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On the cover, clockwise
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Dr. Sigmund Lasker,
Ob-Gyn audiovisual library,
Jackson E. Spears, hologram,
Dr. Lawrence B. Slobody
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Dr. Slobody Named President

Dr. Lawrence B. Slobody ’36, vice-president for hospital affairs, has been named president of the College.

Dr. Frederick L. Stone, who had taken a leave of absence in the early winter, resigned as president of the College on December 31, 1971, to become special assistant to the administrator of the Health Services and Mental Health Administration, a division of the Department of Health, Education, and Welfare. His many friends at the College wish him well; their sentiments were expressed by Keith M. Urmy, chairman of the Board of Trustees, who told Dr. Stone and all those gathered at the board’s annual dinner, “We hope that we will see Dr. Stone frequently.”

Dr. Slobody, a 1936 graduate of the College and a former chairman of the Department of Pediatrics, was appointed to the post of vice-president in 1966. He is a diplomate of the American Board of Pediatrics and a fellow of the American Academy of Pediatrics and the American Pediatric Society. In 1950 the Association for the Help of Retarded Children designated him “the physician who has contributed the most to the help of retarded children.”

Born in New York City, Dr. Slobody received the bachelor of science degree from New York University in 1930. After graduating from New York Medical College, he completed his internship and residency at Metropolitan Hospital Center, becoming chief resident in pediatrics in 1938. From 1939 to 1943 he was a research fellow in pediatrics at the College. After spending five years in nutritional research as chief of the Frederick S. Wheeler Laboratory, he returned to the College as professor and chairman of the Department of Pediatrics.

In 1967 Dr. Slobody was honored by the College with a special certificate and an inscribed gold medallion. The citation accompanying the award read, in part: “As a result of your wisdom and understanding, the student body was reassured; the faculty strengthened; and the Board of Trustees greatly encouraged. For these achievements, and for forging an ever stronger link between the College and the community we serve, this Special Award for Meritorious Service is presented as only a small outward sign of our far greater inward appreciation.”

The Editors of Chironian join with the entire College family in congratulating Dr. Slobody and offering warmest wishes for all success in his new position.
Endocrinology and Infertility

Subject of Ob/Gyn Society Symposium

Dr. Allan Weingold '55 (left), professor of obstetrics and gynecology at NYMC, chats with Dr. Nathan Kase, professor and chairman of the Department of Obstetrics and Gynecology, Yale University School of Medicine, after Dr. Kase's talk on "End-organ Failure."

On the Hetrick Hall terrace after lunch, Drs. Antonio Scommegna (left), professor and chairman of the Department of Obstetrics and Gynecology, Michael Reese Hospital, Chicago, Illinois; Delphine B. Bartosik, assistant professor of obstetrics and gynecology, NYMC; and Raphael Jewelewicz, assistant professor of obstetrics and gynecology, Columbia Presbyterian Medical Center.
A capacity crowd attended the 10th annual Residents' Day Symposium which was held at the College on September 24 and 25 under the sponsorship of the Department of Obstetrics and Gynecology and the Obstetrical and Gynecological Society of New York Medical College. Dr. Martin L. Stone, chairman of the department, and Dr. Sanford Sall, president of the society, extended greetings to the guest faculty, which included members of the faculties of Yale University School of Medicine, Harvard Medical School, Columbia Presbyterian Medical Center, New York University Medical Center, and Michael Reese Hospital, Chicago, thanking them for taking time from their busy schedules to participate in the meeting.

Held in the tradition of previous meetings, which now includes a formal dinner in addition to the symposium, the gathering drew former residents and alumni from throughout the United States. A second meeting, giving members an opportunity to get together over lunch or cocktails, is held by the society each year to coincide with the annual meeting of the American College of Obstetrics and Gynecology.

New York Medical College faculty members who participated in the symposium included, in addition to department members, Dr. Sidney Shulman, professor, Department of Microbiology, who addressed the group on "Immunologic Barriers to Fertility," and Dr. A. Louis Southren, associate professor in the Department of Medicine, whose talk "Central and Associated Endocrinopathies" was a part of the session on Ovulatory Failure.

At the black-tie dinner following the symposium, Dr. Sanford Sall '59 (right), president of the Obstetrical and Gynecological Society of New York Medical College, presented the Resident of the Year Award to Dr. Vincent D'Amico '68. Ob/Gyn residents voted him "most excellent resident" worthy of the award, a trip to any specialty meeting of his choice in the United States.
A symposium on orbital disease brought together clinicians and basic scientists in the auditorium of New York Medical College on October 30, 1971. Sponsored by the Department of Ophthalmology, the symposium included lectures by NYMC faculty members as well as by visitors from Columbia University’s College of Physicians and Surgeons, Walter Reed Army Medical Center, and the Institute of Ophthalmology of Amsterdam, Holland, whose director, Dr. Gabe B. Bleecker, was a panel member. Dr. Miles A. Galin, chairman of the Department of Ophthalmology, served as moderator.

In his opening remarks, Dr. Galin told the well-attended gathering that residents in ophthalmology at a number of medical schools have many "gaps" in their education. "We plan these meetings each year," he said, "bringing together many specialists in various fields in order to eliminate such gaps." Stressing the significant diagnostic and therapeutic advances in ophthalmology that have taken place in the last decade, Dr. Galin added that the guest speakers would discuss the increasingly wide choice of techniques and special procedures now available for diagnosis and therapy in orbital disease.

The first speaker was Dr. Louis L. Bergmann, professor of anatomy at New York Medical College, who set the framework for the lectures that followed with his talk on "The Anatomical Explanation of Orbital Syndromes." The noted pathologist Dr. Lorenz Zimmerman of the Armed Forces Institute of Pathology, Walter Reed Army Medical Center, Washington, D.C., at the Orbital Symposium held at the College.

Following lunch, Dr. Alan Rothballer, professor and chairman of the Department of Neurosurgery, who is also a professor of physiology, spoke on "Intracranial Causes of Orbital Diseases." Dr. Rothballer, in his words, "proselytizes for early diagnosis," noting that because some orbital disease results from intracranial lesions, there should be close cooperation at all times between the ophthalmologist and the neurosurgeon.

Dr. Bleecker spoke of the high incidence of orbital fractures resulting from trauma to the head. Pointing out that, traditionally, facial trauma and resultant fractures have been the province of maxillofacial and plastic surgeons, he commented that ophthalmologists were recent and much needed "newcomers" to the field. "This is fortunate," he added, "because disturbances of the eye are among the most distressing sequelae of orbital fractures."

At the conclusion of the all-day meeting, Dr. Pal Greguss, visiting professor in the Department of Ophthalmology, gave a brief demonstration of the ultrasonographic holography technique he has developed that will shortly be put into clinical use in the department. The procedure allows a three-dimensional view of the orbit, permitting examination of the eyes where the cornea is opaque or where there are dense cataracts.
Fellow urologists Drs. Carlos Caine, William Clifford '47, and Robert Fuery '62, greet Dr. and Mrs. Nagamatsu as the cocktail party begins in the club's library.

The fourth annual Urology Day, held at the College on November 4, 1971, was the occasion of much festivity in the Department of Urology, although it was also tinged with sadness. Jointly sponsored by the department and the Urological Alumni Society of New York Medical College, the scientific session, which included the Leonard Paul Wershub Memorial Lecture delivered by Dr. Sheridan Shirley '53, was the last to be held under the chairmanship of Dr. George R. Nagamatsu, who retired on December 31.

Following the all-day session held in the college auditorium, members of the department, their wives, and guests met at the Lotos Club, 5 East 66th Street, to pay homage to the distinguished
man who had directed the department since 1958. To express their appreciation of his dedication to them and the department, they presented Dr. Nagamatsu with a silver tray engraved with the names of department members and the residents he had trained, many of whom were present at the dinner. He also received a commemorative book from his associates containing letters in which they describe his influence on their professional lives and their feelings about his retirement.

Although he is stepping down as chairman of the Department of Urology, Dr. Nagamatsu stressed in his remarks at the dinner that he is by no means "retiring." He told the group that in forthcoming years he plans to devote himself to writing, research, the practice of urology, and continued activity within the department.
Alumni Specialty Societies: The New Thrust in Alma Mater Medica

"The specialist often has more loyalty to the institution where he took his postgraduate training than to the college where he did his undergraduate work. He or she may spend as much as four or five years at an institution of specialty training and may eventually join the faculty there and become a member of the attending staff. It is well known that in this era of specialization, physicians have closer relationships—professionally, academically, and socially—with other members of the same specialty than with their fellow alumni in general."

The emergence in the past decade of vigorous alumni specialty societies at New York Medical College clearly supports this view, which was expressed recently by Dr. Myron Gordon, founding president, in 1959, of the Obstetrical and Gynecological Society of NYMC.

Many places compete for a physician's loyalty, of course—the undergraduate college, medical school, place of internship, place of residency, and the institution whose staff the physician joins. Of all these, the ties are probably strongest with the last two. If a physician joins the staff of his medical school or place of residency, his ties are doubly strong. Because NYMC has attracted many of its own graduates and former residents to positions on its teaching staff, it has been particularly fortunate in reaping the benefits of this double loyalty. As Dr. Rita Girolamo '51, prime mover in the founding, in 1962, of the Radiological Society of NYMC, points out, members of the College faculty play a particularly active role in the Alumni Association, as well as in the formation of the specialty societies.

Not all the NYMC residency programs have generated specialty societies. So far there are four in full operation and one just starting. Other departments, Ophthalmology for example, may keep in touch with residents through regular events such as an annual residents' day. If a specialty society is started, it is usually founded on a tripartite basis of shared experience, common friendships, and a desire for continuing identification with and support of the department in which the members' residency training took place.

Membership in the New York Medical College alumni specialty societies consists of: past presidents (the Surgical Society includes residents-in-training as well); faculty of the departments; honorary members and, especially in the case of the Ob-Gyn Society, NYMC graduates who were trained elsewhere. The societies, with their dates of founding, approximate number of members, and current presidents are:

- The Obstetrical and Gynecological Society (1959); membership, 210; president Dr. Louis J. Salerno, professor of obstetrics and gynecology.
- The Radiological Society (1962); membership, 70; president, Dr. Emil Balthazar, assistant professor of radiology.
- The Surgical Society (1964); membership, 175; president, Dr. Kirk K. Kazarian '61, assistant professor of surgery.
- The Urological Alumni Society (1968); membership, 150; president, Dr. Stanley Gerson, clinical instructor of urology.

In addition to these four, the Department of Orthopedic Surgery is starting an alumni specialty society, with Dr. Milton Wilson '18 as honorary president; department chairman Dr. Arthur A. Michele '35, as president; and Dr. Herbert G. Cohen '43, clinical associate professor of orthopedic surgery, as secretary pro tem. Dr. Cohen has sent letters to 225 former residents and faculty members proposing incorporation as the Orthopedic Surgery Society of NYMC.

Although the Department of Ophthalmology does not have a specialty society, it has held annual residents' days since 1969. The Annual Alumni Conferences are open to all interested professionals, whether or not they are associated with the College, and generally attract a considerable audience.

The major annual meetings planned by the specialty societies are a blend of the social and scientific. As Dr. David T. Mininberg '61, the 1970-71 president of the Urological Alumni Society, remarks, "The idea of another purely scientific organization bored us. We were interested in getting together socially." The urological alumni days do include scientific papers, however, as well as the Leonard Paul Wershub Memorial Lecture, which in 1971 was presented by Dr. Sheridan W. Shirley '53, professor..."
and chairman of the Department of Urology at the University of Alabama, Birmingham.

The scientific sessions of the Radiological Society include papers by members of the society and a presentation by a guest speaker. Dr. Arthur Clemett, chief of gastrointestinal radiology at St. Vincent's spoke at the tenth annual meeting of the Radiological Society in March.

The eighth annual scientific session of the Surgical Society was held in April in conjunction with the Surgical Service of Grasslands Hospital.

The Obstetrical and Gynecological Society started holding annual dinner meetings in 1961, the year that the name and constitution of the society were officially adopted. At the same time a logo was designed and a motto, "Pro Matre Filioque," -"For Mother and Child"—adopted. In 1964 the scope of these annual meetings was expanded with the first full-fledged residents' day. Since 1969 the society and department have joined with the American College of Obstetricians and Gynecologists in sponsoring a symposium on a topic of obstetric and gynecologic importance as part of the residents' day. More than 300 registered for the last such meeting, which was held in September on gynecologic endocrinology and infertility. These meetings, like the ophthalmological residents' day, draw an audience from outside the College, as well as from within.

The social activities of the societies' major annual meetings generally include a reception and dinner, and sometimes the presentation of honors and prizes. The Surgical Society, for example, presents a prize to the senior student who has shown, in the society's opinion, the greatest proficiency in the art and study of surgery; and the Ob-Gyn Society presents an annual prize (a trip to any specialty meeting in the United States) to the best resident of the year, who is nominated by the residents-in-training and selected by the society. Since all the societies have an honorary membership category, this may also be the occasion for the naming of new honorary members to the organizations.

The societies generally plan some social event to coincide with a national meeting in their specialty, taking this opportunity to gather together members who live too far away to return for the annual residents' day.

The societies also engage in other activities. Some have a newsletter, with a distinctly social emphasis—although, if the Orthopedic Surgery Society starts a newsletter, Dr. Cohen would also like to include in it some exchange of scientific information. "It would be a very good opportunity," he points out, "for reaching a considerable body of sympathetic specialists." Another function of the forthcoming Orthopedic Surgery Society, in Dr. Cohen's view, might be to help recruit outstanding residents—and to help place them in good situations. Such concern, for the future career of a graduate of the residency program is part of what Dr. Cohen sees as the "moral responsibility" the department has toward those it trains, and the society's activities would emphasize this continuity of concern.

The Ob-Gyn Society expresses such concern not only for residents but for NYMC graduates who wish to enter the specialty; for example, it helps place them in outstanding residency programs around the country. One result of the society's interest in NYMC students is that the students are aware of the society and its programs. Almost half of the Ob-Gyn Society's membership is composed of graduates who took residencies elsewhere.

Of particular interest to residents-in-training are two areas in which the Surgical Society is active; it provides funds for books for the residents' library and also for sending residents to scientific meetings. The Ob-Gyn Society, in addition to its prize to the outstanding resident, also presents an annual prize at College graduation to the senior student who has demonstrated the greatest interest and achievement in obstetrics and gynecology.

As yet the societies have not particularly emphasized fundraising, but Dr. Gordon hopes that the Ob-Gyn Society will eventually undertake such projects as the endowment of a faculty chair, conference room, clinical facility, or scholarship. Considering that, in Dr. Gordon's words, the Ob-Gyn Society may be "the largest of its kind in the country," such contributions are feasible and would be tangible evidence of the loyalty and involvement which an outstanding residency program and
active specialty society can inspire.

Do the NYMC alumni specialty societies and the Alumni Association see themselves as competitors? Hardly. That the specialty societies are indeed welcomed by the Alumni Association emerged in interviews with last year's and this year's presidents. Dr. Martin L. Stone '44, chairman of the Department of Obstetrics and Gynecology, was quoted to this effect in the 1969 Spring-Summer Chironian. Specialty societies, Dr. Stone feels, "are just like chapters, except that their membership is determined by medical specialty rather than by geographic location." Dr. Stone also believes that the Ob-Gyn Society, for example, "has done much to spread the name of the College in its field."

Dr. Henry P. Leis, Jr. '41, the current Alumni Association president, said in an interview for the Summer-Fall 1971 Chironian: "The development of alumni specialty organizations has been criticized by some as competitive to the Alumni Association and even as superseding it. My feeling, however, is that they help the association, as do local alumni groups, by maintaining a constant, up-to-date interest in the affairs of the college."

Should the specialty societies seek closer ties with the association? Dr. Mininberg, treasurer of the Alumni Association as well as former president of the Urological Alumni Society, thinks that they cover essentially different ground and should remain quite separate in their functions. Dr. Gordon would like to see closer cooperation between the Ob-Gyn Society and the Alumni Association, for example on secretarial and administrative matters.

An area of potential cooperation between the specialty societies and the Alumni Association would be in the recruitment of ex-residents into the association. Dr. Gordon, an associate member of the Alumni Association, believes that non-alumni ex-residents (he is one of them) "represent a relatively untapped and potentially strong source of College support, and the various specialty societies within the College can serve to organize and channel this support."

At present, non-alumni residents and ex-residents are permitted to join the Alumni Association only as associate members, whereas graduates of any of the degree programs of the College are eligible for full membership. "Anyone receiving a degree from NYMC," Dr. Leis explains, "whether it be an M.D. or a degree from The Graduate School, The Graduate School of Nursing, or any other school of the College, is eligible to become a full alumnus member."

Under the By-Laws of the Alumni Association, associate members are not permitted to hold office, although they do have voting privileges. Another stipulation of the By-Laws—that associate members may not remain in the Alumni Association once they leave the NYMC staff—has apparently been modified in the case of the specialty societies. Dr. Leis says that the Alumni Association recently authorized the conferring of an associate membership on non-graduate and non-staff members of the NYMC specialty societies who served their residency in one of the affiliated hospitals of the medical center. In line with this, letters have been sent out to members of the present specialty societies inviting them to apply for associate membership in the Alumni Association.

In view of the loyalty physicians feel for their place of training, Dr. Gordon finds discrimination between residents and graduates of the M.D. program unjustifiable. "In the past our concept of residency training was sharply distinct from that of undergraduate education, with the internship being the dividing line," Dr. Gordon says. "We now realize that residency training is part of the continuum of medical education, and each day such artificial distinctions grow more blurred. It is up to us to eliminate the distinction. It is appropriate now for the Alumni Association of New York Medical College to consider residents as alumni of the medical school."

"The question of full alumni membership for non-alumni raised by Dr. Gordon is an interesting one," Dr. Leis replies. "This concept, however, conflicts with the Constitution and By-Laws of the association, where it is specifically stated who is eligible to become a full alumnus. Nonetheless, this in no way detracts from my previously stated stand in full support of the specialty societies, which I feel will strengthen the entire Alumni Association."
Holography Aids
Search for Ocular Lesions

Dr. Pal Greguss looking into the holographic equipment and comparing the reconstructed picture with photographs.
Overhead view by an ultrasonic multiplexed hologram of patient who is lying on his back. Looking down from the top of the head, one can see a cross section of the left eye, nose bone, and right eye. The right eye orbit, which appears as a black triangle, is normal. The left orbit has a tumor which absorbs so much ultrasonic energy that only the boundary gives back reflections. By focusing on different layers of the three-dimensional image and moving his head, the physician can see and measure the position of the tumor in relation to adjacent anatomical structures.

Holography, the mysterious three-dimensional process that allows scientists to look around an object to see what's on the other side, and that recently won its inventor a Nobel Prize, is soon to be used in the clinic by the Department of Ophthalmology.

Dr. Miles A. Galin, chairman of the department, and Dr. Pal Greguss, visiting professor of ophthalmology, are utilizing a technique developed by Dr. Greguss in 1965 that weds ultrasonography to holography. The result is a sonic hologram which, when illuminated with a laser beam, produces a three-dimensional picture of startling clarity. Whether it's a detached retina, an orbital mass, or an occult tumor, the structure of the entire area is revealed from several different vantage points for observation by the physician.

Holography was conceived by Dr. Dennis Gabor in 1947 as a means of circumventing the resolution limits of the electron microscope. The process—three-dimensional photography without the use of a lens—uses a coherent beam of light to record a whole image rather than the flat surface of conventional photography. Ultrasound, the utilization of sound waves with frequencies too high for detection by the human ear, has been used successfully in ophthalmology since the late 1950s. In this process, ultrasonic waves are directed into the orbit via a probe and are then reflected. Echos, in the form of wavy lines, are viewed on an oscilloscope or photographic print. The ability of the ultrasonic beam to cross through tissue independent of its optical clarity permits examination of the eyes where the cornea is opaque or where there are dense cataracts.

Although the clinical value of ultrasonic diagnosis is considerable, it allows measurement only of the distance of the reflecting surface from the probe. By scanning techniques, two-dimensional views can be obtained, but their position relative to one another is not captured. Holography, however, allows simultaneous registration, storage, and reconstruction of information carried by wave amplitude and phase—that is, a three-dimensional display of the illuminated scene.

The advantage of Dr. Greguss's technique, the adaptation of holography to ultrasonic waves, is that it allows the physician to see the entire lesion, providing a view of the anatomical relationship of the mass to the orbital structure rather than merely a flat printout of mechanical waves. Because this allows a view of the posterior of the orbit, ultrasonic holography becomes an excellent tool for the diagnosis of a variety of conditions. In addition to disclosing masses, it can also disclose foreign bodies in the vitreous, perhaps fractures of the orbit, or any discontinuity of organs or adjacent tissues. Most important, it is nontraumatic and simple to use.

Dr. Greguss joined the faculty of New York Medical College as visiting professor in 1969. A native of Budapest, Hungary, he received the B.A., M.Sc., and Ph.D. degrees from Szeged University there. He became interested in holography as head of the Ultrasonic Research Laboratory of the Railway Scientific Research Institute in Budapest. The detection of flaws in railroad track, he says, created the same information-processing problems as did the detection of structural abnormalities of the eye, that is, the accurate observation of surfaces. The idea of ultrasonic holography came to him during a study in which he was tracing the wavefront propagation of a diagnostic ultrasonic transducer. When the transducer's ultrasonic beam was projected into the eye, he found, its reflection was seen as emerging from a single point, the position of which was determined by the sound reflecting index and the radius of the curvature of the eye. The plane in which the reflected and incident ultrasonic beams intersected, however, became a hologram plane, with the reflected beam being the information bearing wave, while the incident beam became the reference beam.

Holography affords the clinician such a superb and heretofore unseen view of posterior lesions of the eye that Drs. Galin and Greguss plan to begin their clinical studies soon.
Comprehensive Group Psychotherapy

by Harold I. Kaplan, M.D., ’49 and Benjamin J. Sadock, M.D., ’59.

A review by Robert E. Gould, M.D., Associate Professor of Psychiatry and Director of Adolescent Services, New York University School of Medicine

With the increasing popularity of “comprehensive” books in the field of psychiatry, it was inevitable that the ever-growing and ever-diversifying field of group psychotherapy was ready to be given the comprehensive, treatment.

The publication of Comprehensive Group Psychotherapy attests the coming of age of this field, and one could hardly ask for a better compendium of the old that is important and relevant and the new that is experimental, controversial, and challenging.

The editors of this volume have modeled their work after the important and successful Comprehensive Textbook of Psychiatry by Alfred M. Freedman, M.D., and Harold I. Kaplan, M.D., both professors of psychiatry at the New York Medical College. Dr. Kaplan has collaborated in the new volume on group psychotherapy with Benjamin J. Sadock, M.D., associate professor, also of the New York Medical College, who has had wide experience not only in the clinical aspects of group therapy but in developing programs for training group therapists.

Drs. Kaplan and Sadock have done extraordinarily well in their coverage of different aspects of a field that has grown at an unusually fast pace—if not, in fact, run amuck—in the last ten years.

New group techniques such as marathon, encounter, and sensitivity training are included, and, considering their newness, they are presented with remarkably clear perspective.

The 30 collaborators have been carefully chosen and have shared in producing what is doubtless the most complete text and the broadest in scope ever published on group psychotherapy. The book is organized in four major areas: Basic Principles, Specialized Group Therapy Techniques, Psychotherapy with Groups in Special Categories, and Training and Research.

In the first area, E. James Anthony, in an excellent overview, integrates the contributions of many behavioral scientists from different disciplines and traces the conceptual and chronologically development of the field. Mark Kanzer provides previously unpublished minutes of Freud’s Wednesday evening meetings clearly revealing Freud’s historical role as a group leader and how this experience influenced many of the concepts in his later writing—most notably in Group Psychology and the Analysis of the Ego and Totem and Taboo.

The section on psychiatric diagnosis, although somewhat didactic, is nonetheless a stimulating survey of clinical psychiatry as well as a welcome summary of the Diagnostic and Statistical Manual of the American Psychiatric Association. It offers an extensive review of proper history-taking and of evaluating mental status material that will be especially useful to the neophyte. In reviewing the psychoactive drugs, Nathan Kline and John Davis have added an unexpected dimension that will be of considerable importance to the nonmedical group therapist or internist who requires a ready reference to the broad and confusing array of pharmacologic agents currently in use (including full information on side effects).

The section on specialized group therapy techniques includes discussions of Psychosynthesis in Groups (Alexander Wolf and Emmanuel Schwartz); Psychodrama (Jacob Moreno); Behavior Group Therapy (Joseph Wolpe); and Transactional Analysis (John Dusay and Claude Steiner, disciples of its originator, Eric Berne). These recognized leaders in their respective areas include excellent theoretical, clinical, and practical data.

The chapter dealing with the “new groups”—encounter, marathon, and sensitivity training—offers a concise master key to the maze of directions group therapy is taking. In it Professor Louis A. Gottschalk reports on the positive and negative aspects of the human potential movement and the importance of distinguishing the application of encounter methods in therapy and education. The editors, drawing on their clinical and training experience, present a particular group approach, the Structured Interactional Group Therapy, which should be of value to both the beginning and the experienced group practitioner.

Dr. Benjamin Sadock ’59 and Dr. Harold Kaplan ’49

Group approaches to special patient populations are represented by outstanding workers in their fields: Toby Bieber on homosexuality; Irvin Kraft on children and adolescents; Aaron Stein on psychosomatic patients and alcoholism. A particularly interesting and timely contribution is Arthur Samuels’ discussion of the use of the small group to reduce interracial tension. In the chapter “Group Therapy and Narcotic Addicts” Joyce Lowenberg and Israel Zwerling collate the available data on the position of group therapy with narcotics addicts and its relation to methadone maintenance and the therapeutic community. Murray Bowen relates his own and other major family therapists’ approaches in “Family Therapy and Family Group Therapy.”

In the final section Martin Grotjahn discusses with wisdom and insight the qualities, desirable and otherwise, of the group psychotherapist. The editors deal with the important issues of training, standards, and ethics in a field where the danger of charlatanism is ever-present because of the lack of regulatory agencies to define who may undertake group therapy.

A glossary of about 1,000 terms related to group therapy makes an excellent reference section.

Largeness and multiple authorship have potential hazards, but these have been avoided by smooth-flowing, lucid writing and the interrelatedness of the four sections. The editors have written useful introductory comments preceding each area, further unifying this very important book, which lives up to its ambitious title, Comprehensive Group Psychotherapy. No self-respecting group therapist can really feel comfortable without giving the volume a special place on the library shelf. Indeed so important is the field that this book—as definitive as a book covering such a vast array of material can be—will serve as a basic reference which even those not practicing group therapy, and this includes physicians whose patients may be seeking advice, will turn to often if they intend to keep abreast of new and important techniques of treatment.
After examining a patient, Dr. Emily Quijano (left), discusses her findings in an informal family conference. Nurse Barbara Marlin assists. Should hospitalization be required for any of the clinic's patients, four beds at Metropolitan have been specially reserved for adolescents.

In the days before medical specialization took hold and mobility became a way of life for many Americans, an individual's relationship with a family physician often extended from birth well into adulthood. The advent of neatly compartmentalized areas of specialty services all but eliminated this thread of continuity and left one group of patients medically stranded. Young people between the ages of 10 and 19—of whom there are more than 39 million in the nation—have found themselves caught in the middle, too old for the pediatrician but too young for the internist. The result has been that many young people do not have any sort of medical care other than crisis intervention.

In a recently published pamphlet entitled Health Care for the Adolescent, written by Dr. June V. Schwartz '60 for the Public Affairs Committee, Inc., Dr. Schwartz assesses the situation this way: "Nowadays, everyone seems interested in the behavior, the appearance, and the future of young people... And when you consider, too, that those are years of important—and often trying—physiological and psychological changes, it seems obvious that the health of this large segment of the population deserves particular attention from medical personnel and institutions."

Dr. Schwartz, an assistant professor of pediatrics at New York Medical College and chief of the Department of Pediatrics' Adolescent Services at Metropolitan Hospital Center, is deeply interested in the establishment of an adolescent unit, with a goal of total health care for patients in this age-group. She reminds us that adolescence is the second most rapid growth spurt in life, second only to that of the first year. Changes in teenagers' body functions and appearance, as well as the rapid...
psychological changes they must undergo, make this an important period of readjustment and a time when problems can arise that may lead to serious health complications.

The common illnesses of adolescence (menstrual difficulties and infectious mononucleosis, to name two) are usually not severe; but there are other conditions that may affect future health or signal other disturbances. Obesity, for instance, is now being widely studied because of its possible relationship to high blood pressure and other heart and circulatory difficulties of later life.

The teenager with acne needs sympathetic support and a realistic explanation along with a doctor's advice about skin hygiene and general health care.

Venereal disease is definitely a teenage problem; in an age of social permissiveness the rate of its incidence has soared alarmingly. According to Dr. Schwartz, it is estimated that one-quarter of the one million cases reported each year are among teenagers.

As Dr. Schwartz and other concerned physicians see it, the adolescent patient needs regular health supervision, and the physician who treats teenagers must have patience and be interested in the family as a whole. Dr. Schwartz says, “Above all, the physician must have special sensitivity to these rapidly developing, changing, and challenging patients.”

According to Dr. Edward Wasserman '46, chairman of the Department of Pediatrics, the establishment of an adolescent unit at Metropolitan would add many auxiliary services to the health services already offered at the department's Adolescent Clinic, which is held weekly at the hospital. Such units already in operation at medical centers around the country aim at giving total care which may include vocational guidance, counseling, and rehabilitation, under the supervision of a primary physician. Dr. Schwartz points out how essential it is to develop more of these units in teaching hospitals so that greater numbers of physicians may be trained in providing care for adolescents.

Dr. Schwartz says: “Interested physicians see a twofold goal: better understanding of the dynamics and special problems of adolescence, and comprehensive care, rather than fragmented care, given by a primary physician who undertakes to help both patient and parents.”

Dr. Quijano and Dr. Schwartz with patients at the Clinic.
Dr. Michael O. Blackstone '65 is one of four authors who have published a report in the New England Journal of Medicine based on their research which indicates that some digitalis pills are ineffective.

Dr. Blackstone, Dr. John Lindenbaum, Dr. Mark H. Mellow, and Dr. Vincent P. Butler made up the team of physicians from Columbia University and Harlem Hospital Center who conducted studies of digoxin made by three manufacturers. Pills from two of the three companies showed poor results, and variations were found between lots from the same manufacturer.

The four physicians became suspicious when several patients under their care began to require unusually large amounts of digoxin to achieve the usual results. When the digoxin in the patients' blood was measured, the amounts detected were below therapeutic levels.

Since the physicians did not know if the poor response was a result of diseases that prevented the proper absorption of the medication by the patients in question, they decided to take the drug themselves. Subsequent blood tests revealed that the healthy doctors also had absorbed very little digoxin.

However, when the doctors took digoxin produced by another pharmaceutical company, tests of their blood documented appropriate levels of the drug. Further studies showed striking variances in the different digoxin products, with digoxin from one company producing blood levels seven times as high as the same drug made by another company. At least 30 companies make digoxin.

On the basis of their findings, the four physicians have recommended that the Food and Drug Administration seek improved screening tests for digoxin and that it be added to the list of drugs for which proof of pharmaceutical action is considered critical. At present the FDA is repeating the studies and has said that the recommended action will be taken if confirming results are obtained.

Dr. Blackstone, who recently completed his residency in internal medicine and gastroenterology at Harlem Hospital, is practicing in New York City. The study he and his colleagues conducted was funded by grants from the American Heart Association and the Public Health Service.
Ascorbic Acid Used as Cure for Urethritis

The treatment of an uncommon type of urethritis, which is not accompanied by bacterial infection, with massive doses of ascorbic acid has been reported by Dr. Stephen N. Rous of the class of 1956. His findings were presented in the December 15, 1971, issue of the New York State Journal of Medicine.

Dr. Rous, associate professor of urology, has successfully treated more than a dozen male patients with symptoms of itching and burning in the urethra, a very thin and watery minimal urethral discharge, and urine which on repeated analyses showed a strongly alkaline pH and precipitated large quantities of phosphate crystals when centrifuged. In these patients, cultures of the urine, the discharge, and the prostatic secretions were negative. No patient had an antecedent history of gonorrheal infection.

All of these patients experienced complete relief of symptoms after taking three grams of ascorbic acid daily for four days. In Dr. Rous’s opinion, the large quantities of ascorbic acid force the great number of phosphate crystals, which can act as an irritant during and after voiding, back into solution. These crystals are present in such copious numbers, he believes, because the urine of these individuals is not sufficiently acidic to keep the phosphates in a soluble state.

A large amount of phosphate crystals, present in a highly alkaline urine, may occur in otherwise healthy individuals who eat large quantities of citrates (which metabolize to bicarbonates), or whose diet is unusually high in green leafy vegetables, or low in protein. Persons who are nervous or anxious when in a doctor’s office and who may, therefore, hyperventilate may also have an alkaline urine output as a result, according to Dr. Rous. The normal increase in urine alkalinity following eating can be exaggerated by any one of these factors, in his opinion.

Any risk to the patient from the large intake of ascorbic acid is minimal in view of the success of the treatment, Dr. Rous believes. He is careful, however, to ask a patient whether he has any history of renal calculi before commencing treatment.

Dr. Rous is currently chief of urology at Metropolitan Hospital Center. He belongs to many professional organizations, including the Alumni Association of the Mayo Graduate School of Medicine, where he is on the board of directors; the Society of University Urologists; the American College of Surgeons; the American Academy of Pediatrics; and the American Urological Association. He is the author and co-author of numerous articles on urology and urologic surgery, and of a urology textbook which will appear later in 1972.

A 1952 graduate of Amherst College, Dr. Rous served a rotating internship at Philadelphia General Hospital during 1956-57, following his graduation from NYMC. He subsequently served two years of a residency in general surgery at Flower and Fifth Avenue Hospitals and Metropolitan Hospital Center, returning to Philadelphia General for a one-year residency in urology.

Dr. Rous held a fellowship in urology at the Mayo Clinic and Mayo Graduate School of Medicine between 1960 and 1963, and during the same period earned an M.S. degree in urology at the University of Minnesota.
Saverio Bentivegna '50
Named Assistant Dean

Dr. Saverio S. Bentivegna, associate professor of surgery, has been appointed an assistant dean of New York Medical College. Dean J. Frederick Eagle announced the appointment.

In his new post as assistant dean for student affairs in the area of clinical training, Dr. Bentivegna assumes responsibility for the training of students at Metropolitan Hospital Center in Manhattan, at Bird S. Coler Hospital on Welfare Island, New York, at Flower and Fifth Avenue Hospitals in Manhattan, and at other hospitals as they affiliate with New York Medical College in Westchester. The College is affiliated with the two municipal hospitals, Metropolitan and Coler, and owns and operates Flower and Fifth Avenue.

Dr. Bentivegna joined the New York Medical College faculty in 1959 as an associate in surgery, rising to the rank of associate professor by 1969. He holds appointments as attending surgeon at Flower and Fifth Avenue, and as visiting surgeon at Metropolitan and Coler.

A native of Brooklyn, New York, Dr. Bentivegna received the B.S. degree from St. John's University in 1946. He attended Boston University School of Medicine and received the M.D. degree from New York Medical College in 1950. He served his internship and residency in surgery at Flower and Fifth Avenue and Metropolitan hospitals. Subsequently, while a captain in the United States Army Medical Corps, Dr. Bentivegna held the posts of senior general surgeon and chief of general surgery at the Fort McClellan and Fort Jackson Army Hospitals, respectively.

Dr. Bentivegna is a member of many professional organizations, including the Association for Academic Surgery and the Association of Military Surgeons. He is Boarded in General Surgery and a fellow of the American College of Surgeons, of the American College of Gastroenterology and of the American Society of Abdominal Surgeons. He is the author of several journal articles on his specialty, abdominal surgery.

Dr. Bentivegna is married to the former Patricia Connelly, a graduate of the Flower and Fifth Avenue Hospitals' School of Nursing. They have two sons, Peter and Michael.
At the annual meeting of the Board of Trustees of New York Medical College on December 21, Keith M. Urmy, the new chairman, formally took over the leadership of the College’s governing body. Elected in September, he succeeded Jackson E. Spears, board chairman since 1965, who has become vice-chairman and chairman of the Executive Committee of the board.

The trustees' meeting was highlighted by the presentation of a scroll inscribed as follows:

The Board of Trustees of New York Medical College takes this opportunity to express its profound appreciation to you, Jackson E. Spears for your deep devotion and selfless commitment to the College and to the causes for which it exists.

During seven critical years in the College's history your stewardship never faltered. Your leadership helped beyond measure to ensure first, the survival of the College, then its growth and expansion.

Your colleagues and associates are indebted to you as are future generations of physicians who will benefit from your foresight and vision.

Keith Urmy has served on the College's board for the past 23 years and before assuming the board chairmanship, held office as treasurer, vice-chairman, and chairman of the Executive Committee. He is also a member of the board of directors of the Westchester Medical Center Foundation, Inc., the governing body of the new medical center now under construction at the Grasslands Reservation in Westchester. Thus he will play a pivotal role in guiding the College as it expands to the new Westchester campus and at the same time enlarges its commitments in New York City.

Mr. Urmy holds posts as director and president of the National Council of Fountain House Foundation and as director and treasurer of the USO of New York City. He served as vice-chairman of the Hospital Trustees Division of the 1969 and 1970 campaigns of the United Hospital Fund.

An alumnus of Wesleyan University, he holds an advanced degree from Stonier Graduate School of Banking of Rutgers University and was associated with the Chemical Bank for 42 years until his retirement last summer.

During World War II Mr. Urmy served in the United States Naval Reserve, retiring to inactive duty in 1945 with the rank of lieutenant commander. He and his wife, the actress Mildred Dunnock, live in South Norwalk, Connecticut.
A congenial foursome join in a holiday toast at the reception preceding the trustees' dinner (left to right): Dr. Lawrence B. Slobody '36, acting president of the College; Dr. Henry P. Leis, Jr. '41, clinical professor of surgery; Charles G. Mortimer, chairman of the Westchester Medical Center Foundation, Inc.; and Dr. Martin L. Stone '44, professor and chairman, Department of Obstetrics and Gynecology.

Among the guests at the annual trustees' dinner were (left to right): Dr. Jane C. Wright '45 associate dean and professor of surgery; Dr. Abraham Bloomstein, president of the Parents' Council; Clara Rice, member of the council and chairman of the Come Again Thrift Shop; and Martha Pate, a member of the Board of Trustees.

Dr. Frederick L. Stone (right) was caught by the camera as he talked with Dr. Saul A. Schwartz '30, clinical professor of medicine.

Exchanging views informally: Dr. Felix E. Wassermann, associate professor of microbiology (left), and Dr. Robert E. Kahn '45, associate professor of pediatrics.
College Participates in Nuclear Magnetic Resonance Consortium

New York Medical College has formed a consortium with other institutions in the Metropolitan area to share a nuclear magnetic resonance spectrometer on a 24-hour basis.

This instrument, which has the capacity to resolve the structure of very complex molecules, is a highly refined tool that requires a constant supply of liquid helium to maintain its magnets at the very low temperature necessary to assure superconduction. The expense of purchasing, maintaining, and operating the instrument generally places it out of the reach of individual organizations and investigators.

The consortium, one of the few scientific cooperative arrangements of its kind, makes the instrument available around the clock to individual researchers of the participating organizations. The facility is housed at Rockefeller University and staffed by technicians especially trained in its use.

Dr. Sigmund Lasker, assistant professor of pharmacology at the College, played a major role in establishing the consortium. Dr. Lasker is the contact here for individual investigators who wish to use the facility, and he will be glad to furnish information about arrangements. Dr. Lasker uses the resonance instrument in his own research on the structure of mucopolysaccharides and in investigating the properties of the anticoagulant heparin. Heparin has been under study for many years, but its detailed structure continues to elude investigators.

The spectrometer resolves the structure of complex molecules by detecting the interactions of hydrogen atoms within these molecules. (This instrument is presently equipped to observe hydrogen atoms only.) The hydrogen-atom-containing compound to be studied is placed between the poles of powerful superconducting magnets that have a critically uniform field. The compound is then exposed to electromagnetic energy at a characteristic frequency. The radio frequency absorption spectrum observed when the field is varied represents a chemical fingerprint of the molecule.

Dr. Lasker codirects the facility with Drs. Lyman Craig, Rockefeller University; Earl Whipple, Union Carbide Corporation (Westchester); Oswald Reels, Lamont-Doherty Geological Observatory of Columbia University; and Bruce McGarvey, Polytechnic Institute of Brooklyn. Columbia's Department of Chemistry recently joined the consortium.

Dr. Lasker's efforts to organize the consortium were initiated in 1967. The consortium ultimately obtained grant support from the National Science Foundation, the Research Corporation, and the Sloan Foundation.

Felix Bloch and Edward M. Purcell shared the Nobel Prize in Physics in 1952 for their independent discoveries of the phenomenon of nuclear magnetic resonance (NMR), which they first observed in 1946. The original device measured the magnetism associated with the nucleus of the hydrogen atom. Since that time, the NMR of hydrogen and other atoms has served as a powerful analytical tool and has revolutionized not only techniques for the identification and characterization of a variety of molecules, eliminating many laborious chemical procedures, but has aided in determining the configuration of complex structures with large molecules (macromolecular structures). The use of NMR as a probe to investigate the interactions of complex biological systems has given the biochemist new insights into structural detail on the molecular level.
New Audiovisual Facility Opens

Third-year students rotating through the Department of Obstetrics and Gynecology can now augment their classroom and clinical work by making use of a new kind of study room—a library of audiovisual aids—which the department recently opened at Metropolitan Hospital.

Designed to supplement and reinforce conventional teaching methods, the library is open 24 hours a day, seven days a week, and can be used by students, or house staff, on their own initiative and at their own pace.

The library contains two carrels, each equipped with a 35mm slide projector, a tape recorder, and earphones, and each supplied with cassettes containing lectures on a variety of obstetrical-gynecologic topics, accompanying written texts and slides, and backup material such as charts, graphs, and x-rays.

The tapes direct the students' activities. During the presentation students may be asked to look at a slide, a photographic print, or a radiograph, or to read a journal reprint. The simultaneous use of several media is believed to enhance the learning process.

At present 36 different lectures are available, and the topics are as widely diverse as Human Sexual Response, Puberty and the Menopause, Tumors of the Ovary, and Growth and Development of the Fetus.
Polyethylene manikin with removable parts is studied by Mr. Dobken under the guidance of Dr. Malathi. Lifelike figure can be palpated and its anatomical structures studied in situ while students are studying texts on examination procedures.

The library also contains a Fairchild Mark IV projector that offers prepackaged 8mm sound films on such subjects as breast feeding or amniocentesis. The projector is easy to operate: the student merely selects the cartridge of his or her choice and slips it into the machine.

A Cinescan for viewing standard 16mm films is also available, making it possible to take advantage of the large pool of 16mm films that are available for rental and purchase.

And finally, the library boasts four nonelectronic teaching aids, all identical and all named Ginny. These are life-textured polyethylene models of the pelvis fitted with interchangeable normal and abnormal pelvic organs, which are used to acquaint students with pelvic examinations before they approach the patient and to facilitate learning of such techniques as inserting a speculum or obtaining a Pap smear.

Student response to the library has been very favorable, and the new facilities are well used.

Color film on breast feeding is watched by Mr. Heyl who holds written text on lactation for reference.
1932
ABNER I. WEISMAN, whose unique collection of ancient objects of medical interest from the Western Hemisphere has attracted considerable attention, will soon open his private museum to members of the medical profession for study and research. Called the Weisman Museum and Archives of Ancient Medicine of the Americas, the institution is located on Scofield Ridge in Cold Spring, Putnam County, N.Y. Beginning this spring, its collections will be available to scholars and graduate students of medical anthropology, human paleopathology, and the medico-social sciences.

1941
HENRY P. LEIS, JR., spoke to the Saranac Lake Medical Society last October on the subject "Hormones and Breast Cancer."

1943
WILLIAM GREENBERG was elected president of the New Jersey Allergy Society last May. He is director of Allergy Services at the Perth Amboy General Hospital and the John F. Kennedy Hospital in Edison, N.J.

BERNARD SCHUMAN was appointed medical director of the New York Port Authority. He had been deputy medical director of the Authority's Medical Department since May 1970. The Port Authority Medical Department provides the agency's 8,000 employees in New Jersey and New York with comprehensive health services and maintains employee medical clinics at the Port Authority Building, John F. Kennedy International Airport, and the Holland and Lincoln tunnels.

HOWARD WINKLER became a fellow in the American College of Physicians last March in Denver.

1945
MARVIN SHAPIRO accepted the position of chief of Child Psychiatric Services of the Community Mental Health Service, Peninsula Hospital, Burlingame, Calif.

1949
HAROLD KAPLAN joined another New York Medical College graduate, Virginia Sadock, class of 1970, in a lively discussion on Community Medical Cablecasting Television. The topic was "Why is medicine 'For Men Only' and what is being done to lower the barriers?"

1950
DAVID H. SPODICK, associate professor at Tufts University School of Medicine, has been appointed to the editorial board of the American Heart Journal.

1951
(Alta Goalwin)
A small but enthusiastic group of us turned up on June 1, 1970, for our 20th anniversary reunion at the Hotel Plaza:

EUGENE BOGUcki and his wife came in from Short Hills, N.J. Gene practices general surgery in nearby Irvington.

ALTA GOALWIN, your correspondent, and her husband, Harvey Lewis, were joined at the party by EDWARD KOGEN, JOHN BUTLER, RITA GIROLAMO (Leone), and MARION KOOMEY with her husband, Bill Stursberg.

MAURA LYNCH and her husband, Michael Flynn, a banker, came in from White Plains, N.Y., where Maura is in private practice. She is also in charge of the Employees Health Services at New York Hospital-Cornell Medical Center-Westchester Division, a post she has held for 14 years. The Flynns have four children including triplet sons.

GEORGE MASSELL and his wife, Helen, came in from Red Bank, N.J. George is on OB-GYN practice and the Massells have three children.

GERTRUDE NOVAK was not present, but she wrote us from Chicago, where she is now associate director of the Department of Pathology at Cook County Hospital.

FRANK SCONZO and his wife came in from Brooklyn where Frank practices general surgery and is associated with the faculty of Downstate Medical Center and the staff of Methodist Hospital. The Sconzos have four children.

SEYMOUR SCHLUSSEL, our alumni banquet chairman, visited the party. Sy is practicing OB-GYN in New York City.

ARTHUR SILVERSTEIN and his wife were there. They hail from Passaic, N.J., where Art practices ophthalmology and is associated with the Beth Israel Hospital. The Silversteins have three children and a beautiful boat.

CHARLES TIERNEY and his wife came in from Maplewood, N.J., where Chuck is in OB-GYN practice. The Tierneys have two children, a son 18 and a daughter in kindergarten.

1954
(Budd Appleton)
JERRY APPELBAUM is assistant medical director of the Mountain Bell Company in Denver, assistant clinical professor of medicine at the Colorado University Medical Center, and president-elect of the Colorado Society of Internal Medicine.

BUDD APPLETON is chief of ophthalmology at Walter Reed Hospital and army consultant in the specialty.

NANCY DAVIS has just spent three years touring the United States by trailer and has settled on a ranch in Prescott, Ariz., next to the National Forest.

JEAN KRAG (RITVO) is in Encino, Calif., and has recently joined the staff of Olive View Hospital there as consulting psychiatrist.

BILL WESTLIN is director of clinical development and medical communications for CIBA.

DAVID WICOFF writes from Haverford, Pa., that he is director of the Outpatient Clinic of the Haverford State Hospital and has done much touring in his house-trailer.

1956
(Harold J. Luria)
MARTIN FLOCH is now full-time chief of medicine at Norwalk Hospital, which is affiliated with Yale University School of Medicine.

JOSEPH R. O'CONNOR published an article on traumatic quadriplegia in the June issue of the Journal of Rehabilitation.

DON PECK, in practice in San Jose, Calif., is a diplomate of the American Board of Surgery. The Peck family consists of
husband, wife, four children, two dogs, and one rabbit. All may sometimes be seen sailing in Don's boat on San Francisco Bay.

RICHARD RADVANLEY, in general practice in Mastic Beach, Long Island, N.Y., lives in Patchogue and has three children.

STEPHEN ROUS will leave NYMC this spring and on June 1 he will assume his new position as professor of surgery (urology) and chief of the Division of Urology at the Michigan State University College of Human Medicine in East Lansing, Mich.

GILBERT Sandler sends everyone his best from Hempstead, Long Island. He met his wife when they were both working at Meadowbrook Hospital in Chestertown, N.Y. She is a dietitian.

SANDY SHERMAN writes that he is in pediatric practice in Lafayette, Calif., and active at the Multiple Handicap Clinic at the Oakland Children's Hospital. Sandy and Jane have three children.

1959

DAVID MILLER has joined the Beth Israel Hospital (Boston) staff as head of ophthalmology. Most recently a senior research fellow at Boston's Retina Foundation, David has made his practice worldwide, having served aboard the S.S. Hope in Colombia and Tunisia.

1963 (Gerard Lawrence)

STEVEN BORKOW completed his orthopedic residency at the Hospital for Joint Diseases, fulfilled his military obligation, and is currently in the private practice of orthopedic surgery in Manhattan.

PAUL CARTON also completed his residency in orthopedic surgery at the Hospital for Joint Diseases and is now on the staff of the hospital as well as practicing orthopedics in Manhattan.

JOHN HEALY spent two years in Hawaii in the United States Air Force and is now in the private practice of pediatrics in the Sudbury-Marlborough area of Massachusetts.

JOHN HOBBS finished his two years in the military (air force) and a residency in obstetrics and gynecology at the Yale-New Haven Medical Center. Currently, he is a member of the faculty at Yale in the Department of Obstetrics and Gynecology.

MARTIN HOCHBURG is in private practice with DICK LATKIN in the Ridgewood area of New Jersey.

GARY GALLO finished his tour of duty in the United States Air Force and returned to finish his residency in orthopedic surgery at the Yale-New Haven Medical Center. He is currently practicing orthopedics in Greenwich, Conn.

LARRY KAUFMAN completed his pediatric residency and is in the private practice of pediatrics in the Tarrytown area of Westchester County.

GERARD LAWRENCE is practicing orthopedic surgery in Wilton, Conn., after having completed his residency in orthopedics at the Yale-New Haven Medical Center.

ALAN W. ROBBINS, after finishing his surgical residency at Mount Sinai and two years in the Navy, has opened his office for the practice of surgery at 1 Court House Square, Freehold, N.J.

1964

WILL M. TAYLOR has just been certified in Occupational Medicine by the American Board of Preventive Medicine. He's on active duty with the air force at Wright-Patterson Air Force Base, Ohio.

1967 (Stephen Berger)

PAUL BAXT and his wife, Sandy, had a baby boy, David, last November.

STEPHEN BERGER is currently chief resident in medicine at Metropolitan Hospital and will begin a fellowship in inflammatory disease at Yale in July.

BARRY KENT has returned to Metropolitan. He, Jill, and the two boys are living in White Plains.

MICHAEL PARIS and his wife, Judy, have a new son, Andrew Martin, who joins their daughter, Elizabeth Sue, age 3. Michael completed a year in London for the National Health Service treating opiate addicts and lecturing at King's College and St. George Hospital. Last September he began a residency in psychiatry at the University of Cincinnati. He also consults for the local methadone maintenance clinic.

1968 (Robert Orlandi)

BUDD AMEDURI is finishing a residency in therapeutic radiology in June. He is then scheduled to go on active duty in the air force.

JAMES BAUER is finishing a residency in pathology at the New Jersey College of Medicine, where he is also an instructor in pathology. He and his wife, Suzanne, have a year-old son, Christian, and are expecting another child in February. He says that New Jersey is "not all that bad!"

JAMES GAFFNEY is in general practice in Tupper Lake, N.Y. David and Barbara have three sons.

DAVID GOLDSMITH is taking a pediatric nephrology fellowship at the Albert Einstein College of Medicine.

JOHN O'BRIEN is starting his second year of active duty with the U.S. Navy in Washington, D.C., as lieutenant commander and senior medical officer in the marine corps. John will return to Metropolitan in July to complete his residency in dermatology.

RICHARD ROSENBERG is scheduled to complete his second year of active duty in the navy and will be returning to finish a residency in radiology at Montefiore Hospital in New York.

1969

STEWART RUSHTON is in his second year of residency in OB-GYN at Good Samaritan Hospital in Phoenix. The Rushtons have two daughters. Stewart was awarded a citation of merit from the Governor of Arizona for his para-medic instruction for Emergency Medical Services.

FRANK SCHUMACHER is in his second year with the U.S. Public Health Service in Texas and was appointed chief of the Port Arthur Out-patient Clinic. He comes to Downstate Medical Center in Brooklyn this July to start a residency in ophthalmology.
1970  (Norman Maron)
ROBERT BAUMGARTNER will do his E.N.T. residency at New
York Eye and Ear Infirmary.

PETER BERGLAS began his ophthalmology residency at Manhat­
tan Eye, Ear and Throat Hospital.

FRANK BONGIORNO and his wife are enjoying the beauties of Hawaii while Frank continues his surgical residency at Tripler Hospital.

WILLIAM CHERNACK is continuing his pediatric residency at Babies’ Hospital, Presbyterian Medical Center.

LARRY DENMARK will continue his medical residency at Lenox Hill Hospital, as will FRED FENSTERER, whose wife teaches in the nursing school of the hospital, and JOHN O’GRADY.

STUART SPRINGER began his orthopedic residency at the Hospital for Joint Diseases and was married at about the same time.

Necrology

Chironian records with sorrow the death of the following alumni since June 1971:

Muncy, William M., M.D.  '05
Hults, Charles V., M.D.  '14
Dall, Isaac, M.D.  '15
Pangburn, John W., Jr., M.D.  '17
Berkey, William E., M.D.  '19
Moss, J. W., M.D.  '23
Landesman, William, M.D.  '26
Kingslow, George L., M.D.  '26
Libin, Isiah E., M.D.  '29
Calhoun, Edward J., M.D.  '30
De Leo, Louis M., M.D.  '30
Stalonas, Anthony J., M.D  '32
Majzlin, Gregory, M.D.  '34
Feinstein, Marcus A., M.D.  '36
Schmidt, Walter F., M.D.  '36
Loebman, David L., M.D.  '37
Arenson, Murray, M.D.  '39
McFarlin, Raymond T., M.D.  '39
Hemington, R. W., M.D.  '41
Pearce, Frank A., M.D.  '43
Neustup, Niels, M.D.  '46
Mattia, Virginius Dante, Jr., M.D.  '50
Yaeger, Robert Maxwell, M.D.  '56
Phalon, William Maher, M.D.  '59
Stockheim, Michael S., M.D.  '59

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 Donnfeld, 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

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