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Dr. Leis presenting the Alumni Medal to Dr. Auerbach

A foursome at the reception: Mr. and Mrs. Michaelian with President and Mrs. Slobody

Dr. Stone with Mr. and Mrs. Urmy (center) and Mr. and Mrs. Spears at the reception

Dr. Kazarian with Dr. Luis Cortez, chief resident in surgery at Metropolitan, and his wife, Tara

New alumni Neil Hirsch and Joseph Fruchter, both '73, attended the banquet with friends

Dr. Cyrille R. Halkin

Dr. Michele, an Alumni Medal recipient, with Mrs. Michele

Dr. Saul A. Schwartz '30, Kenneth Haher, and Dr. Slobody at the reception

Another happy group from the Class of '73: Dr. and Mrs. Howard Levine (left), Drs. Harvey and Shelley Zara, and Dr. Steven Wyner
Alumni Day

It was, beyond question, the greatest alumni annual party ever — from the libations that started the reception and the pineapple surprise that started the meal, to the petit fours that ended the banquet. More than 350 alumni of the College shared in the June 4 festivities at the Hotel Plaza in New York, which included the presentation of Silver Certificates to members of the Class of 1948, the presentation to Dr. J. Frederick Eagle and the awarding of the Alumni Medal to three distinguished members of the College faculty. Chairman of the banquet was Dr. Seymour Schlussell '51, clinical associate professor of obstetrics and gynecology.

The 1973 recipients of the Alumni Medal were Dr. Oscar Auerbach '29, who is noted for his important research in the field of lung cancer; Dr. Arthur A. Michele '35, professor and chairman of the Department of Orthopedic Surgery, an outstanding authority on musculoskeletal imbalance, its causes and treatment; and Dr. Henry P. Leis, Jr., '41, clinical professor of surgery and an internationally acclaimed specialist in breast surgery.

As outgoing president of the Alumni Association, Dr. Leis presided at the banquet and made the Alumni Medal presentations to Drs. Michele and Auerbach. He then introduced the incoming president of the association, Dr. Cyrille R. Halkin '45. Dr. Halkin, a clinical associate professor of pediatrics, who maintains a private pediatric practice in Manhattan and is attending pediatrician at the Children's Shelter of the Human Resources Administration. She is married to Dr. Ralph Schwartz, who is also a pediatrician, and is the mother of two children, a twenty-four-year-old son currently attending medical school in Mexico, and a daughter who will enter the freshman class at Princeton this fall. In accepting her new position Dr. Halkin expressed her deep and continuing interest in the College and its Alumni Association. Then, as her first official act in office, she awarded the Alumni Medal to Dr. Leis.

Earlier in the day, 49 members of the association attended the organization’s luncheon and annual business meeting at the College's Basic Sciences Building. The gathering, chaired by Dr. Leis, was the first alumni meeting to be held at the Westchester campus.

Speakers at the luncheon meeting included Keith M. Urmy, chairman of the Board of Trustees, and Dr. Lawrence B. Slobody '36, president of the College. Also in attendance were Dr. Raymond A. McBride, executive dean for the Westchester campus; Dr. Samuel H. Rubin, executive dean for the New York City campus; Jackson E. Spears, chairman of the executive committee of the Board of Trustees; Alden C. Smith, member of the Board of Trustees and of the Westchester Development Board, and Dr. Halkin.

Mr. Urmy, reporting for the trustees, told the group that funds have been assured for the renovation of Grasslands, the large county hospital on the campus, and that the facility will be modernized and expanded to 700 beds by 1977. He also noted that New York Medical College ended the fiscal year 1972 with a surplus of $19,000 out of a total budget of $55,000,000.

Dr. Slobody, in his president’s report, praised Dr. Leis as "the greatest president in the history of the Alumni Association," and said that Dr. Halkin was a very worthy successor. Dr. Slobody also stressed the importance of maintaining New York Medical College as a two-campus school. He spoke of the planned rehabilitation of Flower and Fifth Avenue Hospitals and said that it will be "a place to be increasingly proud of."

According to the membership report for the year June 1972 through May 1973, which was presented by Dr. Leis, there are 1,382 dues-paying members of the Alumni Association. Forty-seven members died during the past year but the Class of 1973 adds 141 new graduates to the membership roster.

The annual fund report, presented by Dr. Joseph F. Dursi '59, and the treasurer’s report, presented by Dr. David T. Mininberg '61, yielded the following information: assets in the General Fund amounted to $53,146.11; in the Doctor’s Sick Benefit Fund, $89,426.81; and the current gift total for the year to date stood at $197,959.74 as compared to a total for last year of $219,962.01. Dr. Howard T. Bellin '62, completed the old business with the archivist’s report, reading the names of the 47 recently deceased members of the association.

In a report on the 1972-1973 nominations to the Board of Governors, Dr. E. Edward Napp '33 said that the nominations were approved by a mail vote of 422-0.

A highlight of the new business was a report by Dr. Dursi on progress made in the formation of a Westchester chapter of the Alumni Association. Approximately 200 graduates of New York Medical College currently reside in Westchester County, and a committee headed by Dr. Dursi is laying the groundwork for establishing the Westchester chapter. Response so far has been highly favorable.

One of the most venerable members of the Alumni Association, Dr. F. J. O’Donnell, Class of 1913, attended the luncheon and meeting with his granddaughter and was introduced to the assembly. Dr. O’Donnell has a record of 60 years service in the medical profession and enjoys excellent health.

After the business of the day was completed, members of the Alumni Association were taken on a guided tour of the Basic Sciences Building.
A call for a national health system from the president of the NYMC Student Senate and a noted immunologist's challenge to the new young physicians to involve themselves in a continuing scientific revolution highlighted the thoughts expressed to a record 192 graduates at the College's 114th Commencement on June 5. At the Carnegie Hall ceremonies, Dr. Robert A. Good, the immunologist, who is president and director of the Sloan-Kettering Institute, also received an honorary Doctor of Science degree and was cited for his successful application of immunotherapy to a variety of life-threatening human ills.

Barry S. Robbins '73, the Student Senate president, addressing his remarks to the graduating medical, graduate, and nursing school classes, said that because of serious inconsistencies in the quality and quantity of health care available to different segments of the American public, a national health program should be developed. "If physicians wish to work within a system that will allow them to fulfill their personal and professional ambitions," Dr. Robbins told the audience, "now is the time to begin planning and constructing a national health system — a system which is acceptable to the public, to the government, and to the medical profession."

He speculated, "Such a system might involve a mandatory subscription fee paid by each and every American to a health care fund administered by a quasi governmental corporation. The corporation would enable different groups in the same and in different areas of the country to establish competing health care systems . . . Health care of the first order would be provided to all regardless of financial, cultural, or geographical factors."

Dr. Robbins then turned his attention to the current problems of medical education. He noted that last year only 37 percent of all applicants to U. S. medical schools were admitted, although official estimates indicated that 75 percent of those applying were qualified. He decried the financial burden placed upon medical students and their families and warned, "Medicine may find itself educating those who can afford to pay, not necessarily those with the most talent."

Dr. Robbins predicted that federal and state governments will eventually play a greater role in encouraging physicians to enter specialties and locate in areas of the country that are deficient in doctors.

"What is imperative," he concluded, "is that physicians begin to discuss and plan a national health strategy: a strategy which will allow all Americans — poor or rich, urban or rural, physician or nonphysician — to obtain medical care of the highest quality and dignity."
Dr. Good told the graduating students that they are entering the medical profession at a time when their leadership is sorely needed. He cited advances that have occurred in the past 30 years in fighting diseases such as polio with vaccines, congenital heart disorders with surgery, leukemia with chemotherapy, and erythroblastosis fetalis (incompatible Rh factor) with exchange transfusions. In this review he paid tribute to the work of Dr. Kurt Lange, director of the NYMC Renal Service, on the immunology of renal diseases.

"Phenomenal progress has taken place," Dr. Good said. "There has been a veritable revolution in medicine." He emphasized that the creative impulse for such a revolution comes from clinical experience, from the problem presented by the patient, and that we can anticipate that this revolution will continue.

"We have many unsolved problems such as cancer and virus diseases," Dr. Good said. "I believe our knowledge can be applied so that all diseases will have solutions." Warning that solutions will not be found in the organization of medical care, he continued, "The future demands a continuing scientific revolution. I challenge you to accept this responsibility.

"We have not been very courageous as a culture confronting diseases," Dr. Good concluded. "As a culture we owe more to scientific enterprise. In facing the challenge of medicine, we have tremendous opportunities for advancement."

Following Dr. Good's address, Dean J. Frederick Eagle administered the Hippocratic Oath to the 141 graduating medical students and presented them to President Lawrence B. Slobody. As each reached the platform and was announced by Dr. Francis D. Speer, Dr. Slobody conferred the M.D. degree. Associate Dean Mark L. Peisch and Assistant Dean Saverio S. Bentivegna then draped each new doctor with a hood bordered in green velvet. This year's graduates brought to 7,016 the number of physicians graduated by the College since its founding in 1860.

Dr. Milton Tabachnick, dean of the Graduate School of Basic Medical Sciences, presented nine candidates for the Ph.D. degree in the basic medical sciences, and Dean Marguerite E. Kakosh of the Graduate School of Nursing presented 42 candidates for the M.S. degree in nursing.

Dr. Henry P. Leis, Jr., president of the Alumni Association, and Keith M. Urmy, chairman of the Board of Trustees, conferred gold diplomas on the five surviving members of the Class of 1923, honoring them for 50 years in the medical profession. They are Dr. Morris Blum of New York City, Dr. Frank Genovese of Long Island City, New York, Dr. Elihu S. Posin of Hollywood, California, Dr. S. Carlyle Trattler of New York City, and Dr. Samuel Rosenfeld of Brooklyn, New York.

The honorary degree was then conferred upon Dr. Good by President Slobody and Dean Eagle in recognition of Dr. Good's "extraordinary contributions toward the conquest of cancer." In awarding the degree to Dr. Good, Dean Eagle said, "You . . . have significantly advanced our understanding of the mechanism whereby the human body defends itself against invasion by microorganisms. Exponent and paradigm of the intellectual leap as a modus operandi in research, you have combined the compassion and observations of a clinician with the dispassion of a pure scientist and have achieved revolutionary insights into the dual system of immunity."

The invocation was given by Rabbi James Perman of the Free Synagogue of Westchester and the benediction, by the Reverend Apolonio Melecio of LaHermosa Christian Church, New York City.
Senior Honors

The afternoon before Commencement at the College is traditionally devoted to the recognition of excellence in the Senior Honors Program. This year, as is the custom, the ceremony was held in the College auditorium where the Class of '73 was joined by family members and friends.

The William Cullen Bryant Award was conferred upon David M. Jutkowitz. Dr. Jutkowitz also won the Samuel Spiegel, M.D., Memorial Award for attaining the highest scholastic average during four years of study, and he was elected to AOA.

The Conrad Engerud Tharaldsen, Ph.D., Award went to Richard J. Panebianco as the student achieving the second highest average during four years of study. He, too, was elected to AOA and was awarded the Jonas N. Muller, M.D., Award for proficiency in preventive, social, and community aspects of medicine.

The distinction of receiving the highest number of awards went to a third student, Joseph B. Cleary. Dr. Cleary received the Parents Council Award; the Julian E. Rosenthal, M.D., Memorial Award; the Surgical Society Award; the Lange Medical Publications Award; the Upjohn Achievement Award; and membership in AOA.

Mina Gillers, one of the six women in the Class of '73, received the American Medical Women's Association Citation presented to female medical students who rank in the upper 10 percent of the class.

In all, 56 honors were conferred including those of the departments of Obstetrics and Gynecology, Orthopedics, and Radiology, and the Wilfred F. Ruggiero and Leonard Paul Wershub memorial awards.

The students' 1973 yearbook, Fleur-o-Scope, was presented by the editors, William Stillwell and Mark Fox, to Dr. Norman L. Avnet, professor of radiology. The book is dedicated to Dr. Avnet on behalf of the class.

As the afternoon drew to a close, the graduates themselves conferred honors. "In recognition of excellence in teaching," certificates of appreciation were presented to Dr. Louis L. Bergmann, Dr. Johanna P. Hagedoorn, and Dr. Johannes A. G. Rhodin, all of Anatomy; to Dr. Francis D. Speer of Clinical Pathology; Dr. Isidore Danishefsky of Biochemistry; Dr. Donald R. Thursh of Pathology; Dr. Sheldon P. Rothenberg of Medicine; Dr. Avnet and Dr. Natalie S. Strutynsky of Radiology; and Dr. J. Victor Reyniak, Dr. Alexander Sedlis, and Dr. Allan Weingold of Obstetrics and Gynecology.

A reception in Hetrick Hall followed the afternoon ceremonies.
## Internship and Residency Appointments

### Class of 1973

<table>
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<th>Student</th>
<th>Hospital</th>
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<tbody>
<tr>
<td>Aranoff, Shera M.</td>
<td>Lenox Hill Hospital, New York, N.Y.</td>
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<tr>
<td>Aronzon, Daniel Z.</td>
<td>Bronx Municipal Hospital Center, Bronx, N.Y.</td>
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<tr>
<td>Balsam, Gerald J.</td>
<td>University of Miami Affiliated Hospitals, Miami, Fla.</td>
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<td>Bander, Joseph J.</td>
<td>Los Angeles County-USC Medical Center, Los Angeles, Calif.</td>
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<tr>
<td>Beck, Patrick J.</td>
<td>Mount Sinai-City Hospital Center at Elmhurst, Elmhurst, New York</td>
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<tr>
<td>Beer, Maurice</td>
<td>Metropolitan Hospital Center, New York, N.Y.</td>
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<td>Belok, Lennart C.</td>
<td>Beth Israel Hospital, New York, N.Y.</td>
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<td>Bennett, Leslie G.</td>
<td>Long Island Jewish-Hillside Medical Center, New Hyde Park, N.Y.</td>
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<td>Berkeley, Alan S.</td>
<td>George Washington Hospital Center, Washington, D.C.</td>
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<td>Bloomstein, Michael S.</td>
<td>Rhode Island Hospital, Providence, R.I.</td>
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<td>Brustein, Frederick M.</td>
<td>Metropolitan Hospital Center, New York, N.Y.</td>
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<td>Caputo, Richard A.</td>
<td>Tampa General Hospital, Tampa, Fla.</td>
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<tr>
<td>Carlson, Kenneth P.</td>
<td>Toronto Hospital for Sick Children, Toronto, Ont.</td>
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<td>Cleary, Joseph B.</td>
<td>Metropolitan Hospital Center, New York, N.Y.</td>
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<td>Cohen, Alan R.</td>
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<td>Coplan, James</td>
<td>Hartford Hospital, Hartford, Conn.</td>
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<td>DeFabritus, Albert M.</td>
<td>St. Vincent’s Hospital, New York, N.Y.</td>
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<td>DelGatto, Louis J.</td>
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<td>Dillon, Robert W.</td>
<td>Mount Sinai Hospital, New York, N.Y.</td>
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<td>Lenox Hill Hospital, New York, N.Y.</td>
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<td>Dunn, Michael C.</td>
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<td>Early, Thomas J.</td>
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<td>Greenstein, Steven E.</td>
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<td>Lembo, Stephen J.</td>
<td>St. Luke’s Hospital, Denver, Colo.</td>
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<td>Name</td>
<td>Hospital</td>
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Class of 1976 Welcomed

The start in June of the second year of the new curriculum emphasized the quickened rhythm of academic life at the College. No sooner had the newly graduated doctors of the Class of 1973 bade farewell to one another and dispersed to hospitals across the country for their internship and residency posts, than the Class of 1976 was gathering at the school’s Westchester campus to begin their medical education.

One hundred sixty-nine students — the largest class in the history of the medical school — assembled in the College Basic Sciences Building on June 22 to receive a warm and cordial welcome from the executive dean of the Westchester campus, Dr. Raymond A. McBride; Dr. Mark L. Peisch, dean of student affairs; and representatives of the Student Senate and faculty. Then followed what has come to be a highlight of Freshman Orientation Day at New York Medical College — the presentation of a patient and a briefing for the students as to the diagnosis and treatment of a specific illness. This year Dr. Israeli A. Jaffe, professor of medicine, described the course of treatment he has followed in the care of a woman suffering from severe rheumatoid arthritis.

Dean McBride told the students that they and their families should feel justifiable pride in the accomplishment that brought them to the medical school. “You succeeded in an intensely competitive field,” he said, referring to the fact that in the United States only one-third of all students who apply to medical school gain admission.

“More fundamentally your official entry today into the tradition and scholastics of medicine engenders the pride and happiness known to those who are sufficiently bold and self-confident and unselfish to shoulder the awesome responsibility that attends service to one’s fellow man.”

Amy Rosenman, a member of the governing committee of the Class of ’75B, which began studies a year ago and was the first group of medical students to study in Westchester, spoke of their pioneering experiences. “When we came here in June of 1972,” she said, “there was one unfinished Basic Sciences Building, one medical school class, one anatomy department, construction workers, noise, mud, and heat. We watched the various departments move in as the building was being finished. Then came our library, and a fine dean, Dr. McBride. Before our eyes, the New York Medical College Basic Sciences Building took shape. Now, one year later, we extend a warm welcome to the Class of ’76.”

George Deutsch, president of the Student Senate, also extended greetings and conveyed his enthusiasm for medicine.

During the day the new students explored the College Basic Sciences Building, walking through laboratories, looking at anatomical models,
sometimes losing their way in the network of corridors, and getting acquainted with one another.

"All our lives we've been waiting for this day, and now it's finally here," said one student.

"What we will be learning will be important in life and death situations. I guess we're all a little nervous about that. We're all in the same boat today."

The members of the Class of 1976 followed many different paths to arrive at New York Medical College. The students are from 80 different colleges and come from as far away as Montana, California, Washington, Florida, Indiana, Maryland, and Missouri.

Although most of the class entered New York Medical College directly from undergraduate school, 25 hold advanced degrees. Most of these are master's degrees in such diverse fields as chemistry, education, and engineering, and there is one student who holds a Ph.D. Thirty percent of the students are members of such national honor societies as Phi Beta Kappa and Sigma Xi, and the grade point average maintained by the class in undergraduate school was a B+. In addition, this newest class of medical students boasts a Medical College Admissions Test (MCAT) average in the 85th percentile.

Parents, students, faculty, and other friends of NYMC found "Scholarship Funday 1973" a good reason for getting together in the new Basic Sciences Building at the Westchester campus on June 3.

The student body, in cooperation with the Parents Council, sponsored the event to raise scholarship funds for medical students who otherwise would not be able to attend the College. "Funday 1973" revived for the first time in eight years an event that had been a long-standing NYMC technique for raising scholarship money.

Edward Kroop, president of the Parents Council, said that one of the council's primary objectives is to see that no student is ever forced to drop out of New York Medical College because of lack of funds. Outside scholarship money has disappeared completely, he said, and loans are the only financial assistance now available to students.

"Scholarship Funday 1973" was well attended and highlighted by several kinds of "Las Vegas" games. A variety of refreshments was available and the climax of the day was the raffling of a 1973 Chevrolet Vega, won by Dr. Steven Frier of Englewood, New Jersey.
"The dark hut was lit only by a thin shaft of light from a slit in the wall. As we sat on the straw, leaning against the empty clay grain stores and watching a mouse dart about in the corner, the reality of the girl's existence finally struck home. She delivered at 2 a.m. It was impressive to see how Sister Evans and her team maintained standards of professionalism and cleanliness . . ."

The awareness of what life is actually like for the people of a remote and undeveloped part of the world seeps in slowly if, like Mina or Bruce Gillers, you are an American medical student serving there. The Gillers, both members of the Class of '73 at NYMC, spent an elective portion of their final year at the Duncan Hospital in Raxaul, a market village in India near the border of Nepal.

"We wanted the exposure to different ways of practicing medicine," Dr. Mina Gillers explained recently. "We didn't want to observe from the sidelines. We wanted to be involved so that we could experience some of the factors, like culture and geography, that create different priorities of medical care."

Two of the priorities in rural India are speed and simplicity. "Speed is essential in medical treatment as well as surgery," Dr. Bruce Gillers says. "Some patients could not accept long stays in the hospital and frequently left before the treatment was complete. Also, the idea of taking medicine for years — or even for only months — was often beyond their comprehension. In just about every case, the medical staff had to decide on the quickest treatment available."

Simplicity is essential in a country where the average family income is $150 a year and where a hospital must be run on a minimum budget. Reporting on their 10-week experience, the Gillers noted, "Everything is reused; nothing is disposable. Gloves are patched and repatched. Excess suture threads are resterilized. Intravenous tubing and bottles, disposable needles, sponges, are all sterilized and reused. The facilities are immaculate. . . ."

Seven days after the Gillers' arrival, two of the six staff physicians left for a week of specialty training, and the Gillers were put in charge of their assigned wards. The Duncan Hospital, a large complex of one- and two-story brick buildings on the outskirts of town, is a 200-bed hospital with a nursing training school, two operating rooms, an outpatient department, and basic x-ray and laboratory facilities.

The hospital is divided into several wards: male medical, male surgical, female, children's, midwifery, and tetanus, and each ward has adjoining private rooms for patients who have sufficient funds. The
patients’ relatives prepare their food and stay either in rooms adjoining the private rooms or in a large public living hall within the compound. The hospital has its own vegetable gardens.

The present medical staff consists of three senior British physicians and three junior Indian physicians, each in charge of a ward. The plan is to phase out the British doctors so that the hospital will be primarily staffed by Indian personnel.

For the first half of their stay, Mina Gillers was assigned to the female ward and for the second half to the children’s ward. Bruce Gillers began on the children’s ward and was switched for the second five-week period to one of the male wards. In accordance with Indian custom and preference, patients are examined whenever possible by a physician of the same sex.

Bruce Gillers was also able to follow one of his interests, tetanus. Interestingly, the tetanus ward was the Duncan counterpart of an intensive care unit. It contained ten beds, and several nurses were in constant attendance. An average of 250 tetanus patients are treated each year. The hospital’s director, Dr. Keith Sanders, has developed a protocol for conservative medical therapy, without tracheostomy, that is quite successful. In addition, a clinical trial using intrathecal ATS in the management of tetanus was in progress during the Gillers’ stay.

The American student doctors began by making morning and evening rounds on their respective wards with the physicians in charge. As they assumed more responsibility, they made rounds alone when the physician was otherwise occupied. The hospital’s daily schedule called for clinics in the morning, major surgery and then minor surgery in the afternoon, followed by more clinics. With such a schedule, ward rounds are necessarily short, and the nurses function as interns.

"The most common diseases seen in the clinics are tuberculosis, leprosy, anemia (caused by both malnutrition and hookworm infestation), ulcers, amebiasis and other parasitic infestations, gall bladder disease, childhood diarrheas, trauma, and obstetrical and gynecological problems,” according to the Gillers. "People would travel for days to reach the hospital, coming down from the hills by foot, by bullock cart at a rate of three miles an hour, by train, or by bus. They were generally in miserable shape by the time they finally arrived. The prolonged travel was particularly devastating to those women in obstructed labor. In the short time we were there we saw three cases of ruptured uterus."

The Gillers spent most of their afternoons in the operating theater. "The suite was well equipped, and an average of 35 major operations were performed each week. We would either be the primary assistant or give anesthesia. Both were quite new experiences for us. Most of the surgery was done with spinal anesthesia or with open drop ether when general anesthesia was required. Speed was of the utmost importance both because of the short duration of the spinal anesthesia and because of the work load." By observing eye signs and respiration, the Gillers learned to recognize the different stages of anesthesia.

"We saw quite a lot of varied and interesting surgical cases. The most common were vagotomy/gastrojejunostomy for ulcers, cholecystectomies, hydrocele repairs, herniorrhaphies, tubal ligations, d and c’s, c-sections, abdominal and vaginal hysterectomies, mastectomies, prostatectomies, bladder stones, various tumors, osteomyelitis-sequestrctomies, and intestinal obstructions caused by volvulus or TB.

"In the midafternoon we reviewed the day’s x-rays with Dr. Matthew Peacock, one of the senior British physicians. They were mostly chest, abdomen, skull and bones, barium meals, and an occasional IVP. Out of an average of fifteen x-rays per day, at least half would have positive pathological findings, most often TB. If we were through with theater in time, we’d assist with the minor operative procedures which usually included minor suturing, fracture setting, vasectomies, incision and drainage of abscesses, wound curetting, circumcisions, paracentesis, and so forth. At night, if emergency surgery was going on, we were there to assist."

The hospital operates a home midwifery program at Hurdea, five miles outside Raxaul. It is run by a British nurse, Sister Evans, and other nurses from the hospital rotate through the program monthly. The nurses, working in pairs, go out to the villages of the district, doing deliveries and providing regular ante- and post-natal care in the village women’s own huts.

"We spent a day at Hurdea during which we visited a young girl in labor. She was just 18, and her husband had been about to abandon her for infertility when she finally became pregnant. Now she was in protracted labor, but because she wasn’t even notified, her family left her alone while they did their various chores. Her mother, who lived 30 miles way, wasn’t even notified. She was of the lowest caste and lived in an extremely poor village. Her home was a tiny mud hut with an entrance way three feet high and clay grain stores that were empty. She hadn’t eaten in several days." Assisting Sister Evans on her rounds, the Gillers stayed with the young woman in her hut for several hours during her long labor and learned the next day that she had finally delivered in the early hours of the morning.

Because of the tight budget, there is little free medical care available at the Duncan, the Gillers say, and it is up to the social workers to decide how much patients can pay. There is also a problem in getting payments from patients who can easily afford the small bills. If treatment is unsuccessful, if a woman delivers a stillborn, or if she delivers a female child instead of a hoped-for male child, the relatives often do not feel obliged to pay for the hospital care.

Most adults have prepaid minimum blood, urine, and stool workups on admission, but this is practically
In the Duncan Hospital's newborn nursery, cribs are made of concrete. Contrary to expectation, cross-infection is not a problem.

Bruce Gillers aspirates amebic pus from a patient with a right pleural effusion.

Mina Gillers and a nurse discuss the regimen of a TB patient on the female ward.

never the case in the children's ward. The Gillers report that it was particularly frustrating to try treating childhood diseases without even the minimal lab tests, unavailable because parents do not think them necessary for children. Occasionally relatives even refused to purchase the necessary drugs.

"Then there were the relatives who provided constant, loving care for their sick," the Gillers recall. "One woman who had just been operated on was very ill. Her eight-year-old daughter, carrying an infant sister on her hip, stood by her mother to feed her, cleanse her, and make her comfortable. One evening on rounds we noticed two sleeping lumps under a blanket on the floor by their mother's bedside. We prayed that that mother would make it! She did.

"The patients themselves are incredibly tough. They seemed to pull through out of impossible situations. One woman was admitted to the hospital a few days after delivery with an Hb of 0.75. The average Hb in this anemic population was about 10. She had thrombophlebitis and a roaring urinary tract infection. Yet after three days' hospitalization and a few iron injections she walked out the door to rush home to the hills to look after her children."

During their tour at Duncan Hospital the Gillers participated in a relief program in a jungle area 80 miles from Raxaul. For five months of the year the area is totally isolated by river floods. They also accompanied a public health nurse who bicycled out each day to the villages surrounding Raxaul to teach the rural people about health. He also gave frequent talks on nutrition, family planning, and other health topics to patients and their families within the hospital compound. His work and the midwifery program directed by Sister Evans represented pilot projects in a massive public health program the Duncan was about to launch to bring health care to a population of 20,000 people who never came to the hospital.

"We found our experience at the Duncan invaluable," the Gillers wrote recently, reflecting on their decision to go to India. "Medically, we saw an incredibly wide variety of pathology, and we had great clinical experience, following an average of 15 to 20 patients at any one time, assisting in surgery, giving anesthesia, seeing patients in clinic, and reading x-rays. We had excellent medical supervision, and we found the doctors' dedication inspiring. Everyone at the compound was wonderful, extended warmth and hospitality to us, and made us feel like part of the family. Most importantly, we gained an understanding of another way of life and an awareness of the different priorities that that way of life demands from medical care.

"We had wanted to experience the practice of medicine in a developing country. We were aware of the myriad problems produced by poverty, ignorance, malnutrition, superstition. We expected that the priorities and emphases of medical practice would necessarily be different to meet these different circumstances. We knew all that before we left New York. It was quite another
thing to have this knowledge become an integral part of our medical perspective. During the first few weeks we felt as though we were walking through the pages of the National Geographic. Slowly, the reality seeped in."

The Gillers' trip was financed in part by an award from the International College of Surgeons, which enabled them to spend six weeks observing the work of Dr. A. W. Wilkinson at the Hospital for Sick Children in London. Their travel to India was made possible by a grant from the Medical Assistance Programs — Reader's Digest International Fellowships. Dr. Bruce Gillers is now interning in medicine at New England Deaconess Hospital and Dr. Mina Gillers is a pediatric intern at Boston City Hospital.

6 A public health nurse (in white trousers) talks with a group of villagers about nutrition, water supply, and other health concerns. He uses flash cards to supplement his comments.

7 Relatives of patients move into the hospital's public living hall where they sleep and prepare food for their sick.
"Each child who undergoes a cardiac operation is made to feel that he or she helped the doctor, that the scar is evidence of this, and that the youngster really accomplished something by having the operation."

For children with heart problems, the pediatric cardiology clinics at Metropolitan and Flower and Fifth Avenue hospitals represent a total life-support system. Each week in the busy examining rooms of both clinics (Monday afternoons at Met, Thursday afternoons at Flower), doctors and other staff members work with patients and their families on a variety of health concerns, implementing a philosophy that is widely acclaimed in principle but often elusive in practice: total, comprehensive care.

Dr. Robert E. Kahn, associate professor of pediatrics at New York Medical College and an alumnus of the College, Class of '45, directs the clinics at both hospitals. He considers the concept of comprehensive care a natural extension of his ideas about specialization in any field, including his own.

"Pediatric cardiology may be a super-specialty in terms of medical expertise," he says, "but it should not be overvalued, because to those who are in the specialty it is a routine activity. You can expand your expertise and knowledge with independent research and continuing education, but I don't think the level of specialization is nearly as important as what you do with the specialty."

In the pediatric cardiology clinics, it is important that the staff become seriously involved with the patients. "That's not such a terribly novel idea," Dr. Kahn says, "because it's obviously what should be done. But it doesn't always get done. The phrase 'comprehensive care' has been given a value recently as if it were something new. But it's just what a doctor is supposed to provide.

"As a pediatrician, you may consult other experts outside the pediatric field, but you never abdicate your responsibility for the total care of your patient," he offers by way of illustration. "You must direct the show and be responsible for the performance of the other doctors too. One can extend that and say that the pediatrician is also responsible, indirectly, for the child's psychological health."

According to Dr. Kahn, every child with a chronic illness has special psychological problems the illness engenders. He points out that cardiac children may differ physically from other children in their capacity to do everyday activities. Or they may be visibly different. Sometimes the lips of a cardiac child are blue, making the child conspicuous among other children. "And the peer group may not be very kind about it," Dr. Kahn says. "Teachers and parents, too, with all their pressures, can be unkind. They may get irritated by this child who cannot keep up, who may have to be treated differently."

Anxiety in the parents of such a child has an
important bearing on the patient's adjustment and response to treatment. In particularly stressful situations — for example, when a child is about to undergo cardiac surgery — Dr. Kahn believes that parents need the support of a detailed and firmly fixed schedule. They are told exactly what is going to happen, and when, and are kept constantly abreast of developments.

"They are told, for instance, that I will see them at 11:45 a.m. to report on how their child is doing," he explains, "and that if I can't appear for any reason, I will call them or a colleague of mine will call. Then I'll tell them that at 1:30 they can see the child. This type of highly structured situation takes away much of their doubt and worry."

Dr. Kahn believes that the child, too, should be told exactly what is going to happen. "For years we have presented each child with a doll in a crib, complete with an oxygen tent and chest tubes. There are incisions in the doll, with stitches. We even allow some children to inspect the cardiac recovery room depending on what's going on there and how old the child is. We treat these children as rational individuals whom we must help to adjust to what is essentially a very frightening situation."

The rational approach is dependent, of course, on the child's being old enough to reason. Dr. Kahn feels strongly about this point too. "Very young children are followed either in my office or the clinic," he says. "Children who are two, three, or four years old don't understand separation, and they become very disturbed by it, despite our liberal visiting hours."

Each child who undergoes a cardiac operation is made to feel that he or she helped the doctor, that the scar is evidence of this, and that the youngster really accomplished something by having the operation.

Surprisingly, all the attention devoted by hospital staff members to the child's psychological and emotional needs is not unduly time-consuming. "That's because everyone is involved, everyone has a part to play," explains Dr. Kahn. "For instance, the nurses do the doll treatment because they're with the children all the time. They are very important, not only in terms of preoperative and postoperative nursing care, but in terms of participation. The nurses are geared to be firm with these children because that prevents postoperative complications, but they are also casual in a way that is therapeutic."

The same is true of the social workers. According to Dr. Kahn, a social worker's job should not consist only of visiting the home of a patient to investigate truancy from school or find out if there's a father in the home. "Every good social worker involved in a cardiac clinic knows what is going on in terms of the heart. They know about each child because they are present and involved, and they pick up things about the total child that the pediatrician may miss."

The pediatric cardiology clinics at Metropolitan and Flower and Fifth Avenue hospitals have been jointly staffed since 1955 when Dr. Kahn was appointed to the NYMC faculty. Between them, the clinics have a total of about 450 patient visits a year, the great majority being children who are under continuing care. Last year new patients numbered 38. All diagnostic and surgical work with patients from either clinic is performed at Flower and Fifth Avenue where approximately 80 pediatric cardiology inpatients are investigated each year and between 40 and 50 surgical procedures are performed.

In addition to Dr. Kahn, the physicians who regularly staff the two pediatric cardiology clinics are Dr. Miriam Lending, associate professor of pediatrics, and Dr. Arnold Slovis, assistant professor of pediatrics. House staff members and medical students, usually a total of five, complete the team.

One particularly unusual aspect of the clinics is that, although they are designated "pediatric," they have no age limits. "We never discharge patients as 'too old,' " Dr. Kahn points out. "As long as they need cardiac care, if they started with us, we won't throw them out just because they get to be 12 or 14 or 18. If an 18-year-old says, 'Look, I don't want to come to the kids' clinic any more,' then we say, 'All right, fine. But if they want to stay, we let them stay.'"

Many do stay — primarily, Dr. Kahn feels, because they develop rapport with the staff. Every attempt is made to have the same doctor see a child on each visit to the clinic. "It provides better medical continuity," says Dr. Kahn, "and it is also better in terms of the child's perception of medical care. All children should know their doctor. This is especially important to the teen-agers."

Speaking of his colleague Dr. Lending, Dr. Kahn notes that she shares his concept of the clinic as a place where children with cardiac problems are given total care. For example, she treats the teen-ager with a cardiac problem as a whole person with all the complex concerns of a particularly challenging period in life. It is not surprising that, as a consequence, she is especially sought out by the female adolescent patients. "These young women have special problems," Dr. Kahn says, "special doubts, fears, and feelings of shame. They do get into trouble, they do get pregnant, they do get venereal disease, they do go on drugs, and they do have career problems and confusions. It's better, I find, when the physician they talk to is a woman."

Recently an 18-year-old female patient, apparently distraught, came into the clinic looking for Dr. Lending. "We have known her since she was eight years old," Dr. Kahn comments, "when she had surgery to correct a simple defect. She is supposed to come to the clinic for an examination once every three years or so, but she shows up far more frequently. Her latest problem was that she was having chest pain. What did Dr. Lending learn? That there was nothing wrong from a cardiac standpoint. Her trouble was related to a romantic involvement and the fact that she had changed boyfriends."
But we're not going to tell her, 'Since you had a successful operation, we have no further service to offer you.' As long as she feels she needs us or wants us, we'll see her.

Dr. Kahn, who was born in 1923 and went through the New York City public school system, studied at Cornell University for three years before entering New York Medical College. After his graduation in 1945, he interned at Jewish Hospital in Brooklyn and served his residency at Children's Memorial Hospital in Chicago and Johns Hopkins Hospital, where he trained in pediatrics and pediatric cardiology.

"Pediatrics has always been my interest," he says, "because it involves young people. They're pliable, they're dynamic, and when you're treating their problem there's always hope, because a child is a growing organism. With adults, I see care more as a matter of maintenance. But with a child, regardless of what the problem is, whether it's physical or psychological, you always have the growth process to help you, and that is exciting."

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In Memory of a Distinguished Alumnus:

Gregory Majzlin, M.D.

Greg Majzlin as a medical student at NYMC

Dr. Majzlin was a member of the class of 1939 of New York Medical College. The following memorial to him is excerpted from a longer article by Dr. Dupree, a noted anthropologist and authority on the Middle East. As an associate of the American Universities Field Staff, Dr. Dupree has written for AUFS publications on population dynamics in Afghanistan and Dr. Majzlin's role in the development of family planning there.

On the night of September 10, 1971, Dr. Gregory Majzlin awoke with acute internal pains. A fellow American doctor living in Kabul diagnosed a stomach ache. Gastrointestinal ailments are common in Afghanistan, particularly among the foreign community. A few hours later, however, the New York specialist in family planning lay dead in Kabul's Intercontinental Hotel, victim of a heart attack — and his own altruism.

The quality of the man and his potential as a professional had been proclaimed in his medical college yearbook, Fleur-o-Scope, in 1939: "It is impossible to say anything which is not laudatory about Greg. He is a staunch friend, a congenial companion and a good student. He readily assumes and fulfills all duties which are assigned to him. He never speaks of himself or is in any manner egotistical, but rather tends to be mild and unassuming. Perhaps the traits which will lead him to success in his chosen career are sincerity of purpose and an inherent stubbornness. These, coupled with a desire to practice the art and science of medicine with principles which are activated by the highest ideals, speak for nothing but success."

Born on August 16, 1911, in Kossov, Poland, Greg Majzlin arrived in the United States in 1927 by way of Cuba, where he and his family had originally immigrated.
five years earlier. Throughout his academic career (at CCNY, where in 1933 he took his B.S. in Chemistry, as well as at NYMC), he maintained the standards and personality described in the yearbook tribute. From the beginning he specialized in obstetrics and gynecology, and early became interested in the problems of birth control as well as infertility. From the late 1940s he pursued various aspects of population control and was among the first to explore its social concommitants in the hospitals and clinics where he worked in New York City.

Realizing the potential dangers of the unrestricted use of chemical pills, and not fully satisfied with available IUDs, Dr. Majzlin set to work in 1963 to develop a mechanical birth control device. Until his death he worked on the development of the Majzlin Spring, always striving to improve its efficiency. Many women in the United States, Canada, the Netherlands, and the Union of South Africa have used the device successfully.

Not only did Dr. Majzlin completely subsidize the research and development of the Majzlin Spring; he offered it royalty free to the Population Council and the United States Agency for International Development (AID) for use in developing countries. When his offer was not accepted, Dr. Majzlin, showing the same "sincerity of purpose" and "inherent stubborness" mentioned previously, simply continued his research into all aspects of population control while pursuing the practice of his own specialty, obstetrics and gynecology.

His studies of the social aspects of medical practice in general and family planning in particular early led him to join with Dr. Schuyler G. Kohl and Dr. Louis M. Hellman in their pioneer project through which nurse-midwives were trained to become program innovators and disseminators of birth control information and devices. The nurse-midwifery training program in family planning at State University of New York, Downstate Medical Center, became a model of its type for other institutions. Dr. Majzlin served as medical supervisor to the program from 1968 until his death, so his qualifications in the field made him a logical choice to serve, under an AID contract, as consultant to the Afghan Family Guidance Association (AFGA) as it began to feel its way along a difficult path after its founding in July 1968.

Dr. Majzlin worked in close cooperation with AFGA officials and others involved in family guidance from July 12 to November 4, 1969. He lectured and led seminars, and, spending all his so-called spare time in clinics as a consultant to Afghan patients, practiced "the art and science of medicine with principles which are activated by the highest ideals."

Afghanistan and the Afghans have a way of trapping sensitive people, and a way of knowing if individuals are genuinely in love with their country. Interpersonal relations are intense at the ru-bah-ru (face-to-face) level, and it is difficult to fake out Afghans. The admiration between Dr. and Mrs. Majzlin and the Afghans with whom they associated was mutual and...
sincere. When the Majzlins departed in 1969, they vowed to return.

The growing interest in world population problems and family planning led to greatly increased responsibilities and longer working hours for Dr. Majzlin. From June 1970 to April 1971 he served as acting director of the family planning program at the Downstate Medical Center in addition to carrying out his other medical duties, research, and lecturing. He had seen social and cultural problems in both New York and Afghanistan, and he not only lectured about them, but incorporated his ideas on how to solve them into the curriculum of family planning at Downstate, particularly with reference to problems in those developing countries whose cultures make it difficult, if not impossible, for male doctors to examine female patients or insert IUDs.

Under Dr. Majzlin's leadership, Afghanistan became one of the first developing countries to systematically train medical professionals to play active roles in family planning programs. For example, five Afghan M.D. 's (three of them women) and four nurse-midwives have received or are receiving extensive training at Downstate under an AID contract. Other Afghans have come for shorter periods of observation at Downstate and other institutions.

When AID (at the specific request of the Afghan government) asked Dr. Majzlin to return to Kabul in July 1971 to serve for six months as consultant to the Ministry of Public Health and the Afghan Family Guidance Association, both Greg and Freda Majzlin were delighted to accept. Both felt a growing commitment to the cause of AFGA and sensed that, in a country where population pressures had not yet become acute, important lessons, possibly applicable in modified forms elsewhere in the developing world, could be learned, particularly in the fields of maternal health and infant care. In 1969, for instance, Dr. Majzlin had established several infertility clinics in Kabul and advised on patient problems. He believed that both the problems of infertility and birth control must be taken holistically in order to make family life on the urban scene more meaningful.

Dr. Majzlin had a known mild coronary condition. After careful examination, however, his doctor gave him the go-ahead to return to Kabul. But the 6,000-foot altitude combined with hard work that was above and beyond the call of duty proved too much, and the man who "readily assumes and fulfills all duties which are assigned to him" overestimated his physical capacity as he tried to maximize his professional capabilities. The two proved incompatible. Just as Dr. Majzlin's career reached the peak of success, it came to an end.

His death shocked the foreign community and his Afghan friends. Eulogies, written and verbal, poured in. Even today, Afghan doctors in family guidance invoke his name to settle arguments: "But Dr. Majzlin said we should do it this way!"

One of the more touching testimonials came when Muslim Afghan friends of Dr. Majzlin's crowded into Kabul's lone synagogue to hear an ancient Jewish memorial rite conducted by Afghan rabbis. In addition, large numbers of Afghan and foreign dignitaries came to the airport to say good-bye to Mrs. Majzlin and, once again, to pay tribute to her husband. Today Freda Majzlin continues to work in family planning at Downstate Medical Center, and assists in the orientation of foreign students and visitors.

Greg Majzlin had many interests and friends outside medicine, and all found him "a congenial companion." The theater was among his interests, including the New York Shakespeare Festival, produced by his friend Joseph Papp. Dr. Majzlin often lent a hand to theatrical groups, and his skill as a set carpenter became legendary. Mr. Papp, in his letter of condolence to Mrs. Majzlin, included the following passage from "Antony and Cleopatra" (IV, 13, 59-76). Cleopatra speaks as Antony is dying:

"Noblest of men, woe't die?
Has thou no care of me? shall I abide
In this dull world, which in thy absence is
No better than a sty? O, see my women,

(Antony dies.)

The crown o' the earth doth melt. My lord!
O' wither'd is the garland of the war,
The soldier's pole is fall'n; young boys and girls
Are level now with men; the odds is gone.
And there is nothing left remarkable
Beneath the visiting moon."

Beneath the visiting moon, Greg Majzlin was a remarkable human being, and AFGA, partly constructed by this "mild and unassuming man," remains.
Dr. Raymond A. McBride, professor of pathology, has been appointed executive dean for the Westchester campus of the College. In this capacity he will direct and coordinate activities at the institution's rapidly expanding second campus.

A distinguished immunologist and immunogeneticist, Dr. McBride has been a member of the faculty since 1968. He previously served on the faculties of the Mount Sinai School of Medicine and the College of Physicians and Surgeons of Columbia University and was a special fellow of the National Cancer Institute working at the McIndoe Memorial Research Unit of the Medical Research Council of Great Britain. A graduate of Tulane University and its college of medicine, he served a surgical internship under Dr. Michael DeBakey at Baylor University. He was a resident in Boston at Peter Bent Brigham and other Harvard-affiliated hospitals and later held a teaching fellowship in pathology at Harvard.

Dr. McBride has been instrumental in the plan to establish a cancer research center on the NYMC campus in Westchester. In addition to his new administrative duties, he will continue his research on cancer prevention and control as well as his teaching activities.

Dr. Harold Moroson, director of the newly established Radiobiology Division of the College's Department of Radiology, has been awarded a research grant from the National Cancer Institute. The three-year grant will support his research on ways to improve the results of radiation therapy by combining this therapy with treatment to increase the body's natural defenses against disease. Radiation therapy is used in the treatment of nearly 500,000 cancer patients in the United States each year.

Initially, Dr. Moroson will study the effects of radiation therapy on the body's natural protective reactions to cancer in mice and rats. In cases where radiation therapy depresses the body's immune responses, he will also study treatment with certain pharmacological agents known to be capable of increasing the immune response.

A graduate of Columbia University, Dr. Moroson received his Ph.D. in physical chemistry from the Polytechnic Institute of Brooklyn in 1959 and held a postdoctoral fellowship in radiobiology at the Chester Beatty Research Institute in 1960. He came to New York Medical College in 1972 from the Sloan-Kettering Institute where he headed the Radiobiology Section. Dr. Moroson is also assistant professor of radiology and of obstetrics and gynecology. Cooperating in his investigations will be Dr. Marvin Rotman, associate professor of clinical radiology; Dr. Sanford Sall, professor of obstetrics and gynecology; and Dr. Raymond A. McBride.

The Ciba-Geigy Corporation has made a grant of $100,000 to the Westchester Medical Center to be given to the center's development fund over a three-year period. The chemical firm is located in Westchester County where the county government, the Westchester Medical Center Development Board, and New York
Medical College are jointly building the new medical complex at the Grasslands Reservation, Valhalla.

Dr. Howard Cone, vice-president and medical director of Ciba-Geigy's Pharmaceuticals Division, noted that the firm "recognized its commitment to the success of this complex."

"Our work with the medical profession has given us an opportunity to watch the growth of the center with great interest," Dr. Cone said. "After all, the center will play an important role for all the people of this area. This includes many Ciba-Geigy employees."

Dr. Lawrence B. Slobody, president of the College, who represented the new medical center at the grant presentation ceremony, said, "It is largely through responsible corporate citizens such as Ciba-Geigy that this project will be a success. The grant will certainly be instrumental in allowing us to complete our development program."

Two New Board Members Named

Patricia R. Mosbacher  
Joseph S. Lindemann

The election of Patricia Ryan Mosbacher, a civic leader of Westchester County, and Joseph S. Lindemann, president of the pharmaceutical firm of Nestle LeMur, to the Board of Trustees of the College has been announced by Board Chairman Keith M. Urmy.

Mrs. Mosbacher, who lives in White Plains, was also named a director of the Westchester Medical Center Development Board.

A native of New York City and an alumna of Bennington College, Mrs. Mosbacher worked in public relations in the fashion field before her marriage to Emil Mosbacher, Jr., in 1950. In recent years she has been active in a number of civic and cultural activities in Westchester and New York City, and — during the years when her husband served as chief of protocol of the Department of State — in Washington, D.C. She is a member of the board of trustees of the United Hospital in Port Chester, New York, as well as a member and former chairwoman of its board of managers. She serves on the president's council of the Museum of the City of New York and on the national board of directors of Project Hope. While in Washington, Mrs. Mosbacher chaired the Fine Arts Committee for Blair House, the presidential guest house, and was also chairwoman of the Project Hope Ball for three consecutive years. Her husband, the noted yachtsman, was recently appointed chairman of the newly created Racing and Wagering Board by Governor Nelson A. Rockefeller.

Mr. Lindemann, a native New Yorker and resident of New York City, received the Ph.G. degree from Brooklyn College of Pharmacy of Long Island University. He is a trustee of that university as well as of Brooklyn College of Pharmacy, Hebrew University in Israel, and Chung-Ang and Kyung-Hee Universities in Korea.

Mr. Lindemann is the founder of Smith, Miller and Patch, Inc., now a leader in the manufacture of products designed for use in the specialties of ophthalmology and otorhinolaryngology. From the company's research laboratories have come a disposable device used in the removal of cataracts, and preparations for the control of inflammatory and infectious conditions of the eye, ear, and nose. Present research is directed toward problems of Meniere's disease, glaucoma, and cataract.

Mr. Lindemann is president of the Lindemann Foundation, Inc., which has as one of its main interests charitable support for institutions of higher learning. The foundation has also provided scholarship aid to needy young people wishing to pursue higher education. He is the recipient of ten honorary degrees and in 1972 received the honorary degree of Doctor of Science from New York Medical College.

College and Stamford Hospital Affiliate

The affiliation of NYMC and Stamford Hospital, Stamford, Connecticut, became effective July 1, 1973. The move is in line with the College's plan to form affiliations with outstanding hospitals in the region of the Westchester Medical Center.

The College and the hospital will cooperate in the development of programs for the continuing education of the hospital's medical staff and in the development of allied health programs for the community. A number of medical students will rotate through the Stamford Hospital as part of their undergraduate education.

Under the affiliation agreement, a full-time chief of service for each major service of the hospital will be recommended by a search committee made up of representatives from the hospital and the College. The chiefs, who will be given NYMC faculty appointments, will be concerned primarily with the undergraduate
and continuing education programs at the hospital. Members of the full-time faculty of the College may also teach at the hospital.

Voluntary and part-time members of the Stamford Hospital's medical staff who wish to participate in undergraduate teaching programs at the hospital will be recommended for NYMC appointments.

The College will assist in the development of the hospital's residency program. It may also support research grant applications of individuals in the hospital and will encourage joint research endeavors.

**Students Volunteer Services at Free Clinic**

Last year when a clinic called the Ossining Open Door started to offer free medical care to people in the Hudson valley community of Ossining, the all-volunteer staff — doctors, nurses, and other public-spirited community members — found they could use a little extra help. One of their notices asking for volunteers attracted the interest of two first-year NYMC students at the Westchester campus in Valhalla.

"We liked the idea of getting some direct patient contact this early in our medical studies," Bob McNamee, one of the students, reports. "When you're bogged down in studying things like anatomy and biochemistry, you tend to lose sight of the fact that

1. Inside the clinic this young woman will get free but expert medical care in a community-run facility staffed by volunteers, including NYMC students.

2. In the clinic laboratory, student Bob McNamee and nurse Irene Heitmann prepare a blood sample for examination. The College donated the microscope.

3. Medical student Bob Carnevale takes the history of a patient coming for the first time to the Ossining Open Door.

the patient is what it's all about."

His fellow student, Bob Carnevale, adds "At the Open Door we get to see patients with the ordinary complaints that most people come to the doctor for, like backaches and coughs, rather than the exotic diseases you read about in the textbooks. It gives you a different perspective on what you're doing."

Another thing that appealed to the two students was the chance to see what "community medicine on a small scale" is like, and to learn from the doctors, nurses, and technicians who staff the clinic. Following each clinic session, the entire staff meets to discuss any problems or make suggestions for improving the operation of the clinic.

The students are so enthusiastic about working in the clinic that they have convinced four more students from their class to volunteer for the other clinic sessions. Says Mr. Carnevale, "It's become an important part of our whole medical education. And we enjoy it. We look forward to going every week."

**Students Publish Freshman Handbook**

An informative and somewhat irreverent handbook intended to aid incoming NYMC medical students has been compiled and published by members of the Class of 1975. Entitled *Freshman Orientation Directory*, the 92-page illustrated booklet deals with a variety of topics ranging from first-year curriculum and tips on textbooks to information about housing, transportation, and entertainment and sports facilities near the Westchester campus.

Signed articles by some two dozen different students include views on the effectiveness of student government, a personal appraisal of the Student Health Service, and thoughts on parking and commuting. Advice is offered to male students on what they are
expected to wear when visiting Sarah Lawrence or Briarcliff College. Women students are cautioned as to kinds of male chauvinism they should be prepared to encounter. The pros and cons of the three-year curriculum, the pass-fail system versus letter grading, suggested study methods, views on sleeping in class, and impressions of the first day in gross anatomy laboratory are also offered for the benefit of new students.

Scattered through the booklet are appropriate quotations from Dr. Louis L. Bergmann, professor of anatomy, whose wit according to the editors' preface added greatly to their enjoyment of the educational process. Illustrations include photographs, maps, and "Peanuts" cartoon strips. Funds for the publication were provided by the student government organization and the Parents Council.

In a statement of welcome to incoming students, the editors note that not all of the comments in the directory are complimentary to the medical school. "As in any institution, there is good among the bad. . . ." they write. "We would like to say that even though there are many irritations and inconveniences, life at NYMC more than exceeds expectations. The atmosphere is very informal and friendly and the academics are superb. We are sure you will enjoy yourself here while receiving a first class medical education."

Student Reports Highlights of SAMA

Elizabeth Alfonso of the Class of '75A attended the 1973 SAMA convention and prepared this report for Chironian.

New York Medical College was among the more than 90 American medical schools represented at the Student American Medical Association annual convention held in Chicago this May. New regional and national officers were elected, and the philosophical goals of the organization were enlarged upon.

The keynote address given by outgoing SAMA president, George M. Blatti, set the tone for the convention. He recommended the development of health care centers for communities, especially those that surround medical schools but with which the schools all too often have little contact. For this goal, he said, medical education must redirect itself to a curriculum more oriented toward primary care and one that is organized to include more interdisciplinary courses in order to emphasize the concept of health care teams. SAMA as an organization needs also to reflect the membership of health care teams by allying itself with other health science professionals and with law students. Finally, Mr. Blatti maintained, health care needs to become preventive.

The House of Delegates, which consists of representatives from each school present, adopted Mr. Blatti's speech and passed 18 resolutions concerned with medical education and training; local and federal funding of health care and training; and medical ethics. Some of the resolutions established political positions on government policy affecting health care and the quality of life.

Among the resolutions on medical education and training, the SAMA House passed one that puts the organization on record as favoring the use of admissions criteria chosen to measure a student's motivations, social awareness, and ability to communicate with others. The House also authorized letters to President Nixon expressing concern over the drastic cuts that have been made in funding for biomedical research programs, and it directed the new SAMA president to send Mr. Nixon a letter in SAMA's name expressing concern over the loss of lives and health facilities caused by the bombing of Bach Mai Hospital.

The convention included many excellent workshops moderated by distinguished guests. The topics had to do with SAMA itself and with such subjects as medical malpractice, national health insurance, women's roles in the health profession, and the family practice residency.

Part of the convention also included scientific and educational exhibits sponsored by pharmaceutical companies. The exhibits displayed various educational aids the companies have developed. Of particular interest were a new series to teach the auscultation of heart sounds and a set of machines programmed for self-evaluation testing of mastery in various medical subject areas.

Student Researcher Commended

Medical student Whitney A. Boynton '75A gave a paper entitled "Effects of Adrenergic Stimulation upon Hindlimb Vasculature of the Baboon" at the annual meeting of the Federation of American Societies for Experimental Biology in April. Her presentation was based on work she did last summer as a research fellow at the Walter Reed Army Institute of Research, Washington, D.C.

In a recent letter to Dr. Mark L. Peisch, associate dean for student affairs, Dr. David G. Reynolds, deputy director of the institute's division of surgery, commended Ms. Boynton not only for the quality of her presentation but for her work last summer, at which time "she demonstrated an understanding of experimental design and control and carried out each experiment with skill and precision." Dr. Reynolds said that her report at the federation meeting was "a successful extension of the work begun last summer and reflected credit upon New York Medical College as well as the Walter Reed Army Institute of Research."
Alumni Briefs

Symposium in Portugal Planned

The Alumni Association of New York Medical College is sponsoring its first Annual Symposium on February 16-23, 1974, in Portugal. The one-week program on the subject of early diagnosis of cancer will include five days in the Algarve and two days in Lisbon. Commercial jet transportation, deluxe first-class hotel accommodations, and two meals a day will cost a maximum of $390 per person. All alumni will receive brochures and more detailed information early in the fall. In the meantime call the Alumni Office, Ext. 279, for further details. (See opposite page for program.)

Alumnus Named Chairman at George Washington

Dr. Bizzarri Heads Anesthesiology

Dr. Dante V. Bizzarri '42 has been appointed professor and chairman of the Department of Anesthesiology, succeeding Dr. Harold F. Bishop.

Dr. Bizzarri, a member of the faculty since 1946, has done extensive research on the prevention of respiratory problems associated with anesthesia. In collaboration with Dr. Joseph Giuffrida, associate professor, he developed an esophageal tube that helps prevent aspiration pneumonia in anesthetized patients. Drs. Bizzarri and Giuffrida are also responsible for a special laryngoscope blade used in difficult intubations, and for a continual spinal technique that uses a very fine needle and catheter for regional anesthesia during prolonged operations.

An alumnus of New York University, where he majored in chemistry, Dr. Bizzarri interned at Metropolitan Hospital following his graduation from NYMC. He completed his residency training in anesthesiology at Metropolitan and was certified by the American Board of Anesthesiology in 1950. He is a fellow of both the American College of Anesthesiologists and the International College of Surgeons.

Dr. Allan B. Weingold '55, professor of obstetrics and gynecology and a member of the College faculty since 1960, has been appointed chairman of the department of obstetrics and gynecology at George Washington University Medical Center.

At a reception and dinner honoring Dr. Weingold on June 15, his NYMC colleagues presented him with a distinguished service award that reads as follows:

"The Faculty and Staff of the Department of Obstetrics and Gynecology present to ALLAN BYRNE WEINGOLD, M.D., this award in recognition of and appreciation for his selfless contributions of knowledge, loyalty, and service which have played a significant role in the growth and development of the Department and of New York Medical College."

A tribute in a lighter vein was offered by Dr. Sanford Sall, professor of obstetrics and gynecology, who composed an ode for the occasion beginning, "Listen my children and you shall be told/Of the rapid rise of Allan Weingold." The ode reviewed some memorable moments in Dr. Weingold's career at the College and bade him good luck and a fond farewell.

Dr. Weingold, an alumnus of Oberlin College, was recipient of the Conrad Tharaldsen Award on his graduation from NYMC. He did his internship and residency at Mount Sinai Hospital, New York, and served in the Army Medical Corps as chief of service at Rodriguez Army Hospital, San Juan, Puerto Rico, in 1958-59.

During his tenure at the College, Dr. Weingold held numerous administrative posts, including executive officer of the Maternal and Child Health Institute and obstetrical coordinator for the Maternal and Infant Care Program. He is a fellow of both the American College of Obstetricians and Gynecologists and the American College of Surgeons.
Microscope Donated to College

The family and friends of Dr. Martin W. Siegel '59, former clinical assistant professor of orthopedic surgery, who died March 23, 1972, of leukemia, gathered at the College June 27 to present a special fluorescent microscope to the Hematology Section of the Department of Medicine. (Clockwise from left) Dr. Siegel's children William, Jane, and Amy examine the microscope — to be used in leukemia research — while Diane Siegel, wife of the late orthopedic surgeon, and Dr. Sheldon P. Rothenberg, professor of medicine, look on.

Retiring Alumnus Honored

Dr. Walter L. Mersheimer '37 (left), chairman of the Department of Surgery, Dr. Joseph Andronaco '69 (second from left), president of the Surgical Society of New York Medical College, and Dr. Samuel H. Rubin (right), professor of medicine, present Dr. Gustave Adler '31, associate professor of surgery, with a silver cup at a party held May 23 in honor of Dr. Adler upon his retirement. The cup was inscribed, "To Dr. Gustave Adler, in grateful appreciation for your many years of loyal and dedicated service to the Department of Surgery, from the Surgical Society of New York Medical College."

Medical Seminar in Portugal
February 16-23, 1974

A distinguished panel of lecturers has been selected from the faculty of New York Medical College for our first annual symposium abroad. Lectures will be given in the mornings and films will be shown in the afternoons. Both will be oriented toward the practical aspects of medicine. The AMA has declared this continuing education activity to be "acceptable for 14 credit hours in Category #2 for the Physicians Recognition Award of the American Medical Association."

Topics To Be Included

Early Diagnosis of Breast Cancer: Henry P. Leis, Jr., M.D., clinical professor of surgery

In Situ Breast Cancer: Maurice Black, M.D., professor of pathology

Diagnosis and Treatment of Ulcerating Lesions of the Stomach: Harry Barowsky, M.D., associate professor of clinical medicine and director of the Sarah C. Upham Gastrointestinal Clinic

Early Diagnosis and Treatment of Hodgkin's Disease: Robert Goldstein, M.D., chairman and professor of medicine

Clinical Application of Gastroscopy and Gastric Biopsy (film)

Early Diagnosis and Treatment of Skin Cancer: Jay G. Barnett, M.D., clinical assistant professor of dermatology

Early Diagnosis and Treatment of Malignant Pelvic Diseases: Martin L. Stone, M.D., chairman and professor of obstetrics and gynecology

Electro-Surgical Techniques on the Skin (film)

In addition, rounds will be conducted at the major hospitals in Lisbon. (4 hours)
Adverse Effects of Methadone in Newborns

Methadone retards the growth of both human fetuses and baby mice, and it can cause more damage to newborn infants than heroin. These related findings by two NYMC researchers pursuing separate investigations of methadone's effect on newborns were reported this spring with the warning that the drug should be administered to pregnant women with caution.

Dr. Carl Zelson, professor of pediatrics, told the American Pediatric Society in May of his 18-month study at Metropolitan Hospital in which he compared 46 babies born to women who were taking methadone regularly with 45 babies born to heroin-addicted women. The results with respect to growth retardation bear out an animal study reported earlier to the Federation of American Societies for Experimental Biology by another faculty member, Dr. Alfred A. Smith. Dr. Smith, associate professor of pharmacology and anesthesiology and assistant professor of medicine, spoke at the April federation meeting on his experiments showing that methadone retards the growth of baby mice by as much as 42 percent.

Dr. Zelson found that the infants born to methadone-addicted mothers had more severe reactions to the drug than the heroin-addicted babies had to heroin. The severity of the methadone withdrawal symptoms, however, was not related to the dosage as was true in the cases of heroin withdrawal.

Social conditions are thought to be better among methadone-addicted mothers than among heroin-addicted mothers, and some have claimed, therefore, that methadone babies should be born higher in weight than heroin babies. Dr. Zelson found, however, that almost half of both groups were born below the average weight range of normal newborns, and he concluded that methadone itself probably causes a high number of underweight babies.

Dr. Smith chose newborn mice as subjects in which to study the effects of methadone on growth because they closely approximate the later growth stages of unborn fetuses in other mammalian species.

Among each litter of newborn mice, half were injected daily with dosages of methadone varying from 1 milligram per kilogram of body weight to 8 milligrams per kilogram of body weight. The rest of the litter were injected with normal saline.

Those mice injected with 2 mg or more of methadone per kg of weight gained less weight during the first week than their saline-treated litter mates. In later weeks this growth inhibition became more pronounced. The higher the dosage of methadone, the greater the failure to gain weight. In addition, the methadone-treated mice exhibited relative immaturity for their age. There may also be effects upon other body tissues, Dr. Smith says.

In order to see whether growth retardation in treated mice is reversible, Dr. Smith discontinued the administration of methadone after six weeks. The mice continued to grow, but significantly more slowly than their saline-treated litter mates.

"The relevance of these findings to human beings may be questioned because of the species differences," Dr. Smith says. "However, animal experiments suggest that caution be used in administering methadone to pregnant women because of potential harm to the fetus."

Role of Amniotic Fluid in Fetal Development Explored

The amniotic fluid that surrounds the fetus and protects it from injury may serve as a vehicle for the administration of nutrients, drugs, or other compounds of potential benefit to the growing fetus, two investigators on the College faculty reported at the meeting of the Federation of American Societies for Experimental Biology in April.

The researchers, Dr. Donald Orlic, associate professor of anatomy, and Dr. Robert Lev, associate professor of pathology, described their studies in which radioactive...
Iron was injected into the amniotic sacs of near-term rat fetuses. The iron in the amniotic fluid was swallowed by the fetuses, and within one to six hours following injection it was detected in their intestines, livers, and spleens. Furthermore, radioautographic studies showed that the iron had been incorporated into the epithelium of the intestine and liver of the fetus and that developing red blood cells in the liver and spleen were heavily labeled with iron, as were some immature circulating red cells.

Previous studies by Drs. Orlic and Lev indicated that macromolecular protein is also absorbed by the fetal intestine following its injection into the amniotic sac. Thus, their findings indicate that substances added to amniotic fluid may be readily transported from the intestine to the circulation for use in developing organs.

The investigators found that the membranes that surround the developing rat fetus were also labeled with the injected radioisotope. They concluded that these yolk sac membranes, which are not found in human fetuses, were probably a second route by which rat fetuses received radioiron.

Drs. Orlic and Lev plan to extend their investigations of fetal intestinal absorption of injected compounds to higher species in which human fetal developmental patterns are more closely approximated, such as the monkey. They believe that their findings may have important implications for human fetal development. A human fetus develops the swallowing reflex early in gestation, and by the time it approaches term, as much as 500 milliliters of amniotic fluid — nearly half the total amount — is cycled through the fetus in a 24-hour period. Thus it may become possible, for example, to provide nutrients to the fetus via the amniotic route in cases of maternal nutritional deficiency, to administer drugs to remedy various fetal disorders, or, conceivably, to inject antigens in order to trigger a prenatal immune response. This route may be preferable to the transplacental pathway because some macromolecular compounds do not cross the placenta.

The studies are supported by grants from the National Institute of Child Health and Human Development and the National Institute of Arthritis and Metabolic Diseases.

**Arthritis Treatment Pioneered at College**

A British study on the effectiveness of penicillamine in treating severe rheumatoid arthritis has confirmed earlier research findings by Dr. Israeli A. Jaffe, NYMC professor of medicine, and has resulted in approval of the drug for such use in Great Britain. Penicillamine is licensed in this country only for treatment of the metabolic disorders known as Wilson's disease and cystinuria.

Dr. Jaffe, who has been investigating methods of treating advanced rheumatoid arthritis for ten years, observed that penicillamine reduces the levels of a complex protein, the rheumatoid factor, in the blood of patients with arthritis. The precise relationship of the rheumatoid factor to symptoms of the disease is not known, but Dr. Jaffe believes it may be ultimately responsible for the inflammatory reaction that results in crippling pain and deterioration of the joints.

The British study, largely inspired by Dr. Jaffe's reports on his tests of penicillamine in the laboratory and with individual patients, involved 105 severely ill patients who had failed to respond to currently accepted methods of treatment. The results, published in the *Lancet*, February 1973, were described as sufficiently encouraging to warrant studies of penicillamine in less severe cases of the disease. The researchers cautioned, however, that the drug, a breakdown product of penicillin, can cause serious side effects and should be used only in patients who are carefully and closely followed to detect hazardous reactions.

**Mental Retardation Symposia Provided Forums for Discussion**

The Mental Retardation Institute continues to hold various symposia for the exchange of knowledge among professionals in the field of mental retardation. Among them were two this spring, held in Europe and at the Institute at Valhalla.

"Normalization of the Retarded — a Realizable Goal?" was the topic of the sixth annual Postgraduate Symposium on Mental Retardation cosponsored by the Mental Retardation Institute of the College and the School of Medicine of the University of Vienna. This year's symposium was held in Vienna in March.

The symposia, which have taken place in various European cities over the past six years, provide a forum for exchange of knowledge among professionals in mental retardation. Dr. Margaret J. Giannini, professor of pediatrics and director of the Mental Retardation Institute, was instrumental in initiating the series. Dr. Louis J. Salerno, professor of obstetrics and gynecology and consultant to the institute, was cochairman of this year's meeting with Dr. Andreas Rett of Vienna.

A new approach to sex education and sexual rights for the mentally retarded were advocated at a day-long conference on sexuality and the mentally retarded held at the College's Mental Retardation Institute in Westchester on May 4.

Dr. Murray Morgenstern, assistant professor at the institute, noted that most retarded persons live in a "sexual never-never land" where the pretense is maintained that they are eternally children. He suggested that in addition to sex education, retarded people should be accorded more open choices and be given help in planning for marriage and procreation.
Simple Test for Riboflavin Deficiency

A simple test that for the first time makes it possible to screen large numbers of people for riboflavin deficiency has been developed by three NYMC researchers. It is expected to have widespread use as a means of revealing nutritional deficiencies that can lead to serious eye and skin problems, especially in areas where people exist on starchy diets that are low in riboflavin. The technique was reported in April to the Federation of American Societies for Experimental Biology meeting in Atlantic City.

Developed by Drs. Harold S. Cole, associate professor, Rafael López, assistant professor, and Jack M. Cooperman, associate professor, all of the Department of Pediatrics, the test is a modification of the Glatzle method, which requires highly specialized laboratory facilities. The new technique can be performed routinely by an ordinary medical laboratory.

The test is based on the fact that the erythrocyte glutathione reductase (EGR) enzyme found in red blood cells is normally saturated with a form of riboflavin called flavin adenine dinucleotide (FAD), and that the activity of EGR is a measure of the extent of this saturation. In the test, a blood sample from the patient is used to gauge the level of activity of EGR, and FAD is then added to the sample. If the addition of FAD causes an increase of more than 20 percent in EGR activity, a riboflavin deficiency exists.

The researchers have used their test to study riboflavin levels in the two groups particularly subject to vitamin deficiencies, pregnant women and newborn infants. Because the placenta blocks the transfer of FAD from the mother to the fetus, it was necessary to determine whether the EGR of newborn infants normally contains enough FAD for the test to be applicable to them. The study showed that fetal EGR synthesizes FAD from building blocks passed through the placenta, and that the test accurately measures riboflavin levels in infants.

New Narcotic Antagonist Used in Treatment

A new long-acting, nontoxic narcotic antagonist — naltrexone — is being used effectively to treat narcotics addicts in a pilot program sponsored by the Drug Abuse Research and Treatment Unit of the NYMC Department of Psychiatry.

Naltrexone belongs to a family of nonaddictive and nonhabit-forming drugs that block the effects of heroin and are being used as effective therapeutic agents in the treatment of opiate dependence.

In contrast to other narcotic antagonists such as cyclazocine and naloxone, naltrexone is nontoxic, provides immediate 24-hour protection after one 50mg dose, and is highly effective for up to 72 hours when used in an induction schedule.

In addition to its lasting action and superiority in terms of patient acceptability, naltrexone, unlike methadone, has no potential for abuse through sale on the black market because it produces no euphoria and ingestion causes withdrawal symptoms in persons using heroin or methadone. Persons entering the New York Medical College program must be drug-free for at least one week prior to their first dose of naltrexone. Most patients elect to be detoxified from heroin or methadone at a special treatment unit affiliated with the program.

The program is currently treating about 30 former users of heroin and methadone. A special type of naltrexone has been developed especially to relieve the individual taking methadone of the strong craving for narcotics which usually results from detoxification. In addition to receiving naltrexone, each patient receives back-up social services, and complete medical care is available at Flower and Fifth Avenue Hospitals.

Patients in the program have responded enthusiastically to naltrexone. Many were formerly participants in methadone maintenance programs and regard naltrexone as vastly superior. The retention rate in the program is high, and patients are encouraged to play an active role by expressing their ideas and bringing in friends and relatives in need of treatment.

The program is administered by Dr. Richard B. Resnick, associate professor of psychiatry. Other investigators are Dr. Alfred Freedman, chairman of the Department of Psychiatry, and Dr. Jan Valouka, assistant professor of psychiatry.

10th Annual Meeting of NYMC Surgical Society Held

Dr. Martin L. Stone (left), professor of obstetrics and gynecology, and Dr. Walter L. Mersheimer (center), professor and chairman of the Department of Surgery, talk with Dr. Robert C. Hickey during the Tenth Annual Scientific Session of the Surgical Society of NYMC held on March 28. Dr. Hickey, professor of surgery at the University of Texas and director of the M. D. Anderson Hospital and Tumor Institute in Houston, was the featured speaker at the meeting. His topic was "Changing Surgical Concepts in Oncology."
Holography in Medicine
Previewed at Symposium

Professor Dennis Gabor, Nobel laureate and the discoverer of holography, discussed the origins and future of holography at an international symposium held at the College in April. Dr. Gabor predicted that many medical techniques restricted to two-dimensional viewing, such as x-ray, would ultimately be improved by holography to permit three-dimensional reconstructions of human organ systems. Investigators Dr. Pal Greguss and Dr. Miles Galin of the NYMC Department of Ophthalmology have already brought Dr. Gabor's predictions into being with three-dimensional acoustic holograms that permit study of diseases of the eye and orbit.

The symposium was designed to increase awareness among researchers in the biomedical sciences of the potentially wide application of holography to their disciplines.

Radiological Society Meets

At the 11th annual meeting of the Radiological Society of New York Medical College, members of the radiology department presented papers on a variety of interesting topics ranging from the postshock nephrogram to meniscal and extrameniscal lesions demonstrated by double contrast arthrography of the knee. The guest speaker was Dr. Jack Edeiken, professor and chairman of the radiology department of Jefferson Medical College in Philadelphia, who discussed protean manifestations of hyperparathyroidism.

Symposium Considers Infections of Hand

Concern over the growing incidence of disabling infections of the hand was the impetus for a symposium on this subject held at the College in May under the joint sponsorship of the Surgical Society of NYMC and the American and New York societies for surgery of the hand.

The advent of antibiotics a generation ago resulted in a decrease in hand infections. Recently, however, as growing numbers of people have become sensitized or immune to antibiotics, an alarming increase has occurred in the number of hand infections, including those severe enough to lead to loss of limb or even death.

The symposium included presentations by leading specialists from different parts of the country who discussed new, effective methods for treating hand infections. Participants included Dr. Walter L. Mersheimer, chairman, and Dr. Sylvester J. Carter, clinical professor, of the College surgery department.

1 Dr. Pal Greguss (left), research professor of ophthalmology at NYMC, and Professor Dennis Gabor of CBS Laboratories, who won the 1971 Nobel Prize for the discovery of the three-dimensional image-reconstruction technique known as holography, discuss exhibits at the Symposium on Holography in Biomedical Sciences organized by the Department of Ophthalmology and held at NYMC April 26 through April 28.

2 Guest speaker Dr. Jack Edeiken, radiology department chairman at Jefferson Medical College, with his counterpart at NYMC, Dr. Richard M. Friedenberg, during the Radiological Society meeting.

3 Drs. Walter L. Mersheimer '37, Sylvester Carter, William J. Littler, chief of plastic and reconstructive surgery at Roosevelt Hospital, and James M. Huetter, associate professor of orthopedic surgery at Jefferson Medical College, discuss problems of the hand at the symposium.
Class Notes

1929
Solomon Hirsch wrote the following letter to his fellow alumni: "Retiring after 42 years of general practice was a mistake. After several weeks in Florida I decided to return to the medical fold. I took the Florida State Board Medical Exams and passed them at the tender age of 67. I am happy again working 25 hours a week in clinics, writing a medical column in a local bulletin, tutoring in EKG, and studying Spanish. I feel as if I’m just starting out in life again!"

1931
Isidore Frimmer has been elected president-elect of the Bronx District branch of the American Psychiatric Association and a fellow of the American Psychiatric Association.

1932
Jules M. Koch is now a member of the board of directors of the Health Insurance Plan of Greater New York.

1936
A. Elizabeth Cannon spent three weeks in March at the Baptist Mid-Mission Medical Center in Africa. A small plane flew Dr. Cannon to bush dispensaries where she saw a variety of interesting cases.

1942
Dante V. Bizzarri has been named professor and chairman of the Department of Anesthesiology at New York Medical College. See Alumni Briefs, page 33.

1943
Howard A. Winkler became a fellow of the American College of Physicians in March of 1971. Sorry we didn’t report this sooner. Anthony Leuzzi has been elected president of the Yonkers (N.Y.) Academy of Medicine. An attending psychiatrist and preceptor at the Veterans Administration Hospital in the Bronx, Dr. Leuzzi has practiced general psychiatry in Yonkers since 1950.

1946
Edward E. Julien is currently director of x-ray at Morton Hospital, Taunton, Mass. He is chief of staff-elect at Morton and past president of the Bristol County Medical Society.

1950
Philip A. Marraccini is running for the office of supervisor of the town of Harrison, N.Y. A surgeon on the staff of St. Agnes Hospital in White Plains, Dr. Marraccini is active in numerous civic and philanthropic causes in Westchester and was recently honored as a recipient of the John F. Kennedy Minority Award for Community Service. He was endorsed as the Republican candidate for supervisor of Harrison at the party’s primary election in June.

1951
Paul D. Fuchs, now chief of medicine at Whitestone Hospital, just celebrated the first birthday of his twin granddaughters.

1955
Allan B. Weingold has been appointed professor and chairman of the Department of Obstetrics and Gynecology at George Washington University School of Medicine. See Alumni Briefs, page 33.

1957
Richard D. Snyder, who is a major in the U.S. Air Force Reserve, attended the Aerospace Medical Association annual meeting in Las Vegas, Nev., in May. Dr. Snyder also holds a master’s degree in health administration from the University of California. He is presently assigned to Elgin Air Force Base, Fla.

1958
William E. Mattey was appointed director of radiology at Saint Barnabas Medical Center, Livingston, N.J., in April 1971. He is chief radiologist at the Kessler Institute for Rehabilitation, West Orange, attending radiologist at the Essex County Geriatric Hospital, Belleville, and consultant attending radiologist at the East Orange Veterans Administration Hospital.

1959
David Miller was recently appointed assistant professor of ophthalmology at Harvard Medical School.

1960
John F. Russell became director of the Mississippi Gulf Coast Drug Abuse Center, Inc., a drug education, prevention, and rehabilitation program. The center has been funded federally through LEAA and covers 18 counties in southeastern Mississippi.

1961
Howard J. Alfriend was recently appointed assistant clinical professor in gastroenterology at Rutgers Medical School. Howard and his wife, Geri, have four daughters.

1964
Charles H. Enzer opened an office last July for the practice of child, adolescent, adult, and family psychiatry. His wife, Lauree, recently earned an M.A. in Rehabilitation Counseling.

1965
William Glatt has been practicing internal medicine in south San Francisco since July 1970. He writes that classmate Donald Rice recently opened a practice in internal medicine in the San Francisco Bay area of Pleasanton.

Francis P. MacMillan, now a diplomate in the
subspecialty of gastroenterology, has also been elected
to membership in the American College of Physicians.
Last November the MacMillan family increased
from five to seven with the birth of twins,
Kerry and John.

1965

Quie T. Chew is presently assistant professor in the
department of radiology, NYU Medical Center.
Kenneth B. Deisser is an associate at the Institute for
Cardiovascular Diseases in Phoenix, Ariz. He has been
appointed editorial consultant to the Annals of
Internal Medicine, the American Heart Journal, and
Chest.

Francis DeSpaltro has now completed his training in
plastic surgery. He is presently doing hand surgery
at New York University.

Peter S. Lorman is in private practice in Palas Verdes,
Calif. He is on the teaching staff in orthopedics
at the University of Southern California.

John McGroarty has been in private practice in North
Hollywood, Calif., for the past three years. He
married in 1966 and now has three children.
His specialty is ophthalmology.

Nicholas Montalto, recently returned from a three-year
tour in Italy with the U.S. Army, is now practicing
obstetrics and gynecology in Garden City, L.I.

Elliot M. Puritz, on the faculty at the University of
North Carolina School of Medicine, was awarded
a foundation fellowship to continue investigation into
the pathogenesis of discoid lupus erythematosus.

1966

Michael Brody, now living in Potomac, Md., is assistant
clinical instructor of psychiatry and child development
at George Washington University Medical School
and chief of adolescent psychiatry, National Institute
of Mental Health. The Brodys have two children,
David, 4, and Jonathan, 2.

Anthony Cohen is a psychiatry resident at San Mateo
County Community Mental Health Division in
California.

James T. Howell is assistant health director, Palm Beach
County Health Department. Dr. Howell received
his M.P.H. from the Harvard School of Public
Health in June 1972.

Salvatore R. Tuzzo, who lives in Palo Alto, is in the
private practice of general psychiatry in San Jose.
He is also clinical associate professor at Stanford
University.

1967

Albert J. Bajohr completed a surgical residency at Lenox
Hill Hospital and is presently stationed with his wife,
Patricia, and his two sons at Key West Naval
Hospital in Florida.

He finished an ophthalmology residency at the
University of Iowa and is now on the staff there.

Robert Steckler is working on a fellowship in head and
neck surgery at the M. D. Anderson Hospital and
Tumor Institute of the Texas Medical Center, Houston.

1968

Sidney R. Katz is doing a residency in urology at Boston
City Hospital.

1969

Stuart M. DuBoff has completed two and a half years
of his ophthalmology residency at the Mayo Clinic
and will spend three months in Nigeria doing eye
surgery. He and his wife, Shelli, have a two-year-old
daughter, Rebecca.

Viesturs T. Pettersons is a third-year resident in
neurosurgery at Los Angeles County-USC Medical
Center. Classmates Anthony Villamena and Kenneth
Scheffels were present at Dr. Pettersons' wedding
last June. Mrs. Pettersons' first name is Sylvija.

Michael B. Schoenwald is a senior resident in urology at
Beth Israel Hospital in New York City. William
Etra is also at Beth Israel.

1970

Michael Berman began a residency last July in obstetrics
and gynecology at Yale-New Haven Medical Center.
Dominick M. Conca is on active duty at the Naval
Hospital in Quantico, Va. He and his wife, Lorraine,
are enjoying their two-year-old, Amanda Michele.
Dr. Conca is looking forward to beginning a surgical
residency at Geisinger Medical Center, Danville, Pa.

Monika M. Eisenbud recently spent six months in Leeds,
England, as registrar in adult psychiatry. In July
she entered the adult psychiatry residency program
at Boston's Beth Israel Hospital.

Thomas B. Graboys is presently on active duty at Brooks
Air Force Base, Tex. He is doing research at the
School of Aerospace Medicine.
Necrology

Chironian records with sorrow the death of the following alumni:
Arthur H. Richardson, M.D. — '02
Hyman Lischner, M.D. — '04
Bradford Fox, M.D. — '07
James R. Bramley, M.D. — '10
Edwin C. Braynard, M.D. — '10
Calvin E. Williams, M.D. — '12
Joseph Geis, M.D. — '13
Samuel I. Turken, M.D. — '13
Francis T. Chase, M.D. — '14
John Joseph Kilcourse, M.D. — '14
Francis J. Clune, M.D. — '15
Roy D. Duckworth, M.D. — '15
Richard R. T. Furlong, M.D. — '16
Chester W. Bunnell, M.D. — '18
Forris E. Chick, M.D. — '18
Ralph E. Perry, M.D. — '20
Isidore Berger, M.D. — '21
Frederick H. Lutze, M.D. — '25
Joseph R. Pedevill, M.D. — '27
Joseph M. Spielberg, M.D. — '27
Anthony P. Desti, M.D. — '30
Benjamin Gilbert, M.D. — '30
Sidney Glass, M.D. — '31
Aaron Kolodny, M.D. — '31
Edward R. Richter, M.D. — '31
Herman Rudensky, M.D. — '31
David L. Loebman, M.D. — '32
Maurice Berger, M.D. — '35
Lester J. Greenberg, M.D. — '33
Howard M. Iserson, M.D. — '33
Dean Wright Smith, M.D. — '35
Philip Weissman, M.D. — '35
Reta Adams, M.D. — '36
Francis P. O'Meara, M.D. — '36
Vincent Pellegrini, M.D. — '36
Herman Reinstein, M.D. — '37
Charles W. Stark, M.D. — '37
Paul C. Shiarella, M.D. — '42
Armen Bagdassaroff, M.D. — '43
Kenneth E. Crater, M.D. — '43
Joseph Lede, M.D. — '43
Siegfried Scherl, M.D. — '44
Arthur John Fusco, M.D. — '48
Donald H. Horsman, M.D. — '52
Howard Harry Maldiner, M.D. — '53
Kenneth James Pedrone, M.D. — '53
Martin W. Siegel, M.D. — '59
Michael S. Stockheim, M.D. — '59
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New York, New York 10029

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