,915.00  
*B. Bruce Alicantri  
V. Charles Ancona  
H. Howard Baldwin  

1942  
Total: $1,585.00  
P. Richard Apffel  
*Emmanuel V. Bizarro  
*Joseph G. Giuffrida  
Phillips Lambkin  
John A. McGruty  
*Vincent J. Valente  
Joseph M. Wool  

1943  
Total: $3,250.00  
Joseph M. Bove  
*Elizabeth L. Brown  
Ernest R. Gentile  
Harold M. Gordon  
George G. Green  
*William B. Greenberg  
Marvin A. Humphrey  
*Louis J. Iandoli  
Henry V. Kogut  
J. H. Lede  
William T. Loehmann  
*Richard H. Stahl  

1944  
Total: $3,150.00  
Charles J. Bivona  
Milton B. Brown  
Linda Cione  
J. B. Enders  
Saul I. Firtell  
*Henry P. Leis, Jr.  
*W. R. Procci  
Jerome Samuel  
Col. Harold G. Stacey  
Louis J. Tedesco  
*Vincent J. Valente  
Joseph M. Wool  

1945  
Total: $7,490.00  
Arthur M. Arkin  
Anthony J. Barbaro  
Marvin Baum  
Louis S. Blancto  
Antonia Delli-Pizza  
Joseph P. Demeri  
Richard F. Dobbins  
Robert H. Freedman  
*J. Conrad Greenwald  
*Cyrille R. Haikin  
*Gerald Hewitt  
Donald E. Janelli  
*Robert E. Kahn  
Anthony M. LoCastro  
*Joseph P. Mahoney  
*Edward H. Mandel  
*Milton M. Mazursky  
*C. F. Naegele  
*Edward J. Nightingale  
Philip J. Palazzo  
George E. Paley  
Paul S. Pizza  
*Joseph S. Recht scrape  
John J. Reilly  
Arnold M. Salzberg  
Marvin I. Shapiro  
George B. Smithy  
*S. V. Sordillo  
*Jules S. Terry
1946
Total: $2,325.00
Maxwell Abelman
Leonard Biel, Jr.
Theodore R. Brand
J. J. Buckley
M. Charlap
Warren W. Daub
E. E. Gaudet
Henry F. Jacobs
Herbert Wanderman
Felix Wimpfheimer
Louis M. Yavetz

1947
Total: $1,010.00
Arthur W. Adams
Herbert M. Eskwitt
William J. A. Ford
Alfred E. Greenwald
Marvin L. Kalkin
H. P. Lazar
Armando F. Leone
Charles Neustein
J. H. Stubenhaus
Ilan M. Thompson
Thelma G. Warshaw
Robert J. Weisenseel
Burton J. Wise

1948
Total: $1,330.00
Wm. H. Brown
John J. Cahir
Arthur L. Chambers II
J. Timothy Donovan
Robert K. Egge
Dorothy A. English
Edward A. Friedman, Jr.
T. W. Greenlees
William B. Kantor
Robert J. Lifton
Alfred Lubart
Thomas J. O'Connell
Raymond E. Pennie
Calvin L. Rasweiler
Robert Sherman
Robert A. Solow
William R. Thompson
Arnold I. Turtz

1949
Total: $2,390.00
Adele R. Altman
Margot Ammann
Bernard Batt
A. T. Carrellas
†Catherine G. Ferguson
†Edward H. Ferguson
Morton Goldfarb
M. Herman
John Loeffer
Harold E. Nelson
P. C. Zanger

1950
Total: $2,605.00
Saverio S. Bentivegna
A. J. Casagrande
David H. Chafey
Arthur Gillman
John D. Gossel
Michael Green
Paul J. Kingston
P. C. Koether
Francis E. Korn
Philip A. Marraccini
V. D. Mattia
Wm. V. Pallottto
Albert J. Paul
George W. Pelebecky
David Plotkin
John S. Reach
R. L. Samilson
Justin Scheer
Robert Schumann
Michael H. Scoppetuolo
Charles L. Swarts
Bernard V. Wetchler
Joseph R. Whelan

1951
Total: $1,175.00
Walter M. Chemris
Walter Elliott
John W. Carrier
Constantin Cope
R. W. Frederickson
Gerald R. Frolow

1952
Total: $880.00
Stanley Butler
Richard J. Calame
Alexander Calder
Leonard H. Charnelle
Harold P. Curran
Daniel W. Doctor
John L. Duffy
Harvey Earle Kaye
Edward F. Lanigan
Frederick J. Lowrey
Theodore Y. Rodgers III
E. L. Shook, Jr.
B. C. Stevens
Paul Tartell
Andrew V. Tramont
Franklyn P. Ward
Donald R. Weisman

1953
Total: $1,210.00
John E. Aiken
Donald F. Bradley, Jr.
Robert D. Brennan
Melvin Bronstein
Joseph E. Davis
John R. Doyle
John U. Gardner
Raymond K. Kelly
Robert E. Martin
John W. Mills
Robert S. O'Neil, Jr.
Jay M. Orson
Mitchell Pincus
J. W. Rutledge
*Bernard V. Wetchler
*Joseph Taubman
Paul Tucci
John J. Vagell, Jr.

1954
Total: $2,030.00
Sanford H. Anzel
Budd Appleton
Irwin H. Ardam
Marvin S. Berk
William I. Cerier
Herbert L. Cole
Edward J. Day
William J. Esposito
*Walter J. Farrell
Jerold Feigenbaum
William R. Flynn
William C. Frederick
Irwin Gribetz
Richard D. Grimaldi
Edward Henry
Robert Hirsch
G. Jorgensen
Jas. E. Lee
Robert S. Manogue
Paul R. Palmer
Richard W. Pitkin
Jean Krag Ritvo
Arnold Schmidt
John H. Small
Harold Steinberg
A. Curtis True
Edward W. Weigers

1955
Total: $865.00
John M. Davis
Philip M. Ditchik
Allen W. Fanslow
Walter H. Hasbrouck
George L. Henderson
S. T. Knappenberger
Herbert M. Kravitz
Edmund W. McGrath
Vitale H. Paganelli
Maria L. Pesaresi
Irving Schreiber
Frank F. Schuster
Richard J. Smith
Paul E. Van Horn
Allan B. Weingold

1956
Total: $812.00
Joseph C. Bamford, Jr.
Donald Belliveau
Fred Cushman
Thomas J. Degnan
<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1962</td>
<td>$925.00</td>
<td>Howard T. Bellin, J. Harold Bennett</td>
</tr>
<tr>
<td>1964</td>
<td>$1,115.00</td>
<td>George Arcieri, Nicola Bittero, R. W. Brostek, Daniel F. S. Crother</td>
</tr>
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Alumni Association News

Notes from the January 27, 1971 meeting:

Dr. Seymour Schlussel, Alumni Banquet Committee Chairman reported that the banquet would be held at the Plaza Hotel on June 1, 1971. Cocktails will be served at 7:00 P.M. in the Terrace Room followed by dinner at 8:00 P.M. in the Grand Ballroom. A discussion of the details of the dinner menu and bar charges followed. Dr. Stone suggested that ticket charges be raised for the membership. Dr. Dursi moved that each person be charged $25.00 a ticket and suggested that members of the graduating class be charged only $15.00 for a guest ticket. This would ease the expense for the graduate without limiting the overall proceeds. The motion was passed unanimously. Dr. Napp amended the motion with the suggestion that graduates be limited to one guest ticket each. It was so moved.
A multidisciplinary program to bridge the nutrition gap in East Harlem got under way in December, sponsored jointly by the East Harlem Health Council, Cornell University's College of Human Ecology, and the Department of Pediatrics at New York Medical College whose chairman is Dr. Edward Wasserman '46.

Called the Nutrition Education Program of East Harlem, it utilizes trained community teaching aides in an attempt to break the cycle of malnutrition that in the ghetto begins in infancy and can eventually involve every age group. The aides, who began their training in October at the program's brownstone office in East Harlem, received their diplomas in a ceremony at the college in December.

On the premise that better nutrition and achievement go hand-in-hand, a preliminary study was conducted by an anthropologist on the college staff. Working in East Harlem's school districts 3 and 4, the anthropologist interviewed nearly every child in grades 3 through 6 about the kinds of food they ate and the frequency with which they ate it.

According to Dr. Donald S. Gromisch '60, chief of pediatrics at Metropolitan Hospital Center, and Dr. Elkan E. Snyder, chief of the department's comprehensive outpatient service, past efforts to improve the nutritional quality of the food in the community were unsuccessful. Much of the food recommended was adequate nutritionally, but it did not include food that community members were accustomed to eating or enjoyed.

In the new program, staff members hope to narrow the nutritional gap by stressing the use in daily diets of foods that are nutritious as well as culturally acceptable.

The program's two interrelated divisions, neighborhood action and research, will emphasize the maintenance of general health through proper nutrition, and special attention will be given to pregnant women and preschool children. The first division is concerned with the training and supervision of teaching aides or "neighborhood homemakers" who work with individual families; the second is concerned with a study of the sociocultural influences on eating habits with particular emphasis on mothers who are particularly susceptible to anemia and their infants.

Routine biologic tests for children suspected of being malnourished will be given by the Pediatric Comprehensive Care Program at Metropolitan through the college's Department of Pediatrics. Dr. Wasserman stresses that the nutrition education program will continue to aid in combating the community's nutritional problems "for as long as they exist."

The program got its impetus from New York Medical College whose staff members have long been aware of the nutritional problems that exist in East Harlem. They contacted Cornell University about obtaining Federal nutrition funds with which to develop an education program. Subsequently, the Department of Pediatrics and Cornell's Department of Human Nutrition and Food worked together to establish the present program which is funded through Cornell University by the U.S. Department of Agriculture.
At opening day ceremonies of the Nutrition Education Program, Dr. Donald S. Gromisch ’60, chief of the pediatrics section at Metropolitan Hospital Center (left) greets Mrs. Elsie Jackson de Rubio (far right), director of the Department of Community Affairs at New York Medical College. Other guests include Dr. Elkan Snyder, chief of the comprehensive outpatient service at the center, and Dr. Lucinda Noble, associate dean for public service and continuing education association, Cornell University.

Nutrition aides, trained at the college to participate in the program, were addressed by Dr. Wasserman at graduation ceremonies in December. On his right are Mrs. Ruth Atkins, chairman of the East Harlem Health Council, Dean David C. Knapp, New York State College of Human Ecology, Cornell University, and Sister Carol Joyce who led the prayers before Dr. Wasserman’s address.
Guest speaker, Dr. J. Raymond Hinshaw, professor of surgery at the University of Rochester School of Medicine and Dentistry, host Dr. Walter L. Mersheimer '37, professor and chairman of the Department of Surgery, and Dr. Martin L. Stone '45, professor and chairman of the Department of Obstetrics and Gynecology.

Mirthful presidents of both surgical societies exchange places at the lectern. Left, Dr. Robert W. Holliday, president of the Westchester Surgical Society and Dr. Kirk K. Kazarian '61, president of the Surgical Society of New York Medical College.

During the coffee break, Dr. Arthur A. Michele '35, professor and chairman of the Department of Orthopedic Surgery greets Dr. William Flynn, attending surgeon, New Rochelle Medical Center.
The second combined meeting of the Surgical Society of New York Medical College and the Westchester Surgical Society was held at the college on March 17. The all-day program began with an early breakfast after which the Westchester guests observed surgical procedures at Metropolitan Hospital Center and Flower and Fifth Avenue Hospitals. Lunch, at Metropolitan's Draper Hall, preceded the presentation of scientific papers on a variety of surgical topics.

The papers were presented by members of the Surgical Society of New York Medical College and the visiting Westchester surgeons were the discussants. A question and answer session followed each paper.

Topics ranged from "Triplication of the Gallbladder," presented by Dr. Kirk K. Kazarian '61, president of the college's society, to "Dupuytren's Contracture," presented by Mr. Graham Stack, Hunterian professor and member of the Royal College of Surgeons, England. Mr. Stack was invited to the college and to participate in the session by Dr. Sylvester J. Carter, clinical professor of surgery at New York Medical College.

The principal speaker was Dr. J. Raymond Hinshaw, professor of surgery, University of Rochester School of Medicine and Dentistry, and director of surgery at Rochester General Hospital. His lecture, entitled "The University of Rochester Community Surgical Residency Program," explored in depth the feasibility of a university-sponsored community residency program.

Westchester visitors listen as Dr. Henry P. Leis '41 (not shown) speaks of the "Treatment of Operable Breast Cancer." Foreground: Drs. John J. Zellinger, attending surgeon, New Rochelle Hospital Medical Center, Harold W. Kipp, attending surgeon, Phelps Memorial Hospital, North Tarrytown, N.Y., Robert Minervini, attending surgeon, Yonkers General Hospital, Ralph Greenlee, director of surgery, Lawrence Hospital, Bronxville, N.Y., and Harold T. Brew, attending surgeon at Northern Westchester Hospital, Mount Kisco, and Grasslands Hospital, Valhalla, N.Y.
Who among us on June 2, 1930, believed we would be privileged to be practicing medicine in an era of discovery unequaled in medical history since the days of Harvey, Galileo, or Leeuwenhoek?

Antibiotics, chemotherapy, bioelectronics, DNA, electrolytes, hemodialysis, open-heart surgery, radioassay, pacemakers, heart-lung machines, organ transplantation, steroids, immunosuppressive agents, Pap cytology, amniocentesis, mammography, scanning, angiography, the Pill, the concept of good medical care for all . . . the list is endless!

This imposing enumeration of advances in medical science came to mind during a conversation with a classmate at the fortieth anniversary of the graduation of the class of 1930, which was held at the Hotel Carlyle.

Our conversation was filled with reminiscences: of the old intimate Flower Hospital on East 63rd Street where we had gone to school; of the college’s ‘new’ home at 106th Street and Fifth Avenue, then still a sketch on the architect’s drawing board; and as our talk turned to the new medical complex now under way in Westchester, we, who had witnessed the birth of the atomic age and Sputnik and had seen men walk on the moon, asked ourselves what events the class of 1974 might write about in Chironian forty years hence.

On the basis of the progress made since 1930, it seemed reasonable to hope that in their era they will have helped to conquer heart disease, cancer, and stroke; control overpopulation; bring environmental pollutants under control; stem the epidemic of drug abuse among the young. They will have seen babies “planned” in the laboratory, gestated in comfort, free of genetic disorders; (Continued on page 23)
Dr. and Mrs. Ezra Wolff (left) with Dr. and Mrs. Henry Greenberg at pre-dinner cocktail party.

Dr. Benjamin Rosenthal '30 and his wife, Dr. Elizabeth Wilen '31.

[Group photo of many people dressed in formal attire]
made mental hospitals as obsolete as tuberculosis sanatoriums; and made the best health care available to all. Like the advances of the past forty years, the list of what is yet to be achieved seems endless too. But judging by the accomplishments of the past we can agree optimistically with Oliver Wendell Holmes that "the great thing . . . is not so much where we stand as in what direction we are moving."

The tower (above), the medical college (top), and the campus (right)—circa 1930.
To All Alumni

So that Chironian may stay in closer touch with you and be able to keep you up to date on news about your classmates and friends, some of your fellow alumni have agreed to become class correspondents. Your correspondent will be in touch with you soon to find out what’s new in your family and professional life, and will forward information to us for inclusion in Class Notes.

If no correspondent has been selected for your class, please keep on sending the news directly to us until one is named in Chironian.

Thank you,

Saul Schwartz, M.D. ’30
Editor

Class Correspondents

Alice Ittner Macauley, M.D. ’50
Grasslands Hospital
Dept. of Internal Medicine
Valhalla, N. Y. 10595

Alta Goalwin, M.D. ’51
1 Chestnut Drive
Great Neck, N. Y. 11021

Paul Tartell, M.D. ’52
89-50 56th Avenue
Elmhurst, N. Y. 11373

Robert Donnenfeld, M.D. ’53
995 Old Country Road
Plainview, N. Y. 11803

Col. Budd Appleton, M.D. ’54
Chief of Ophthalmology
Walter Reed Army Hospital
Washington, D. C. 20012

John Curran, M.D. ’55
Medical Center
Baldwin Avenue
Jersey City, N. J. 07304

Harold J. Luria, M.D. ’56
25 May Street
Glens Falls, N. Y. 12801

Charles Kilhenny, M.D. ’57
#2 Hospital Avenue
Danbury, Conn. 06810

Chuck McCullough, M.D. ’58
2685 Main Street
Bridgeport, Conn. 06606

William McKeon, M.D. ’59
57 Lafayette Street
Norwich, Conn. 06360

Robert Conway, M.D. ’60
314 DeMott Avenue
Rockville Centre, N. Y. 11570

Judy Frank, M.D. ’61
St. Luke’s Hospital Center
421 West 113th Street
New York, N. Y. 10025

Raymond O. Craven, M.D. ’62
18 Grand Place
Newtown, Conn. 06470

Gerard Lawrence, M.D. ’63
150 Mansfield Avenue
Willimantic, Conn. 06226

Major Jesse Palmer, M.D. ’64
47 Kirby Street
Fort Rucker, Ala. 36360

Andrew Coronato, M.D. ’66
56 Francis Drive
Clark, N. J. 07066

Stephen Berger, M.D. ’67
405 West 23rd Street—Apt. 16D
New York, N. Y. 10011

Bob Orlandi, M.D. ’68
5 Hillside Place
Ardsley, N. Y. 10502

Henry Hanff, M.D. ’69
Dept. of Orthopedic Surgery
Metropolitan Hospital
1901 First Avenue
New York, N. Y. 10029

Norman Baros, M.D. ’70
Lenox Hill Hospital
Park Avenue at 76th Street
New York, N. Y. 10021
Chironian Class Notes

1907
Bradford Fox sends best wishes to New York Medical College and its alumni from his home in Pasadena, Calif.

Eugene L. Bestor would like to hear from his classmates. He can be reached care of Mrs. Herbert Messenger, Bucks Hill Road, Southbury, Conn. 06488.

1918
Chester Bunnell writes from California that he retired in 1962 as chief of the E.N.T. service at Oakland Veterans Hospital, a post he had held since 1946, the date of his retirement from the U.S. Navy.

1920
David Maeth wrote Chironian to suggest that fellow alumni who keep back issues of J.A.M.A. look for an article on bleeding bowls in the November 2, 1970 issue. A picture of the antique bowls, once used during phlebotomy, provide a beautiful cover.

1929
Oscar Auerbach was banquet speaker at the annual meeting of the Oklahoma Division of the American Cancer Society in November. His topic was "Smoking: Lung Changes." Dr. Auerbach is professor of pathology at New York Medical College and is senior medical investigator at the Veterans Administration Hospital, East Orange, N.J.

1930
Rebecca Liswood spoke on "Building a Happy Marriage" at a luncheon of the Sisterhood of Westchester Reform Temple. Dr. Liswood began her career as a pediatrician but now specializes in marital and premarital counseling. Presently she is director of the Marriage Counseling Service of Greater New York, a member of the American Association of Marriage Counselors, and adjunct professor at Adelphi University. Her most recent book, First Aid for the Happy Marriage, was published by Trident Press.

Irwin I. Lubowe is the author of a book A Teen Age Guide to Healthy Hair and Skin which contains a chapter called "The Effects of Marijuana on Skin and Hair."


1932
Jules M. Koch has been elected director of the Central Bronx Medical Group. He has been chief internist of the group since it opened in 1946.

1935
Charles A. Priviteri has resigned as director of radiology at St. Mary's Hospital to go into private practice in Passaic but will continue his affiliation at Montclair Community Hospital, Montclair, N.J.

1942
John A. McGurty is the newly elected president of the staff of the Peekskill Community Hospital, N.Y. and also serves on its medical board.

1943
Peter J. Guthorn was elected president of the New Jersey Chapter, American College of Surgeons. Dr. Guthorn was the director of surgery at the Jersey Shore Medical Center from 1965 to 1968.

Arthur T. Koenig who has practiced medicine in Reading, Mass., for more than 20 years, has been elected president of the staff of Choate Memorial Hospital there.

Walter X. Lehmann has been specializing in the field of adolescent medicine for the past 10 years. He defines this as "total care of the teenager." In addition to his numerous appearances on television and the lecture circuit (he recently conducted a seminar on drug abuse at Brewster High School in New York), Dr. Lehmann conducts a day care center called VITAM, in Norwalk, Conn. The word is derived from a biblical quotation which ends, "Therefore choose life." He plans eventually to open a live-in facility for addicted youths who are attempting to withdraw from drugs.

1944
Martin L. Stone was moderator of a panel discussion in December on the "Unexpected Hazards of Elective Abortion" held at a meeting of the New York Academy of Medicine's Section on Obstetrics and Gynecology.

1945
Felix Wimpfheimer was appointed medical officer of the New York City Fire Department in May.
Jane C. Wright has completed a two-year term as chairman of the Technical Consulting Panel on Cancer for the New York Metropolitan Regional Medical Program. The current president of the New York Cancer Society, Dr. Wright was recently voted one of the 75 most important women in the United States by the Ladies Home Journal.

1949
Bernice Elkin has joined the staff of the Department of Psychiatry at New Mexico State Hospital, Las Vegas, N.M.

1951
(Alta Goalwin)

Guerry Bowen is living in Danville, Ill., where he is chief of Ob-Gyn at Lakeview Hospital. His hobby is flying, and in May he and his wife will fly to the Ob-Gyn meetings in San Francisco.

John Butler is practicing pediatrics in East Orange, N.J. Dr. Butler and his wife Claire have seven children.

Walter Chemris is chief of the Allergy Department at Valley Hospital in Ridgewood, N.J., and assistant attending in allergy at Roosevelt Hospital, New York City. He and his wife, Rosemary, and their five children enjoy golf in the summer and skiing in the winter. He reports that he keeps in touch with Gerry Kass in Ramsey, N.J., and Bob Nutt in Englewood, and that they are thriving.

Albina Claps is married to Dr. Michael Paglia, an attending surgeon at Sloan Memorial Institute. They live in Staten Island with their three children. Dr. Claps specializes in pediatric cardiology and is director of the Pediatric Department at Saint Vincent’s Hospital of the Borough of Richmond.

Raymond Gibbs is up in Boston. He and his wife, Dotty, have three children. Dotty earned her M.A. in history and is teaching full-time at a nearby junior college. Dr. Gibbs teaches at both Harvard and Tufts medical schools in the departments of surgery and is a visiting surgeon at Boston City Hospital. His duties include caring for the Harvard football team.

Edward Kogen is practicing gastroenterology in Elizabeth, N.J., and is a Fellow of the American College of Gastroenterology. He is an assistant attending physician in medicine at the New Jersey College of Medicine. Dr. Kogen and his wife, Leonore, live in Hillside with their five children, who range in age from 11 to 17.

Rita Girolamo Leone is married to Armando Leone, a radiologist and New York Medical College graduate, class of 1947. Both Rita and Armand are faculty members. They live in Franklin Lakes, N.J., with their three sons. Their hobbies are skiing and breeding Welsh ponies.

Alta Goalwin Lewis is clinical associate professor of pediatrics at New York Medical College and director of the Pediatric Department at Jewish Memorial Hospital in New York City. She is married to Dr. Harvey Lewis, an orthopedic surgeon, also on the faculty of New York Medical College. Dr. Goalwin is the mother of two daughters, ages 12 and 13. The Lewises live in Great Neck, N.Y. and their hobby is sailing.

Benson R. McGann became president of the California Academy of General Practice last November. Dr. McGann is in private practice and on the staffs of Stamford and El Camino hospitals, both in Stamford.

Alice E. Madwed lives in Bridgeport, Conn., with her husband, Bud, a mechanical engineer, and their three sons. She is an attending anesthesiologist at the Bridgeport Hospital and a member of the six-man Anesthesia Association team.

William Silvernail and his wife, Joyce, have two children and live in Harrisburg, Pa. Their hobbies are flying, photography, golf, and playing the organ. Bill received training in aviation medicine and was a flight surgeon for TWA in 1969 as well as being a senior examiner for the Federal Aviation Association. He is chief of neurosurgery at Harrisburg, Polyclinic, and Holy Spirit hospitals, and clinical associate professor of neurosurgery at Hahnemann Medical College and Hershey Medical School.
Theodore Smith is up in Manchester, N.H. He has two children and his hobbies are golf, swimming, and skiing. He is part of the four-man incorporated team in the practice of anesthesiology, is secretary of the New Hampshire State Medical Society, president of the New Hampshire-Vermont Society of Anesthesiologists, and chairman of the Manchester Board of Health. Ted has been in touch with classmates Marion Koomey, Jack Carrier, Lou Ziegra, Tom Longworth, Ed Gerger, Bob McCann, and Paul Libassi.

Robert E. Svigals lives with his wife, Renee, and their two children in Roslyn, N.Y. His wife is an artist and interior decorator. Both spent an interesting time several years ago when they joined the Medico-Care Program and served in Algeria. Bob is director of anesthesiology at St. Barnabas Hospital in the Bronx, and at the Bronx Eye Infirmary, as well as consultant to French Polyclinic Medical School and Health Center.

Joseph Taubman, who is practicing internal medicine in Lindenhurst on Long Island, has two children. Joe is chief of medicine at Lakeside Hospital in Copiague, N.Y., and assistant attending at Good Samaritan Hospital in West Islip.

1952
(Paul Tartell)
Waldo E. Martin, past president of the New Haven County and Milford Medical Societies, was re-elected chief of staff of Milford Hospital, Milford, Conn.

1953
(Robert Donnenfeld)
Dolores Fiedler is currently attending Columbia University School of Public Health and will receive her Master's degree in June. Her daughter Meredith, age 16, is entering St. John's University in September on a full academic scholarship. Dr. Fiedler is board certified in obstetrics and gynecology and was gynecological advisor to the Da Nang Maternity Hospital in Vietnam. Currently she is gynecological advisor to the Metropolitan Life Insurance Company, and the American Underwriters' Association.

Harold Meiselas of Plainview, N.Y., was appointed a member of the State Narcotics Addiction Control Commission by Governor Rockefeller. Dr. Meiselas had formerly been the group's associate commissioner. A psychiatrist, he assisted in the formulation of policy for treatment and rehabilitation of narcotics addicts.

Kenneth J. Petrone has two children, ages 13 and 15. He is in general practice in St. James, Long Island, and is medical director of the Suffolk Department of Social Services and of the Smithtown Parkinson's Disease Treatment Center.

Jay P. Sackler, a fellow of the American College of Radiology, has been appointed radiologist-in-chief at the Brooklyn-Cumberland Medical Center. Dr. Sackler served his internship and residency at Bellevue and Bronx Veterans Administration hospitals.

1955
(John Curran)
Ernest H. Smith, though chief of the Department of Obstetrics and Gynecology at Emerson Hospital in Concord, Mass., found the time in 1970 to rank 8th in the New England tennis doubles. Move over, Rod Laver!

1956
(Harold Luria)
Martin Floch's appointment as chief of the Department of Medicine at Norwalk Hospital, Norwalk, Conn., was announced in December. After completing his internship and residency at Beth Israel Hospital in New York City, Dr. Floch continued his studies in gastroenterology at Seton Hall College of Medicine, South Orange, N.J., and spent his U.S. Army tour of duty as gastroenterologist for the Tropical Research Medical Laboratory in Puerto Rico.

1958
(Charles McCullough)
John Sadowski reports that he is specializing in E.N.T. at Good Samaritan Hospital in Suffern, N.Y. and is on the attending staff at Bellevue Hospital where he is an instructor in ear surgery. The Sadowskis have three children, John, Jr., 11, Susan, 10, and Stefan, 6. Jack writes that he occasionally sees Fred Steinberg who practices internal medicine in Ramsey, N.J.
Louis Scotti is on the attending staff in radiology at Presbyterian-University Hospital in Pittsburgh, Pa. The Scottis and their five children, have left Yale for Pittsburgh where Lou will remain in academic medicine.

John Summa is practicing cardiology in his home town of Waterbury, Conn. He is a fellow of the American College of Cardiology, a diplomate of the American Board of Internal Medicine, and also a diplomate of the American Board of Cardiovascular Diseases. John was recently president of the Northwest Heart Association. He has been active in the Heart Association in Connecticut for some time. The Summas now have six children.

Margaret Van Meulebrouck is a psychiatrist practicing in Lakewood, Colorado. Margaret served her residency at Austin State Hospital. She is consulting psychiatrist at Fort Logan Mental Health Center in the alcoholism division. She is very interested in programs for addicts at New York Medical College, especially our methadone programs. Margaret and her husband have three children and are enjoying Colorado.

1959
(William McKeon)

Robert Allen, in private practice in La Jolla, Calif. since 1964, has been named director of the Student Health Service at the University of California at San Diego, where he is an assistant professor in the Department of Pediatrics. Now he and his staff will be concerned with helping meet the emotional and physical needs of 5,700 U.C.S.D. students.

Bennet J. Hess writes to inform classmates that Alicia Ann Hess was born in 1970. The Hess’s other children are Brian, 11, Jennifer, 9, Paula, 7, and Pamela, 5.

Arthur Wolber, clinical instructor in the Department of Surgery at the University of California at Los Angeles, recently became a Fellow of the American College of Anesthesiology.

1960
(Robert Conway)

John J. Creamer and classmates Roy W. Gerritsen and Carl M. Marchetti became Fellows of the American College of Surgeons in October.

1961
(Judith Frank)

Ira D. Glick is now a full-time teacher and researcher in the Department of Psychiatry at the University of California School of Medicine at San Francisco.

Henry Saphier reports the birth of a daughter in 1970, and the opening of a new office for the practice of obstetrics and gynecology.

1962
(Raymond Craven)

John Buechiere has joined a group in Lynnfield, Mass., where he will practice urology.

James Birch has six children, and is a general surgeon in Attleboro, Mass.

Stephen Brenner has returned from the service and is practicing gastroenterology in Scarsdale, N.Y.

William Bierer is director of the Pulmonary Function Laboratory at Cedar-Sinai Medical Center in Los Angeles, Calif.

Lawrence Buckwalter is practicing radiology in Schenectady, N.Y.

To All Alumni

This year the annual Alumni Association cocktail party for alumni attending the A.M.A. convention in Atlantic City, N.J., June 20-24, will be held:

- Tuesday
- June 22
- 5:00 P.M. to 7:00 P.M.
- Hotel Shelburne
- All alumni are invited
Harold Bennett’s wife Dolly died of cancer last January. Harold has a three-year-old daughter, and a one-year-old son. The faculty of the college and the staff of Chironian extend our deepest sympathies to the Bennett family.

Raymond Casella is practicing in Agawam, Mass., and is the originator of the microictometer. Write and tell us more about your invention, Dr. Casella.

Dominick Cerritelli is in an ob-gyn partnership in Middletown, Conn.

Ronald Chase is chief of radiology at Monroe General Hospital, Key West, Fla. He is a Republican state committeeman, and president-elect of the Monroe County Medical Society.

Anthony P. Chatowsky is medical director of the Kent County Counseling Center, a community mental health center serving central Rhode Island. Dr. Chatowsky is also in private practice in psychiatry in East Greenwich, R.I., where he lives with his wife and six children.

Robert Crosson, his wife Lorraine, and five children, live in Middletown, R.I. Bob is chief of the anesthesia service at the Newport Naval Hospital.

Henry Dobson, his wife Bertha, and their six children, now live in Montville, N.J. Henry practices in Pearl River, N.Y.

Robert Greene is chief of urology at the Sacramento Kaiser-Permanente Hospital and lives in Carmichael, Calif. "I have found things perfect out here," he writes.

Joel Hendler is practicing gastroenterology in Berkeley, Calif.

Joseph Hollinger is practicing orthopedics in Albuquerque, N.M.

Richard LaPat, his wife Eileen, and their six children, are now in Philadelphia, Pa., where he practices pediatrics.

Joseph Liss is associate director of the cardiac laboratory at St. Francis Hospital in Hartford, Conn. He was the recipient of the Outstanding Young Men of America Award in 1970.

Bernard Lourie is a research virologist in Decatur, Ga. He writes that he is starting a medical residency in July.

Robert Harwood began solo practice in general surgery last summer in Danbury, Conn.

Raymond Craven is practicing urology at Danbury Hospital. He writes that he is active in the Newtown Jay-Gees, "one of the few Gold Chip chapters in Connecticut."

1963
(Gerard Lawrence)
Edward J. McCartin and his wife, Phyllis, and sons Edward, Christopher, and Richard live in Brick Township, N.J., where Dr. McCartin has opened a private practice in obstetrics and gynecology.

1964
(Jesse Palmer)
Stephen Kasten was recently appointed director of the Drug Addiction and Alcoholism Center at Grasslands Hospital.

1965
(Correspondent to be selected)
Richard Allen reports the birth of a son, Scott McDonald, in August 1970. Dr. Allen has been reappointed clinical instructor in obstetrics and gynecology at the University of Oregon Medical School.

Barry Nash has a son, Michael Craig, born in August 1970. Michael joins brother Eric, age 2.

Richard P. Singer, wife Nancy, and their children, Kathryn Ann and Douglas Knight, are in San Francisco where Dr. Singer is stationed at Treasure Island as a Navy psychiatrist. The Singers love the Bay Area and report they will settle there on their return to civilian life.

1966
(Andrew Coronato)
Stephan Ariyan is an N.I.H. Fellow at Yale University School of Medicine. He will resume his residency in general and plastic surgery next year at Yale.

Thomas A. Bruce is now serving with the U.S.A.F. at the Armish-Maag Hospital, Teheran, Iran.
Stephen H. Horowitz, now a second-year resident in neurology, is nearby at Mount Sinai Hospital, New York City.

1967
(Stephen Berger)
Roger S. Challop is pediatric consultant in the Lead Control Program of the U.S. Public Health Service and instructor in pediatrics at the University of Cincinnati Medical School. The Challops will return to New York City in July 1972.

Thaddeus R. Leoniak and Dolores G. Arnold ('70) were married in October 1970. Our congratulations to both.

John H. Mensher, a second-year resident in the Department of Ophthalmology at Iowa State University, reports that he will finish his residency in December 1972.

1968
(Robert J. Orlandi)
Marshall Block has finished a residency in internal medicine at the University of Chicago and is presently a fellow in endocrinology at the same institution. He passed the qualifying exams in internal medicine and was awarded a Mead Johnson Residency Scholarship in 1970. He now has two daughters.

Neil Borrelli is a second-year resident in radiology in the Public Health Service in Baltimore. The Borrellis recently had their second daughter.

Kenneth Cohen is serving in the Navy in Orlando, Fla. He completed one year of residency in ophthalmology at New York Medical College before entering the service.

Frank Galioto is in training in pediatric cardiology at the Children's Heart Institute, University of Texas Medical Center in Houston.

Kenneth Juechter, a second-year resident in ophthalmology at New York Medical College, is currently serving in a one-year study program at the Armed Forces Institute of Pathology in Washington, D.C.

Sidney Katz is serving in the U.S. Air Force in Bangkok, Thailand.

Kenneth Murdock is currently serving in the Navy at the Naval Hospital in Long Beach, Calif. His interest is radiology and he is working in this field while in the Navy.

Santo Ruggieri is a second-year medical resident at Meadowbrook Hospital Center. The Ruggieris have four children, two boys and two girls.

Robert Schwartz, a second-year obstetrics and gynecology resident at New York Medical College, became the father of twin girls in December. They join his son, age 2.

Marvin Stone is an officer in the Department of Preventive Medicine in the U.S. Army at Fort Dix, N.J. He has a six-month-old son. Marvin hasn't decided on his future professional plans at this time.

1970
(Norman Maron)
Monika Schwabe Eisenbud reports that her child psychiatry residency at Children's Hospital Medical Center in Boston is "exceptionally rewarding."

Thomas B. Graboys writes that Penelope Anne was born in August. Dr. Graboys is assistant resident in medicine at Boston City Hospital.

Chironian records with sorrow the death of the following alumni since June, 1970:

Rupert S. Day, M.D. '06
John R. Honiss, M.D. '12
William Fraser, M.D. '15
Ida J. Mintzer, M.D. '16
Harold K. Brigham, M.D. '20
Pincus A. Stahl, M.D. '21
Solomon Jacobs, M.D. '25
George A. Rawler, M.D. '29
Benjamin Toly, M.D. '29
Samuel E. Blatt, M.D. '32
Samuel J. Bloom, M.D. '32
Jacob Saltzman, M.D. '33
Joseph P. Nelson, M.D. '34
William H. Lemmerz, M.D. '36
Walter S. Moss, M.D. '41
William E. Martin, M.D. '42
John D. Angelides, M.D. '43
Frank Austen Pearce, M.D. '43
Alan S. Feit, M.D. '67
Dr. Leonard S. Rosenfeld Joins Faculty as Vice-President for Planning

Dr. Leonard S. Rosenfeld joined the faculty of NYMC in October as vice-president for planning and professor of community and preventive medicine.

A noteworthy career in health services administration has made Dr. Rosenfeld keenly aware of the need for improvement in the delivery of health care throughout the United States. To help accomplish this improvement in the communities served by the college, he is working closely with other members of the faculty and with community organizations to help develop new and better ways to serve health care consumers in New York City and Westchester County.

"In the past, programs that served the community were viewed by medical schools primarily as teaching resources," he says. "Now they are seen as vehicles for making a school's resources available to their constituency. There is a lot of waste in the way we deliver health care; but a lot of this waste can be reduced by a careful study of the health care consumer, what that consumer wants and needs, and by planning programs that meet these needs.

"Another key to improved services," he adds, "may be more neighborhood health centers. But before we augment those already in existence, or create new ones, it is important that we know more about the area and the people to be served."

Dr. Rosenfeld is a former director of the Division of Medical Services, Health and Hospital Planning Council of Southern New York, and was the general director of Metropolitan Hospital, Detroit, Michigan.

In the early 1950s, while a research associate at the Columbia University School of Public Health, Dr. Rosenfeld was codirector of a study of the Rochester Regional Council Program, which was later published as a book entitled The Rochester Regional Hospital Council.

The new vice-president's interest in public health began when he was an undergraduate at New York University, the school that also awarded him his M.D. degree in 1937. After a rotating internship there he attended Johns Hopkins University where in 1942 he received the M.P.H. degree.

In addition to his other posts, Dr. Rosenfeld has been chief of the Field Party for Nicaragua for the Office of Inter-American Affairs (while a major in the U.S. Army); director of the Hospital Services Plan and of Regional Health Services, Saskatchewan, Canada; chief of the Health Professions Education Branch of the Public Health Service, Washington, D.C.; and consultant to the Ministry of Health and Social Assistance, Venezuela.

After this peripatetic existence Dr. Rosenfeld, who was born in Brooklyn in 1913, says he is happy to be back in New York City. He and Mrs. Rosenfeld now live in an apartment in Manhattan from which he commutes to Westchester and 106th Street.

"The magnitude of the task of upgrading organized health care services in metropolitan communities is enormous," he says. "Nevertheless, it is the problem to which the health professions and their institutions must now address themselves."
Award Named in Honor of Dr. Jonas N. Muller

The Jonas N. Muller, M.D., Award of the Department of Community and Preventive Medicine has been established in memory of the distinguished physician who was professor and chairman of the department from 1956 to 1968.

The award will be presented to the member of the college graduating class who, through accomplishment in the preventive, social, and community aspects of medicine, best exemplifies the dedication of Dr. Muller to the ideal of the highest quality health care for all.

Friends and colleagues of Dr. Muller established the award with a capital fund of $2,500, which will provide annual interest. The award, in the amount of $100, will be accompanied by a citation.

Dr. Muller achieved a national reputation for his contributions in the fields of public health and preventive medicine and the care and rehabilitation of the chronically ill. He was a noted medical educator whose techniques were studied by teachers of preventive medicine and by international public health officials.

Elected a faculty member of Alpha Omega Alpha, he was awarded the honorary degree Doctor of Science by New York Medical College in 1967 for his "scholarship, dedication to education, commitment to the best possible health care for all, and his deep and abiding humanity."

All alumni who knew Dr. Muller are invited to contribute to his memorial. Checks should be made payable to New York Medical College, Jonas N. Muller Award, and sent to Dr. Milton Terris, chairman of the Department of Community and Preventive Medicine, New York Medical College, Fifth Avenue at 106th Street, New York, New York 10029. All contributions are tax deductible.

Dysautonomia Research Laboratory opens at NYMC

A laboratory devoted exclusively to research in dysautonomia was opened at the college in January. It will be directed by Dr. Alfred A. Smith (left) who holds appointments in the Departments of Anesthesiology, Medicine, and Pharmacology. Although victims of dysautonomia are few, study of its causes, believed to be a deficiency of acetylcholine, could have application to a number of other neuropathies. Research in the laboratory, which is supported by the Dysautonomia Association, Inc., will consist of two interrelated studies, an examination of the role of acetylcholine on growth and tissue function, and a correlation of these biochemical findings with the results of physiologic tests and tissue examinations of its young victims. Shown with Dr. Smith is P. Y. Huang, Research Associate, Department of Anesthesiology.
A recent graduate of New York Medical College is the author of a book for children that brilliantly but simply explains the physiology of drug abuse. It has already inspired a unique drug prevention program at a public school on Manhattan's upper East Side.

John S. Marr, a graduate of the class of 1967, and chief resident in the Department of Medicine at Metropolitan Hospital Center, wrote the book *The Good Drug and the Bad Drug* after witnessing the drug-induced deaths of two 13-year-olds. His purpose is to explain physiology in simple terms to young children.

"As a medical student," Dr. Marr explains, "you're introduced to clinical medicine slowly, gradually, and by the time you're a resident you feel almost jaded, as though you've seen it all. But the deaths of those two children rocked me out of my complacency. I thought perhaps if children knew more about their bodies and what drugs can do to them, it might help in some way.

"The book is really a graphic lesson about what happens physiologically after you take a drug. Very young children now are very interested in drugs and I hoped I might reach them early enough so that they can understand the risks they are taking."

Dr. Marr is reaching them through classroom discussions, some of which he leads, at Public School 6. The book's text and brightly colored illustrations (reproduced in part on page 33) so attracted the publisher, whose son attends the school, that he suggested to the principal that the book be used as part of a preventive drug program for students in the third through sixth grades. The result has been a series of lively meetings in which the children eagerly participate.

Dr. Marr is an assistant instructor in the Department of Medicine and a visiting lecturer in the Department of Microbiology. Early in his residency, he served on a Public Health Service team that visited Costa Rica, Honduras, El Salvador, Guatemala, and Mexico (Chironian Spring/Summer 1969). He visited Central America on a training fellowship under a program organized by the Louisiana State University and supported by the National Institutes of Health.

When he completes his residency, Dr. Marr plans to pursue his interest in preventive medicine and public health. His future literary plans include a possible translation into Spanish of *The Good Drug and the Bad Drug*, and a book for the same age-group about the perils of smoking.

*"The Good Drug and the Bad Drug," copyright © 1970 by M. Evans & Company, New York, $3.95. The illustrations may be reproduced only with permission.*
Since both medicine and dope come in the form of pills, syrups and injections, it is often difficult to tell them apart. Never take a drug without the directions of your doctor or your parents, because a bad drug can make a well person very sick and only a good drug can make a sick person well.

The blood goes out of the heart in arteries to every part of your body: your brain, your eyes, your lungs, your heart, your arms and legs, your skin. The blood mixed with the good drug will be in the arteries that go to the place where you are sick.

Lynn Sweat

When the bad drug circulates through your heart, it triggers your heart to beat faster. Your heart squeezes harder every time it beats. Your heart beats just as fast as when you have an infection or after you run a mile.
Secretary General of the United Nations U Thant (left) with Dr. Arthur M. Sackler, chairman of the International Task Force on World Health Manpower which was established to help overcome the world-wide shortage of health manpower.

At a reception held at the United Nations, N.Y., for members and guests of the Task Force, Dr. Carol Sackler Master '68 greets her former teacher, Dr. Eileen H. Pike, associate professor in the Department of Microbiology.
All photographs by Morris Warman except those on pages 3, 5 and 9.
Disability income to $250 weekly; Lifetime Benefits paid for Accident; to age 65 for Illness; simplified enrollment, liberal acceptance.

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