ON THE COVER

Celebrating the computer results that matched them with hospitals of their choice for postgraduate study are members of the Class of 1977:

Paul Goldberg (University of Miami affiliated hospitals);
Lauren Cassell (Lenox Hill Hospital),
Robert Port (St. Vincent’s Hospital),
Iris Simmons (Harlem Hospital), all in New York City;
Howard Krauss (Harbor General Hospital, Los Angeles, first year; UCLA second year) and his wife, Cheryl;
Together in Westchester County are Roy D. Russell (Westchester Medical Center) and wife, Shawn Flavin Russell (New York Hospital, Westchester Division).

For story see page 29.
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Expanding Our Role

Dr. Saverio S. Bentivegna

As my term of office nears its end, I welcome this opportunity to express my gratitude to the New York Medical College alumni whose loyalty, cooperation, and commitment have made working for and with them a privilege. It has been an exciting and rewarding experience for me personally.

Of the many significant developments of these past two years, I would like to highlight the alumni chapter concept and its vital role in maintaining an effective Alumni Association. The association's most important function, I believe, is to keep open the lines of communication between the College and its graduates. Our goal is to unify alumni throughout the country in behalf of New York Medical College. No better way to accomplish that goal exists than through the formation of a network of strong regional chapters.

Our established chapters in New Jersey, Florida, Connecticut, Long Island, and Westchester are flourishing; those in Northern California, Southern California, and Queens, New York, are just getting under way. Some chapters are primarily social while others, most notably Westchester, have expanded their activities by sponsoring special programs such as student preceptorship.

I fervently hope that all our chapters will eventually choose to make a direct contribution to the programs, goals, and needs of the College, and that our alumni far and near will support chapters where they already exist and establish new ones where they do not.

Through your interest in and contributions to Chironian, and with your increased participation in alumni chapters, we will continue to strengthen the bond between New York Medical College and its graduates for our mutual growth and progress in medicine and in service to humanity.

Saverio S. Bentivegna, M.D. '50
President, Alumni Association

Diversity and

The College moved into 1977, its 118th year, with a vigorous and diversified trustee team. The election of four new members to the Board in December and the succession of Norman E. Alexander to the chairmanship augmented the talents and capabilities of a governing board already notable for its range of experience in such varied fields as health, education, civic and philanthropic affairs, entertainment, banking, law, the sciences, the arts, and business management.

Mr. Alexander, chairman and chief executive officer of Sun Chemical Corporation, succeeds Keith M. Urmy, a trustee of the College since 1948, who will continue as vice-chairman. The new members of the board are Monsignor James P. Cassidy, director of the Department of Health and Hospitals of the Catholic Charities of the Archdiocese of New York; Stuart Z. Krinsly, senior vice-president and general counsel, Sun Chemical Corporation; Alton G. Marshall, president of Rockefeller Center, Inc.; and Gerald Tsai, Jr., chairman of the institutional brokerage firm of G. Tsai & Company, Inc.

Norman E. Alexander

In assuming his new post, Mr. Alexander, who has more than 14 years of combined service on the boards of three New York City medical institutions, said that he would actively pursue what he termed "the health imperative."

"We must bring the economic realities of rapidly accelerating costs into balance with our continuing obligation to serve the health care needs of the community," he said. "We will have to use every technique of modern management,
Vigor: NYMC's Leadership Team

and maybe develop a few new ones, to balance that equation and continue to create the best possible models of health care and its delivery. Our goal is to make our management effectiveness equal to the demonstrated quality of our medical education."

Mr. Alexander was elected to the NYMC Board of Trustees in 1974. He is also a member of the Board of Overseers of Albert Einstein College of Medicine and a trustee of Bronx Lebanon Hospital. He has been chief executive officer of Sun Chemical, one of the world’s largest manufacturers of printing inks, since 1957, and last year assumed the position of chairman of that company’s board. In addition, he serves on the boards of Walter Kidde & Company, Inc., the Dictaphone Corporation, and the American Distilling Company.

A graduate of Columbia College, Mr. Alexander holds a J.D. degree from Columbia Law School. He and his wife, Marjorie, have four children and live in Scarsdale, N.Y.

Msgr. James P. Cassidy

Monsignor Cassidy, distinguished psychologist as well as prelate, is an associate professor in the Counselor Education Department at St. John’s University in New York. He is a member of the New York State Hospital Review and Planning Council and of the Health Systems Agency of New York City, for which he also serves on the Project Review Committee. He is on the board of trustees of the Hospital Association of New York State and is the first vice-president of the Greater New York Hospital Association. A Manhattan resident, he also

Serves on the boards and councils of a number of health and education-related organizations, including the Community Blood Council of Greater New York, Blue Cross and Blue Shield of Greater New York, and the Catholic Hospital Association.

Stuart Z. Krinsky

Mr. Krinsky is a former assistant United States attorney for the Southern District of New York, U.S. Department of Justice. He joined Sun Chemical Corporation as corporate secretary in 1957, later advancing to the position of vice-president and general counsel. He was named senior vice-president last year. A graduate of Princeton, he holds a law degree from Harvard Law School. He and his wife, Charlotte, live in Scarsdale, N.Y. They have two daughters.

Alton G. Marshall

Mr. Marshall, who has been president of Rockefeller Center, Inc., since 1971, is also president and chairman of the board of Radio City Music Hall. Actively associated with the Mental Retardation Institute for many years, he is now chairman of the M.R.I. Advisory Board. His other board memberships include the City Center of Music and Drama, Inc.; the New York Convention and Visitors Bureau; the Fund for the City of New York; the Bank of Commerce; the New York State Electric and Gas Corporation; the Real Estate Board of New York; and the National Realty Committee, Inc.

Appointed by Mayor Beame to the Temporary Commission on City Finances, Mr. Marshall also serves on the Mayor’s Management Advisory Board. In addition, he is chairman of the State Planning and Advisory Council for the Developmental Disabilities Services and Facilities Construction Act. A graduate of Hillsdale College, he holds an M.S. degree in public administration from Syracuse University. He lives in New York City with his wife, Sarah, and their daughter.

Gerald Tsai, Jr.

Mr. Tsai has been associated with the fields of investment and finance since 1951 when he joined Bache and Company, Inc., as an investment analyst. He was later affiliated with Fidelity Management and Research Company and became executive vice-president and a director of that firm, playing an important role in the development of its mutual fund business. In 1965 he formed the Tsai Management and Research Corporation, investment advisors and distributors of five mutual funds, including the Manhattan Fund. This firm was later acquired by CNA Financial Corporation.

In addition to heading G. Tsai & Company, Mr. Tsai is a member of the board of directors of Sun Chemical Corporation. Born in Shanghai, he holds a B.A. and an M.A. in economics from Boston University. He and his wife, Marilyn, have three children and live in Greenwich, Conn.
Psychiatry Consortium: Department Pioneers Regional Training

A pioneering program which uses a regional network of hospitals for the psychiatric training of medical students and residents is operating with great success. Headquartered at the Westchester campus, the program links eight area hospitals to the College, enhancing the quality of patient care and providing superior training in psychiatry to more than 200 students a year.

The New York Medical College Department of Psychiatry Training Consortium, as the program is formally designated, was organized by the Department of Psychiatry in 1972 because of the College’s need and desire to move ahead in the area of regionalized training. It has been hailed as a success by members hospitals, students, and faculty, and it is the only regionalized psychiatric training program in the country to have secured accreditation.

Dr. Edward J. Brownstein, professor of clinical psychiatry and director of undergraduate education in psychiatry, heads the program, and Dr. Paul Singer, assistant professor of psychiatry, is the consortium’s associate director of undergraduate education. Director of the consortium’s residency training program is Dr. Hrair Babikian, clinical associate professor of psychiatry.

Briefly, the undergraduate program consists of an eight-week, full-time clerkship for medical students that provides a complete academic involvement with patients and hospital staff.

“The benefits our students receive from participating in our regional training program are tremendous,” Dr. Brownstein says. “Because their clinical experience is closely supervised, they cannot get ‘lost’ on a rotation, and we have found that they work wholeheartedly as a result.”

The program at each hospital is supervised by a departmental educational team whose members visit all the participating hospitals several times during each eight-week rotation. In addition, halfway through the rotation a luncheon meeting is held at each hospital for students, members of the NYMC team, and members of the educational and administrative staffs of the hospital. At this meeting the group reviews the program to determine whether it is being successfully implemented, and all participants work together to iron out problems. So far, Dr. Brownstein reports, the hospitals’ evaluations of the students in the program have been “superb,” an assessment confirmed by the scores NYMC students have achieved on the psychiatry section of the National Boards. On the last two examinations the class average exceeded 600, a performance unsurpassed by any other medical school in the country.

Five of the consortium hospitals also take part in a four-year program for residents that embraces the same concepts of highly individualized training, close trainee-staff-patient involvement, and careful monitoring. The diversity of the participating hospitals—which include voluntary hospitals, a veterans hospital, a state hospital, and a county hospital in which children, adolescents, and adults are treated—means that a range of experiences is available to trainees, who come in contact with patients from diverse social and economic backgrounds. “Residents must have experience with acute, intermediate, and long-term care,” Dr. Babikian points out. “This scope of experience is impossible to obtain without a regionalized program such as ours.”

The hospitals currently participating in the consortium are Franklin D. Roosevelt Veterans Administration Health Care Facility, at Montrose; Misericordia Hospital Medical Center; Norwalk Hospital; Rockland Psychiatric Center; Stanford Hospital; St. Vincent’s Hospital (Westchester); United Hospital, Port Chester; and the Westchester County Medical Center.

“No one hospital could possibly fit all of our training needs,” Dr. Brownstein says in discussing the program. “The consortium, however, eliminates the problem by offering a range of approaches. For example, the Rockland Psychiatric Center has a regionalized system for gathering psychiatric data via computer; the Westchester Medical Center has the first psychiatric health care facility to be attached to a correctional institution, a county prison for men; and the FDR Veterans Hospital offers a community care program where patients are placed and treated in private homes by the hospital staff.”

Every effort is made to assign medical students to rotations based on their interests and preferences. A student interested in pediatric psychiatry would probably be assigned to Westchester Medical Center, and one interested in liaison-consultation to Misericordia. Thus different experiences at each hospital enrich

“We have discovered a wealth of underutilized psychiatric talent here.”

“Since the consortium’s inception in 1972, there has been a dramatic upgrading in the quality of psychiatric services available to residents of Westchester County and the surrounding region.”

as well as clinical program at each participating hospital. These rotations are limited to four students per hospital, an educational policy that has contributed greatly to the success of the program since it insures that all students receive highly individualized instruction and close in-
the basic program by offering clinical exposure that accords with each student's special interest.

Before students make their requests for rotations, they participate in a detailed discussion of the programs available at each hospital. Psychiatrists who wanted to teach had to commute to New York City to do so.

Dr. Brownstein concurs. "Not only have we drawn back to the region many psychiatrists who had been practicing and teaching exclusively in New York City," he says, "but we have also discovered a wealth of underutilized psychiatric talent in the area and have recruited many of these physicians for the consortium."

According to Drs. Brownstein and Singer, the consortium has encouraged some of the country's top researchers to make Westchester County the base of operations for their work. "For example," says Dr. Brownstein, "at the FDR Veterans Hospital our director of psychopharmacological research, one of the outstanding individuals in his field, is developing new approaches for treating depressed patients who have been hospitalized for long periods of time and have not responded to traditional forms of treatment. Another top researcher, a nationally known social psychiatrist, has initiated work at the Westchester Medical Center on alcoholism, delinquency, and drug abuse in adolescents from intact families."

Still another bonus for the region is the consortium's success in attracting young psychiatrists to settle and practice in the area on a permanent basis. "Several former residents have joined the staffs of local hospitals after completing their training," Dr. Singer reports. "These are first-rate, well-trained individuals who have much to contribute to these institutions."

In addition, the consortium has been an important force in upgrading the quality of continuing education in psychiatry. Weekly lectures, often featuring nationally and internationally known researchers, are held at the Westchester Medical Center, and regular staff lectures and meetings are held in all participating hospitals.

"Viewing continuing education in a broader sense," Dr. Singer notes, "the consortium has also stimulated staffs at the hospitals to keep up with the developments in their fields. Hospital staffs have told us unanimously that they find the presence of students and residents very exciting and that they enjoy the opportunity to interact with them."

If the many accomplishments of the consortium are any gauge, regionalization of training indicates the shape of things to come. Summarizing the program's impact, Dr. Brownstein says, "The consortium has opened up communications tremendously, not only between the College and participating hospitals, but among the hospitals themselves. The success of our efforts demonstrates clearly that regionalized clinical training at several hospitals can indeed result in quality education and improved service to patients. We are quite pleased with the progress we have made and hope that our program may serve as a model for the development of other regional training programs."
Dr. Francis D. Speer: Profile of an Inspired Teacher

Francis D. Speer, M.D., professor and chairman of the Department of Clinical Pathology, retired on December 31 after a productive and richly varied career of 42 years at the College. Over those years successive generations of students have warmly testified to the devotion he has inspired in them. They have consistently honored him at their awards ceremonies and dedicated their student yearbook to him more often than to any other teacher.

Division of Clinical Pathology in the newly reunited pathology department, characterizes Dr. Speer’s unique influence on the students in terms of rapport: “He was always a real person—one the students could get next to, could touch. Unlike most professors, this man is a teacher.”

Among the students Dr. Speer taught are Dr. Lawrence B. Slobody ’36, president of the College, and Dr. Walter L. Mersheimer ’37, associate dean for regional affiliations.

During his interview at New York Medical College, then located at 64th Street and Avenue A, Dr. Speer presented his qualifications—“some experience in anatomic pathology”—and was immediately hired as instructor in pathology of the College and assistant pathologist of Flower Hospital. Both Eleanor Ayres Speer and the College have been with him ever since.

Dr. Speer began work in September 1934 under Dr. Angrist, then associate professor of pathology, who became his mentor. The young instructor was assigned the tasks of building up the pathology museum and expanding the student slide sets for pathology courses. Four years later he became associate professor and surgical pathologist.

In 1946, the students dedicated Fleur-O-Scope to Dr. Speer because “through his intellectual vigor, uncompromising honesty, exceptional teaching ability, and unflagging effort in our behalf, he has made a minor course into a major event in the medical curriculum.” In 1955 they said, “In spite of the many hours he works, there are always a few minutes for the student, to explain a perplexing point.”

In 1962 they said that they would “remember him best for his teaching. This coveted quality has won him a place in the hearts and minds of countless medical students.” And in 1972, still another class dedicated the book to him “for turning hundreds of uncertain and bewildered students into competent, ethical physicians.”

Dr. Alan L. Portnoy, who is assuming the position of head of the and recently retired professor and chairman of the Department of Surgery. As Dr. Alfred Angrist said of Dr. Speer at the retirement party given for him by the College on December 15, “He has given this institution not the better part of his life but all of his life.”

A tall, trim man with brilliant, light blue eyes, Dr. Speer recalled his full career for Chironian. Born in Philadelphia in 1909, he graduated from Hahnemann School of Science in 1929 and received the M.D. degree from Hahnemann School of Medicine in 1933. In August 1934, while on his way to give an engagement ring to the former Eleanor Frances Ayres, he received a call from Dean Person of Hahnemann informing him that an instructorship in pathology was available in New York and that he had recommended Dr. Speer for the position.

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where you were if you could see a red light at any point ahead. I got a lot of tickets because I was in a hurry and didn’t stop until I reached the red light.”

In 1941, on the death of Dean Claude Burrett, Dr. J.A.W. Hetrick became dean, and later president of the College. Dr. Hetrick’s first task was to prepare NYMC for wartime. In order to fill the urgent need for military medical personnel, an accelerated program was instituted in which students completed four academic years of study in three calendar years. When the war broke out, Dr. Speer assumed he would shortly be in the armed forces; but four months later he found himself declared essential to the College and Hospital, and there he stayed.

The following year Dr. Lindsay Cocheu, professor of clinical pathology, appointed Dr. Speer associate professor of the department. In that position Dr. Speer reorganized the Department of Clinical Pathology so that, instead of rotating among the services, technicians remained permanently in chemistry, hematology, urinalysis, or serology and became highly specialized. That year Dr. Speer also established the first Blood Bank at FFAH, with voluntary donor bleedings on Tuesday and Friday nights and definite methods of storing and transfusing blood. (“Previously,” he says, “we had a refrigerator.”) He

“Students should not be taught directly; they should be induced to learn.”

served as director of the Blood Bank from its inception until his retirement. In 1945, after taking the boards in clinical pathology, he assumed the position of professor and chairman of the Department of Clinical Pathology and director of the Clinical Laboratories. Due to the illness of Dr. Conrad E. Tharaldsen of the Department of Anatomy in 1945, Dr. Speer was also asked to take over the management of Commencement. The ceremony, held at the Waldorf Astoria, was such a success that Dr. Speer became indispensable and has been responsible for arranging Commencement every year since.

“In 1949,” Dr. Speer says, “I found myself suddenly elevated to the rank of professor and chairman of the joined departments of pathology and clinical pathology, a position I held until 1961. During that period I tried to combine the teaching and service efforts of the two departments. In the years from 1938 to 1955, when students were preparing for practical examinations in gross and microscopic pathology, they frequently had trouble with the microscopic part, and they would say, ‘Speer, help me!’ So the students would each chip in fifty cents, buy me a beer, and I would spend from 6:00 to 10:00 each evening showing and discussing slides while coaching students in microscopic pathology. Later on, I had to stop such procedures. I was too busy trying to meld the departments together.”

The combination proved too unwieldy to accomplish with complete success, and in 1961 the two departments again separated. Dr. Speer then relinquished his professorship in pathology to become professor and chairman of the Department of Clinical Pathology. During this time, Dr. Speer recalls, the faculty gained a most important member: Dr. Maurice M. Black, who ultimately became professor of experimental pathology and head of the Division of Surgical Pathology. Dr. Black began the significant work in the study of human breast cancer that he is still carrying on. Drs. Speer and Black collaborated on the highly regarded book Human Cancer, and in the
years that followed substantively improved teaching in all areas of pathology and clinical pathology. In cooperation with Dr. Linn J. Boyd, professor and chairman of medicine, they held clinical pathology conferences which were enthusiastically attended by residents, attending staff, and students.

Dr. Speer speaks warmly of the late Dr. David Spiro, who became professor and chairman of pathology in 1968. From then on the departments of pathology and clinical pathology worked closely together, and it was agreed that the two departments would become one when Dr. Speer retired.

Not surprisingly, since he is one of the best loved teachers in the College's 117-year history, teaching has been the aspect of his career that Dr. Speer has loved best. "Most important," he says, "is the idea that students should not be taught directly; they should be induced to learn. In my earliest teaching experience at Hahnemann, I used to marshal the facts and then try to pump them in. Later, from my observation of and experience with students at NYMC, I developed other methods: making the lecture or conference a learning experience; discovering what each student understands and then giving to each what he or she doesn't understand; getting them to read, think, talk among themselves. I obtained the best results when students taught students; I held conferences, stimulated the best students to read extensively, discuss, argue, and ultimately help the average and below average students.

"I am against attempts to educate students en masse, in a mechanical, inconsidered way. A doctor should be the person in society who is the most cultured, the best educated. The idea is to take raw human beings, with the staid ideas of their parents and grandparents, and transform them into whole persons able to take care of all kinds of human beings. You can't do it in two, three, or four years and watch the whole, rounded development. It's not a matter of filling them with facts but of bringing about a complete emotional and intellectual change."

Dr. Speer has lived in Flushing, Queens, with his wife since 1934. They have three children: Richard L. Speer, who works with computers at Honeywell, Inc., in Concord, Mass.; Linda Ann Diez, a French teacher in Hewlett, Long Island; and John D. Speer, a production manager for Litton Industries near Washington, D.C. Asked about his outside interests, Dr. Speer says that as a "farm boy" he is interested in gardening and has always had "victory gardens" in New York. He was close to his father, with whom he did a great deal of house redecoration and repair. "Now," he says, "unlike most men who go to the golf course to relax, I like to paint, paper, and garden." He also has an interesting stamp collection and for the last 15 years has enjoyed traveling, especially in Spain, Portugal, the Caribbean, and the U.S.

Since he is particularly interested in American Indian civilizations, Dr. Speer would like in the future to see the Western U.S., Mexico, and Peru, especially the Incan and Mayan remains in Machu Picchu and Yucatan. He also has a desire to write on medical education, perhaps a series of essays on his experiences in educating doctors.

"Looking back," he says, "I feel that the College and Hospital have offered me a great deal in personal development. At the same time, I feel reasonably gratified with my contribution to the institution."

The College itself is more than "reasonably" gratified with the many contributions Dr. Speer has made and the effects of his presence over the years. At the retirement party held in his honor in the festively decorated Hetrick Hall and Auditorium, Dr. Angrist reminisced about Dr. Speer's early days here. Dr. Black showed slides of Dr. Speer's life, and the hundreds of guests who came to honor him ate from an elaborate buffet, drank punch, and danced to a six-piece band. In a gesture that could express only a small part of the love and gratitude the people of the institution feel toward Dr. Speer, President Slobody presented him with an illuminated plaque in recognition of his achievements. "Beyond the measurable accomplishments of your exceptionally fruitful career," the plaque concludes, "you will be remembered by all who know you as a caring and compassionate human being."
Getting Oriented: The Class of 1980 Joins the College Family

At a time when the profession is under fire, the dean of students told them, they must learn, develop integrity, and put the welfare of their patients first.

The current first-year class of NYMC medical students—180 men and women from widely diverse backgrounds—includes a Ph.D. in electrophysics, a young mother who is assistant professor of microbiology at NYMC, a high school and college track star, a certified marksmanship instructor in the National Rifle Association, a bagpipe player who is completing a book about meteorites, and a fencing team captain who is the winner of a $5,000 Salk Scholarship.

The subjects of the two features that follow are representative of other highly qualified physician candidates of the Class of 1980. The first account describes Orientation Day, September 7, 1976, as it was experienced by Neil Burack and Virginia Hallinan. In the second, Rosemarie Newman expresses some thoughts that especially concern beginning medical students today. The stories are excerpted with minor editing from by-line articles that appeared in ten Westchester-Rockland newspapers.

Orientation Day

By Joan J. Cirillo

It was the first day of medical school and the world was right with Neil Burack and Virginia Hallinan.

They were two of the lucky ones.

Out of 45,000 medical school applicants, they were among the 15,000 given a seat this fall.

No matter that this was only one of many long, hectic days to come; no matter that their first day was filled with new and different things from welcomes to “meeting their cadavers” and settling into their laboratory module. They were euphoric.

When 23-year-old Neil Burack put on his name tag at the New York Medical College Valhalla campus that morning, it had a special meaning. Like thousands of other highly qualified medical school applicants, he hadn’t made it the first time around. Now he had.

When he still hadn’t moved from the waiting to the acceptance lists, he opted for postgraduate work.

Three months later, he tried for medical school again. He heard from New York Medical College in December 1975, and accepted their invitation to enroll.

“A person who wants to get in and doesn’t get in just keeps trying,” said Neil.

That kind of determination is what landed Virginia—“call me Ginger”—Hallinan in Neil’s class, although her story was quite different. She always loved science and had known she wanted to be a doctor ever since she was a youngster.

New York Medical College was the only school she applied to or wanted to attend. And she got in on her first try.

Said the reserved 21-year-old: “I saved myself $200 or $300 and I got what I wanted anyway. I guess I put all my marbles on the line. I knew that I had done everything I could do.”"
life. Ginger is the only daughter in a family of five sons, and her parents and brothers had always encouraged her to strive for excellence.

At Marymount Secondary School and then at the college across the street, Ginger played soft ball, hockey, and basketball on school teams.

Her academic record was just as brilliant as her athletic one. She was awarded the gold medal in college for physical education. In June, Ginger graduated summa cum laude with a double major in biology and chemistry and received the gold medal for biology.

Neither Ginger or Neil showed any signs of apprehension that first morning when they, along with 178 other first-year students, filed into the Basic Sciences Building. Most of their classmates were fresh out of college with equally impressive and varied backgrounds.

They all sat attentively for two hours as faculty members welcomed them, joked about the tough life of the medical student, but cautioned them to make friends and share information.

In the next four years, they would feel guilt and fear quite frequently, they were told—fear of failing and guilt for not studying enough. But if there were any apprehensions, they were calmed when the dean of students read the Hippocratic Oath and everyone silently repeated to themselves their commitment to the medical profession. At a time when the profession is under fire, he told them, they must learn, develop integrity, and put the welfare of their patients first.

During a case study presentation, designed as a preview of their future studies, the students were told that each case is like a detective story. “You never say ‘always’ and you never say ‘never’; otherwise you make mistakes,” warned the chairman of the radiology department.

Editor’s Note: The case presentation—diagnosis and treatment of Cushing’s Syndrome—was demonstrated by two department chairmen, Dr. Robert Goldstein, Medicine, and Dr. Richard M. Friedenberg, Radiology, and by Dr. Samuel Plinkin, clinical assistant professor, Department of Surgery, and Dr. A. Louis Southren, professor, Department of Medicine.

It was not until the afternoon that Ginger and Neil got down to basics like picking up keys to lockers, being assigned their study cubicle in the lab, buying books and notebooks, and, most importantly, getting their assignment schedules and meeting their cadavers.

Ginger and her fellow students were escorted into the anatomy lab where 23 sheet-covered cadavers lay on metal dissecting tables. The formaldehyde smell was overbearing, but that didn’t seem to bother any of these curious students. They found their cadavers and enthusiastically lifted up the sheets to inspect them. No one fainted or squirmed.

Ginger commented: “It didn’t bother me (seeing the cadaver) but somehow I thought it would be different.” The skin, tough and leathery from the preservatives, was not what she had expected. While Ginger stayed in the lab, Neil perused his schedule at his lab cubicle across the hall. “The rumor was correct. There is a 4 P.M. Friday class,” he joked. “It’s like a job,” he joked, looking at his five-day 9 A.M. to 5 P.M. schedule. Tuesdays and Thursdays Neil and Ginger would be working on the cadavers with their four-person teams. Mondays, Wednesdays, and Fridays would be lecture days. “Every Monday there will be quizzes on the cadavers. And we do have a lot of heavy reading assignments, as promised,” Neil noted. . . .

To add to the heavy academic pressure, there is the constant financial strain of medical school. Tuition at New York Medical College is $6,850 plus $200 in incidental fees. Students must have their own microscopes. A new one costs $900. And then there are books—for the first two months alone, Neil and Ginger have spent between $100 and $150.

Both Neil’s and Ginger’s parents are paying for their education. Ginger is living at home with her family, which should help cut her expenses. Neil has an apartment on campus and is using money from summer jobs for living expenses.

Neither Neil nor Ginger knows what area of medicine they want to practice. Their immediate goal is to get as much as they can out of the next four years.

Voicing the optimism of a first-year student, Ginger said: “I feel pretty good about medical school. I think I can handle it. Maybe I’m not smart enough to be apprehensive. But I think I’m going to like it. . . . I want to start.”

Joan J. Cirillo is a staff writer for Sunday magazine, the weekly supplement of the Westchester Rockland newspapers.
Nothing Like the Television Dramas
By Jean Hall
Rosemarie Newman has a mind of her own, quite a mind: A Phi Beta Kappa graduate of Lehman College, she entered New York Medical College at Valhalla last fall with a full-tuition scholarship.

She talked about it with the reporter in a soft voice with the hint of a Jamaican lilt to it, her tiny person made somehow larger by her occasional expansive gestures.

"I graduated from high school in Kingston (Jamaica) at 16," she said, "after skipping several grades. My father and mother and the five of us children then moved to the Bronx to escape a kind of 'do or die' schooling situation in Jamaica.

"It's complicated to explain, but it's a situation in which an arbitrary decision is made on the basis of a test when a child is 11 as to whether he or she will get further schooling. I was one of the lucky ones. I am now the first in the family to go to college. But my brother will be next to go. Things have been far better for us here." Newman's wish to become a doctor grew out of volunteer service she did in various area hospitals after she came to this country. She planned to be a social worker, but when she met some premed students she changed her mind. "The medical profession as a whole commands respect," she said, "as for being glamorous—if I had expected that," she says, "I wouldn't have got this far."

"As for being glamorous—if I had expected that," she says, "I wouldn't have got this far." What is it like at the college? "The teaching facilities are excellent," Newman said. "There's lots of equipment and plenty of space to work in, and the staff is talented, really fine."

What about the growing problems doctors face—does it disturb Newman? "Yes," she said, "there are lots of problems for doctors, some warranted, some not. The malpractice threat has done something bad to the way doctors practice. They are now practicing defensive medicine, where the doctor is ultracareful. This may be necessary, but it can reach the point where the patient can be put through more tests and examinations than might be necessary, just to protect the doctor."

What about the problem of prolonging life beyond what used to be its expected end? "I believe doctors have practiced 'passive euthanasia' to some extent—which is to say, no intervention—to cause death. In medical school you are taught everything possible to keep the patient alive, and when someone dies, it might be seen as a failure. I think that's a great problem. Death needs to be accepted as a part of life."

Are medical professors interested in the views of their students? "At this point you don't get to express them so much. But in the last two years, you would have more of a chance because they are more interested in what you think, they're watching you closely at that stage." Does medical training make a love attachment a problem? "It would be a problem to be attached," Newman said. "I could see myself forever making excuses. But I go to an occasional party and the social life is there if I want it. Most of all, I love to go home and be with my family when I can."

Jean Hall is a columnist and science writer for Westchester Rockland Newspapers.
Quality Assurance Program: A Model of Good Management

Hundreds of people deserve credit for Metropolitan Hospital Center’s reputation as the best municipal hospital in New York City. Of the many examples that illustrate the kind of commitment and farsighted planning behind this reputation, none is more representative of the hospital’s standards for patient care than the Quality Assurance Program. The goal of this program, according to its medical director, Dr. Alta T. Goalwin ’51, associate clinical professor of pediatrics, is to see to it “that the quality of care provided to all patients is consistently optimal, and that it is delivered in the most economic and efficient way.” The only way to assure that goal, she says, is to set up a system of reliable, objective, and continuing evaluation.

Funded by New York Medical College as part of its affiliation agreement with Met, the Quality Assurance Program was instituted in 1974 with a part-time staff. But even then, Anthony Constantine, executive director of Metropolitan Hospital Center, was pushing for a system that went beyond the minimum requirements established by federal law that same year for all acute-care hospitals across the country. Dr. Goalwin cites an article in the New York Times of November 15, 1976, in which Metropolitan was singled out as the best-run municipal hospital in New York. “I believe it’s no accident,” she says. “Mr. Constantine runs the place with a superb management team and seems to have the vision to see things ahead of their time. He believed that Quality Assurance would

The great value of the program is that it puts down in black and white highly objective criteria determined in advance by experts, thus leaving nothing to the auditor’s selective judgment.

devvelop into something of major importance, and it has.”

Another reason for the excellence of the program at Met, according to Dr. Goalwin, is the fact that it is a self-contained unit with a full-time staff, which now numbers seven. At Bellevue, the only other municipal hospital with a full-time person in charge of Quality Assurance, auditing is done by part-time workers from the medical records office.

Working closely with Raymond Krupo, deputy executive director of Metropolitan Hospital, and following guidelines established by the Joint Commission on Hospital Accreditation, Dr. Goalwin has instituted a program of audits based on retrospective evaluation of the charts of patients who have recently been discharged. The great value of the program, she believes, is that it puts down in black and white highly objective criteria determined in advance by experts, thus leaving nothing to the auditor’s subjective judgment. At the same time it frees physicians from the time-consuming review of charts. The modus operandi for auditing may vary from hospital to hospital, but the key steps are the same:

• Each department forms a small audit subcommittee, usually chaired by the chief of service and composed of physicians, nurses, and other professionals such as social workers. At Met approximately 50 professionals are actively involved in setting criteria for auditing.

• Each subcommittee lists the diseases its department treated regularly during the previous year. Meeting with the QA director and a professional auditor, subcommittee members provide information about each disease: for example, what criteria are used to determine admission, what tests are made to establish diagnosis, the average length of hospitalization required for the disease, and what complications may be anticipated. The audit has been expanded to include an evalua-
tion of the functions nurses are expected to perform. These include, for example, how they recognize a complication, how they refer the complication to a physician, and what instructions they give a patient at the time the patient is discharged.

physicians and nurses are identified only by code numbers in these reviews, although the relevant department chief is provided with a key so that individuals may be informed of their involvement in any deficiency noted.

It is characteristic of the QA program at Metropolitan that the hospital was the first in the city to do outpatient audits.

- A final report of the audit is sent to the relevant department chief with a request for documentation of all actions taken as a result of the audit. Dr. Goalwin has encountered no resistance to this procedure; most chiefs report back within a few days on the corrective actions being taken.

Because the audit is designed to bring deficiencies to the attention of the hospital administration and its governing board, as well as to the medical and nursing staffs, each audit must go to, and be initialed by, the head of the Audit and Utilization Committee, the executive director of the hospital, and, in the case of the Joint Commission, a hospital the size of Metropolitan, with 17,000 admissions a year, is required to do ten new audits annually. As of early February, Dr. Goalwin and her staff had completed 35 audits in two and a half years and had another ten underway.

An auditing cycle, from the setting up of criteria to obtaining the final signatures, may take from a few weeks to several months, depending on the size of the sampling. George Courtney, coordinator of the Medical Care Evaluation Program, does all the inpatient record keeping for the audits, and Dr. Amelia Reyes, director of Special Projects, concentrates on the outpatient audits.

No problems that indicate serious deficiencies in the delivery of health care have been uncovered by the audits at Met. The most serious lapses have been deficiencies in methods of documentation, and demonstrable improvements have occurred, especially in one area that initially showed a lack of compliance by some staff members. The department responded by setting up a six-month intensive training program that has effected a dramatic change for the better. "Everyone is delighted with the results," says Dr. Goalwin, "which demonstrate what Quality Assurance is all about: to establish patterns of care and then use the audit results as a tool for the continuing education of the staff."

"Everyone is delighted with the results," says Dr. Goalwin, "which demonstrate what Quality Assurance is all about: to establish patterns of care and then use the audit results as a tool for the continuing education of the staff."

Metropolitan, a representative of the Health and Hospitals Corporation, which is Met's governing board. Thus, representatives of any regulatory agency coming into the hospital can be certain that everyone concerned is aware of any deficiencies and of the actions taken to correct them.

It is characteristic of the QA program at Metropolitan that the hospital was the first in the city to do outpatient audits, initiating them as early as 1974. (All other hospitals waited until late 1976 when OPD audits were mandated.) According to
Some services have made an audit the basis for a grand rounds conference, and one department includes audit information in every departmental newsletter.

Dr. Goalwin had a double head start in setting up the smooth-running system at Metropolitan: she had already participated in a similar program in a smaller New York City hospital, and as a graduate and faculty member of the College, she knew almost everyone at Metropolitan. “I could speak to them on a one-to-one basis, convincing them of the importance of the program,” she points out. “Some of the chiefs of staff I work with now were my residents when I was a student here, and others have been students of mine.’’

The regulations and requirements of Quality Assurance have expanded considerably since the federal law was passed in 1974. Dr. Goalwin, who had initially coordinated the program at Met on a part-time basis, was asked to assume full-time direction of the newly created Quality Assurance Department in March 1975. A year later she was asked to take over a second job as director of Audit and Utilization, which is now a division of Quality Assurance. Under her guidance, Zahava Wigdor and three clerks were responsible up to December 15, 1976, for the certification of patients’ admissions and extended duration reviews. Now, with the help of one clerk, Ms. Wigdor is responsible for concurrent reviews of all non Medicare and Medicaid patients.

Since last fall, Dr. Goalwin has been involved in two new government-mandated review programs at the hospital. Under an agreement that she helped to work out with the New York County Health Services Review Organization, an on-site staff of six nurses and three record analysts has been assigned to the hospital to review charts daily according to criteria set up by the American Medical Association. Metropolitan is the only municipal hospital to have this type of Memorandum of Understanding with N.Y.C.H.S.R.O. Metropolitan has also received a full delegation from N.Y.C.H.S.R.O. for the Medical Care Evaluation Program.

Since December 15, 1976, N.Y.C.H.S.R.O. has been performing binding review on Medicare and Medicaid patients. If it is determined that a stay is longer than necessary, third-party reimbursement for the days in question may be withheld. As the liaison person between the review team and the hospital staff, Dr. Goalwin has a crucial responsi-

bility for getting the staff to document the necessity for admission and continued stay.

In the other recently instituted program, Dr. Goalwin serves as liaison between the on-site team from the New York State Department of Health and the medical staff. This is a pilot project in which Metropolitan Hospital Center is one of three hospitals selected to participate, the other two being Mount Sinai and Beth Israel.

It is little wonder that Dr. Alta Goalwin is recognized as an authority on evaluation and auditing techniques. She is in constant demand as a speaker at seminars and training sessions for health care personnel throughout the metropolitan region. Last year, in addition to her primary faculty appointment in pediatrics, she was named assistant clinical professor of community and preventive medicine at the College. In this new role she instructs third-year medical students in the theory and operation of Professional Standards Review Organizations, an activity she hopes to expand sometime soon with a PSRO orientation session for the entire first-year class. It would be hard to find a better teaching model of objective and scrupulous review than the Quality Assurance Program she heads at Metropolitan.

In discussing the progress of the program and the part she has played in it, Dr. Goalwin cites the cooperation of all concerned and in particular expresses her appreciation to Mr. Constantine for his support of the program; to two faculty colleagues—Dr. Philip E. Henig, clinical professor of community and preventive medicine and professor of clinical medicine, and Dr. Rita F. Girolamo ’51, professor of radiology—for seeing the significance of a physician’s role in the QA program; and to Dr. Lawrence B. Slobody, president of the College, for his inspiration and encouragement throughout the years.
Students' Summer Research Sponsored by Alumni

This spring Tom Facelle, Class of '79, is completing a research paper on a portion of the vertebrate central auditory pathway, and Rebecca Ichord, also a second-year medical student, is continuing her research on the production of cardiac hypertrophy by catecholamines. Both students were able to work full-time on their projects last summer as a direct result of financial sponsorship by the Alumni Association.

According to Dr. Robert H. Browner, assistant professor of anatomy, who directed Tom Facelle's investigation, the student's histological study of the nerve cell structure of the inferior colliculus (torus semicircularis) of a common turtle will give the scientific community a better understanding of comparative bioacoustics and may contribute to the refinement of human hearing prostheses.

The need for summer support of students with significant research interests was brought to the attention of the alumni Board of Governors early in 1976. Like most medical students, those working voluntarily in laboratory investigations during the school year must ordinarily suspend their research and take full-time summer jobs to meet their expenses. Dr. Harkavy, a member of the alumni board who is in private practice in Woodmere, Long Island, suggested that the Alumni Association try to interest graduates, individually or in groups, in sponsoring students whose research projects especially merit support. The board approved the idea and agreed on $800 as the approximate amount necessary to subsidize a student devoting the summer to research.

At the request of Dr. Saverio S. Bentivegna '50, Alumni Association president, the Dean's Office advised all department heads of the plan. Aware of Tom Facelle's work with Dr. Browner, Dr. Donald Orlic, then acting chairman of the Department of Anatomy, urged Tom to apply for alumni sponsorship. A few weeks later, Dr. Browner presented and defended Tom's research at a meeting of the alumni board.

After the presentation, Dr. Harkavy took the initiative in carrying out the sponsorship plan he had suggested. "Here was someone doing valid work that should be continued," he recalls. "My wife and I decided to make the full contribution to the Alumni Association that would enable this student investigator to keep working through the summer."

Tom Facelle was pleased with his luck. "The research grant enabled me to continue the project during the summer when I could devote more time to it. Working with Dr. Browner full-time in the laboratory was an excellent opportunity."

The concentrated laboratory experience provided an appreciation of how research is generated and interpreted, and what lies behind the kind of knowledge physicians apply in patient care.

The investigation focused on the inferior colliculus of the slider turtle, Pseudemys scripta. The animal is an excellent study subject because of its columnella-type middle ear apparatus. This structure is similar in design to the prosthetic device used to replace the three-boned ossicular chain in the human middle ear when the organ is damaged or otosclerotic.

Although reptilian hearing is just as sensitive as mammalian, the columnella prosthesis developed for humans proves to be less sensitive. Several lines of research are therefore aimed at a better understanding of the turtle's central auditory pathway.
system. Tom's study, which employed staining techniques and light microscopy, has revealed the configuration of neuronal morphology of the inferior colliculus previously unreported in the literature.

Dr. Browner, who is helping Tom prepare the research paper that will be submitted for publication in a scientific journal, is pleased with the progress achieved through Tom's work last summer. "Several years received the B.S. degree in biology, Rebecca did research in the pharmacology lab of the university's medical school analyzing the biochemical aspects of experimental hypertension. The results of her work were included in two short papers published in professional journals by her supervising professor. Dr. Inchiosa believed that this experience made Rebecca particularly qualified to set up a specialized biochemical assay that was new to his lab and would be of value to the study of cardiac hypertrophy in experimental animals. With this in mind, he wrote a letter to Dr. Bentevegna describing Rebecca's background and his department's interest in taking advantage of her technical skills during the summer months—if she could receive financial support. The Alumni Association voted in favor of Dr. Inchiosa's appeal and gave Rebecca $800.

Dr. Inchiosa and Rebecca discuss the design of future experiments.

For Dr. Inchiosa, who is also supervising four graduate students, working with Rebecca Ichord "has been a very productive experience." For Rebecca, the research project—which she has continued on a two-day-a-month basis during her second year at NYMC—has been "a really good thing, a further development of skills I already have. I could hardly have asked for more than to pursue my specific interest, which is cardiovascular pharmacology," she says. Although she received some help from the four graduate students in setting up the animal models, Rebecca does the actual measurements, assays, preparation of tissues, and calculating on her own.

She feels the research has been worthwhile on two levels, personally and as a student. "It has been very satisfactory working with Dr. Inchiosa as well as with his graduate students," she explains. "He's enthusiastic about the work and the students' participation. I think he has a unique commitment to education. "Also, it's a good feeling for medical students to get to know their teachers on a deeper basis than comes from seeing them only at the podium." Just as important, according to Rebecca, is the research experience itself. "Medical students, who spend most of their time with books, at lectures, and learning dry material by rote, seldom have the chance to become so deeply involved," she says. "For me it has been valuable intellectually to get my hands good and wet in research. It has helped me to see exactly what is derived from research in the understanding of disease.''

Rebecca is grateful to the Alumni Association for making these experiences possible. "If I had not received the $800 last summer, I would have gone even further in the hole financially than I already am," she says, referring to the heavy burden of expenses all medical students face. Though her own plans for the summer of '77 are still uncertain, she hopes the alumni will give other students the same opportunity she has had.

Editor's note: Several students have applied to the Alumni Association for support to continue their research projects during the coming summer. Chapters or classes interested in sponsoring a student doing summer research should get in touch with the Alumni Office.
Broadway at Valhalla: A Smash Hit

A very special revival of *Guys and Dolls*, that memorable musical fable about Damon Runyon’s Broadway, played to packed houses last October 21, 22, and 23 at the auditorium of the Mental Retardation Institute in Valhalla. Planned to benefit the M.R.I. Day School, the New York Medical College Players’ production was a team effort of medical students, their spouses, faculty members, alumni, trustees, the Parents’ Council, Westchester businesses, and individual patrons, donors, and sponsors. The result was a smash hit that might well have moved straight to Broadway had not the cast and crew chosen to continue their study of medicine.

The names and advertisements of all who supported the venture appeared in a handsomely designed playbill, which also outlined the story and spirit behind the professional-caliber production. The idea was launched when a steering committee met last April, according to Mary J. Murphy ’78, who was in charge of fund raising and assembling the playbill, and Joseph F. Mortola ’79, the show’s producer. “The turnout for auditions in May was tremendous,” they wrote in a foreword to the playbill. “It was hard to dampen our enthusiasm even when 30 students sang ‘Take Me Out to the Ball Game’ to a patient and weary auditions committee.”

From auditions to opening night, the production evolved slowly, sometimes precariously, with disagreements and power-plays, but the spirit of fun and teamwork prevailed. As the playbill foreword announced to the audience, “Now we are ready. . . . We have shared inspiration, excitement, and disappointment. We have learned and we have cared. For this moment—let us enjoy.” And the curtain went up.

A retrospective view is provided by David Andrews ’78, production manager for the show. His article is reprinted by permission from the student newsletter PRN.

Guys and Dolls
David Andrews ’78

Contrary to some of our thoughts in moments of frustration and panic, *Guys and Dolls* was actually performed, as scheduled, four times on three October days. The NYMC Players had realized by the end of the first show that this was more than just a student show; it was a truly professional production. It was made possible only through work and planning, an enormous amount of it. What lent us this air of excellence were the many little details that could have been neglected, but were not. The eggs were not restricted to one basket. We had a playbill replete with 57 business ads, the names of 54 individual contributors, and the names of the 100 people whose time and talents made it all possible. We had five wall-size works of art, bed sheets painted with latex, for our scenery backdrops. We had a backstage crew that juggled these and a truckload of props (from coconuts to phone booths) with an equal degree of artistry. We had a stage with curtains and lighting which had undergone hours of arranging and rearranging. We had costumes for all, and we had people showing us how to use our make-up. And, of course, we had a troupe of musicians, actors, singers, and dancers who performed superbly. All performances were sold out, but it was the first audience that gave us the confidence we felt in the following three shows. Our hours of work were rewarded at the first intermission as word drifted backstage that the most common expression in the lobby was “I don’t believe it.”

In the beginning the Steering Committee set out to have some fun and raise some money for the Mental Retardation Institute, in addition to putting on a good show. By all criteria, the show was an immense success. Although some may have been hard-pressed to admit they were having fun as they drove back home to NYC at 11:00 P.M., or as they hiked around Elmsford on Saturdays soliciting businesses for money, the spirit we all shared in the end made it all worth while. And to top it off we left the M.R.I. with more than just a memory of the chaos which hit them in September. We left them with about $3,000 more. To quote one of our many withered members sometime near the end, “It just goes to show what a group of obsessive-compulsive people can do when they put their heads together.”
Science Briefs

Stimulus to scholarship is an indispensable parameter of medical education in 1977. The recent explosion of biomedical knowledge and the anticipated proliferation of knowledge in coming decades demands of today's medical students a steadfast commitment to life-long learning. At NYMC the research efforts in which faculty members are engaged provide exemplary models of scientific inquiry and scholarship. Although some of these studies have been reported in professional journals or are currently in press, others may not be published for some time, and we believe the graduates and friends of the College should know something about the work while it is still in progress. The Science Briefs contained in each issue of Chironian, therefore, reflect not only the commitment to continuing learning that pervades the educational atmosphere of the College, but also the scope and importance of our faculty's direct contributions to medical knowledge.

Dr. Jaffe Taking Part in U.S.-Soviet Study

Dr. Israeli A. Jaffe, professor of medicine, pioneered the testing of penicillamine to treat rheumatoid arthritis 15 years ago at NYMC. He is now participating in a cooperative study of penicillamine treatment of this form of arthritis by doctors in the United States and the Soviet Union. The two-year project, begun last December, is sponsored in this country by the National Institutes of Health.

A crippling and painful chronic disease, rheumatoid arthritis afflicts about five million Americans. If the international study shows penicillamine treatment to be both effective and safe, approximately one million people in this country could benefit from it, Dr. Jaffe says.

Dr. Jaffe first tested penicillamine in rheumatoid arthritis patients in 1962 and has continued to use it experimentally with small numbers of patients. The drug has had serious side effects in some patients, however, including rash, kidney irritation, reduced clotting ability of the blood, nausea, and loss of taste. His recent clinical studies have focused on modifications in the dosage regimen to eliminate these adverse reactions.

Dr. Jaffe's early reports on the therapeutic value of penicillamine in arthritis patients were confirmed by studies in other countries. Four years ago the drug was approved for use in Great Britain for the treatment of severe rheumatoid arthritis. The approval followed successful clinical trials at five British medical centers whose cooperative study was largely inspired by Dr. Jaffe's work. In this country penicillamine is licensed for use only in the treatment of two uncommon metabolic disorders, Wilson's disease and cystinuria.

The aim of the present international study, in which NYMC and three other New York medical centers are cooperating with the Institute for Rheumatism in Moscow, is to determine what dosages of penicillamine are effective in alleviating the severe symptoms of arthritis without causing serious side effects. Between 100 and 150 patients will take part and will be closely followed for the two-year period.

"We really don't know the lowest effective dose of penicillamine for most patients with severe rheumatoid arthritis," Dr. Jaffe points out. "The time to use a drug like this is before you get a lot of destruction and damage, in the hope that you can in fact prevent deformity, which we really can't do now. If we can significantly cut down on the incidence of toxicity and side effects, we would be justified in starting penicillamine treatment in earlier, less severe cases of the disease."

The mechanism of penicillamine's action in rheumatoid arthritis is not clearly understood, according to Dr. Jaffe. Animal investigations indicate that the drug is active in the immune system, and possible mechanisms include chelation, depolymerization of macroglobulins, donation of the sulfhydryl groups, and vitamin B6 antagonism.

The two-year international study of penicillamine treatment of arthritis is the newest addition to a program of joint U.S.-Soviet medical research, begun in 1972, involving the exchange of data, drugs, and technology. Participants in the arthritis study include, in addition to NYMC, Columbia-Presbyterian Medical Center, New York Hospital, and New York University Bellevue Medical Center.

Dr. Jaffe is head of the Rheumatology Section of the Department of Medicine and director of the Rheumatic Disease Service at Metropolitan Hospital Center.

Response to Hormonal Treatment for Prostatic Cancer Studied

Laboratory tests to determine which men with cancer of the prostate are most likely to respond favorably to medication with sex steroid hormones is the subject of an intensive study at the College.

One of the procedures used is a delicate molecular-biochemical assay technique that can measure the amount of sex steroid bound in fentamoles (10^-15 moles) to a specific intracellular protein. It is part of a larger study to shed light on how cancer of the male sex gland develops.

Cancer of the prostate is a frequent form of cancer in men past the age of 50; it affected an estimated 56,000 Americans last year. Although the cause is unknown, scientists know that the growth of many tumors is influenced by androgens and estrogens, the male and female sex hormones, according to Dr. Kurt Altman, associate professor of medicine and principal investigator of the NYMC project.

The investigation Dr. Altman and
his research team are conducting recently received a one-year renewa-
l grant known as the William Rankin and Elizabeth Forbes Rankin
Memorial Grant for Cancer Re-
search from the American Cancer
Society. The primary significance of
the study, officially titled "Sex Steroid Hormone Receptors and An-
drogen Metabolism in Human Pros-
tatic Cancer," is its potential to find
"a reliable discriminant by which to
select those patients with prostate
cancers who can successfully be
treated with hormones," Dr. Altman
says. "With such a test it would be
possible to restrict hormone therapy
to only those patients in whom
regression of the tumor with such
treatment could be predicted with
reasonable accuracy."

Dr. Altman adds that patients with
hormone-resistant tumors could also
be spared the serious and not un-
common side effects caused by
treatment with certain antiand-
drogens, namely large doses of
estrogens.

Most importantly, however, doc-
tors would be able to institute other
forms of therapy without delay for
those patients not likely to respond
to hormone therapy. Early diagnosis
and treatment is crucial in the
management of prostate cancer, Dr.
Altman points out. It has been
estimated that 40 percent of the
deaths that occur within five years of
detection of such cancers could have
been prevented if the condition
had been diagnosed earlier and
appropriate treatment started
promptly.

The NYMC team will use tests to
assay and characterize specific an-
drogen and antiandrogen binding
receptor sites and to study the pat-
tern of androgen metabolism in mal-
nignant prostatic tissue of patients.

Patients receiving hormonal ther-
apy will be monitored every few
months to learn what effect, if any,
such treatment has had (i.e., the
tumor shrinking, remaining station-
ary, or spreading). The scientific
data will then be correlated with the
clinicians' findings, which are
recorded in a protocol.

"Antiandrogen therapy can shrink
cancers of the prostate down to
almost nothing in animals," ac-
cording to Dr. Altman. In humans,
however, the response is not as
clear-cut, he adds, and even if a
tumor is hormone-responsive, it may
not respond immediately but may in-
stead shrink slowly over a period of
anywhere from one to three years.

Coinvestigators working with Dr.
Altman on the studies of prostate
cancer in humans are Dr. A. Louis
Southren, professor of medicine and
of obstetrics/gynecology-endocrinol-
y; Dr. Joseph E. Davis, professor
and chairman of the Department of
Urology; Dr. Gary G. Gordon, pro-
fessor of medicine; Dr. Simon
Hirsch, associate professor of
clinical pathology; Dr. Taehan Park,
assistant professor of urology; and
Helena S. Yeh, technical associate.

The American Cancer Society has
supported the research project
since 1975.

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**One-Day Test Identifies Carcinogenic Agents**

A simple, inexpensive, one-day test
to identify cancer-causing sub-
stances in the environment has
been developed by Dr. Herbert S.
Rosenkranz, professor and chairman of the Department of Microbiology.

Dr. Rosenkranz is currently eval-
uating the procedure, which involves
exposing bacteria to suspected car-
cinogenic agents and then analyzing
the bacteria 24 hours later for
specific changes in the chemical
composition of the DNA. If these
DNA changes have occurred, the
substance tested is almost certain
to have cancer-causing or mutagen-
ic properties.

For the past three years, Dr.
Rosenkranz has conducted exten-
sive research on the detection of
carcinogenic agents in the environ-
ment. He has already used his test
to discover that the flame retardant
TBPP, or tris (2,3-dibromopropyl)
phosphate, commonly used to treat
infants' and children's clothing, has
cancer-causing properties. After the
release of the test results, a drama-
tic drop occurred in the production
of garments treated with the chemi-
cal, Dr. Rosenkranz says.

The test Dr. Rosenkranz is per-
flecting is based upon the fact that
genetic mutations, as well as the
onset of certain cancers, are the
results of alterations of the chemi-
cals that constitute DNA in the cell.
If the chemical composition of DNA
is altered, cancer or genetic muta-
tions may result. Dr. Rosenkranz's
test relies upon current scientific
capability to detect certain chemical
differences in the DNA of bacteria
that have been exposed to suspected
carcinogens.

Substances testing out positive
for cancer-causing properties as a
result of Dr. Rosenkranz's research
will be reported to the federal gov-
ernment, which now has the power
to ban them from public consump-
tion under the Toxic Substances Act
of 1976.

"These tests have extremely
practical applications for industries
which use chemicals in their pro-
ducts," says Dr. Rosenkranz. "If the
tests using the bacteria are positive,
a red flag is raised for the chemical
involved. If the chemical is one
which is used widely, further animal
tests can be conducted to determine
the exact scope of its cancer-caus-
ing properties. If the chemical is one
which is used rarely, its use can be
halted on the basis of the bacteria
test alone."

Dr. Rosenkranz's research is be-
ing funded by a grant from the Na-
tional Institute of Environmental
Health Sciences.
Schizophrenic Art and Modern Art: A Relationship?

The art of schizophrenic patients reveals basic facts about the common ground between schizophrenics and artists who reach the heights of creativity, according to Dr. Silvano Arieti, clinical professor of psychiatry. The ground they share is a primitive or archaic form of logic that dominates the thinking of the schizophrenic and emerges as a strong component of the creative process.

These observations, which Dr. Arieti presented at a seminar sponsored by the Department of Psychiatry in January, were extrapolated from the second edition of his book *Interpretation of Schizophrenia*, winner of the 1975 National Book Award in Science. Dr. Arieti has drawn material from patients he had contact with as long as 30 years ago when, as a resident or very young psychiatrist, he was unable to treat them successfully. "These patients have remained very much alive inside me," he says, "as prototypes of my knowledge of and feeling for the anguish of schizophrenic patients. I have kept their art works over the years as precious possessions." He now regards this work as unfolding a vivid scenario of their illness as they moved toward more and more severe forms of disorganization.

Although it has not been established that schizophrenics paint more frequently than normal persons, the habit of painting shared by many schizophrenics does contrast with their general inactivity and lack of involvement with the world. The reason painting appeals to a large number of schizophrenics seems to be that regression causes primitive logic to reappear with renewed availability of forms, while at the same time the rekindling of fantasies and motivational impulses never realized in life is occurring.

In advanced schizophrenic fragmentation, the patient is no longer able to form wholes. Both patient and image are totally shattered by the weight of the psychological problem.

These factors become substitutes for the skill and commitment many patients never had before they became ill.

The art of schizophrenic patients who do not recover typically follows this sequence:

First phase: The conflict erupts, and the supremacy of the wish prevails without sufficient correction by ordinary logic to make the work acceptable to ordinary viewers.

Second phase: Ordinary logic and accepted social forms disintegrate, and an obvious emergence of primitive logic takes place.

Third phase: Primitive logic crystallizes into more rigid and stereotyped forms.

Fourth phase: Primitive logic also disintegrates. In patients who recover, this progression does not go beyond the second phase.

Schizophrenics cannot sustain the conception of the abstract when it is too anxiety-provoking, but must transform it immediately and unconsciously into a concrete representation. Whereas in choosing this representation the normal person accepts two subjects as being the same only if the two subjects are identical, the schizophrenic may accept identity based on identical predicates (as in the patient who said “I am a virgin; therefore I am the Virgin Mary”). Sometimes there is not a total identification but a fusion or condensation of the two subjects. Similarity in visual shape can also lead to identification. Other mechanisms of primitive logic produce mannerism, stereotypes, repetition of forms, simplification, ornamentation, alteration of spatial relationships, and return to infantile modes of expression. Many of these devices are used in normal art, but in normal art they are harmoniously combined, whereas in schizophrenic art they do not produce a harmonic whole but an incongruous and bizarre product.

Modern art also departs from objective reality; the modern artist allows inner conflicts and primitive forms which are rejected by the logical mind to come to the surface. The similarities to schizophrenic art are striking, especially in surrealist and expressionistic painters. Dr. Arieti believes that psychiatry owes a debt of gratitude to Salvador Dali for reasserting the primacy of primitive logic in both his art and his writings. Dali’s extraordinary access to these primitive forms is unique for, unlike the psychotic, he retains complete control and is able to communicate these forms in language acceptable to the normal viewer. Dr. Arieti says that the harmonious combining of the forms of primitive logic and the language of ordinary logic constitutes the creative process, and that this combining also occurs in such diverse fields as wit, poetry, religion, and science.

Both the seriously ill and the great creators, Dr. Arieti says, “are shaken by what is terribly absent in reality, and they send us messages of their own search and samples of their own findings. Schizophrenics cannot send us messages of peace and beauty or usually even aesthetic pleasure; but in some of their works, we find unexpected treasures of concentrated meanings.”

In his latest book, Creativity: The Magic Synthesis (Basic Books, 1976), Dr. Arieti explores in depth the process of creativity in non-schizophrenics.
Surgery Chairman Develops Stress Profile Censures Antitechnology Attitude

When Senator Hubert Humphrey underwent major surgery at Memorial Hospital for Cancer and Allied Diseases last fall, he was given a preoperative evaluation by the automated physiologic profile analysis system developed by Dr. Louis R.M. Del Guercio, chairman of NYMC's Department of Surgery. The system, which uses a mini-computer to document the critical blood, respiratory, and circulatory functions of a surgical patient, enables a surgeon to know in advance the amount of stress the patient can take on the operating table and whether he or she has sufficient reserve to recover afterward.

Some 20 hospitals in the United States are currently using the computerized system routinely in major surgery. The system is in use at Metropolitan and will soon be instituted at Flower and Fifth Avenue Hospitals and Westchester Medical Center. At White Plains Hospital a group of physicians headed by Dr. Arthur Lerner pooled about $15,000 of their own money to buy the equipment for the hospital.

Despite the demonstrated value and cost-effectiveness of the automated physiological profile, the use of this and other technological advances developed to safeguard surgical patients is being resisted on financial grounds, according to Dr. Del Guercio. "I detect a dangerous anti-technology attitude on the part of those in charge of third-party reimbursement policies—health administrators of Medicaid and Medicare, Blue Cross and Blue Shield—because they are alarmed at the overall cost of medical care and have focused on the technological aspects of medicine," he says.

"But you can reduce mortality by identifying high risk patients through the use of technical applications and at the same time you can save money," he maintains. "The trick is to do it at low cost and low risk. If you can avoid expensive time in the intensive care unit postoperatively, then you have both benefited the patient and saved money."

Dr. Del Guercio cites a four-year study of 34 well-qualified hospitals that showed an average mortality rate of 2 percent for all operations performed. He points out that this rate is higher than the mortality rate for one year of service in the combat zones of World War II, Korea, and Vietnam.

The magnitude of the problem is not generally recognized by the medical profession, Dr. Del Guercio believes. He is confident that the present mortality rate following surgery can be reduced substantially through the use of medical technology, and he urges his colleagues in medicine to oppose the powerful move to discredit technology on the part of those in charge of third-party reimbursement policies.
Effects of Cocaine—
The New Recreational Drug of Choice

Does cocaine cause physiological dependence? Does it enhance sexuality? Does it make users paranoid? These and other questions have now been answered systematically by researchers at NYMC who recently reported the results of the first controlled laboratory studies of the effects of cocaine on humans. The studies, conducted by Dr. Richard Resnick and his colleagues in the Division of Drug Abuse Research and Treatment, were designed specifically to shed light on the behavioral, physiological, and subjective effects of cocaine.

"Cocaine has become the recreational drug of choice of tens of thousands of individuals from all types of social and economic backgrounds," says Dr. Resnick, who is associate professor of clinical psychiatry. "This dramatic increase in cocaine use and its move from the ghetto to the upper classes is intriguing, since the drug is not only illegal, but extremely expensive, costing about $1,500 per ounce on the street market. This high price is coupled with relatively short-term effects: the average cocaine 'high' lasts only about ten minutes."

In Dr. Resnick's series of clinical studies, 75 individuals, referred to the College's drug treatment clinic because of their regular use of cocaine, were interviewed regarding their patterns of cocaine use and its subjective effects. Another group of over 300 individuals applying for treatment of opiate abuse in the clinic were surveyed regarding the patterns and effects of their use of cocaine. In addition, 50 nonopiate users were tested to assess their physiological, subjective, and behavioral responses to measured doses of cocaine, either "snorted" through the nose or injected intravenously.

The results of these studies dispel certain widespread beliefs about this increasingly popular drug and affirm others.

One of the most significant findings was that patterns of cocaine-using behavior resemble the patterns generally associated with other commonly used "recreational" drugs, such as alcohol and marijuana. The recreational user takes the drug in a social setting among friends to share a pleasurable experience. This common type of use tends not to escalate in frequency or amount.

Despite the fact that the recreational pattern is most prevalent, other individuals interviewed were found to have moved on to intensified or compulsive use of cocaine. Intensive users take the drug at least once daily and are motivated by a need to achieve relief from a persistent problem, a stressful situation, or by the desire to maintain a certain self-prescribed level of performance. Compulsive use, the smallest category, is patterned, frequent, and very intense, and is characterized by a high degree of psychological dependence. Compulsive cocaine use usually dominates the individual's life and precludes normal social functioning.

One behavioral effect of cocaine that some individuals in each of these groups experience is an overwhelming craving for more as soon as the effects of one dose have subsided. Even individuals who are not compulsive users often comment on this effect. For this reason, although cocaine is definitely not addicting in the physical sense, many individuals do develop a strong psychological dependence on it.

One of cocaine's most touted and sought-after effects is its supposed aphrodisiac quality. Users report that it produces more intense sexual feelings, particularly tactile sensations, and that it prolongs sex by delaying orgasm. Some individuals say it increases their ability to fantasize and to act out their fantasies. Others say that cocaine, applied to the penis, increases the strength and duration of erections. With regard to this last claim, however, medical literature supports exactly the opposite effect of cocaine. That is, it actually inhibits erections in men.

Psychotic reactions to cocaine are another commonly reported phenomenon, but Dr. Resnick's studies indicate that paranoid reactions are often associated with the "set" in which cocaine is taken rather than being a specific pharmacologic effect of the drug itself.

Dr. Resnick's clinical studies were conducted in collaboration with Elaine Schuyten-Resnick, M.S.W., research associate, and were reported at the February 22, 1977, annual meeting of the American Association for the Advancement of Science.

The laboratory aspect of Dr. Resnick's studies was undertaken to assess physiological and subjective effects of cocaine use over a 30-minute observation period. Doses of 10 mg and 25 mg were administered intranasally and intravenously. Heart rate, blood pressure, respiratory rate, oral temperature, and hand-grip strength were measured. Subjective effects were assessed by ratings of "high," pleasantness, "speeding," hunger, strength, and by the rating of statements such as "I have a floating feeling" as "true" or "not true" on a 36-item inventory.

By the intranasal route, 10 mg of cocaine produced no changes different from a placebo, and the 25 mg dose produced minimal changes, but only in blood pressure and feelings of "high." When administered intravenously, however, both doses of cocaine produced significant dose-related physiologic and subjective responses. The onset of these effects occurred within two minutes of cocaine administration and usually peaked within ten minutes. No significant changes in respiratory rate, oral temperature, or hand-grip strength occurred after either dose.

The onset, intensity, and duration of subjective effects coincided very
closely with changes in cardiovascular measures, particularly blood pressure. When dosage levels were raised, subjective and physiologic changes from 100 mg taken intranasally were comparable to those produced by 25 mg administered intravenously.

Dr. Resnick’s laboratory studies were conducted in collaboration with Richard Kestenbaum, Ph.D., associate research professor of psychiatry, and Dr. Lee K. Schwartz, medical director of the Division of Drug Abuse Research and Treatment. The results were published in the February 18 edition of *Science*.

“During the course of our studies,” Dr. Resnick says, “we found that one of the major liabilities of cocaine use is its strong reinforcing property which, in some individuals, leads to an overwhelming compulsion for the drug and to serious social and psychological consequence. For example, one compulsive user reported having spent $24,000 in insurance money over a three-month period to supply himself with cocaine. For other individuals, however, the use of cocaine may be chronic, but it does not necessarily escalate in frequency or amount and apparently carries little or no serious risk.”

**Unique Computerized System Aids Research on Learning Disabilities**

A breakthrough in the study of learning disabilities won major recognition in December when E. Roy John, Ph.D., and his colleagues in the Brain Research Laboratories of the Department of Psychiatry received a grant from the U.S. Department of Health, Education, and Welfare.

The grant will enable the laboratories to continue testing children from the James E. Allen Learning Center in Dix Hills, Long Island, who have perceptual and learning difficulties, using a unique computerized digital and electrophysiological data acquisition and analysis system (DEDAS) that gives the most detailed picture of the brain’s workings yet available.

Underlying the Brain Research Laboratories’ work is the premise that deviant patterns found in children with learning disabilities arise far earlier in life than has been recognized. It is hoped that identifying specific patterns at an early age and tracing their continuity and evolution as the child develops will improve chances of matching the best therapy to the individual child and successfully treating this handicapping condition.

The key element in DEDAAS is a revolutionary quantitative test of the electrophysiological activity of the brain. The test was invented by Dr. John, professor of psychiatry and research professor of physiology, and his research team; it is called the “NB”—short for Neurometric Test Battery.

A person being tested by the NB wears a “wig” of electrodes, on the scalp, which is then connected to a small computer. During one session, which can be as brief as 15 minutes or last up to 50 minutes, the NB monitors activity in the computer-simulated equivalent of 57 brain sites under more than 50 different conditions; the harvest is a profile of brain activity containing over 100,000 items of information. The test is completely harmless and painless.

In the first two minutes of the test session, the NB can extract data identifying a learning disabled child with brain dysfunction as accurately as a psychological test battery that takes a psychologist hours to administer and interpret.

Since 1975, Dr. John and his associates have used the computerized electrophysiological data acquisition and analysis system to test children at the James E. Allen Learning Center. The state-supported school, administered by the third supervisory district of the Suffolk County Board of Cooperative Educational Services (BOCES III), is a special education facility for children ages 3 to 18 who have difficulty learning in standard classrooms in any of the 18 school districts BOCES III services; these include the townships of Bay Shore, Huntington, and Islip.

The eventual goal of the testing program is to determine what mode of treatment might be most applicable to an individual child so that as many children as possible can return to the mainstream of education.

To date, the NYMC Brain Research Laboratories have tested approximately 750 children in the BOCES III district who are considered to be educationally handicapped. They represent a variety of learning disabilities, with a wide range of severity and covering a broad spectrum of developmental levels, Dr. John explains.

Learning and performance, Dr. John points out, depend on numerous factors that in turn are functionally related to many different neurochemical reactions and neuroanatomical systems of the brain. Correcting a learning disability, therefore, hinges on identifying the specific cause of the disability as precisely as possible.

Traditional diagnostic tools, however, are limited in their ability to achieve this high level of precision, Dr. John says. Conventional evaluations of a learning disabled child gauge behavior whose causes are unknown or ambiguous. Standard psychometric test batteries, such as IQ tests, provide a measurement of the sum effects of a disability but fail to make the intervening processes explicit.

DEDAAS, in contrast, provides for rapid acquisition of 57 separate channels of electrophysiological data from which the neurometric test battery (NB) extracts information about brain functions related to sensation, perception, and cognition. The computer is programmed to collect electrophysiological data under a set of standardized experimental conditions and to exclude data contaminated by artifacts.

Along with greater accuracy and more detail in less time, the NB is expected to provide information for...
custom-tailoring treatment to specific brain disorders.

Dr. John's study has four immediate objectives: 1) to identify behavior that distinguishes between normal and learning-disabled children; 2) to identify electrophysiological characteristics that typify these groups; 3) to correlate the two sets of information; and, finally, 4) to identify subgroups among children categorized under the common label "minimum brain disorder," clearly defining the behavioral, psychological, and physiological features of each such subgroup.

Progress in Studies To Curb Sudden Infant Death Syndrome

Until very recently crib death, the entity now called the Sudden Infant Death Syndrome (SIDS), was aptly described as "an enigma wrapped in swaddling clothes," and even now relatively little is known for certain about this condition. Dr. Donald R. Thursh, associate professor of pathology, who is currently working on SIDS, points out that while there is still much to learn about this condition, some of what is currently known can be used if not to prevent these deaths at least to keep them from being even more destructive to the infant's parents than they already are. Just the awareness that SIDS is a discrete clinico-pathological entity and that it is the leading cause of death in infants between one week and one year of age should help those dealing with parents during this difficult time to treat them with appropriate sympathy and consideration rather than with suspicion.

"The sudden death of a young baby is a devastating experience for its parents," Dr. Thursh says. "The unreasoning pang of guilt all parents experience when their children are injured or ill is magnified many many times over in SIDS. Being interviewed by police investigators and having to deal with a coroner's or medical examiner's office during this period of grief and anxiety often makes the situation much worse. We as physicians must be aware of what these people are going through and be prepared to reach out and help them. First and foremost, we must answer the often unasked question, 'Was it my fault?' with an absolute 'No,' and point out that healthy infants of this age are rather durable little people who do not silently suffocate if they are placed in their cribs wrong or given an extra blanket or imperfectly burped after feeding. The National Foundation for Sudden Infant Death has an excellent film for this purpose which is suitable for both professional and lay audiences. Furthermore, we must do what we can to help make the police, medical examiners or coroners, and paramedical personnel in our own communities aware of the problem of SIDS, so they may deal with the families more appropriately than many do at the present time."

In reviewing the current status of research on SIDS at a meeting sponsored by the Westchester-Rockland Chapter of the National Foundation for Sudden Infant Death last September, Dr. Thursh pointed out that the precise definition of the syndrome required the detailed post mortem examination of many victims. "Much of the initial work," he said, "was done by Dr. J. Bruce Beckwith of Seattle and Dr. Maria Valdez-Dapena of Philadelphia, who for the first time clearly separated what we now know as SIDS from other causes of infantile death, and in so doing laid the groundwork for subsequent epidemiological studies showing that SIDS is a condition that cuts across all ethnic and socioeconomic lines. They also established that SIDS victims usually had anatomical evidence of asphyxia at post mortem."

"The next major breakthrough was made by Dr. Richard Naeye and his associates at the Pennsylvania State University College of Medicine at Hershey. They examined large numbers of SIDS victims using quantitative morphometry and found these babies had thicker than normal small pulmonary arteries, showed retarded transformation from fetal to adult fat, and showed greater right ventricular mass than age-matched controls. These observations were interpreted as evidence of chronic hypoxemia, laying to rest the idea that SIDS attacked previously healthy, normal infants."

"Dr. Alfred Steinschneider of the SUNY Upstate Medical Center approached the problem by studying the sleep patterns of infants thought to be at higher than usual risk of developing SIDS. This work led to the dominant current theory that whatever the underlying cause or causes of SIDS may be, the final pathway leading to death is an abnormally prolonged period of sleep-associated apnea." Noting that SIDS is often associated with otherwise trivial upper respiratory tract infections (URI's), Dr. Thursh said that episodes of sleep-associated apnea are markedly increased in the presence of URI's. "The association of SIDS with URI's has also opened another potentially fruitful line of research based on the hypothesis that the fundamental defect in SIDS victims may be an inability to adequately cope with these very superficial respiratory infections. This is a particularly exciting idea, since it implies that SIDS may be the extreme form of a much larger syndrome, perhaps including babies who develop problems with bronchiolitis, asthmatic bronchitis, and possibly even viral croup."

In their own laboratory studies at NYMC, Dr. Thursh and his colleagues have found certain immunoglobulin levels in the bronchial secretions of SIDS victims to average only about half the concentrations present in babies dying of defined causes. "These and similar findings by other investigators lend support to the hypothesis that SIDS victims have suboptimal local im-
Drinking Shown to Cut Testosterone Levels in Nonalcoholic Men

Direct evidence that alcohol consumption reduces the production of testosterone in men who are not alcoholics has been found for the first time in the continuing research by three NYMC endocrinologists on the relationship between drinking and sexual problems in males.

Dr. Gary G. Gordon, professor, Dr. Kurt Altman, associate professor, and Dr. A. Louis Southren, professor, all of the Department of Medicine, previously conducted experiments in rats which showed that the activity of the liver enzyme that normally breaks down testosterone was doubled when the rats were given large amounts of alcohol over a long period. (See Chironian, Spring 1976, p. 27.)

A related study in which the NYMC team collaborated with investigators at Mount Sinai College of Medicine and the Bronx Veterans Administration Hospital involved eleven normal adult male volunteers of whom nine were "social drinkers" whose weekly consumption of alcohol was less than 2.5 ounces. Each volunteer was given approximately one ounce of alcohol every three hours around the clock for periods of up to four weeks, resulting in an initial dampening of the episodic bursts of testosterone secretion followed by decreases in both the mean plasma concentration and the production rate of testosterone. Changes in the levels of the male sex hormone were observed as soon as 24 hours after the administration of alcohol. In addition, alcohol consumption increased the metabolic clearance rate of testosterone in most of the subjects studied.

The volunteers received adequate nutrition and none lost weight during the study, which tended to exclude a nutritional disturbance as the cause of the decreased testosterone levels.

Collaborating in the study were Dr. Emanuel Rubin, of Mount Sinai School of Medicine, and Dr. Charles S. Lieber, of the Bronx Veterans Administration Hospital. They reported their work in the New England Journal of Medicine, Vol. 295, No. 15, October 7, 1976.

Study Promises Low-Cost Alternative to Surgical Vasectomy

The first large-scale clinical study of a simple, fast, nonsurgical technique of permanent male contraception is being conducted by NYMC physicians. In what is called chemical vasectomy, a tiny quantity of ethanol and formaldehyde is injected into both vas deferentia through the skin of the scrotum. The solution causes scarring in each duct that prevents passage of sperm into the semen.

There is no effect on sexual activity or potency or on the amount or quality of semen results, except that sperm is eliminated, says Dr. Joseph E. Davis, professor and chairman of the Department of Urology, who is chief investigator on the project. Further, he reports, since no incisions or surgical ties are necessary, the procedure has fewer disadvantages than vasectomy, the standard surgical male sterilization technique, and can be completed in less time, usually no more than five or ten minutes. Although it can be performed in a doctor's office, for purposes of the study the chemical vasectomies will be done on an outpatient basis at Flower and Fifth Avenue Hospitals.

The project is being sponsored by the Program for Applied Research on Fertility Regulation (PARFR) at Northwestern University via the Agency for International Development. It was prompted by the "promising results" achieved by Dr. Coy Freeman and Dr. Donald Coffey at the Johns Hopkins University School of Medicine, first in trials with animals and then in small pilot studies with humans.

The new procedure is expected to provide a practical, low-cost alternative to surgical vasectomy, according to Dr. Davis, particularly in underdeveloped countries where voluntary sterilization programs are under way but where surgical facilities and personnel are insufficient to meet demands. Since standard vasectomy involves surgical excision of a portion of each vas deferens, followed by ligation to prevent sperm leakage, some risk of bleeding and infection—postoperative complications common to all surgical procedures—is present. Chemical vasoinjection, he says, should eliminate this risk.

He also notes that contraception by the chemical technique may be more acceptable to a man who wants permanent contraception but avoids vasectomy because he mistakenly associates it with castration. Neither procedure—surgical vasectomy or vasoinjection—affects sexual potency, he emphasizes.
"The purpose of the two-year study is to extend clinical trials in human volunteers to ascertain the effectiveness of this significant technique of permanent male contraception," Dr. Davis says. The study is open to 100 healthy male volunteers over the age of 21 who desire permanent contraception. Prior to vasoinjection, each applicant will be given a complete medical history, a physical examination, and a battery of diagnostic tests. The tests, sperm counts, semen analyses, and the procedure itself are available at no charge to the volunteer. Should chemical vasectomy prove ineffective in an individual case, standard surgical vasectomy will be offered. The study was approved for work in human subjects by the College Sub-Committee on Protection of Human Subjects.

Dr. Davis says that volunteers studied in the earlier investigation have shown no ill effects from use of the chemical agents, which cause scarring and closure of the sperm ducts, and that careful follow-up has revealed no return of sperm. Therefore few if any side effects are expected.

Since the contraceptive effect may not be immediate, Dr. Davis points out, a patient may still be able to produce children until two successive semen specimens have been examined and found to be free of sperm. For this reason volunteers will be required to bring in semen specimens for analysis every other week for six months. They are also advised to use alternative forms of contraception as long as evidence of sperm is found.

Monitoring will continue regularly through one year following the vasoinjection, with follow-up analysis of semen to confirm the permanency of the sterilization at recommended intervals thereafter. Dr. Davis says that as far as is now known, chemical vas occlusion is not reversible.

Changing attitudes toward sex roles and male contraception, as well as continuing problems with other contraceptive techniques have created a surge of interest in voluntary permanent male contraception. In this country, Dr. Davis reports, an estimated 500,000 men will seek vasectomy this year.

**Drug Used for Estrogen Replacement Increases Blood Clotting Tendency**

A team of New York Medical College scientists has discovered that an estrogen mixture, widely used to treat postmenopausal women, causes a dramatic increase in their tendency towards blood clotting and thrombosis.

Preliminary data also indicate, however, that the tendency reverts to pre-therapy patterns when the estrogen replacement treatment ends, John J. Stangel, M.D., clinical instructor of obstetrics and gynecology and principal investigator, reports.

The estrogen combination, which is obtained from pregnant mares, is known to its millions of users as Premarin and is one of the most commonly prescribed drugs in the United States.

The New York Medical College study is one of the first to be directed toward menopausal women receiving estrogen therapy. Most studies investigating the relationship between the administration of the female sex hormone and blood vessel phenomena have involved women of reproductive age taking estrogen contained in oral contraceptives.

"Because of the dramatic increase in the incidence of hypercoagulability in the estrogen-treated women in our study, we feel that a more selective use of estrogen is strongly indicated for postmenopausal women," Dr. Stangel says.

In the study, 69 menopausal women ranging in age from 29 to 70 years were divided into two categories: those who were not receiving estrogen at the time of the study, and those who were. The women taking estrogen were given 1.25 mg. of Premarin daily on the usual 21-day-on, 7-day-off schedule for at least a month. Coagulability testing was then performed on both groups.

In the group of women who did not receive Premarin, 85% showed no abnormal propensity for blood clotting. In the Premarin-treated group, however, only 42.8% demonstrated normal coagulability and 57.2% were found to be hypercoagulable—that is, to have a significant tendency to form blood clots. This last figure represents an increase of 289% in the incidence of hypercoagulability in the estrogen-treated group as compared to the control, or non-estrogen, group.

To investigate further the relation of estrogen to hypercoagulability in the treated group, the researchers have begun to discontinue estrogen therapy on patients who are hypercoagulable, with repeated testing after terminating therapy. Preliminary data indicate that patients’ tendency to clotting reverts to pretreatment patterns.

"The fact that a patient is in a hypercoagulable state does not imply that intravascular blood clots will necessarily form," says Dr. Stangel, "but hypercoagulation is definitely correlated with an increased tendency for this to occur." If the coagulation equilibrium is further unbalanced by other events such as inflammation of a blood vessel, intravascular clotting may be precipitated, he says. Post-menopausal women, more often than younger women, manifest these additional factors and thus are more predisposed toward tipping the balance in the direction of blood clot formation, Dr. Stangel says.

"Based on our findings," says Dr. Stangel, "our current management of postmenopausal patients now includes repetitive screening to obtain a coagulability profile. This allows us to identify patients who are at higher risk for blood-clotting episodes and take steps to minimize these risks."

Members of the team who conducted the study included J. Victor Reyniak, M.D., associate professor of obstetrics and gynecology; Martin L. Stone, M.D., professor and chairman of the department of obstetrics and gynecology; and the late Irving Innerfield, M.D., who was research professor of medicine.
Dr. Cottrell in his laboratory at the Department of Pathology in the Basic Sciences Building.

Dr. Cottrell Appointed Senior Associate Dean

Dr. Thomas S. Cottrell, associate professor of clinical pathology, who is noted for his research in chronic lung disease, has been appointed senior associate dean for the College. Previously he had served as NYMC's first associate dean for admissions, a position created in 1973 to deal with administrative responsibilities resulting from the increasing number of medical school applications.

In assuming his new administrative post, with headquarters on the Westchester campus, Dr. Cottrell will continue his own electron microscopy studies of the structural, metabolic, and immunologic aspects of lung disease.

Dr. Cottrell represents the College as a member of the board of directors of the Hudson Valley Health Systems Agency and has been actively associated with health care planning in the region. One of his major concerns as an educator is the changing role of the doctor in society that has been brought about by recent developments in health care planning.

"Planning agencies already have great force in organized medical care systems in this country, with 51 percent of their members coming from the general public," he notes. "Doctors will have to learn that the setting in which they practice is no longer controlled only by the physician. So we must help today's medical students acquire a new kind of flexibility and an understanding that there is change ahead."

Technological developments are also contributing to a changed doctor-patient relationship, Dr. Cottrell points out. "We have to make tomorrow's physicians comfortable with technology, which has become an important adjunct of medicine, offering a greater depth of information than ever before," he says. "But in the technological setting there is a danger of the physician's coming to look at the machine for results, instead of looking at the patient. Medical education, therefore, must keep emphasizing the role model of the caring physician, who must remain caring even while almost becoming an engineer."

Preparation for continuing education has become an equally important function for the medical school, Dr. Cottrell believes. "Considering that today's medical students will be practicing in the year 2010, we need to give them the basic facts, information we hope is true, but also to communicate that this information is not static and that they must be prepared to relearn as knowledge increases."

Dr. Cottrell, who joined the College faculty in 1968, received his M.D. degree from Columbia University College of Physicians and Surgeons. He served his residency there and at Yale School of Medicine and held a National Institutes of Health training fellowship. In 1969 he was the only New York State medical scientist to receive the John and Mary R. Markle Scholarship in Academic Medicine.

Dr. Salerno in front of the new M.R.I. facility in New York City.

Dr. Salerno Named Vice-President of M.R.I.

Dr. Louis J. Salerno, professor of obstetrics and gynecology who for more than 25 years has been closely associated with the development of mental retardation programs at NYMC, has been named vice-president of the College's Mental Retardation Institute (M.R.I.) In this capacity, Dr. Salerno will coordinate the activities of the Institutes with those of the medical school. In addition, he will provide support and direction for the internal operations of the Institutes.

Dr. Salerno assumes his new administrative post at a time when the program and facilities of the Mental Retardation Institute are expanding. The New York City division, primarily a diagnostic and therapeutic outpatient center, has moved into renovated quarters where it will develop a residential program for 15 patients from the Willowbrook State School on Staten Island. In recent years, members of the M.R.I. professional staff have provided evaluation and screening services for Willowbrook.

A consultant in obstetrics to M.R.I. since it was founded, Dr. Salerno has been involved in many of its programs, studies, and workshops. He has also been instrumental in developing the annual international symposia sponsored by M.R.I. that have provided a forum for the exchange of knowledge among professionals in mental retardation. The ninth symposium, on "Bioethical Considerations in the Management of the Retarded," was held in Dublin in March.
Jubilant Seniors on Match Day

Match Day—March 14, 1977—was a scene of jubilation at the Metropolitan Hospital Auditorium as the class of 1977 opened the computer matching results that told them where they would be taking their internships in the fall.

One hundred and ninety-two students out of 200 participated in the matching program. (Eight accepted placements without matching.) All but three students matched with the hospitals they had chosen, and by the end of the day the remaining three were also placed. The great majority are going to very highly regarded university hospitals. Among these are Duke, Yale, Emory, Mayo, Tufts, Boston University, St. Christopher's-Philadelphia, and St. Luke's-Presbyterian.

Dr. Robert S. Goldstein, professor and chairman of the Department of Medicine and associate dean for student affairs, had counseled each student in finding the exact balance between choosing the hospital that student most desired and the hospitals most likely to want his or her experience and choice of training. The joy in the room attested to the excellence of the results . . . which were well above the national average.

Accreditation— “High Marks”

We are pleased to report that the College has been awarded a five-year accreditation by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges. It is important to note that over the last few years only one third of the medical schools in the country have been given as much as a five-year accreditation; others have been accredited for as short a period as one year. Congratulations, NYMC.
Dr. Stone Honored at Gala Dinner Dance

Dr. Martin L. Stone's twentieth anniversary as chairman of the Department of Obstetrics and Gynecology was celebrated with exuberance and pride on the evening of Saturday, October 2, 1976, when 383 of his colleagues and friends gathered to honor him at a Gala Dinner Dance. The event marked the culmination of the annual Ob/Gyn Residency Day, which this year was extended to three days as part of the anniversary salute to Dr. Stone.

The dinner dance, a black tie affair at the Plaza Hotel, was elegant in every detail, thanks to Barbara Schlussel, who was in charge of arrangements. A cocktail hour was followed by dinner in the Grand Ballroom, where speeches and presentations demonstrated the high esteem in which Dr. Stone is held at the College and across the country. Guests came from all over the United States, including Alaska.

Dr. Myron Gordon, professor of obstetrics and gynecology, was master of ceremonies for the event. Among the speakers were Dr. Allan B. Weingold, chairman of the Department of Obstetrics and Gynecology at George Washington University Medical Center; Dr. Harry Prystowsky, provost and dean of the Pennsylvania State University College of Medicine at Hershey; and Dr. Seymour Schlussel, president of the Obstetrical and Gynecological Society of New York Medical College. President Lawrence B. Slobody presented Dr. Stone with a certificate of appreciation from the College, and Dr. Paul Brenner of California, a former chief resident under Dr. Stone, gave him a handsome plaque from the Southwest Obstetrical and Gynecological Society.

The pictures on these pages indicate the spirit of conviviality that prevailed as dancing and the renewal of friendships continued into the early morning hours.
Circulating among the gala crowd were Dr. Stone's wife and his son Robert.

St. Vincent's Hospital and NYMC Sign Affiliation Agreement

A cooperative teaching effort that existed on an informal basis for four years between NYMC and St. Vincent's Hospital and Medical Center of New York culminated in the signing of an affiliation agreement in November. St. Vincent's, located at Seventh Avenue and 11th Street in Manhattan, is the city's second oldest voluntary hospital. Dean Samuel H. Rubin, who signed the agreement along with Sister Evelyn Schneider, president of St. Vincent's, called the affiliation "a coordinated effort toward a common public objective: the continued improvement of the standard of hospital and health care in the City of New York in an atmosphere of humane, dignified care."

St. Vincent's, which was established in 1849 in a small rented house, has grown to a 788-bed patient care facility. It is operated by the Sisters of Charity of New York and serves a residential and working population in an area covering ten square miles of downtown Manhattan. The hospital has a branch in Harrison, New York, which became affiliated with NYMC in 1974.

St. Vincent's has long been involved in graduate medical education. Under the affiliation agreement the College will assign a substantial number of its medical students to the hospital for part of their educational experience. Initially, the students will become members of medical care teams in four hospital departments—medicine, obstetrics and gynecology, psychiatry, and surgery—with plans for rapid expansion into other services.

Dr. Joseph C. Bamford, Jr. '56 and Mrs. Bamford. The former associate dean, now practicing in Vermont, celebrated the occasion by wearing Scottish attire.

Dr. Seymour Schlussel '51 and Dr. Stone at the podium.

Norman E. Alexander (left), chairman of the NYMC Board of Trustees, with Sister Evelyn and Dean Rubin at the affiliation signing.
Food for Health: Nutrition Education

The science of human nutrition got a boost at the College last fall when an undergraduate program was established to train medical students in nutrition as it applies to the health of both the individual and the community. Supported by a three-year Health Professions Special Project Grant from the U.S. Department of Health, Education, and Welfare, the program covers the basic science, clinical, epidemiological, and public health aspects of human nutrition from infancy through old age.

"At a time when the public is literally besieged by food faddism, 'miracle' diets, and a welter of conflicting advice on nutrition, the federal government decided the time had come for formal nutrition education to be introduced into the medical school curriculum," Jack M. Cooperman, Ph.D., a professor of pediatrics and of community and preventive medicine, said in a recent interview. Dr. Cooperman is project director of the program.

The NYMC nutrition program, which began September 14, is the first of its kind at a medical school in the Northeast and one of only six to be funded by H.E.W. in the entire country. Milton Terris, M.D., M.P.H., professor and chairman of the Department of Community and Preventive Medicine, is the codirector.

Dr. Cooperman pointed out that nutrition has always been passed over lightly in medical schools, largely because of time constraints. "Although students are well-tutored in the fundamentals of the physiology and biochemistry of basic nutrients, most of them graduate without acquiring practical knowledge of how nutrition relates to good health and to disease processes."

But a sound knowledge of nutrition is vital for every practicing physician, Dr. Cooperman says. "Although Americans are some of the best-fed people in the world, nutritional deficiencies abound and cut across all socioeconomic levels. Almost every ethnic diet lacks some important component that should be compensated for." He mentions as an example the typical Hispanic diet, which lacks green leafy vegetables almost entirely.

According to Dr. Cooperman, the NYMC training program, taking a practical approach, "is giving our students a unique opportunity to study nutrition from a clinical, laboratory, and community point of view."

A series of required and elective lectures and clinical nutrition sessions cover such subjects as undernutrition, malnutrition, obesity, and the relationship of diet to physical and mental development and to disorders and diseases such as diabetes and cancer. Students also learn about nutrition's role in the practice of medicine, pediatrics, and surgery; receive instruction from a therapeutic nutritionist on proper diet planning; and consider public health aspects of nutritional deficiencies.

"Malnutrition, rather than undernutrition, is the focus of our curriculum," Dr. Cooperman says. "It is designed to produce physicians who know how to spot nutritional deficiencies and how to advise their patients on corrective diet. In this day and age, the average practicing physician never sees any actual cases of undernutrition and attendant diseases such as scurvy, pellagra, and rickets."

Electives in the biochemical and community aspects of nutrition are also offered. The second half of the elective program is devoted to community aspects of nutrition. Students visit four health centers that illustrate different approaches to community nutrition: Health Insurance Plan of Greater New York (HIP); East Harlem Nutrition Assistance Program; Union Family Medical Center of the Hotel Industry of New York City; and the Westchester County Department of Health's Office of Community Nutrition Services.

Five clinics staffed by NYMC's Department of Medicine have been made available for the program. These are the endocrine, obesity, diabetes, geriatrics, and gastroenterology clinics; the latter includes a section for alcoholics. The Department of Pediatrics' clinics in gastroenterology and nutrition, anemias, well baby, and adolescence are also taking part. A trained nutritionist, Irene Alton, M.S., assistant professor of community and preventive medicine, will rotate through all the clinics, which are located in three College-affiliated facilities: Flower and Fifth Avenue Hospitals, Metropolitan Hospital Center, and Bird S. Coler Memorial Hospital.

The nutrition teaching program is interdepartmental and will draw on the College's departments of medicine and pediatrics as well as community and preventive medicine. Taking part are Dr. Jacob L. Brener, professor of clinical medicine and assistant professor of radiology; Dr. Capecomicorim S. Pitchumoni, associate professor of medicine and chief of the Gastroenterology Section at Metropolitan Hospital Center; Dr. Leonard Newman, assistant professor of pediatrics and chief of the Pediatric Gastroenterology Section of Metropolitan Hospital Center and Flower and Fifth Avenue Hospitals; Dr. Harold S. Cole, professor of pediatrics and chief of the Diabetes Section at both Flower and Fifth Avenue and Metropolitan Hospitals; and Dr. Rafael Lopez, associate professor of pediatrics at Metropolitan Hospital Center.
Parents' Council Reports a Busy Year

Parents have been very active this year, starting with Parents' Day in September. A festive Parents' Council Holiday Dance followed in December, and the general meeting in February was well attended.

At the opening event, Class of '80 parents were welcomed to the College by Dean Mark L. Peisch and then took a student-guided tour of the Basic Sciences Building. Later they gathered for refreshments and a chance to meet faculty and other parents.

The traditional Holiday Dance was one of the best ever, with faculty members, students, and parents participating. There was good food, a lively band, group lessons in How-to-Do-the-Hustle, and a drawing for a two-week vacation for two in Europe. Trip winners were Dr. and Mrs. Ervin Kaye of San Marino, Calif., parents of Kenneth Kaye '78.

A special address by Dean Samuel H. Rubin was among the highlights of the Parents' Council general meeting. Dean Rubin outlined the College's plans and prospects for the coming year. Featured speaker was Dr. Jacqueline Hott, of the Department of Psychiatry, who discussed goals of sex therapy.

As we go to press, preparations are under way for a Parents' Council-sponsored "Evening of Dinner and Theater" on April 17.

Enjoying the Holiday Dance (left to right): Dr. and Mrs. Arnold M. Schosheim with Mr. and Mrs. Jerome Goldberg. Dr. Schosheim is president of the Parents' Council; Mr. Goldberg held that office last year.

At Parents' Day (left to right): Dr. Thomas S. Cottrell, senior associate dean, with Mr. and Mrs. Paul Heller. Mr. Heller is a member of the Board of Trustees and also a parent.

No generation gap at the February general meeting as mother and daughter, Mrs. Frank Lionetti and Angelina '80, share a big hug and a kiss.

Mr. and Mrs. David Sonnenshein, Dr. and Mrs. Saul A. Schwartz '30, and Dr. and Mrs. A.J. Bloomstein. Dr. Schwartz is president of the 400 Club. Mr. Sonnenshein and Dr. Bloomstein are past presidents of the Council.

Martin Kaye and his wife, Wendy Dolcetti Kaye, both Class of '77, with her parents, Mr. and Mrs. Louis Dolcetti. Mr. Dolcetti was dance chairman.
Dr. Henry P. Leis, Jr. '41, clinical professor of surgery and chief of the Breast Service, Department of Surgery, became president of both the International College of Surgeons and the New York Metropolitan Breast Cancer Group on the first of January.

The 14,000-member International College of Surgeons was founded over 40 years ago in Geneva, Switzerland, to promote the science and art of surgery by facilitating the international exchange of surgical knowledge. The New York Metropolitan Breast Cancer Group is an organization of medical specialists in multiple disciplines whose purpose is studying and disseminating information on the epidemiology, diagnosis, and treatment of human breast cancer.

Dr. Leis is a fellow or member of over 40 medical organizations and the recipient of more than 25 honorary awards, including the Alumni Medal of NYMC.

Dr. Phyllis Harrison-Ross, professor of clinical psychiatry and director of the Community Mental Health Center at Metropolitan, has been elected president of Black Psychiatrists of America (BPA), an organization comprising 363 black psychiatrists in the U.S., Canada, the Caribbean, and Africa.

Dr. Phyllis Harrison-Ross, professor of clinical psychiatry and director of the Community Mental Health Center at Metropolitan, has been elected president of Black Psychiatrists of America (BPA), an organization comprising 363 black psychiatrists in the U.S., Canada, the Caribbean, and Africa.

The purpose of the BPA is to further the interests of black patients and black psychiatrists with regard to health service delivery, professional training, social health problems, and political support. The organization, which was originally an outgrowth of the Black Committee of the American Psychiatric Association, became fully independent of the APA committee in 1976 so as to facilitate a more rapid and direct approach to these problems.

The first woman president of the BPA, Dr. Harrison-Ross calls her election to the presidency "the most significant event of my career—to be chosen and recognized by my peers, by black psychiatrists."

Dr. Harrison-Ross served as psychiatric director of the Nursery School of the Rose F. Kennedy Center for Mental Retardation and Human Development of the Albert Einstein College of Medicine from 1966 to 1972. While there she pioneered new rehabilitation approaches and achieved breakthroughs with multiply handicapped children previously considered hopelessly disturbed.

As a member of the Medical Review Board of the New York State Commission of Corrections, Dr. Harrison-Ross investigates deaths, complaints, and general health care issues in prisons throughout the state. Her alma mater, Albion College, gave her their Distinguished Alumnus Award in 1976.

Dr. Rita F. Girolamo '51, professor of radiology, took office in January as president of the Medical Board at Flower and Fifth Avenue Hospitals. At the same time Dr. Cyrille R. Halkin '45, clinical associate professor of pediatrics, assumed the vice-presidency of the Medical Board, and Dr. William S. Rosenthal, professor of medicine, became secretary. One of the board's first actions under the new officers was to amend its by-laws to permit assistant attendings as well as associate and full attendings to be present at board meetings. The office of treasurer of the board was also added to the by-laws, and Dr. Joseph F. Dursi '59 was elected to the new post.

Speaking for the executive committee, Dr. Girolamo said that in addition to involving those staff members who bring their patients to Flower but who up to now have not been invited to meetings, the board will be encouraged to take on more responsibility in the functioning of the hospital.

"The officers feel the board should be involved in problems such as planning, space, and budget, not just in patient care, which was perhaps the more provincial outlook we had before," she said. A special subcommittee of the executive committee is cooperating in these areas with David Watson, executive director of the hospital.

One of the board's immediate targets is the August inspection by the Joint Commission on Accreditation of Hospitals. Referring to the very successful results of the last review in 1975, when Dr. Alfred C. Lowy '43, clinical associate professor of medicine, was president of the board, Dr. Girolamo says, "We intend to maintain the same high standards and meet the new guidelines so that the hospital will earn another full accreditation."

The Medical Board's long-range
program. Dr. Girolamo explains, is a continuation of the work begun by her immediate predecessor, Dr. Sylvester J. Carter, clinical professor of surgery. "Dr. Carter took office at a very difficult time, when the main need was to keep the hospital afloat. Now it is up to us to continue developing the hospital and to help bring it to a good, fiscally viable, and well-functioning state."

**Dr. Alfred M. Freedman**, professor and chairman of the Department of Psychiatry, is president and chairman of the National Commission on Confidentiality of Health Records. The organization, a nongovernmental commission, was formed last year to help cope with a growing problem—abuse of the privacy of medical records. Charter members of the commission include, among others, the American Psychiatric Association, of which Dr. Freedman is a past president, the National Association for Mental Health, the American Academy of Pediatrics, the American Hospital Association, and the Health Insurance Association of America.

Use of information in the medical records of individuals now goes far beyond traditional concerns with health, and includes the release of such information to insurance firms, government agencies, employers, and sometimes even police and fire departments. Abuse of confidentiality may sometimes be intentional, but more often it is probably an unintentional result of bureaucratic routine. Commenting on the problem, Dr. Freedman said recently, "I think it is going to be steadily accelerating as we move in the direction of national health insurance and increased computerization."

Dr. Freedman notes that every time the national commission is mentioned in the press or on radio and television, the organization gets a new spurt of letters describing abuses of privacy that have come to the writers' attention. One important safeguard, he believes, is the process of consciousness raising. "We all need to be constantly aware of the delicate, complex balances which must be struck between the patient's right to privacy and society's need for legitimate information," he says.

**Dr. Edward Wasserman ’46**, professor and chairman of the Department of Pediatrics, has been appointed to the Advisory Committee on Nutrition Evaluation of the U.S. Department of Agriculture. In this capacity he is participating in a study of methods for assessing health benefits of the Special Supplemental Food Program for Women, Infants, and Children. The supplemental program was revised and extended under a recent amendment to the Child Nutrition Act of 1966.

**Dr. Kurt Lange**, professor of pediatrics and medicine, was awarded the Franz Volhard Medal for outstanding performance in the field of nephrology by the German Kidney Foundation at the Symposium on Glomerulonephritis in Freiburg, Germany. He was also presented with the Lester Hoenig Award by the Kidney Foundation of New York for "excellence in medicine and science and for great pioneering in the field of kidney disease." Dr. Lange is an associate member of the Alumni Association.

**Other Awards and Honors:**

- **Kurt Altmann, M.D.**, associate professor of medicine, has been appointed to the New York Academy of Science.
- **Jack Cooperman, Ph.D.**, professor of pediatrics and of community and preventive medicine, has been appointed chairman of the American Institute of Nutrition committee which administers the Mead Johnson Awards.
- **Abraham L. Halpern, M.D.**, clinical associate professor of psychiatry at NYMC and an attending physician and member of the Medical Board at the Westchester Medical Center, has been named chairman of the Westchester County Community Mental Health Board.
- **Herbert S. Rosenkranz, Ph.D.**, professor and chairman of the Department of Microbiology, has been named a member of the National Academy of Sciences Committee of Resources for the Future.
- **Susan Wallace, M.D., Ph.D.**, associate professor of microbiology, has been named to the Radiation Biology Study Section of the National Institutes of Health.
- **John H. Weisburger, Ph.D.**, research professor of pathology at NYMC and vice-president for research at the Naylor Dana Institute for Disease Prevention, has recently been named an honorary member of the Japanese Cancer Association.
We Report With Sorrow

J. Frederick Eagle, Jr., M.D.,
1917-1977

J. Frederick Eagle, Jr., M.D., dean and executive vice president of New York Medical College from 1967 to 1973, died of cancer on March 30, 1977. He was 59 years old.

Dr. Eagle was a well-known and highly regarded member of the medical community, whom The New York Times described in its obituary as having "played important roles in the medical life of the city." Education and research claimed the largest part of his career. Besides being dean of New York Medical College and professor of pediatrics, he was president of the Associated Medical Schools of Greater New York. In both capacities he was an articulate spokesman for medical schools during a particularly trying period.

Dr. Eagle was also a member of the New York City Board of Health and Board of Hospitals and scientific director of the city's Health Research Council. The Council, which had at one time dispensed $8 million a year in grants for medical research, fell victim to the city's financial crisis and was disbanded in 1975. Dr. Eagle was then named Assistant Health Commissioner for Maternal and Child Health Services. But by that time he had undergone surgery for cancer, and his activities gradually diminished.

In its obituary the Times also described Dr. Eagle, most accurately, as a man known for his sense of humor and his compassion as a physician. He was fond of quoting for students a saying of Dr. Francis Peabody's: "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient." It was characteristic of Dr. Eagle that no matter how immersed he became in the administrative and political sides of medicine, he never lost his innate concern for the role and duties of the physician or his conviction that a physician, to do his or her job well, must be committed to lifelong education.

Dr. Eagle received his medical degree in 1943 at Columbia University's College of Physicians and Surgeons, to which he returned in 1956 as assistant clinical professor of pediatrics and chief of pediatrics at St. Luke's Hospital. From 1963 to 1967 he was associate professor and assistant dean and played a key role in the development of Francis Delafield Hospital in the Columbia Presbyterian Medical Center.

He was born in New York on July 16, 1917, the son of John Frederick Eagle, a prominent New York lawyer, and the former Margery Brown. He went to Groton School in Massachusetts and by that time he had undergone surgery for cancer, and his activities gradually diminished. In its obituary the Times also described Dr. Eagle, most accurately, as a man known for his sense of humor and his compassion as a physician. He was fond of quoting for students a saying of Dr. Francis Peabody's: "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient." It was characteristic of Dr. Eagle that no matter how immersed he became in the administrative and political sides of medicine, he never lost his innate concern for the role and duties of the physician or his conviction that a physician, to do his or her job well, must be committed to lifelong education.

David Scherf, M.D., 1899-1977

Dr. David Scherf, clinical professor emeritus of medicine, died at his home in Manhattan on January 30, 1977. He was 77 years old.

Dr. Scherf was born in Vienna, Austria, and was educated at the University of Vienna, where he received his medical degree and where he was later a lecturer and chief of the Heart Station of Rothschild Hospital. In 1938 he moved to the United States and in that same year was appointed an associate professor at NYMC specializing in cardiology.

A member of the Society for Experimental Biology, the New York Academy of Science, and the American Association for the Advancement of Science, Dr. Scherf was also an honorary member of heart associations in France, Switzerland, Argentina, and Brazil.

He was associated with several hospitals, among them Flower and Fifth Avenue, Metropolitan, Coler, and Prospect Heights, and had published three books on cardiology and over 200 articles. Two of his books were widely translated.

Gertrude Goetz Scherf survives her husband, who also left a sister, Frieda Scherf. The administration and faculty join Dr. Scherf's other associates and many friends in extending deepfelt sympathy to them.
Irving Innerfield, M.D., 1912 - 1976

Dr. Irving Innerfield, research professor of medicine and a graduate of the College, died on December 5, 1976. An internationally recognized pioneer in the medical field of inflammation, he was 64 years old.

Best known for his study of the use of enzymes in therapy, Dr. Innerfield was responsible for the discovery of trypsin and other substances used in the treatment of thrombophlebitis. His research opened new possibilities for treating women who suffer from blood-clotting produced by birth-control pills.

He received attention for his most recent work in the British publication Lancet and in the Scandinavian Journal of Hematology for studies involving anti-thrombin and heparin anti-thrombin patterns—tests that identify people with high-risk abnormal clotting events. He also described a new abnormality he called thrombophilia, a previously unrecognized anti-thrombin procoagulant disease.

Born in Brooklyn, Dr. Innerfield graduated from Long Island University and in 1936 took his M.D. degree at NYMC. After completing his residency in internal medicine at Columbia College of Physicians and Surgeons, he opened a practice in Nyack, N.Y. His first appointment to the NYMC faculty was in 1950 as assistant professor of physiology.

Dr. Innerfield subsequently held positions at Mount Sinai and Harlem hospitals and served on the faculty of Fairleigh Dickinson University for 11 years as professor of biochemistry and later as chairman of the department. He returned to the NYMC faculty in 1971.

At the time of his death, Dr. Innerfield was also an attending physician at Metropolitan Hospital and a consultant in pathology at Englewood Hospital.

Dr. Innerfield was greatly loved and respected by his colleagues and students, as much for his warmth and compassion as for his world-renowned contributions to medical knowledge and practice. The College extends deepest sympathy to his bereaved family.

Memorial Fund Honors David A. Greene, M.D. ’75

A scholarship for a first-year medical student at the College has been established by the NYMC House Staff Association and Student Senate to honor the memory of the late David A. Greene, M.D. ’75. Dr. Greene served on the house staff of the Department of Medicine until shortly before his untimely death early this year.

In order to institute the David A. Greene, M.D., Memorial Scholarship on a permanent basis, funds are being solicited from Dr. Greene’s classmates, the house staff, students, parents, faculty, and the attending staff at the College and at Metropolitan Hospital Center. The Alumni Association has made a contribution of $500 to help establish the lasting memorial.

The scholarship will be awarded annually on the basis of need to a student beginning the study of medicine.

Necrology

Chironian records with sorrow the death of the following alumni:

Philip M. Goldberg, M.D. — ’18
Flora E. Lavaggi, M.D. — ’19
Louis S. Grycz, M.D. — ’20
David Hershkowitz, M.D. — ’21
Anthony G. Sabin, M.D. — ’24
Michael Wishengrad, M.D. — ’25
Carl G. Candiloro, M.D. — ’29
Morris A. Bogart, M.D. — ’30
Saul Gordon, M.D. — ’32
Myra A. Logan, M.D. — ’33
Frank A.R. Gallo, M.D. — ’34
Irving L. Moskowitz, M.D. — ’34
Irving Innerfield, M.D. — ’36
Lester Fox, M.D. — ’40
Harold G. Stacy, M.D. — ’41
Frederick Menick, Jr., M.D. — ’42
Natalie M. Wolfe, M.D. — ’43
Jerome M. Kummer, M.D. — ’44
Eugene Adelson, M.D. — ’45
Abraham H. Margolis, M.D. — ’46
Harry Eugene Seanor, M.D. — ’46
Charles A. De Laney, M.D. — ’48
Harold P. Rosenberg, M.D. — ’63
William Sosnow, M.D. — ’65
David A. Greene, M.D. — ’75A

The Board of Governors extend their deepest sympathy to Dr. Jane C. Wright ’45, whose husband, David D. Jones died October 24, 1976.
Alumni Briefs

Preceptors Help Students and Earn Credits

The NYMC Alumni Preceptorship Program is alive and well and in full swing for the second consecutive year, according to Dr. Paul Tucci '51, chairman of the Northern Suburban Westchester chapter. The chapter sponsors the program in which area physicians who are alumni serve as preceptors to medical students. The program has more than 100 participants this year.

Alumni representing many specialties—including anesthesiology, internal medicine, obstetrics and gynecology, pediatrics, radiology, surgery and urology—volunteer their time to work directly with students, most of whom are in their first year. Rotating from one specialist to another, in both office practice and hospitals, gives the students an overview of their chosen profession.

The program has the enthusiastic support of the Alumni Association and its Board of Governors and was recently approved by the Office of Continuing Medical Education for equivalent credit hours in Category III (medical teaching). Therefore, participating physicians not only have a chance to help medical students, but they now receive credit for each hour spent with a student.

To get this year’s program under way, the Westchester chapter held a dinner meeting on February 3 in the cafeteria of the Basic Sciences Building at Valhalla. All 40 guests—20 alumni, one-third of whom had been preceptors last year, and 20 students—signed up after hearing Dr. Tucci and Dean Mark L. Peisch describe the program in detail.

Preceptors, who receive certificates validating their participation, may work with students in a number of ways. For instance, they may introduce students to office routine and teach them to take patient histories, or take them on hospital rounds, to clinic sessions, or into the O.R. as observers. Preceptors may invite students to attend lectures at their hospital or county medical society, after which student and preceptor discuss the lectures. All meetings are be recorded on a card the student brings to each session.

The long-range plan is to increase the number of alumni preceptors in Westchester and to extend preceptorship programs to NYMC chapters in Long Island and New Jersey. Dean Peisch’s office will be happy to work with alumni chapters who wish to initiate such a program.

Mark Your Calendar

ALUMNI DAY, JUNE 6, 1977

8:30 A.M. Bus leaves from 106th Street for the Westchester campus

10:00 A.M. Coffee, cake, and tours of the Westchester campus, including the new hospital

12 Noon Alumni Association Luncheon and Business Meeting, Basic Sciences Building

1:00 P.M. Bus leaves for the Manhattan campus, arriving in time for Senior Honors Day ceremonies at 2:00 P.M.

5:00 P.M. The Twenty-fifth Anniversary Reunion, Class of '52, Plaza Hotel

7:00 P.M. Alumni Banquet, Plaza Hotel

Reminder: Alumni Bibliography

The Editorial Committee is considering the publication of a bibliography in a forthcoming issue of Chironian. If you have published a scientific paper or book since January 1976, please send the appropriate bibliographic information to the Alumni Office. Copies for the College library would also be appreciated.
Chapter News

Long Island (Nassau-Suffolk)
More than 100 guests attended the fall cocktail party and dinner meeting held by the Long Island (Nassau-Suffolk) chapter at Carl Hoppl’s Westbury Manor. Dr. J. Conrad (Connie) Greenwald ’45, president of the chapter, sat at an informal dais with his wife, Suzanne, Dr. Saverio S. Bentivegna ’50, president of the Alumni Association, and Barbara Aguanno, director of Alumni and Development. Connie, “Sal,” and Barbara addressed the group, bringing them up to date on latest developments at the College.

New Jersey
Dr. Henry I Saphier ’61, Miggi Saphier, and their three children hosted 30 members of the New Jersey chapter and their spouses at a party in their Englewood home. Highlight of the evening was a talk-and-slide presentation about the Valhalla campus by Dr. Mark L. Peisch, associate dean. Chapter members are invited to attend the spring meeting on April 17 at the Tenafly home of Dr. Jerold Schwartz ’56.

Florida
The Florida chapter had a busy annual meeting last February. Attending members re-elected all incumbent officers: President William Kropf ’33, Treasurer Mayer S. Kaplan ’33, and Secretary Sidney S. Heilwell ’32; heard a report about their alma mater from Dr. Saul A. Schwartz ’30, representing the College and the Alumni Association; and passed a motion to publish a booklet listing NYMC alumni living in Florida that will include their addresses, year of graduation, specialty, and whether they are still in practice or retired. Dr. Kropf requests that Florida alumni send the information to him (for those in a hurry a business card will suffice) at 500 Three Island Boulevard, Hallandale, Fla. 33009.

Southern California
By the time Chironian comes off the press a Southern California chapter may have been launched. Dr. Richard J. Mahler ’59 writes that he has received responses from 57 alumni who wish to join. The majority indicate Los Angeles as their preferred meeting place and Saturday as the most convenient time. Area residents will be notified about the first get-together.

Massachusetts
In the past two years the Massachusetts chapter has been reactivated under the leadership of Dr. George B. Smithy ’45. Area residents who wish to participate should contact Dr. Smithy at 280 Washington Street, Brighton, Mass. 02135.

In the Greater New York area, members of one chapter are often guests at other chapter functions. At the New Jersey chapter party (see photo, top left), Dr. Paul Tucci ’51 (right), president of the Northern Suburban Westchester chapter, chats with Dr. Arthur Pinski ’55, Barbara Aguanno, and Dr. Edgar Kogan ’51, president of the New Jersey chapter.

Bottom: Dr. Harvey E. Cooper ’60, Miggi Saphier and daughter Arlene.

The Massachusetts chapter held its fall meeting at the Harvard Club. Here (from left to right) are: Mrs. Hoffman, Dr. Philip P. McGovern ’59 (in background), Dr. I. Hoffman, Mrs. McGovern, Dr. Raymond W. Gibbs ’51, Dr. Marguerite M. Neylan ’42 and husband, Dr. William Kelly, Dr. Robert P. Newman ’70, Ruth Smithy and husband, Dr. Smithy. Dr. Smithy, for many years the northeast regional governor, has been nominated as secretary of the Alumni Association.
Class Notes

1934
Edward H. Rosenthal has been named senior investment counselor and director of corporate finance for A.F. Cutaia & Co. in New York City. Having completed a 42-year career as a surgical specialist, Dr. Rosenthal will now be specializing in assisting medical professionals with their financial requirements at various career levels, including tax-sheltered investments primarily in real estate, oil, and gas.

1943
Salvatore V. Dallio of Lodi, N.J., has been reappointed chairman of the Credentials Committee of the New Jersey Academy of Family Physicians.

1946
John S. Wheeler has been elected president of the New England section of the American Urological Association. Dr. Wheeler’s wife, Virginia, is an alumna of the NYMC nursing school, Class of ’45. The Wheelers have six children, one of whom will soon graduate from Georgetown University School of Medicine.

1949
Bernard S. Levowitz, professor of surgery at the Downstate Medical Center College of Medicine, SUNY, has been appointed director of the Department of Surgical Services at the Brookdale Hospital Medical Center, Brooklyn.

1952
Sears E. Edwards, a Garden City, L.I., urologist, has been elected to the Council of the Medical Society of the State of New York. As a councillor he will represent the Nassau County area of Long Island. Dr. Edwards is first vice-president of the Nassau County Medical Society and chairman of the NCMS legislative committee.

1953
Melvin Bronstein, an ophthalmologist, is president of the Yonkers unit of the Westchester Division of the American Cancer Society, 1976-78.

1955
Maurice Shilling of Larchmont, a family therapist, is chief of the White Plains office of Westchester Jewish Community Services. A member of the Mental Health Association of Westchester, Dr. Shilling is also in practice with his wife, Nina, a psychiatric social worker.

1957
Burton Allyn has been promoted to clinical associate professor of dermatology at New York University Medical Center. In private practice in Spring Valley, N.Y., he also serves as assistant medical examiner of Rockland County and as assistant division physician for the New York State policy. Burt and his wife, Lynn, are the parents of a baby boy. Dr. Allyn expressed interest in a class reunion, and our reply to that is: How would Dr. Allyn like to chair a 20-year reunion of the class of ’57 at the 1977 Alumni Banquet?

1959
Richard J. R. Byrne of Mendham Township, N.J., has been named to the executive committee of the Morris County Medical Society, 1976-77. Dr. Byrne, assistant clinical professor of radiology at New Jersey College of Medicine and Dentistry in Newark and at Rutgers University, also serves as adjunct professor of radiology at Fairleigh Dickinson.

1960
Wilmot S. Draper writes that “after almost five wonderful years in Japan, I am being transferred to the Naval Regional Medical Center in Charleston, S.C., where I will be the chief of dermatology.”

1961
Theodore F. Biesiadecki has opened a new office for the practice of pediatrics and pediatric rheumatology in Woodbridge, N.J. He will be affiliated with the Freehold Area Hospital and Monmouth Medical Center, where he is the director of pediatrics.

1962
Richard S. Abrams, formerly associate professor of psychiatry at the State University of New York at Stony Brook, has been appointed professor and vice-chairman of psychiatry and behavioral sciences at the University of Health Sciences/The Chicago Medical School.

1963
Edward J. Martin, Jr., and Patrick J. Dwyer ’66 have announced the opening of their new office for the practice of obstetrics and gynecology in the Ocean Medical Park, Brick Township, N.J.

1964
Harvey A. Glasser has sent us some news of the Class of ’64: “Harvey Glasser, Joe Angella, Donald Minervini, Fred Seley, and Richard Rose are all well and living in the Miami area. I also recently spoke with Stu Sitzman, who is practicing with Stan Lubell in San Francisco, and had occasion to see Joe Berger, who is practicing in New York. I’d be happy to hear from all our classmates.” Dr. Glasser’s address is 3180 N.E. 165th Street, North Miami Beach, Fla. 33160.

1965
Yehuda Barsel has opened an office in Woodbridge, N.J., for the practice of plastic surgery, ear, nose, and throat surgery, and allergies.

1966
Enzo V. DiGiacomo writes that he has been appointed president-elect of the American College of Emergency Physicians, Massachusetts State Chapter, 1976-77.

1966
See the 1963 notes for news of Patrick J. Dwyer.

1968
M. Kevin O’Connor has been appointed to the staff of the Mayo Clinic, Rochester, Minn., as a consultant in psychiatry. Dr. O’Connor has been a resident in the Mayo Graduate School of Medicine since 1972, first in internal medicine and then in psychiatry.

1970
William J. Chernack is in the practice of pediatric allergy in Morristown, N.J.
Howard A. Chester is a cardiologist in New York City.

Edward T. Creagan, an oncology fellow at the Mayo Clinic, will join the Mayo staff as a consultant upon completion of his fellowship. Classmate Robert Dalton is also an oncology fellow at Mayo.

William J. Muster, Jr. is practicing pediatrics in Ridgewood, N.J.

Arthur H. Newberg, having completed his radiology residency at the University of Vermont College of Medicine, is now instructor in radiology at Harvard Medical School, Massachusetts General Hospital.

Martin S. Pine is a fellow in allergy and immunology at Roosevelt Hospital, New York City.

Alan L. Rose is a nephrologist in Hollywood, Fla.

1971

Philip A. Greenhill has joined the Roxbury Pediatric Group, Succasunna, N.J., in the practice of pediatrics-pediatric cardiology.

Sandra B. Raff, our Class of '71 correspondent, was married in the spring of 1976 to Alan Rutner, M.D., Ph.D. Sandy and Alan now live in Northport, Ala.

David Shapiro has opened an office for the practice of internal medicine and primary care in Bethel, Conn. Dr. Shapiro is certified by the American Board of Internal Medicine and is on the staff at Danbury Hospital.

1972

Gerald S. Bahr, in the private practice of internal medicine in New York City, writes that as a teacher of the house staff at Lenox Hill Hospital he comes in contact with "a group of bright, energetic medical students from NYMC on clinical rotation at Lenox Hill."

1976

Sarise B. Freiman was married last October in Mamaroneck, N.Y., to Alan J. Stein '72. Sarise is presently interning at Metropolitan Hospital Center while Alan is a fellow in infectious diseases at the Manhattan Veterans Administration Hospital.

Class Correspondents

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Steven Demeter, M.D. '73 330 East 80th Street New York, N.Y. 10021

Marie B. Britz married classmate Robert J. Masi last October in New York City. Marie is completing her residency in dermatology at St. Luke's Hospital Center and is a visiting fellow at Columbia-Presbyterian Medical Center. Bob is chief resident in ophthalmology at The New York Hospital-Cornell Medical Center.

Lyndon M. Hill writes that he is chief resident in obstetrics at the Mayo Clinic.

John N. Van Dam was appointed to the assistant attending staff at Southampton Hospital, L.I., with major privileges in medicine.

For news of Alan J. Stein, see note below.

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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.

New York Medical College is committed to a program of equal opportunity without regard to race, color, religion, sex, or national origin.