ON THE COVER

Child being tested in Neurophysiology Clinic, using neurometric test battery developed by Dr. E. Roy John;

Jennifer Rosenthal ’79 in costume for “Cabaret ’76”;

Dr. Harry Barowsky ’39 with (from left) fourth-year student Michael Schoolman and residents Dr. Jerome H. Siegel and Dr. Sidney Jakubovics, examining a patient at the Sarah C. Upham Clinic;

Dr. Richard E. Brotman with youngster and her father at the Early Childhood Development Center;

Dr. Rita F. Girolamo ’51, coordinator of new regional training program for breast cancer specialists.
Chironian
Volume 89 Number 2 Spring 1976

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College Update: 
A Report from President Slobody

It is my pleasure to report in Chironian on the activities of the College and to bring you up to date on our plans and programs.

A step just consummated on the Westchester campus has been hailed by New York State Governor Hugh D. Carey as "fostering the cooperative endeavors of three great medical institutions." Governor Carey said that "the joining of Will Rogers Memorial Research Center with New York Medical College and Westchester County Medical Center, on the Grasslands campus, truly makes Valhalla one of New York State's major health research, treatment, and educational complexes." Programs at the Will Rogers Institute will concentrate on health education as well as continuing that organization's original mission of research and treatment of lung and heart disease. The establishment on our Westchester campus of this Institute and others that we are planning is in keeping with our objective of making the physical facilities of the College equal to the intellectual capacity of the faculty, students, and staff, and increasingly responsive to the needs of our patient population.

Clinical Research
Our immediate objective now is the development of the Institute for Clinical Research, which will bring together on the Westchester campus medical scientists with expertise in a wide variety of areas to work toward elucidation of the cause, prevention and treatment of disease processes. This Institute will reinforce existing sources of health care by providing sophisticated diagnostic and treatment facilities, specialized personnel, and vital resources like organ, blood, and tissue banks. Studies of the changing health needs of the region will be undertaken so that the complex problems of efficient and comprehensive health care delivery can be approached in collaboration with community leaders and professionals from other disciplines.

The areas of research selected by the faculty relate to clinical programs already established by the College, to those needed on a regional basis, and to national major health concerns. The program areas presently planned are burn, cancer, behavioral and mental disorders, maternal and child health, and renal disease.

Continuing Medical Education
Complementing the Institute for Clinical Research will be an Institute for Continuing Medical Education. The faculty has formulated plans that would enable us to serve effectively as an educational resource for practicing physicians, researchers, and teachers in anticipation of requirements for continuing education by medical associations and specialty societies, and for re-registration by state governments. The Institute will have its own research and development specialists and appropriate teaching facilities. Innovative presentation techniques such as "mini-residency" programs, computer problem solving projects, telephone and two-way radio communications
for "hot-line" consultations, and closed circuit television links between the Institute and hospitals could be explored. We also envision the Institute as a focal point for the advanced education programs of the regional medical societies and as a central resource that can help identify inadequacies in the delivery of health care and develop regional programs to correct them.

Our goals for the future are based on our present strengths; the proposed expansion gains its direction from the high standard of achievement that the College is setting today. Dean Samuel H. Rubin brings remarkable attributes and strengths to the academic leadership of the school and is deserving of our deep appreciation. Our faculty, already strong, is being further enhanced by the newly appointed chairmen of whom you will read on pages that follow. Our two campuses form the core of a teaching and health care complex that extends geographically from New York City to Westchester and Rockland counties in New York and to Fairfield County in Connecticut. Increasingly our students are given unsurpassed opportunities to serve diverse populations in urban, suburban, and rural environments; and they have again been very successful in the internship matching program and received excellent hospital appointments.

Our commitments are growing. The accomplishment of our objectives represents a major challenge. Happily, the challenge has been accepted by our Development Committee. Trustee Irwin Weiner heads the Committee and brings to it unswerving confidence, optimism, and vigor. To help assure the success of the efforts we have appointed Dr. Cyrille R. Halkin, immediate past president of the Alumni Association, to the post of Vice President for Development. We have engaged the services of Howard A. Rusk, Jr., Inc. and Robert Marston and Associates, Inc., highly regarded fund raising and public relations counsel.

Not only our development program, but the future of the College rests on those who wish to share its investment in medical education and quality health care for the years to come. We are confident that many will want to help us promote the flow of knowledge, assure the provision of competent health practices, and encourage talented young men and women to pursue careers in medicine.

I would like to close these remarks by welcoming the new trustees and departmental chairmen and Vice President for Development, whose appointments are announced in this magazine, and extending to our Dean and faculty and all members of the New York Medical College family, both past and present, my deep appreciation for your continued support of the ideals of our medical school.
... A MESSAGE FROM THE PRESIDENT

I am proud to announce the results of the 1974-75 Annual Fund Drive and to thank you very generous people whose names appear on these pages. With the united support of alumni, parents, faculty, trustees, students and friends, New York Medical College moves forward to further its goals of medical excellence in education, research and health care.

Lawrence B. Sloboody, M.D.
President

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Three New Trustees Elected

The election of three new members to the Board of Trustees of the College has been announced by Keith M. Urmy, board chairman. The new trustees are Alan N. Cohen, Paul Heller, and Lois Zenkel.

Alan M. Cohen

Mr. Cohen has been president, director and chief executive of Madison Square Garden Corp. since 1974. From 1970 to 1974 he was executive vice-president, director, and a member of the Executive Committee of Warner Communications, Inc. Prior to that time he was with the law firm of Paul, Weiss, Rifkind, Wharton & Garrison from 1957 to 1970 and was a partner in the firm from 1964 to 1970. He is also a director of Independence House, the Alvin Ailey City Center Dance Theater, the Center for New York City Affairs of the New School for Social Research, and other community organizations. He holds an LL.B. degree from Columbia University School of Law. Mr. Cohen lives in Manhattan with his wife, the former Joan Meryl Fields, and their two children, Laurie Elizabeth and Gordon Geoffrey.

Paul Heller

Mr. Heller is president of Carr Buying Office, Inc., the resident buying office representing 145 retail organizations throughout the United States and Canada, and Carr Systems, Inc., merchandising consultants. He is also executive vice-president of the Association of Buying Offices (A.B.O.) and permanent representative of the A.B.O. to the Fashion Capital of the World, Inc. A member of the Board of Governors of Anshe Sholom Synagogue in New Rochelle, he is active in the United Jewish Appeal-Federation of Jewish Philanthropies and the National Conference of Christians and Jews. Mr. Heller and his wife, Frances, live in New Rochelle, N.Y. Their older son, Robert Jay, an NYMC graduate, is currently a first-year resident in Ob/Gyn at Flower and Fifth Avenue Hospitals. Their younger son, Michael David, presently attends the State University of New York at Stony Brook.

Lois Zenkel

Mrs. Zenkel is a professional photographer with a second career in civic affairs. Her pictures, mostly journalistic, have appeared in newspapers and exhibits. Recently she was one of 50 photographers represented in the “Woman Photographs Man” exhibit at Rockefeller Center in New York. A founder of the Albert Einstein College of Medicine, she is also a former trustee of the National Urban League, and now serves on its Committee on Criminal Justice. She is a vice president and director of the Westchester Urban League, and a board member and director of the Whitney M. Young, Jr. Memorial Foundation. She is also a district leader of the Scarsdale Democratic Town Committee and a member of the Westchester Cystic Fibrosis Foundation and numerous other civic organizations. A graduate of Manhattanville College, Mrs. Zenkel lives in Scarsdale with her husband, Bruce, and their three children, Daniel, Gary, and Lisa.
Distinguished Appointments

Three new heads of departments have taken office during the current academic year. They are Michael Wood Dunn, M.D., chairman of the Department of Ophthalmology, effective January first; Yutaka Kikkawa, M.D., chairman of the Department of Pathology, effective February first; Herbert S. Rosenkranz, Ph.D., chairman of the Department of Microbiology, effective February first.

The appointments were announced by Dean Samuel H. Rubin, who pointed out that each of the men brings a special expertise and strength to the College.

Michael Wood Dunn, M.D.
Ophthalmology

Dr. Dunn is a specialist in optic technology who is currently conducting studies to evaluate ophthalmodynamometers, devices that measure blood pressure within the optic artery. A member of the College faculty since 1971, he succeeds Dr. Kenneth Barasch, acting chairman of the department from 1973 to 1975.

Dr. Dunn’s dual interests in clinical and basic research (see Science Briefs) converge in his plans for a complete diagnostic and treatment eye center at Westchester County Medical Center that will serve patients from the seven-county lower New York State area.

The eye service envisioned by Dr. Dunn would be capable of all the sophisticated diagnostic and therapeutic procedures and techniques necessary to establish it on a par with other prestigious eye care facilities throughout the country.

Dr. Dunn, 38 years old and a native of Brooklyn, N.Y., received his M.D. degree from Georgetown University School of Medicine, Washington, D.C., in 1962. After completing his internship in surgery at Roosevelt and New York hospitals, he served for two years as a lieutenant commander in the U.S. Navy. He received two Vietnamese Campaign Medals and two Navy Unit Citations.

In 1966, Dr. Dunn returned to New York and joined the faculty of Cornell University Medical College as instructor in ophthalmology. That same year, he received a U.S. Public Health Service fellowship. The William Warner Hoppin First Award for Research followed in 1968 for his original research on replacement of the vitreous eye fluid with a semisynthetic material.

Dr. Dunn became consultant in biochemistry to the Cornell University Medical College in 1970, a position he still holds.

He lives with his wife and three children in New Rochelle, N.Y.

Yutaka Kikkawa, M.D.
Pathology

Dr. Kikkawa is a leading planner of the nation’s research in pulmonary, heart, and blood diseases. A specialist in lung biology, he has been a member of the National Heart and Lung Advisory Council, National Institutes of Health, since 1972. The council reviews applications for grants-in-aid related to research on heart, blood vessel, lung, and blood diseases and blood resources; it also advises the National Heart and Lung Institute on program policy.

Dr. Kikkawa, who was previously professor of pathology at Albert Einstein College of Medicine, is also known for scientific investigations which cast new light on the problem of respiratory distress syndrome in newborn
Strengthen College Faculty

babies. This condition, which accounts for the largest portion of infants who die in the nursery, is believed to be due to a lack of a soap-like chemical called pulmonary surfactant or pulmonary phospholipids.

Dr. Kikkawa has succeeded in isolating a pure population of type V alveolar pneumocytes, one of more than 40 different kinds of lung cell. This is the source of phospholipid which, because of its surface-tension reducing qualities, is essential to keeping the lungs normally inflated. Dr. Kikkawa’s laboratory studies are expected to yield useful ways of stimulating the development of phospholipid as well as to open up new techniques for studying other varieties of lung cells.

A former Fulbright Exchange Scholar (1958-61), the new chairman of Pathology is also a consultant to the National Heart and Lung Institute, a position he has filled since 1970.

Born in Japan, Dr. Kikkawa received the B.S. degree from the Faculty of General Education of the University of Tokyo in 1953 and, four years later, the M.D. degree from the Faculty of Medicine of the same institution.

After he had completed a year’s internship at the Tokyo U.S. Army Hospital, he came to the United States as a Fulbright scholar and joined the staff of the Sacred Heart Hospital in Spokane, Washington. In 1959, Dr. Kikkawa began a four-year pathology residency at the Albert Einstein College of Medicine. During that period he also held a two-year fellowship with the New York Heart Association. He joined the faculty of Albert Einstein College as an instructor in 1963.

Dr. Kikkawa is a diplomate of the American Board of Pathology and a member of the International Academy of Pathology, Société Française de la Tuberculose et des Maladies Respiratoires, Gakushikai (Japan), as well as the American Association of Pathologists and Bacteriologists and the Electron Microscope Society of America. He is also a fellow of the American College of Pathologists and a councillor of the American Thoracic Society.

Dr. Kikkawa has published 50 articles on his specialization. His latest contribution to knowledge in his area of expertise is a chapter called “Morphology and Morphologic Developments of Lung,” which appears in Pulmonary Physiology, a textbook published this year.

Dr. Kikkawa and his wife and four children live in Scarsdale, New York.

Herbert S. Rosenkranz, Ph.D. Microbiology

Dr. Rosenkranz is a microbiologist whose main research interest is the detection and identification of cancer-causing agents in the environment. He succeeds Dr. Felix H. Wassermann, who has been acting chairman of the department.

Dr. Rosenkranz’s research is aimed at devising fast and simple procedures for detecting cancer-causing agents and determining the mechanism of their action. “We will see a sharp decrease in both cancer and birth defects if these carcinogens can be pinpointed and eliminated from our environment,” he says. He believes that a large proportion of cancer is caused by environmental agents, and that the steadily increasing incidence of the disease over the past decade is linked with industrial development and the use of certain cancer-causing therapeutic substances.

Dr. Rosenkranz says his department will work closely on research projects with the staff of the Westchester County Medical Center’s new hospital. “Microbiology can make a direct and significant contribution in the diagnosis and treatment of infectious disease as well as immunology,” he points out. “The department will cooperate with the Medical Center in research as well as provide services to patients.”

The new chief of microbiology was the recipient of a U.S. Public Health Service Career Development Award for 10 years, 1965 through 1975, for his research on the chemical basis of carcinogenesis.

Born in Vienna, Austria, in 1933, Dr. Rosenkranz grew up in New York City. He received the B.S. degree from City College of New York in 1954 and the Ph.D. degree from Cornell University in 1959. He joined the faculty of Columbia University in 1961 and was appointed professor there in 1969.

He is a member of the panel on Mutagenicity Testing of the National Cancer Institute, serves on the editorial board of Mutation Research, and is the author or co-author of 178 publications.

Dr. Rosenkranz resides with his wife and five children in Paramus, New Jersey.
Family Living Room Provides Homelike Setting for Hospital Births

Television news cameras were on hand April 22 for the official opening at Flower and Fifth Avenue Hospitals of the newest facility to be developed by the Department of Obstetrics and Gynecology for prepared and shared childbirth. The Family Living Room of the Family-Centered Maternity Program is an all-in-one labor and delivery room that combines the comforts of home, both physical and psychological, with the availability of sophisticated medical equipment and procedures vital to maternal and infant health.

The purpose of the room is to provide a setting in which a mother can be as relaxed as she would be if she were having her baby at home, according to Dr. Martin L. Stone, '44, professor and chairman of the Department of Obstetrics and Gynecology. During labor she may sit in an easy chair, lie in bed, watch TV, chat with her husband or a relative or friend she has chosen to share the experience with. At the same time, she knows that should an emergency arise, appropriate medical help is only seconds away in the hospital’s conventional delivery room.

The Family Living Room was developed in the belief that "in-hospital maternity care should be as compassionate, personalized, and family-centered as possible," in the words of Dr. Don M. Sloan, clinical assistant professor and director of the Family-Centered Maternity Program. The safety aspects of the new facility have been emphasized by Dr. Stone who cited the stand taken in January by District II of the American College of Obstetricians and Gynecologists that an out-of-hospital setting which lacks a blood bank, clinical laboratory, radiologic back-up, and fetal monitoring devices "seriously fails to meet adequate safeguards for mother and infant."

The Family Living Room is available on request to patients, whether clinic or private, who have completed a course in natural childbirth and whose doctors approve, FFAH's natural childbirth course, providing instruction in the Lamaze method as well as in postnatal care, is directed by Elisabeth Bing, clinical assistant professor of obstetrics and gynecology.
NYMC Starts Regional Training Program For Breast Cancer Specialists

As part of a nationwide program funded by the National Cancer Institute, NYMC is conducting a comprehensive training program for doctors and other health professionals in the detection and treatment of breast cancer. The NCI has designated only seven institutions in the country as regional training centers for specialists in breast disease.

NYMC's program, which started in January, is the largest and most comprehensive of the regional programs, according to Dr. Rita F. Girolamo '51, program coordinator and professor of radiology. Fifty radiologists and 75 technicians will be trained during the first year of the three-year project, and she expects 150 physicians — internists, gynecologists, and surgeons as well as radiologists — and 200 other professionals to receive training during the next two years.

The program provides intensive instruction in mammography and thermography, the two diagnostic techniques essential to accurate evaluation of the breast for malignant disease. The College has opened new mammography units at Flower and Metropolitan to supplement the teaching program and also to make it possible for at least twice as many women to be screened at the hospitals annually. The new clinical facility at Flower also houses a thermography unit.

As an introduction to clinical examination and interpretation of test results, physicians will take a concentrated course in the anatomy, physiology, and pathology of the breast. Latest methods of treating breast disease by surgery, chemotherapy, and radiation will also be explored in depth. The 16-member faculty for the training program includes pathologists, breast surgeons, and gynecologists as well as radiologists. All participants will receive continuing education credits.

Dr. Girolamo says the NYMC program should help alleviate the pressure on the overburdened breast cancer screening centers in the metropolitan region: directly, by making available a greater number of qualified personnel to staff them; indirectly, by training personnel to staff centers in outlying areas. Then, she points out, "it should no longer be necessary to refer patients to larger metropolitan centers for diagnosis and treatment."

For further information about either the training program or new diagnostic facilities at NYMC, contact Dr. Girolamo's office at (212) 860-7077.

Program coordinator Dr. Girolamo instructs a group of doctors who come from all over the Eastern United States and Canada to attend NYMC's comprehensive training program in the detection and treatment of breast cancer.
Faculty Speak on Primary Health Care Delivery

Primary care is a subject much discussed these days by health professionals, educators, and administrators. How important is it? Who should deliver it — internists or family practitioners, or the entire health team? How do you train doctors for primary care?

At the New York Academy of Medicine's Annual Health Conference on April 23, where the subject was "Issues in Primary Care," Dr. William C. Felch, member of the NYMC Board of Trustees, commented that "In our pluralistic society, we'll probably end up having primary care delivered in different settings by different kinds of people, and I see nothing wrong with that." (See "Alumni Profiles, Dr. Richard Stone" for additional comments on primary care.)

"A variety of physicians now do, and in my opinion, should continue to deliver primary care — including g.p.'s, f.p.'s, obstetricians, gynecologists, pediatricians, and internists," Dr. Felch said, with emphasis on the and. "In the long run, the public will make the decisions as to whom it will turn to for primary care."

Dr. Felch, chief of staff of the United Hospital in Port Chester, New York, and a practicing internist and partner in the Rye Medical Group, commented that even though internist training is oriented technically and biologically rather than along lines of humanism and interpersonal skills, this training, "despite the rigors of the ICU," has turned out doctors who are warm human beings and suited to the delivery of primary care.

"Humanism can be taught to a limited degree only," he said. "But it doesn't necessarily have to be taught. To some degree, people pick up attitudes from their families, in school, in college, even in utero, and they bring these to their medical careers."

Internists also bring to primary care practice "that rational, analytical, problem-solving, critical approach that has been drilled into them and is such a fundamental element in traditional internal medicine residency," he added.

Describing himself as belonging to the school of thought that holds that primary care is the most important part of medical care, Dr. Felch said, "The entire gamut of health care problems will surface in the primary care center. But the principal importance of primary care lies in the amount of critical health care decisions which are taken there."

Dr. Milton Terris, professor and chairman of the NYMC Department of Community and Preventive Medicine, offered the view that primary care is best delivered by a health team — i.e., general and specialist physicians working in a community health center with dentists, pharmacists, laboratory workers, nurses, nutritionists, health educators, social workers, and other health personnel required to meet the specific needs of the population being served. The value of such a model "has now been demonstrated successfully in the United States in that most unfavorable of all community laboratories — the poverty-stricken ghettos of our cities."

He said that health teams offer advantages beyond the two other approaches to primary care delivery now being tried. One of these — "feldsherism," or the training and use of physician substitutes — establishes two classes of care in the developing countries where it has been tried, he noted. Cautioning against its introduction in the United States, he said "it will magnify the disparities in the two-class medical care system in the cities, providing physicians for those who can afford them, and physicians' assistants and nurse practitioners, practicing independently or with token supervision, for those who cannot."

Nor, in Dr. Terris's view, is the solution to be found in the family practitioner concept, which, he said, is "a throwback to nineteenth-century methods of providing medical care. It attempts to train a competent general physician for solo practice at a time when the scientific and technological revolution in medicine makes solo practice obsolete."

Instead, he sees the community health center, integrated in a regional network of hospitals and other institutions with the resources of a medical school at its center, as the model for the future. "The moment we move from stating that primary care should be given by the internist and pediatrician, or the family practitioner, to the position that primary care should be given by team practice in community health centers, then we gain enormously in flexibility of approach," he said. "The neighborhood health center belongs in every neighborhood and community, regardless of economic level; all of us need it if we are to obtain the best that medicine can offer."
AOA Sponsors Primary Care Seminar

How best to meet the challenge of training doctors interested in providing primary care was the topic of a seminar on February 18 sponsored by the Iota Chapter of Alpha Omega Alpha.

Participating in the discussion were Drs. Alfred M. Freedman, chairman of psychiatry; Robert Goldstein, chairman of medicine; Edmund T. Lonergan, associate chief of the renal service; Sheldon P. Rothenberg, vice-chairman of medicine and chief of hematology/oncology; and Dean Samuel H. Rubin.

The panel concluded that medical schools are not doing an adequate job of training their students to practice primary care medicine, despite increased public demand for better primary care and the growing interest of young physicians in providing it. Although most practicing physicians are actually involved in primary care, the panel pointed out that new M.D.'s usually have to learn on the job to cope with the psychosocial aspects of their patients' health concerns.

Dr. Goldstein said the problem lies not in the basic training physicians receive but in the lack of specialized follow-up training in primary care medical practice. "The M.D. who is going to practice in an urban area, loaded with specialists, receives the same training as the physician who plans to practice in a small town or in Appalachia," he said.

Medical schools must accept the challenge to prepare their students for the different types of medical and socioeconomic environments they elect to serve. The schools must also produce more physicians especially trained to care for the whole patient and to serve as the patient’s advocate through the entire course of an illness, panel members agreed.

Primary care was defined by Dr. Rubin as "care close at hand by a physician who knows his or her patient as an individual and can provide personal support as well as scientific expertise." Dr. Rubin said the primary care doctor must be responsible for the initial contact with the patient and assessment of the patient’s problem, for coordinating the health care team, and for providing support during and after treatment.

The panelists noted that after years of electing to enter specialty fields of medicine, increasing percentages of medical students are now turning toward the primary care fields of family practice, general practice, pediatrics, obstetrics and gynecology, and internal medicine. The A.M.A. recently reported that 58 percent of new doctors chose these practices in 1974, a rise of 20 percent in six years.

Dr. Rothenberg suggested that basic undergraduate training in primary care be followed by specialized training on the graduate level. Specific components of his proposed program for urban areas are training in internal medicine and in the co-management of surgical and gynecological patients, together with ongoing involvement in ambulatory care medicine.

Dr. Lonergan pointed out that NYMC is an ideal position to train physicians to practice in rural areas. "The geographic location of the Westchester campus, within 100 miles of the farms of lower New York State, gives the College a unique opportunity to teach students rural medicine," he said.

He suggested that training programs be planned with the proximity of the farm region in mind. "Given proper funding, there is no reason why our students cannot take part of their training in these rural areas, shuttling between Valhalla and the many small community hospitals dotting the region."

To fully utilize physicians trained in primary care medicine, urban and rural health care institutions would have to develop an inpatient primary care service based on a new system of patient advocacy, Dr. Rothenberg suggested. Under this system, every patient entering the emergency room or ambulatory care clinic — with the exception of pediatric and obstetric/gynecology cases — would be admitted to the primary care service first. The physician who made the initial diagnosis would continue to supervise the patient’s care throughout therapy.

"If the patient had such an advocate," Dr. Rothenberg concluded, "the battle to provide good primary care would be half won."

Panelists discussing how best to train doctors to provide primary care at the AOA seminar on February 18 are (left to right) Dr. Lonergan, Dean Rubin, Dr. Goldstein, and Dr. Rothenberg.
Testimonial Dinner for Dr. Freedman

"Of all the men and women who have served on the forefront of change, leading and making a difference in the actions and passions of our time, Dr. Alfred M. Freedman is certainly a man to be reckoned with." These words of Dr. John L. Holloman characterized the tributes paid to Dr. Freedman when more than 300 people gathered to honor him on January 20. The occasion was Dr. Freedman's fifteenth anniversary as professor and chairman of the Department of Psychiatry.

Dr. Holloman, president of the Health and Hospitals Corporation of the City of New York, was among the testimonial dinner guests, whose names read like a Who's Who of psychiatry, medicine, and science. The keynote speaker was Dr. Leon Eisenberg, professor of psychiatry at Harvard, who traced Dr. Freedman's accomplishments as a researcher, clinician, teacher, and administrator. "Under Dr. Freedman's leadership, the department has provided a model of what an urban medical school could accomplish in the delivery of care to a neglected population," Dr. Eisenberg said.

The program concluded with the presentation by Dean Samuel H. Rubin to Dr. Freedman of a plaque "in recognition of his distinguished and outstanding contributions and leadership in the Department of Psychiatry as well as in the broad field of psychiatry on both the national and international levels."

Responding to the kudos with characteristic humor, Dr. Freedman said, "The department has 'enjoyed' — that's the word generally used now — fifteen years of crisis. But it has progressed, thanks to your veneration for learning, your commitment to service, and the very humanity that all of you have expressed."
Care and Teaching in Gastroenterology Enhanced by New Clinic Quarters

The Sarah C. Upham Clinic at Flower and Fifth Avenue Hospitals, which for many years has provided needy patients with expert gastrointestinal care, recently moved to newly renovated quarters on the first floor of the Cohen Research Building. Directed by Dr. Harry Barowsky '31, clinical associate professor of medicine, the clinic, which is part of the Sarah C. Upham Section of Gastroenterology, now provides medical services to approximately 600 patients annually. It also affords opportunities for the gastrointestinal training of medical residents, fellows in gastroenterology, and fourth-year medical students.

Dr. Barowsky, who is in charge of both patient care and teaching in the Upham Clinic, said that the new facility enables the clinic to give "outstanding care comparable to that which a patient receives in a private practice setting." The unit, part of the Hospital's new Ambulatory Care Center, includes four individual examining rooms. It has an operating room equipped with adjustable tables and specialized instrumentation which make possible the performance of a full range of procedures — including fiberoptic endoscopy (gastroscopy and esophagoscopy), colonoscopy, proctosigmoidoscopy, and intra-gastric photography — for the accurate diagnosis of gastrointestinal problems.

In the past, Dr. Barowsky conducted a postgraduate course in gastroscopy that earned national recognition. He was president of the New York Academy of Gastroenterology and secretary of the American College of Gastroenterology. At present, he is councillor of the New York Society for Gastrointestinal Endoscopy. He has published several articles based on his clinical studies.

The Sarah C. Upham Clinic was created under a permanent bequest of the estate of Professor Roy Upham '01, for many years a member of the gastroenterology faculty. Professor Upham died in 1956.

At the Sarah C. Upham Clinic, Dr. Barowsky trains fourth-year student Michael Schoolman and residents Dr. Jerome H. Siegel (lab coat) and Dr. Sidney Jakubovics (sweater) in clinical procedures in gastroenterology.
NYMC Celebrates Junior League Anniversary

Dr. Richard E. Brotman, director of NYMC's Center for Comprehensive Health Care, and Dean Samuel H. Rubin watch as Mayor Abraham D. Beame presents members of the Junior League of the City of New York with a proclamation designating May as "New York Junior League Month." The occasion, celebrating the Junior League's 75th anniversary, took place in the Early Childhood Development Center, which is a joint creation of the Center for Comprehensive Health Care and the Junior League. Left to right: Dr. Brotman; Ms. Barbara M. Clutz, New York Junior League president; Ms. Mary Ellen Faki, director of volunteer services for the Early Childhood Development Center; Mayor Beame; Dr. Rubin.

At the Early Childhood Development Center, which concentrates on high-quality development of pre-school children's social, emotional, cognitive, physical, and behavioral dimensions, Dr. Brotman has a person-to-person talk with a child as her father looks on.
Continuing Medical Education
Program Expanded

NYMC has recently strengthened and expanded its pro-
gram of continuing medical education in response to the
increasing recognition by physicians of their need to keep
abreast of new developments in the medical field. The
importance the profession attaches to formal instruction
as a supplement to the ongoing self-instruction doctors
have traditionally practiced is indicated by the American
Medical Association's Physicians Recognition Award. The
requirements for this award include 60 hours of courses
accredited by the A.M.A.

The College was granted accreditation to offer such
courses following an A.M.A. survey last year, according
to Dr. Camille Mallouh, associate dean and director of
continuing medical education. "We hope the accreditation
will lead to substantial participation by interested physi-
cians in the College-sponsored courses and to the develop-
ment of more of them," he said.

Dr. Mallouh noted that already twelve state
medical associations and eight specialty societies have
decided to require continuing medical education as a con-
dition of membership. Seven states now have laws that
permit their boards of medical examiners to require such
education for re-registration of a license to practice medi-
cine, and three more states will have similar laws by 1978.

Courses offered recently in the College's continuing
education program include:

- A workshop entitled "Earliest Identification and
  Intervention," approved for 5 hours of credit by the
  A.M.A., presented by the Department of Pediatrics as
  part of a conference on learning disabilities held April
  1-2 at the Commodore Hotel in New York under the
  joint sponsorship of the College and the Adams School,
a school for children with learning disabilities.

- A course in genitourinary radiology, approved for
  18 hours of credit, presented by the Department of
  Radiology at the Plaza Hotel in New York on April 5-7.

Several courses are offered by the Department of
Psychiatry, which has been particularly active in sponsor-
ing continuing education courses and which already had
separate accreditation. The Department of Medicine is
also offering courses.

The Committee on Continuing Medical Education,
which is responsible for approving the courses, is com-
posed of Dr. Yahya M. Berkmen, Dr. Dante V. Bizarri,
Dr. Robert Goldstein, Dr. Walter L. Mersheimer, Dr.
Benjamin J. Sadock, Dr. Sanford Sall, Dr. Martin L.
Stone, Dr. Edward Wasserman, and Dr. Mallouh, chair-
man.
Students Bring "Cabaret '76" to Valhalla

"Cabaret '76," presented by NYMC students on March 20, was received with great pleasure by the students, parents, members of the faculty and administration, and friends who attended. The event took place in the appropriately decorated lounge and cafeteria of the Basic Sciences Building at Valhalla. Two hundred students, a mix from all classes, pooled their talents to serve dinner, run gaming tables, sell chips, and put on a lively show. There was entertainment during dinner, followed by three performances of the students' adaptation of the show Cabaret, two for guests and one -- a late show -- for "workers only." The evening was organized by chairman Dennis Roggemann '76, working with co-chairpersons Cyrille R. Halkin, M.D. '45, NYMC vice-president for development, and Skip Vigorita '76. Serving as co-sponsors were Jerome Goldberg, president of the Parents' Council; Paul Tucci, M.D. '51, president of the Northern Suburban (Westchester) Chapter; and Sanford Sail, M.D. '59, president of the Faculty Senate. Proceeds were turned over to the Student Financial Aid Fund.

15 Students Elected to Who's Who

We are pleased to report that the following students from the Class of '76 have been elected to Who's Who Among Students in American Universities and Colleges:

Robert Basilico  
Robert Cykiert  
Lawrence DeMilio  
Peter Dunner  
David Herschthal

Karen Kostenbauer  
Joanne Kurtzberg  
William Miller  
Demitri Papulos  
Dennis Roggemann

Morton Rubinstein  
Michael Schoolman  
Ann Schulster  
Vincent Vigorita  
Francine Vogler

Some of the people responsible for the success of "Cabaret": (from the top) decorator Jon Marks '76; cashiers Karen Kostenbauder '76 and Dr. Robert Klaw; hostess Mary Murphy '78 and maître d' Jerome Kopelman '78; the waiters and waitresses.
Alumni Briefs

Dr. Halkin Joins Administration as Vice-President for Development

Dr. Cyrille R. Halkin, clinical associate professor of pediatrics and immediate past president of the Alumni Association, has been appointed vice-president for development.

In her new post Dr. Halkin will work closely with NYMC trustee Irwin Weiner, Dr. Slobody, and the Development Committee of the Board of Trustees, which is chaired by Mr. Weiner, helping to enlarge the institution's base of financial support to insure continuing growth and progress. "I love the College and Hospital," she said in a recent interview, "and I think a great deal can be done, not only in fund raising but in bringing the goals and aims of the College to the attention of the larger community.

"As a physician, a loyal graduate, and a woman, I can share my pride and interest in the institution and try to stimulate those outside our 'family' to know and appreciate how really great we are and how much we have to offer."

Dr. Halkin points to the dual-campus advantage of the College, which she sees as an important asset: "The two campuses, situated as they are in urban and suburban settings, reflect our continuing commitment to the needs both of the poor and the middle class."

She is proud of the College's ethnic diversity: "New York Medical College was among the first medical schools in the country to admit, without quotas, members of minority ethnic and religious groups who were often excluded from other medical schools. As a result, there is a sense of gratitude and sharing in our alumni body that goes very deep. This staunch loyalty has contributed greatly to the first-rate status of the College today."

Fund-raising efforts in which Dr. Halkin will participate will reach out to both individuals and institutions that benefit from the College's high standards of medical education and health care. Funds will be sought to enlarge the College's physical facilities and to broaden its teaching, research, and health care delivery programs. Institutes are being planned to provide exemplary models for medical education, health care delivery, and biomedical research.

During Dr. Halkin's tenure as president of the NYMC Alumni Association, from 1973 to 1975, the rate of alumni contributions doubled, many new chapters were initiated, and the participation of graduates from outlying areas increased notably. She also helped to expand the definitions of alumnus and alumna to include not only medical graduates, but graduates in the basic sciences, present and former members of the house staff, nursing graduates, and current students.

Dr. Halkin is a New Yorker, born and bred. "I have always loved this city," she says. "It is truly a melting pot where, of necessity, people have a commitment to one another."

The new vice-president of the College graduated in 1942 from the University of Michigan and in 1945 from NYMC, where she was elected to Alpha Omega Alpha. She served internship and residency appointments at Beth Israel and Willard Parker hospitals in New York, then joined the staff of Sydenham Hospital as the first pediatric resident in what she describes as a very exciting experiment: "Thirty years ago, Sydenham became the first interracial private hospital in New York City, and I volunteered to participate in that experience. Both staff and patients were racially unsegregated, and this was long before the active civil rights movement. In fact, many civil rights activists who later become prominent nationally were active in the Sydenham project."

Her next assignment was as a pediatric resident at the Children's Center on East 105th Street, an institution for children without adequate parental care, which is under the jurisdiction of the Department of Social Services of the city. This experience led to her appointment as attending pediatrician there, a position she has held for the past 24 years. During that period two associate physicians have been added to the staff and the number of nurses, social workers, and psychiatrists has tripled. Dr. Halkin's long-term devotion to the children and adolescents at the Children's Center is reflected in the several distinguished service awards she has received in recognition of her work there.

Dr. Halkin is married to Dr. Ralph Schwartz, clinical associate professor of pediatrics at the College. They share a love of the land, of growing things, of fields and animals. One of their greatest joys is their farm in the rolling hills near Goshen, N.Y., where they and their children have put down roots. Their son, Dr. Scott Schwartz, is completing his first year in NYMC's psychiatric residency program, and their daughter, Rose Schwartz, is a third-year pre-law and political science student at Princeton. (Continued)
An attending physician at Flower and Fifth Avenue Hospitals since 1949, Dr. Halkin has an established private practice, an endeavor she believes is at the very core of a physician's commitment. "I believe in the one-to-one relationship between the physician and the patient, in my case, in the guidance and development of children. It isn't enough to give diphtheria shots or treat tonsillitis. I feel that pediatric practice is a way to help develop a race of people who can live together and care for one another."

Dr. Halkin's interest in health care was motivated in part by her father, a dentist, who served the community through Metropolitan Hospital's Dental Clinic for many years. Her career was also inspired by her mother, who holds two master's degrees and a doctorate, was a guidance counselor in the New York City school system for a long period, and is now considering going to law school. "With a role model like that, I have to keep busy," Dr. Halkin says, laughing. "I'm trying! I'm trying!"

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**Alumnus Heads Faculty Senate**

The Faculty Senate at the College, which has evolved in the last few years as a significant source of faculty governance, now has its first NYMC alumnus as president. He is Dr. Sanford Sall, professor and vice-chairman of the Department of Obstetrics and Gynecology since 1974. Dr. Sall graduated in the class of 1959, served as a resident from 1960 to 1964, and joined the faculty as an instructor in 1966.

"I have discovered, as I travel to different medical schools on speaking engagements," Dr. Sall said in a recent interview, "that our Faculty Senate is unique in the monitoring role it plays concerning academic policy. Many schools have faculty bodies, but few are as hardworking and successful as ours."

The Faculty Senate as a whole comprises the entire full-time, part-time, and voluntary faculty of over 1,400 men and women, and it meets at least two times a year. The 16-member steering committee, which acts as a liaison between the senate and the administration, meets every two weeks. According to the senate's new by-laws, revised in 1974 after months of deliberation, this committee consists of the president and secretary of the senate, both of whom are elected, ten elected members, and four members appointed by the dean. The steering committee and the executive faculty council (which is made up of all departmental chairmen and the heads of institutes), constitute the so-called Executive Faculty, the body that can channel information most directly between the faculty and the president, the deans, and the Board of Trustees.

"As president of the Senate," Dr. Sall explained, "I meet with our steering committee twice a month, with the president or dean once a week, and I attend each Board of Trustees meeting. In addition, members of the Faculty Senate serve on Board of Trustees committees. A system of shared responsibility has come about through this process, as well as a mutual accountability."

The names of some of the other Faculty Senate committees indicate areas in which the faculty makes recommendations. For example, there are committees on student admissions; education and curriculum; faculty tenure, appointments, and promotions (TAP); the library; animal care; planning; student-faculty relations; and grievances. Regarding grievance procedures, any member of the faculty who has a complaint can present his or her case to the grievance committee, which after discussion makes recommendations to the dean.

"We are not meddlers," Dr. Sall insists, "and we don't attempt to tell a department how to practice medicine. But we do like to uphold standards and make sure everyone gets an even break."

The search committees represent another aspect of ongoing faculty involvement. When a vacancy occurs in a departmental chairmanship, for example, the senate has a broadly based democratic procedure for seeking out and recommending a replacement. Each search is wide and competitive, aiming to select the strongest possible candidate.

The present Faculty Senate is an amalgam of two previous faculty groups — the Executive Faculty Council and the Associate Faculty. Through its current network of elections and committee actions, it has attempted to improve communication between the administration and the faculty and to facilitate two-way flow of information.

Dean Samuel Rubin is full of praise for the hard-working officers and committees of the Faculty Senate. "The committee work that these faculty members do is over and beyond their academic and clinical work loads and is indicative of their interest in the quality of our institution," he has said. "Their work is invaluable and has become an integral part of our decision-making process."
Parents' Council Honors
Drs. Bentivegna and Mininberg

The Parents' Council honored two alumni at a testimonial luncheon at the Westchester campus on May second. They were Dr. Saverio S. Bentivegna '50, associate dean, professor of clinical surgery, and president of the Alumni Association, and Dr. David T. Mininberg '61, associate professor of urology, chairman of the College's Student Scholarship Fund, and president-elect of the Association.

Parents' Council President Jerome Goldberg praised Dr. Bentivegna's leadership of the students during their clinical training and Dr. Mininberg's work in helping the students obtain financial aid. Both men, he said, "do much to smooth the way for our students through four arduous years of medical school."

More than 200 parents, students, and faculty attended the luncheon, the proceeds of which were donated to the Student Scholarship Fund.
When Lois C. Lillick graduated at the top of her NYMC class in 1953 she had already headed the Department of Bacteriology at the College for seven years, a job she continued to perform while pursuing her medical studies. On April 5, 1976, this distinguished alumna died at her home in Fair Oaks, California, at the age of 62. She was deputy director and medical consultant to the California State Department of Public Health at the time of her death.

Born in Cincinnati, Ohio, Dr. Lillick graduated in three years from the University of Cincinnati where she majored in biology and was elected to Phi Beta Kappa. She then completed the master's program in one year. While earning her Ph.D. in microbiology from the University of Michigan, Dr. Lillick was chosen as the first "guinea pig" in an experimental exchange program for graduate students between Michigan and Harvard universities, a situation which she said was complicated by her being a woman. She was awarded numerous fellowships, and during her last year at Michigan held three concurrently.

She left her first job as a research assistant at Harvard after one year because she felt that Harvard University at that time was "no place for an ambitious female." She then started as an instructor in bacteriology at NYMC in 1940. She became assistant professor in 1945 and the following year was promoted to associate professor, the rank she held while going through medical school as a student and simultaneously running the bacteriology department as acting chairman. Upon her graduation in 1953, she was appointed chairman of the NYMC Department of Microbiology, a position she held for nine years. During this period she also had her own general private practice.

In her practice Dr. Lillick became involved with her patients' social as well as medical problems, which eventually led her to decide to enter the field of public health. She had become convinced that it offered greater opportunities to influence the medical care received by those who had neither funds nor the knowledge of how to receive good care. In 1963 she obtained an M.P.H. degree from the University of California School of Public Health in Berkeley and joined the California State Department of Public Health as a medical officer.

During the next nine years, Dr. Lillick served as assistant medical chief of the Bureau of Chronic Diseases. In this position she effected widespread changes and accomplishments in the California public health system. She ran the Chronic Illness and Aging program statewide for several years, inaugurating experimental programs in heart disease rehabilitation, stroke rehabilitation, multiphasic screening, home care, homemaker service, and meal service. She directed a three-year project for the California legislature to study special health care needs of the severely physically handicapped; conducted several studies of nursing home care and care for the elderly, each of which led to changes; and instituted a traveling training program in rehabilitation nursing for nursing homes. She organized and directed Home Health Agencies, one of three Medicare branches in California, developing a network of agencies across the state. She also formed the California Association of Home Health Agencies, which was the first such in the country and which led to the formation of the National Association of Home Health Agencies, which she also worked to develop. To upgrade the quality of care in Home Health Agencies and nursing homes, she developed a state consultation service.

As deputy director of the state health department, Dr. Lillick reorganized licensing to achieve uniform application of the law throughout the state; established a training program for inspectors; instituted the use of nurses instead of nonprofessionals as inspectors in nursing homes; and initiated revision of licensing regulations, the first major overhaul of this system in 25 years.

During the past two years, Dr. Lillick worked to prepare the state to administer a newly obligatory federal Health Facilities Capital Expenditures program; chaired a task force to develop a state plan for primary medical care; worked with medical specialty groups to develop utilization standards for specialty hospital services; and directed a federal manpower grant dealing with California nurses.

Dr. Lillick's friend Loretta Peterson, R.N., ombudsman for the State of California Office on Aging, wrote to Chironian, "... She was great in every task she undertook. I worked with her 11 years, and learned something new from her every day." Ms. Peterson went on to say that Dr. Lillick "remembered with pride the many students she taught at New York Medical College. She was proud of the school and the quality of its medicine. She told me many times, 'that school turns out good doctors.' "
Most theories of brain function hold that specific areas of the brain control specific activities. Sight, for example, relates solely to the section of the brain where the visual system is located, movement to the area comprising the motor system. Learning occurs when new connections are made between specific nerve cells in different brain areas and remembering requires that these connections be reactivated. Continuing research carried out by E. Roy John, Ph.D., professor of psychiatry, research professor of physiology and director of the Brain Research Laboratory, however, suggests that a given mental or physical activity is less the product of a localized circuit than of vast areas of the brain working in concert.

Based on his more than 25 years of experiments with brain function, Dr. John believes that most activities occur through a process of statistical configuration. "This statistical configuration theory," he explains in the May issue of Psychology Today, "proposes that many brain functions are distributed throughout most brain regions, but that some regions contribute more than others to any given function. For example, the motor system has the biggest role in movement and the visual system in seeing, but many other parts of the brain play a role in these functions."

In one experiment, 34 electrodes were implanted in different parts of a cat’s brain, enabling Dr. John and his associates to see the brain’s electrical rhythms as the cat watched a flashing light. Brain waves occurring at the same frequency as the light were termed "labeled rhythms," as opposed to waves that occurred only in random patterns. Initially, the labeled rhythms were concentrated in just a few areas of the brain, notably in the area where the visual system is considered to be located. But as the cat learned to associate the light with a task — jumping a hurdle to avoid a shock — the labeled rhythm spread to additional parts of the brain. In other words, the mere existence of the light was registered primarily in the visual system, but when the light acquired a meaning the rest of the brain became involved. Subsequently, the cat’s brain would often emit the labeled rhythms even when the light was off, rehearsing for the next flashing light. When a burst of such rhythms occurred the cat would often jump the hurdle. "We were seeing memory," says Dr. John, "and it was spread throughout the brain."

To determine the degree to which each area of the brain was involved in the memory process, Dr. John and his research team devised a microelectrode that could record individual cell activity and move downward through the brain from cell to cell, providing an overall, comparative view as the cat performed its hurdle activity. They found that each cell they viewed reacted similarly: unpredictably to a new stimulus, with statistical predictability but short-term variability to a familiar stimulus, and in different ways to different stimuli. Although the average activity patterns of different cells were closely similar, their momentary activity varied from cell to cell. In addition, each cell showed considerable random activity. Most important, cells in distant parts of the brain sometimes responded to the same stimulus with identical average firing patterns which reflected what the cat would later do, rather than a reaction to the immediate stimulus.

It is the statistical similarities between activities that Dr. John feels support his theory. If memory consists of new pathways between specific cells, the activity of individual cells in such pathways should show an invariant pattern during remembering. The observed high variability should not exist. All cells in a region should not respond to all stimuli, but they do, although in different ways. The fact that every cell studied exhibited random spontaneous activity and highly variable responses to familiar stimuli indicates that memory depends upon the average pattern of a great many cells, rather than on the reliable invariant activation of any one cell. Every mental function, then, including consciousness itself, results from activity occurring throughout the brain, according to Dr. John. It is not solely the location of cells that matters, but
An eight-year-old listens to rock music as he takes the child’s version of the QB.

the coherent or shared temporal patterns in which cells in many regions fire. "The pattern of all cells involved," he states, "causes us to see, move a finger, or remember our first bicycle ride."

Location does play a role, though. Each brain region has a characteristic "signal-to-noise" ratio for a particular function, "noise" referring to random cell firing and "signal" to coordinated cell firing, in rhythm with other cells performing the same operation. The more signal and less noise activity for a given process within a cell region, the more it contributes to function. When we see something, for example, the visual system has the greatest number of cells firing with a specific pattern related to that stimulus and the least number firing in random patterns. Other regions of the brain may also be involved in the visual process, but with comparatively more noise and less signal.

Until fairly recently, the localization theory — a specific brain area relating to a specific function — has been the generally accepted explanation for stroke or brain-damage victims who permanently lose specific functions. But some persons with severe brain damage recover lost functions, and experiments in many animal species have shown that when brain damage that normally would result in the loss of certain capacities is inflicted in stages, there is little or no loss. If, for example, both sides of a rat’s visual system are destroyed at the same time, the rat loses the ability to recognize patterns. But if the second side is destroyed two weeks after the first, the ability is retained; apparently, the rat learns to use other areas of the brain for this function.

Dr. John feels that treatment of brain disorders based on the theory of highly specialized brain areas ignores the possibility of effective therapies. "If my view is correct," he states, "people who lose some of their mental capacities because of brain damage can recover much more fully than we give them credit for or encourage them to try."
**NYMC Researchers Link Phototherapy to Riboflavin Deficiencies in Newborns**

Can the use of intensive lighting in nurseries cause riboflavin deficiencies in infants? Drs. Donald S. Gromisch, Rafael Lopez, Harold S. Cole, and Jack M. Cooperman of the Department of Pediatrics have designed a study to find out. Results of the study were presented at the American Pediatric Society annual meeting held April 30 in St. Louis, Missouri.

Riboflavin, or Vitamin B₂, is an essential component of many enzyme systems in the body concerned with important reactions at the cellular level. Drs. Gromisch and his colleagues have demonstrated that the intensive lighting — or phototherapy — commonly used in infant nurseries to treat jaundice can decompose this essential vitamin.

In their study, the researchers determined riboflavin deficiency by estimating the activity of a riboflavin-containing enzyme, using a sensitive method previously shown to reflect the riboflavin nutritional status of the newborn. Sixteen of twenty-one newborns in the study group became vitamin deficient after light therapy; none of the controls developed vitamin deficiency during a comparable period of time. The vitamin deficiency was correlated with the duration of time the infants were exposed to light.

"Riboflavin deficiency may affect the well-being of infants and may be contributing to the previously reported failure to thrive in infants undergoing phototherapy," Dr. Gromisch points out. "The introduction of riboflavin supplements to newborns prior to phototherapy may prevent riboflavin deficiency. However, a new dilemma is that the photodynamic action of riboflavin may induce alterations in the body of cell structures which may cause mutations and cancer." Until this is resolved, he says, any dietary supplementation with riboflavin should be made with caution in infants who have undergone phototherapy.

**High Alcohol Study**

Three endocrinologists in the Department of Medicine showed in a recent study that prolonged drinking of alcohol alters testosterone metabolism. Dr. A. Louis Southren, professor, Dr. Gary G. Gordon, professor, and Dr. Kurt Altman, associate professor, conducted experiments on the effect of alcohol on sex steroid metabolism in rats. They found that the activity of the liver enzyme which normally breaks down testosterone was doubled when the rats were given substantial doses of alcohol over a long-term period. No compensatory increase took place in the animals' production of the male hormone.

The investigation was part of a larger study involving volunteer human subjects in whom similar results were noted. The NYMC team collaborated in the study with researchers at Mount Sinai School of Medicine and the Bronx Veterans Administration Hospital.

The initial studies have been completed in human subjects and demonstrate that alcohol significantly reduces the plasma level and production rate of testosterone in normal male volunteers who were given alcohol for periods of up to four weeks. These studies indicate that alcohol affects the metabolism of testosterone by actions at the central nervous system and gonadal levels. Additional studies are underway.

Drs. Altman, Southren, and Gordon (left to right) check specimens in liquid scintillation counter, the newest piece of equipment used in their research.
Psychophysiologic Aspects of Cancer

Cancer patients suffer from chronic grief they are unable to express. This is one of the hypotheses advanced during a panel discussion on the psychophysiologic aspects of cancer held at Metropolitan Hospital Center on March 5. The occasion was a memorial to the late Gotthard Booth, M.D., a pioneer in research on the psychophysiology of cancer, held under the auspices of the Department of Psychiatry as one of their regular staff meetings.

In the last ten years an increasing body of scientific evidence has been accumulated indicating that emotional factors play an important role both in causing cancer and in determining what course the disease will take in a particular individual. The panel of experts discussed the role emotion plays in the breakdown of the body's immune and endocrine systems, the role emotion may play in spontaneous remission of cancer, and what personality types are correlated with a high incidence of cancer.

The panelists included Dr. Jay Lefer, clinical assistant professor of psychiatry. Dr. Raymond W. Rakow, assistant professor of psychiatry, was the discussant. Also on the panel were Dr. Charles Weinstock of the Department of Psychiatry, Albert Einstein College of Medicine, and Dr. Vivian Tenney of the Department of Obstetrics and Gynecology, Memorial Hospital.

Citing the literature, Dr. Lefer said, "Psychiatric interviews with cancer patients reveal a history of loss, depression, despair, hopelessness." The tumor, he said, "is symbolic of the lost object relationship" and the prognosis of a given case "depends on finding a new object relationship to replace the loss." He said there has been a change in the personality types of cancer patients since the 16th century, and that it has been especially marked during the past 100 years, coinciding with changes in infant care. "People just don't get a malignancy," he concluded. "It is a consequence of a total biography — a total organismic situation."

Drugs and the Addictive Personality

Maintaining that there are no addictive drugs, only addictive people, Dr. Herbert Berger, clinical professor of medicine and past president of the International Society for the Study of Addictions, argues that legislation prohibiting the sale of alcohol or any other drug is futile. The addictive personality remains, and the man or woman with such a personality merely substitutes a new addiction — whether to food, work, or another chemical substance — for the one no longer accessible.

"Success in the management of the addictive diseases," Dr. Berger says in an article published in the February issue of Medical Times, "can best be achieved when the 'why' is understood." He also advocates preventive procedures. Pointing out that a recent issue of a national magazine carried 42 advertisements for alcohol "extolling everything from 'gracious living' to 'men of distinction,'" he argues that such ads should be banned in newspapers and magazines as they are on television; that alcohol should be made less attractive to the young; and that the number of environmental factors be increased. "The economic and social situation, education, religion, geographic distribution, even the time of year when the incidence of alcoholism is highest should be studied."

Dr. Berger concludes: "Our task in managing . . . personality defects is much more difficult than using a policeman's club to attempt to cure disease, which is really all that we are doing now with the legal approach." We must direct all our efforts toward the patient, he says, rather than toward whatever chemical is momentarily attractive to the patient.
Computerized Assessment of Cardiovascular Risk

Dr. Moser makes use of Cardio-Dial system as he phones in information which computer will use to calculate patient's susceptibility to cardiovascular complications.

Dr. Marvin Moser, clinical professor of medicine, has helped develop a new system whereby physicians across the country can call a toll-free number in New Jersey and receive an immediate assessment of a patient's risk of developing cardiovascular disease during the next eight years.

Called Cardio-Dial, for "Cardiovascular Disease Risk-Direct Information Access Line," the computerized service was developed by CIBA Pharmaceutical Company in cooperation with the National High Blood Pressure Education Program and the National Heart and Lung Institute. Dr. Moser is senior medical consultant to the National High Blood Pressure Education Program.

According to Dr. Moser, who is physician-in-charge of the Hypertension Clinic at the Westchester County Medical Center and chief of cardiology at White Plains Hospital, 'One of Cardio-Dial's chief values is its potential for educating and motivating patients to stay on therapy. In some clinics over 40 percent of the patients drop out of treatment, and one of the most common reasons has been that they are unaware of the risk they face in untreated hypertension.' The system also identifies other risk factors of heart disease, he said.

The minimum information needed for a "risk analysis" consists of the patient's sex, age, systolic blood pressure, and whether or not he or she smokes cigarettes. A more accurate analysis can be given if the physician also reports the patient's serum cholesterol level, evidence of glucose intolerance, and any enlargement of the left ventricle of the heart. Using data amassed in the Framingham study begun 25 years ago in Framingham, Mass., Cardio-Dial can generate almost nine million individual "risk" combinations.

New Procedures for Victims of Stroke and Blindness Due to Diabetes

Diagnostic and treatment procedures under study in the ophthalmology research laboratory hold promise for victims of stroke and blindness due to diabetes, Dr. Michael Dunn, new chairman of the Department of Ophthalmology recently reported. (For news about Dr. Dunn's appointment, see College Briefs.)

A specialist in optic technology, Dr. Dunn is evaluating ophthalmodynamometers, instruments that measure blood pressure within the optic artery. Such measurements can disclose the existence of carotid stenosis — obstruction of the carotid arteries which are principal suppliers of blood to the head and neck. Early detection and ensuing treatment of this condition may prevent or minimize stroke trauma. A new development in eye surgery — surgery of the vitreous, the jelly-like mass that fills the eyeball cavity — may enable many diabetics to see again, Dr. Dunn said.

Looking further into the future, he indicated that the most significant advances in the field of ophthalmology will probably be spinoffs from research going on in molecular biology. The use of antibacterial agents and interferon stimulators to protect the eye against infection, for example, is being actively investigated in the Department. Also, Dr. Dunn personally is doing clinical research on drug delivery systems for the eye, and the transport within the eye of amino acids — the building blocks that proteins are made of.

In the meantime, Dr. Dunn proposes to institute advanced techniques of eye therapy and surgery at a new eye center in Westchester while continuing to stress clinical and basic research at both the New York City and Westchester facilities.
Alumni Profiles

Alumni of New York Medical College are engaged in many different kinds of medical and scientific pursuits. In this issue, Chironian continues a series of profiles of graduates. The two featured here happen to live in the northeast. The editorial board welcomes suggestions for similar stories about other men and women which will permit us to cover something of the scope and variety of the professional activities of NYMC alumni.

Graduate in a Clinical Specialty That's Come of Age

Although he received his board certification last December from the American Board of Radiology, Dr. Francis S. Cardinale, '71, does not think of himself as a radiologist. He belongs, instead, to the first generation of graduate physicians to be trained as radiation oncologists (therapists), and he sees his chosen field as one of increasing importance in the management of cancer.

"Radiation oncology has only recently come into its own as a clinical specialty," he points out. "It evolved as a more distinct field with separate training programs in the late 1950's. Even then there was only a handful of residency programs in the field for several years, and its teaching still leaves a lot to be desired in most medical schools. Students just don't hear much about it."

Fortunately, Dr. Cardinale did hear about radiation therapy as a student at NYMC. In his third year a lecture by Dr. Barnard Roswit, who was then a clinical professor in the Department of Radiology, awakened his interest in the field. Later he was introduced to the treatment and evaluation of cancer patients in the clinical service of the department's Division of Radiotherapy, directed by Dr. Marvin Rotman, professor of radiology.

During his senior year, Dr. Cardinale was one of three students Dr. Rotman took to New Haven, introducing them to Dr. Morton Kligerman, a radiation therapist who was then chairman of the Radiology Department at the Yale School of Medicine. Like Dr. Cardinale, both the other students went on to postgraduate study in radiation therapy. Dr. Charles Vialotti at New York University School of Medicine and Dr. Richard Stabile at Mount Sinai and at NYMC under Dr. Rotman. Dr. Cardinale is currently completing four years of clinical training and research as a postdoctoral fellow in radiation therapy at the Yale-New Haven Medical Center.

The coming of age of his clinical specialty is exemplified by a nationwide study, in which Dr. Cardinale is participating, called Patterns of Cancer Care in Clinical and Research Radiation Therapy. Sponsored by the American College of Radiology, the three-year study is aimed at establishing a profile of radiation therapy as it is now being practiced in the United States. In 1974 Dr. Cardinale was one of approximately 40 physicians selected to visit facilities across the country, ranging from doctors' offices and small community hospitals to major medical centers, in order to gather information about the treatment of cancer patients by radiation therapy.
Using a radiation simulator, Dr. Cardinale and radiation technician Sue Ann Podaski accustom a patient to the techniques, positions, and processes of radiation therapy.

"Hospitals have generally been very cooperative about giving us permission to audit their records, and we've pored over mountains of data," he says. "The first report of our findings will be published this spring. Nothing like this has ever been done before. It's a first step toward formulating recommendations to improve the quality of radiation therapy being given to patients, and it's an exciting thing to be involved in."

Following his graduation from NYMC, Dr. Cardinale did a rotating internship at the affiliated hospitals of the University of California at Los Angeles before going to Yale-New Haven in 1972. The program in which he holds a fellowship at Yale provides academically oriented physicians with three years of clinical training in radiation therapy, to which Dr. Cardinale added a year of laboratory research. In 1973 he made a detailed individual research application to the National Institutes of Health, which awarded him a one-year grant to study the effects of radiation dose rate on the tumor rhabdomyosarcoma in rats.

"When you give radiation you always damage cells," he explained recently in discussing his research, "but some cells are subsequently repaired. Cancer cells are less efficient at repair than healthy cells. In order to maximize the killing effect on a tumor and minimize the side effects on healthy cells, you have to know how fast to deliver the radiation — so many rads over so many minutes or hours or days. My laboratory research is an attempt to quantify this process and so improve the technique."

His first clinical research paper, "Radical Radiation of Carcinoma of the Tonsil," was recently accepted for presentation by the American Radium Society at its annual meeting in Vancouver this May. He will deliver the paper in person.

Dr. Cardinale's main activity at present is seeing cancer patients for evaluation and treatment at Yale-New Haven's Hunter Radiation Therapy Center, where the facilities include a newly installed 32-million-volt electron linear accelerator. After he finishes his Army service he hopes to establish himself in an academic career in one of the large medical centers of the northeast. Although he will continue to devote part of his time to research — "as long as so little is known about cancer," he says — his primary interest will be patient care, along with clinical teaching.

The stepchild status of radiation therapy in undergraduate medical education disturbs him. "The reason students don't hear about it is that, traditionally, radiologists have been more concerned with diagnostic radiology. For years they did radiation therapy only as a side activity and one in which they were less interested, partly because most cancer was thought to be beyond treatment by radiation. But cure rates have improved a lot in recent years. In early cases of Hodgkin's disease, for example, we have a 90 percent cure rate with radiation therapy, and radiation has become the primary treatment in many cancers of the head and neck.

"We have been running a study series on primary radiation treatment of early-stage breast cancer and have found the results comparable to those obtained by mastectomy. This is a highly controversial issue, of course, and the best treatment will be determined by the lowest long-range morbidity and the minimum of side effects, but increasing numbers of women are now choosing radiation therapy for early stages of breast cancer."

Dr. Cardinale's enthusiasm for his clinical specialty and his optimism about its future are contagious. In July he will enter the Army for a two-year tour of duty, and hopes that his Army assignment will permit him to continue working on the Patterns of Cancer Care study. But that's up to the Army, he says. If given his choice of location, he would not at all mind spending the next couple of years in Hawaii.

At this issue went to press, word was received that Dr. Cardinale has been assigned to Honolulu, Aloha.
Director of Pediatric Residents Describes Innovative Program

“Primary care is the answer to children’s health and we really do it,” says Dr. Richard K. Stone, who is in charge of the residency training program at NYMC. There is no doubt about his commitment and enthusiasm as he explains the instructional program that moves from student through chief resident.

A 1968 graduate of NYMC who served his residency at Met before teaching for two years at the National Naval Medical Center in Bethesda, Maryland, he has come back to New York Medical College and Metropolitan Hospital Center as an assistant professor of pediatrics and director of the residency training program in the pediatrics department.

“Ours is a very clinically oriented department,” he says. “Because of the size, orientation and kind of hospital this is, it’s an especially fine place to teach primary care. Metropolitan is not a referral center; it’s a real community hospital. We don’t have a ward full of obscure diseases but rather of common ailments, such as gastroenteritis and pneumonia. Because we have a huge population base — 80,000 outpatient visits a year — we see many unusual things as well, and we see them in proportion to their real incidence in the community. The leukemias we see don’t arrive from a community hospital wearing a label ‘Leukemia — Please Treat.’ They come in with bleeding or anemia, which makes our job one of diagnosis and follow-up. Once they’re here we don’t give them up to another center. We are a center with a large, full-time staff and expert back-up in all the various subspecialties needed.”

The department’s philosophy of health care and Dr. Stone’s own philosophy are the same: the emphasis is on primary medicine. The department is also fully equipped to train pediatric subspecialists, and it graduates its share. Of the 37 house staff officers currently enrolled in the program, six are pediatric fellows completing their training in one of several subspecialties — immunology, oncology and hematology, neonatology, nephrology, and ambulatory care. The other 31 are at various stages of their three or four core years of residency training, and most will become general pediatricians, or pediatric generalists, as Dr. Stone calls himself. Even the subspecialists will probably remain practitioners, he predicts.

As an undergraduate medical student, Richard Stone did not settle on pediatrics until the end of his junior year. A Phi Beta Kappa graduate of Queens College of the City University of New York, where he majored in both biology and chemistry, he had chosen NYMC over eight other medical schools to which he had also applied. During his third-year clinical rotations he thought seriously of going into each field, in turn, as he rotated through its service. The pediatric service was the last on his schedule. “When I got there, that was it,” he said. “I knew that I had found what I was looking for.”

At the beginning of his senior year he took a one-month elective working with Dr. Donald S. Gromisch '60, professor of pediatrics, in his private office practice. “I wanted to see what a pediatrician actually does. Some people had tried to talk me out of it. The typical line you get is that you don’t want to spend your life wiping kid’s noses. It’s supposed to be an unexciting field. But I found it was a very exciting experience watching Dr. Gromisch; he was and is a fine pediatrician.” Now vice-chairman of the College’s Department of Pediatrics, Dr. Gromisch is also chief of the pediatric service of Metropolitan Hospital.

By the time Dr. Stone completed his postdoctoral training in 1971, he had been at NYMC for seven years. He had been elected to AOA in his junior year of medical school, had won the Lawrence B. Slobody M.D. Award in Pediatrics on graduation, and had served as chief resident in pediatrics at Metropolitan and Flower. “But you have to get away to know who you are,” he says. “We’re surrounded here by some of the world’s most famous medical institutions, all concentrated in the same area, and we don’t realize how good this school is until we see it in perspective. When I started down at Bethesda with four other pediatric medical officers from some of the most prestigious training programs in the country, I found I did as well as any of them, or better.”
At Metropolitan Hospital Center's pediatric clinic, patient Sonia Alston is examined by Dr. Stone and resident Dr. C. V. R. Reddy.

At Flower's pediatric inpatient unit, Dr. Stone makes patient Timmy Little feel at home as chief resident Dr. Victor LaCerva looks on.

During his tour of duty in the Navy, which included a stint in Iceland, Dr. Stone received the Commanding Officer's Award and was elected Staff Man of the Year. Discharged with the rank of lieutenant commander, he returned to New York in 1973 and accepted a faculty appointment at his medical alma mater.

In the pediatric residency program he directs at Metropolitan, residents work in teams that function as in group practice, enabling them to follow the same patients throughout their residencies. The teams are color-coded — there's a blue team, a green team, a yellow team, etc. — as are the clinic cards, charts, and records of their patients. Under the system, outpatients have scheduled appointments with residents on the same team, and when admitted to the hospital as inpatients they are cared for by their "own" doctor on that team.

"Long-term follow-up is essential in training," Dr. Stone says. "If house officers come here wanting to be primary care physicians, this is what turns them on. It's not the pathology of the cold, but what happens to the child that's most important." East Harlem is a relatively stable community, he points out, adding, "I still see many patients whom I saw here when I was an intern: a hemophiliac I diagnosed in the nursery — he's eight years old now; a group of thalassemics and asthmatics I've known since I was a student. They don't move out of the community. The hospital is here, and we're their neighborhood doctor."

The residency program includes rotations at Flower Hospital and, beginning this July, at Bird S. Coler Hospital, which has a pediatric unit for intermediate care. Residents also work at the Children's Center, the municipal facility on 105th Street for adolescents and children with inadequate parental care.

One of Dr. Stone's chief interests is in teaching the art of communication. In pediatrics, he points out, everything goes through a third party. "You can know exactly what's wrong with a child and what to do about it, but if the mother doesn't believe what you're telling her, it doesn't do the child any good. For example, studies show that many pediatric residents finish their training without learning how to use the telephone or other communication techniques effectively. In our department we have developed what we believe is a unique method of training pediatricians to use the phone — a vital link with the child's parents — just as you would train them to use any other instrument."

The innovative approach that marks the methods and aims of the department has a historic precedent. The first professorship in children's diseases anywhere in the world is thought to have been established when Dr. Abraham Jacobi, the acknowledged "Father of American Pediatrics," became professor of pediatrics at New York Medical College in 1861 and opened the country's first pediatric clinic. Dr. Stone mentions this little-known fact with pride. In his own deep concern with the primary health care of children and the training of highly qualified men and women to provide that care, Dr. Stone is continuing in the tradition of Dr. Jacobi.
Chapter News

A new section, "Chapter News," starts in this issue of Chironian. On these pages you will find reports of chapter activities in various parts of the country. If your chapter is sponsoring a preceptorship, holding a seminar, or planning a series of get-togethers, your fellow alumni would like to share the experience.

In addition, from time to time, as a service to all alumni we will run a complete listing of both presently active chapters and those in the formative stages, indicating the person to contact for further information.

Please mail all information for "Chapter News" to alumni director Barbara Aguanno, Room C-104.

Nostalgia Night at Florida Chapter

Conviviality, camaraderie, and reminiscence marked the organizational meeting of the Florida Chapter of the Alumni Association held last October in Fort Lauderdale. "The occasion," according to William Kropf '33, who chaired the founding session and subsequently was elected chairman for the 1976 term, "proved to be a surprisingly enjoyable get-together of 46 alumni and their wives."

Other officers elected are Mayer Kaplan '33, treasurer; William King '43, secretary; and Sidney Heilweil '32, chairman of the membership committee.

Over cocktails and a delicious dinner, the conversation touched on the old days at Flower, with the oldest alumnus, David Hershkowitz '21, regaling the group with amusing and interesting tales. The youngest graduate present was Crile Doscher '60, who was on call and, not unexpectedly, had been called away because of an emergency. Seven graduates who could not attend the meeting sent letters. They were: Milton J. Wilson '18; Lloyd Whitman '16; Louis Raff '24; Maurice Silk '29; Gregory Zann '50; Alfred Levin '52; and Charles Bechert '59. Also received with interest was a letter of welcome from the Alumni Association president, Sal Bentivegna '50, which cited the accomplishments of the College and its distinguished alumni.

The Chapter plans to meet at least twice a year at various places of interest in Florida.

New Jersey Spring Meeting

On March 24, the New Jersey Alumni Chapter gathered at the home of Dr. Alfred E. Greenwald '47 for a meeting and party highlighted by three guest speakers from the College. After opening remarks, chapter president Dr. Edgar Kogan '51 introduced Dr. Cyrille R. Halkin '45, past president of the Alumni Association, who reminisced about the College; Dr. Lawrence B. Slobody '36, NYMC president, who described the current state of the College and its progress; and Dr. Saverio S. Bentivegna '50, Alumni Association president, who discussed the future of the Association and the growing number of alumni chapters.

The next meeting of the chapter will be held in the early fall at the home of Dr. Ciro Tarta '43 in Wayne, New Jersey.

A Plea for Pictures

When you send us items about your chapter's activities, please include photographs with identifications. We promise to return your prints (and negatives, if you send them, too) as soon as we have made copies. Your cooperation in helping us make this new section of Chironian attractive and interesting is much appreciated.
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Class Notes

1921
A dinner and dance celebrating the 50th wedding anniversary of David Harrison and his wife, Gussie, of Miami, was given by their three children on January 10. More than 100 guests shared the occasion with the couple at the Dupont Plaza Hotel in Miami.

1927
Louis A. Abelson, "still in the active practice of anesthesia," has had four inventions patented. Dr. Abelson wishes to hear from his classmates. His address is 385 McLean Ave., Yonkers, N.Y. 10705.

1931
David Steinberg, formerly of New York City, recently moved to Coral Springs, Fla. He retired in 1974 as assistant director of the Bureau of School Health, New York City Department of Health, where he held the rank of senior public health physician. A former president of the Bronx Pediatric Society, he practiced pediatrics until 1970. Dr. Steinberg served as consultant pediatrician at the Bronx-Lebanon Medical Center, attending pediatrician at Morrisania City Hospital, adjunct pediatrician at Montefiore Hospital and instructor in pediatrics at Albert Einstein College of Medicine Hospital. He has been an active member of the Alumni Association of NYMC and follows the progress of the college with interest.

1932
Louis H. Gold delivered a paper February 20 at the annual meeting of the American Academy of Forensic Sciences in Washington, D.C., on "Function of a Gender Identity Clinic; Transsexual Candidates and their Problems."

1933
Ruth R. Knobloch of Little Valley, N.Y., is serving a second year as chairwoman of the medical opportunities and practice committee of the American Medical Women's Association (AMWA). She also was elected by the membership to the nominating and elections committee for 1976. Dr. Knobloch is a general practitioner in private practice.

1934
After practicing in the field of pediatrics from 1938 to 1974, Thomas B. Re is enjoying retirement in Southbury, Conn.

1935
The watercolor paintings of Martin M. Fisher were on display for several weeks during the winter at People's Bank for Savings in Scarsdale, N.Y. The works were on sale for the benefit of the Vascular Research Fund of New York Medical College and Flower and Fifth Avenue Hospitals. A Scarsdale resident, Dr. Fisher is professor of clinical medicine at New York Medical College and attending at Kings County and Kingsbrook Hospitals in Brooklyn and the Hospital for Joint Diseases in New York City. He began painting in 1943 while serving in the U.S. Medical Corps and later studied with Carlos Kingham, Don Stone and John Pike. The exhibit reflected his travels in Italy, France, Bermuda, Nantucket and Gloucester, Mass.

1938
The Fort Lee Chapter of Unico National, a service organization that raises funds for worthy causes, honored Dr. Louis V. Angioletti, Sr. as its "Citizen of the Year." The testimonial for Dr. Angioletti, a longtime resident of Fort Lee, N.J., was held on May 1 at the Imperial Manor in Paramus. (For the latest news about Dr. Louis Angioletti, Jr. see 1966 notes.)

1940
Ending 26 years of active and reserve Army duty, Col. Ardo Ameduri retired in January as commander of the 912th Combat Support Hospital. The Utica, N.Y., physician was appointed medical director for Eden Park Nursing Home and Health Related Facility in December, 1975. Dr. Ameduri received the Meritorious Service Medal and was honored at a testimonial dinner. His retirement marked the end of a military career that included four years of active duty in World War II and 22 years with the Reserves. He previously was a senior member of the physician panel of St. Luke's-Memorial Hospital Center's emergency room. He maintained a general practice until 1971.

1941
William H. Heives, formerly of St. Joseph, Mich., has moved to Marco Island, Fla., and is a psychiatric consultant and supervisor of therapy for the Collier County Mental Health Clinic, Inc., in Naples. He is enjoying "the more leisurely life" on the Gulf Coast.

1944
The California Medical Association has endorsed the candidacy of David B. Horner for the House of Representatives. A volunteer legislative advocate for medicine for the past six years, Dr. Horner is running in the 27th Congressional District of San Francisco. After leaving his private practice in anesthesiology, George P. Potekhen is now with the Wyoming Department of Health, a move which was necessitated, he writes, by malpractice insurance increases.
1945
Louis S. Blancato, Director of the Department of Anesthesiology at St. Luke's Hospital Center, New York City, recently was elected secretary of the Center's medical board.

Edward and Janice Nightingale, who met as students at NYMC, are leaving their home in Scarsdale and their successful practices — he is an internist, she a pediatrician — to join the World Health Organization and work in the field of international health care. In order to join WHO, the doctors must get master's degrees in public health. Therefore, after spending the coming summer in Europe, they will take a year of study at the University of California at Berkeley in a qualifying program open only to physicians. This is the fulfillment of a dream they have shared since the 1940s when Dr. Edward Nightingale served as a ship's doctor and they both got their first taste of international travel. Now that their two children are grown and involved in their own careers, the Nightingales feel the time is right to use their medical degrees in a new and different way. "We hope to work in a foreign country," Dr. Janice Nightingale says, "and perhaps teach foreign doctors, with the benefit of our experience."

George B. Smithy has been elected president of the Norfolk District of the Massachusetts Medical Society. A practicing surgeon in Boston, Dr. Smithy has appointments to Harvard and Tufts medical schools.

1946
Dr. and Mrs. Felix Wimpfheimer were guests of honor last fall at the annual dinner of the Riverdale Division of the United Jewish Appeal. Dr. Wimpfheimer fled from Nazi Germany in 1938. He practices internal medicine, is a Fire Department medical officer and has served as a vice president of the Riverdale Center. His wife has been active in community organizations.

1949
James E. Bowes, formerly on the staff of Dow Chemical Company for eight and a half years, recently became chief of the Bureau of Health Services, Indianapolis-Marion County Health Department.

Martin A. Shearn, professor of clinical medicine at the University of California, San Francisco School of Medicine, has been awarded the gold medal of merit of the Federal University School of Medicine of Alagoas, Brazil for his role in establishing a university medical complex in the underdeveloped northeast section of Brazil. This work was carried out while Dr. Shearn was chief of staff on the S.S. Hope during its last voyage.

1952
Edward A. Talmage, clinical associate professor in anesthesiology with Hahnemann Medical College of Philadelphia and chairman of the Department of Anesthesiology at the Guthrie Clinic, Ltd. and Robert Packer Hospital in Sayre, Pa., is serving as chairman of the Biomedical Engineering Committee of the American College of Chest Physicians.

1953
Louis Gianvito, director of ambulatory care at Staten Island Hospital, has been promoted to clinical assistant professor on the faculty of the Downstate Medical Center College of Medicine, SUNY.

1954
William F. Westlin recently was elected to his fourth consecutive term as mayor of Chatham Township in New Jersey. He is director of medical services at Sandoz Pharmaceuticals, East Hanover.

Charles F. Wooley, F.A.C.P., was the featured speaker at the January Regional Meeting of the American College of Physicians (Colorado) and the Colorado Meeting of the American Society of Internal Medicine. Dr. Wooley, who is professor of medicine (cardiology) at Ohio State University, talked on "Mitral Valve Prolapse — An Evolving Clinical Entity." Jerry J. Appelbaum '54 was program chairman.

1956
David Werdegar, professor of community medicine at the University of California, San Francisco School of Medicine, is serving as acting associate dean and director of a new clinical branch of the medical school in the Central San Joaquin Valley.

1957
O. E. Heninger is in private practice in general psychiatry in Whittier, Calif. He writes that he is excited about the use of poetry therapy in treatment and is active in the Poetry Therapy Institute.

1960
Ronald H. Hartman was cited by the Greater Lakewood Chamber of Commerce, Lakewood, Calif. for the leading role he has played in many community organizations. Dr. Hartman is chairman of the Department of Ophthalmology at Long Beach Memorial Hospital.

Michael J. Kelleher, formerly associate attending physician at St. Vincent's Medical Center, has been appointed chairman of the Park City Hospital Department of Surgery. Both hospitals are in Bridgeport, Conn.
James F. Morrissey, orthopedic surgeon and a member of the orthopedic staff of Yonkers Professional Hospital, was elected president of the hospital’s medical staff for a two-year term beginning last January. Dr. Morrissey also is a member of the orthopedic staffs of St. John’s Riverside, St. Joseph’s, and Yonkers General hospitals.

1961
Karen Grimmell, the clinical director of the Stamford methadone maintenance program, recently opened an office for the practice of psychiatry in Bridgeport, Conn. She will also continue as consultant to Beacon House, Trumbull, Conn. Dr. Grimmell and her husband, Dr. George W. O’Rourke, have three children. They live in Trumbull.

1963
Stephen Frier has been certified in nephrology and internal medicine and is in private practice in Englewood, N.J.

Alan W. Robbins has been appointed director of the Department of Surgery at Freehold Area Hospital, Freehold, N.J.

1965
Frank Di Spaltro and Hugh Feehan are in a plastic surgery group in Livingston, N.J.

Leslie S. Feinsmith has been appointed a clinical faculty member in medicine (nephrology and inorganic metabolism) at the Emory University School of Medicine, Atlanta, Ga.

While maintaining his practice in Wayne, N.J., Robert Littmann has opened another office in West Milford, N.J., for the practice of urology.

Peter H. Livingston, chief of urology at Bedford Medical Center, Bedford, Ind., has been named to the Commission of the Indiana State Medical Association.

Nicholas Montalto has joined an Ob/Gyn group near Albany, N.Y.

Vincent Montemarano, chief of surgery at Lakeside Hospital, Rice Lake, Wi., has been elected chief of staff at the hospital.

1966
After passing his specialty boards in ophthalmology, Dr. Louis V. Angioletti, Jr. recently became a fellow of the American Ophthalmological Society and of the New Jersey Academy of Medicine. He is an associate attending surgeon and clinical instructor at both New York Eye and Ear Infirmary and St. Luke’s Hospital, where he lectures on fluorescein angiography. At the Infirmary he co-chairs the Department of Fluorescein Angiography and Laser Beam Treatment. Dr. Angioletti maintains his main office in Fort Lee, N.J., sharing space with his father. (See 1938 notes.)

Woody (Edward M.) Goldstein is now in private practice in obstetrics and gynecology in San Diego.

Stephan and Navit Greenberg announce the arrival of their son, Eran, born March 25.

Martin J. McGreevy, having completed a fellowship in cardiology in San Diego and two years of naval duty in the Department of Cardiology at the U.S. Naval Hospital, is now in private practice in San Diego — "a beautiful area." He and his wife, Judy, have three children.

1967
Richard Stephen Klein, clinical instructor in the NYMC Department of Medicine, has been cited by Who’s Who in the East, primarily for his contribution to the field of infectious diseases. A resident of Chappaqua, Dr. Klein is deeply involved in Northern Westchester community activities. As noted in Who’s Who, he holds a brown belt in karate and is a licensed private pilot.

Randolph D. Maloney completed a fellowship in vascular surgery at Massachusetts General Hospital, Harvard Medical School, in July, 1975, and now is in private practice in vascular and general surgery in Beverly, Mass. He is also clinical associate at Massachusetts General Hospital and chief of surgery at the Massachusetts Rehabilitation Hospital, Boston. Dr. Maloney and his wife, Mary Alice (Fisher), a former nurse in the operating room at Flower and Fifth Avenue Hospitals, have two daughters, Marielle and Claudine.

Anthony Van Grouw, Jr., recently was appointed to serve on the board of directors of the Eastern Christian Children’s Retreat, Wyckoff, N.J. He is a member of the staff of The Valley Hospital, Ridgewood, and has opened an office there for the practice of orthopedic surgery and fractures. He and his wife, the former Janice Vander, have three children.

Lloyd R. Hoffman has recently been appointed to the voluntary attending staff of the Westchester County Medical Center. A resident of Croton, he will serve in the Department of Ophthalmology. Dr. Hoffman is in private practice in Peekskill.

1968
Paul B. Heller of Hackensack, N.J., was appointed recently to the voluntary attending staff in obstetrics and gynecology at the Westchester County Medical Center.

Ronald B. Lorenz, who completed his residency at Columbia Presbyterian Medical Center and spent two years
in the Navy, has opened a practice in Peachtree Corners, near Atlanta. He is a specialist in otorhinolaryngology and facial surgery.

1969
Allan Jacobs is relocating his practice in internal medicine and neurology from Great Neck, L.I. to Canton, N.Y.

The Delaware County, N.Y., Heart Campaign, held during February, was headed by Glen Joshpe, who is chief of medicine at the Community Hospital in Stamford, Conn.

1970
Michael R. Berman is chief resident in obstetrics and gynecology at Yale-New Haven Hospital. He and his wife, Nancy, have a daughter, Stephanie Lynne, who will be a year old in November.

Thomas Graboys will finish a cardiology fellowship at Peter Bent Brigham Hospital and Harvard Medical School this June. He will remain at the hospital as staff cardiologist. He and his wife have two daughters, Sarah and Penelope.

1972
Stephan L. Kamholz has completed his training in internal medicine at Montefiore Hospital and Medical Center, Bronx, N.Y. He has been certified by the American Board of Internal Medicine and is a fellow in pulmonary medicine at Montefiore.

1973
James Coplan recently started a practice in pediatrics in partnership with Jerry M. Blaine, M.D., an internist and graduate of Georgetown University School of Medicine. Their office is at the Arnold Gregory Hospital in Albion, N.Y., where they are staff members.

Irwin Hametz is a resident in dermatology at Brown University Affiliated Hospitals, Providence, R.I.

Edward L. Snyder, currently a first-year fellow in hematology at Montefiore Hospital, will be a fellow in immunohematology at Montefiore next year.

Thomas G. Webber and his wife, Mary, are pleased to announce the birth of triplets, Katherine, Matthew and Diana, on October 9, 1975, at the University of Virginia Hospital, where their older son, John, was born in November, 1974.

Correction: Leonard Stern, who was awarded the Samuel Spiegel, M.D., Memorial Award for the highest scholastic average in the Class of 1975B, was not credited in the Fall/Winter 1975-1976 issue of Chironian. We regret the error and are happy to set the record straight by correctly reporting Dr. Stern’s academic honor.
This space is for your news and views. Fill it in and mail it to your class correspondent or the Alumni Association. We would particularly like to know of new appointments, honors, awards, and activities, as well as changes of address.
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212-860-7195.
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