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Cover:
Top left: high school students in Ob/Gyn’s Family Life Theater dramatize teen-age problems.
Top right: Alumni Association President Dr. David T. Mininberg and Dr. Johanna P. Hagedoorn (left) welcome Mary Ann Vasselli ’81 to the College.
Center left: Dr. Marcus D. Kogel ’27 and Dr. Samuel Sherman ’27 at Commencement.
Center right: Giving a slide presentation of total hip replacement at Orientation are Dr. Bento S.R. Mascarenhas, assistant professor of medicine; Dr. Francis A. Pfium, instructor of orthopedic surgery; Dr. Robert J. Schultz, professor and chairman of the Department of Orthopedic Surgery; and Dr. Stanley H. Craig, professor of radiology.
Bottom: teaching assistant Joseph Andrews draws a diagram of the pumping mechanism of the heart for students in the Office of Minority Affairs’ Summer Program.

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An Interview With Dr. Mininberg

Dr. David T. Mininberg '61, the new president of the Alumni Association, is clinical associate professor of surgery and urology at Cornell University Medical College and associate attending surgeon in urology at The New York Hospital.

Q. What do you see as the primary role and responsibility of the Alumni Association?

A. I see the alumni as being, in many ways, the backbone of the institution and the Alumni Association as being the focus around which graduates continue to participate in College activities, in a variety of ways, throughout their lives. Obviously, a primary way is through financial support. It's a good way to participate in the life of the College. It's easy and doesn't take much time. We'd like to see every graduate contribute money, according to his or her ability, to help the current programs of NYMC. Beyond that, however, I see the Alumni Association as an avenue through which our alumni can donate time and services and participate in student activities, both social and academic, serving as a valuable supplement to the faculty. Specifically, an important function of the Alumni Association is to help the College administration organize the huge untapped resource represented in the professional talents of our graduates.

Q. How do you see this being accomplished?

A. We need to develop more direct relationships with the student body. In the past there have been certain alumni programs run for the students that have been rewarding, very well done, very meaningful. I feel we can do a great deal more with and for the students, not necessarily involving the expenditure of money by the alumni but involving direct, person-to-person contact. We graduates have something students want: experience and the knowledge of what it is to be a doctor. We should be offering these freely, sharing them generously.

Q. Do you think many alumni really want to be involved with the students?

A. I believe many of the younger graduates—younger not necessarily in age but in attitude—would be very interested in participating in this aspect of the association's program. Those who have had direct contact with students have found it both stimulating and enjoyable. For example, at this fall's Orientation Barbeque in Valhalla for the Class of '81 quite a few of the alumni in the area came by and had a fine time meeting and chatting with the students. The alumni were among the last to leave; and I'm sure this sort of experience will grow as people spread the word. We know that each member of the association who has become involved has also become a booster of the concept of greater involvement.

Q. As the newly elected president of the Alumni Association, do you plan to concentrate on or strengthen a particular area of the organization's work?

A. We currently have a very active chapter program. Some of the chapters are meeting regularly and frequently, and they have done a great deal. I intend to further enlarge the scope and sphere of chapter participation. The men and women of each chapter know what their own talents and areas of expertise are. Working through the chapter presidents and officers I would hope to develop a resource pool which the
We graduates have something students want: experience and the knowledge of what it is to be a doctor. We should be offering these freely, sharing them generously.”

College’s educational administration could readily tap. The Westchester chapter in particular has been very vigorous, and effective, in this area. The feedback we get from students is that the clinical preceptorships developed by Dr. Tucci and his colleagues have been an outstanding success. The students have been most enthusiastic about the experience. The physicians providing the experience may have been somewhat exhausted by the students’ enthusiasm, but they are absolutely delighted with the opportunity to participate in the program. This is the kind of function alumni can perform rather than limiting themselves to writing checks. Writing checks is very important, but it is just the beginning.

Q. Do you see the possibility of preceptorships or other programs of an academic nature extending geographically to chapters around the country?

A. In terms of our own students, obviously the only chapters that could do something similar to Westchester’s preceptorships are the ones geographically contiguous to the College, but other chapters with members who have expertise in a particular area could certainly develop programs. For example, we will encourage chapters to develop one- or two-day presentations that could be conducted for the benefit of the students at a mutually convenient time. Alumni Day, for example, is a gathering-in from distant places. What a wonderful occasion that would be for a distant chapter to stage a program. There is no need for us in New York to do all the planning or performing. It would be highly desirable to have more planning and participation in programs by alumni from other parts of the country. We can all benefit from the cross-fertilization of ideas and from seeing problems through the eyes of our colleagues who are working in different regions, under diverse circumstances.

Q. Have you spotted people out there who will participate?

A. I am convinced that once the programs are developed plenty of people will come forward. Our graduates are ready to participate in activities that are exciting and that they can really involve themselves in. In the past, through nobody’s fault, there has been too much of a feeling of “we” and “they,” meaning we here in New York and they out there in other areas. But NYMC belongs to every graduate, and each graduate should want to come back to the College from time to time and bring something that we don’t have here. Contrary to some mythology, we do not have everything in New York. If alumni were to bring their experiences, interests, and expertise to us it would create a new educational dynamism in the College.

Q. How can this be achieved?

A. Very easily. It’s the responsibility of the officers of the association to get to a number of chapter meetings where their attendance is viewed as necessary or desirable, and to keep in regular communication with chapter heads in between meetings. I am confident that through closer contact we can stimulate more widespread participation. To repeat what I have said earlier, the Alumni Association is not “a New York club.” It belongs to every graduate. My goal is to foster that awareness.
Chairmen Appointed in Medicine, Biochemistry, and Orthopedic Surgery

Dr. Samuel H. Rubin, provost and dean of the College, has announced the appointments of three departmental chairmen. Dr. Richard D. Levere has been appointed professor and chairman of the Department of Medicine, succeeding Dr. Robert Goldstein. Dr. Isidore Danishefsky, professor of biochemistry, who has been acting chairman of the Department of Biochemistry for the past year, succeeded Dr. W. Ward Pigman as chairman. Dr. Robert J. Schultz was named professor and chairman of the Department of Orthopedic Surgery, succeeding Dr. Arthur A. Michele.

Richard D. Levere, M.D.

Dr. Levere is a physician-hematologist, medical educator, and scientist whose research has made him an internationally recognized expert on diseases involving disorders in the production of hemoglobin and its iron-containing portion, heme.

Dr. Levere's laboratory is one of only five in the entire country investigating the problems of patients with porphyria, a disease that involves disorders in porphyrin as well as heme synthesis. His studies of porphyria have introduced new knowledge about the influence of drugs, environmental poisons and steroid hormones on heme and hemoglobin synthesis. They have also contributed insights into aplastic anemia, certain of the leukemias, and polycythemia. His continuing studies of the control mechanism in heme synthesis are supported by the National Institute of Arthritis, Metabolism, and Digestive Diseases, NIH, which has granted a total of over one-half million dollars to this work.

As a clinical hematologist, Dr. Levere has been involved in the care of patients with sickle cell anemia. From its inception and for three years afterward, he was project director of the $2 million model Comprehensive Sickle Cell Disease Center in Brooklyn. He is currently researching the effect of certain hormones in stimulating non-functioning bone marrow to produce red blood cells.

Regarding his new role at NYMC, Dr. Levere says, "The goal of the chairman of the Department of Medicine is simple: it's to teach medical students. But in order to teach medical students, you have to give superior medical care. They are tied together, inseparable."

The thoughtful 45-year-old chairman of the Department of Medicine plans to innovate and carry out programs to provide "superb patient service, prevention of disease through education and research, and physician training" to New York City, Westchester County, and the seven-county Mid-Hudson New York State region the College serves. Ways in which Dr. Levere intends to bring these things about include:

. . . establishing an up-to-date, effective, and complete system of tertiary health care delivery. "We're talking about a burn center, the kind of advanced cancer therapy that provides bone marrow and organ transplantations, cardiac surgery, nutrition as it relates to health as well as disease, to mention a few."

. . . bringing advanced medical thinking to the College's communities. Since all physicians may soon be required to seek recertification, continuing medical education has a top priority.

. . . training doctors who will be able to practice "not only in the world as it exists on graduation day but in the world of the future, 10, 20, and 30 years away. The medical school must lead as innovator of improved systems of health care delivery."

. . . strengthening cooperative programs between the practicing physician and the basic science researcher. "The solution of clinical problems requires the work of clinicians, using the tools of the basic scientist."

. . . attracting additional talented physicians to the College's communities. Dr. Levere is particularly proud of the generations of doctors and scientists he has trained in his more than 15 years as a medical educator. Now he is looking forward to drawing many of them into the service of New York Medical College. His recruiting record is excellent: he is generally credited with building the strong hematology section at Downstate Medical Center, State University of New York, where he was professor and vice-chairman of the Department of Medicine before coming to New York Medical College.

. . . stepping up research activities. A medical school is not primarily a research institute, he says, but its faculty must be engaged in research. "An inquisitive faculty that's thinking and willing to have its thoughts challenged by students is essential to good teaching."

Born in Brooklyn, Dr. Levere was educated in that borough and in Manhattan. He received the M.D. degree from State University of New York College of Medicine at New York City in 1956. Two years later his clinical training was interrupted by a two-year period as captain in the Medical Corps of the U.S. Army Reserve. After completing his training and a hematology fellowship, he became research associate to—"and a disciple of"—the late Dr. Sam Granick, at The Rockefeller University. From 1967 to 1970, Dr. Levere was guest investigator at that university; he still
is to determine a means of regulating blood clotting by controlling the action of antithrombins, natural substances in the blood that prevent coagulation. The most effective substance now in use for this purpose is the drug heparin, an anticoagulant that is widely used to treat patients with venous thrombosis as well as pulmonary, cerebral, and arterial embolism. These conditions can be precipitated when the body’s controls fail to work properly and blood clots form. “Blood coagulation is one of the body’s most tightly regulated processes,” Dr. Danishefsky has said. “There are times when blood must coagulate, other times when it must not. For example, blood clotting is essential to stop bleeding. On the other hand, intravascular blood clotting can be fatal.”

In addition to his investigations on blood coagulation, Dr. Danishefsky’s research includes studies on the structure and biosynthesis of proteoglycans, which are vital to the integrity of connective tissue. Among other subjects his work in this field has dealt with defining changes that occur in cancerous growths.

His plans for the department include strengthening commitments to both teaching and research. “The teaching of biochemistry to medical students is, of course, a prime function of our department,” he said. “Biochemistry is an abstract basic science, and large portions of it must be taught as such. However, numerous aspects can be applied to the actual practice of medicine, and we will continue to emphasize clinical applications whenever possible.

Another important function of the department is the training of graduate students for the M.S. and Ph.D. degrees. The interaction among medical students, graduate students, and faculty creates an environment for academic excellence.”

Dr. Danishefsky notes that the biochemistry faculty at the College is highly competent in both teaching and research. He plans to add to the faculty and to branch out into new areas of research, including molecular biology, lipid biosynthesis, and membrane structure.

A native of New York City, Dr. Danishefsky received the Ph.D. degree in organic chemistry and biochemistry from New York University in 1951. Prior to joining the biochemistry department at NYMC in 1957, he was a research associate at the Columbia University College of Physicians and Surgeons. He has been professor of biochemistry at NYMC since 1965 and was appointed acting chairman of the department in 1976.

A member of numerous societies and professional organizations, Dr. Danishefsky has received many awards and honors. He belongs to the American Society of Biological Chemists, the International Society of Thrombosis and Haemostasis, Sigma Xi, and the American Association for the Advancement of Science, of which he is a fellow.

He is a consultant to the National Science Foundation and a member of the International Task Force on Standardization of Heparin for the International Committee of Thrombosis and Haemostasis. He also serves on National Institutes of Health study sections for program project grants and specialized centers of research. He has lectured at several Gordon Conferences and has been a visiting lecturer in biochemistry at universities.

Isidore Danishefsky, Ph.D.
Biochemistry

Dr. Danishefsky is noted for his work on the mechanisms that control blood clotting, including the use of drugs to regulate this highly delicate process in the human body. His research contributions in the field span 20 years, and he has published more than one hundred articles on the subject in scientific journals.

In addition to his distinction as a scientist, Dr. Danishefsky is well known as an educator. He has twice received certificates of appreciation from New York Medical College students for his teaching abilities and has recently completed a biochemistry textbook for medical students which will be published this year by Little, Brown and Company. He was cited as an Outstanding Educator of America by the American Educators, Inc. in 1975 and included in the bicentennial edition of Noteworthy Americans and Community Leaders.

An ultimate aim of Dr. Danishefsky’s research, which has been supported for the last 20 years by grants from the National Institutes of Health,
Robert J. Schultz, M.D.
Orthopedic Surgery

Dr. Schultz is one of the world’s leading hand surgeons. Formerly director of the Department of Orthopedic Surgery at the Hospital of the Albert Einstein College of Medicine, he has gained an international reputation for innovative work in restoring movement to hands crippled by rheumatoid arthritis or injury. In one previously untried operation, he collaborated with his Einstein colleague Dr. Adrien Aiache to restore full movement to a denervated thumb by means of a nerve transfer. On occasion this operation has proved preferable to tendon transfer, a procedure that often restores only limited movement to the thumb.

The new department head has also designed a surgical implant and an instrument that carry his name—the Schultz metacarpophalangeal joint replacement, a metal-and-plastic artificial knuckle, and the Schultz angle guide, an instrument used in the surgical treatment of hip fractures.

A soft-spoken man, direct and informal in manner, Dr. Schultz sums up his approach to his new job succinctly: “Given the calibre of this institution, I think it is to be expected that the Department of Orthopedic Surgery here be as good as any in the country.” Along with a penchant for innovation, Dr. Schultz brings a strong interest in interdisciplinary and interinstitutional activities to his new position. In addition to carrying forward ongoing programs of the department, he hopes to be involved in the establishment of a hand replantation clinic under the direction of Dr. Sylvester J. Carter, clinical professor of surgery, and to initiate combined conferences and rounds with the Department of Rehabilitation Medicine.

The 47-year-old Dr. Schultz is a native New Yorker. He grew up in the Brownsville section of Brooklyn, in the neighborhood that served as background for a classic novel of teenage gang violence, The Amboy Dukes. “The gangs, the hanging around, the pool halls—it was pretty much the same in real life as in the novel,” Dr. Schultz recalls soberly.

The son of a physician who practiced in Brownsville and was a leader in community affairs, Robert Schultz attended Samuel J. Tilden High School and earned his B.S. degree from Brooklyn College in 1952. After receiving his M.D. from the Chicago Medical School in 1957, he was an intern at Meadowbrook Hospital, Hempstead, N.Y., and an orthopedic resident at Charity Hospital in New Orleans. Four years’ service as an orthopedic surgeon and flight surgeon in the United States Navy followed. In 1968 he was appointed a fellow in hand surgery at Columbia-Presbyterian Hospital in New York City in the service of Dr. Robert E. Carroll, and in that same year he became a lecturer at the New York University Post-Graduate Medical School’s division of prosthetics and orthotics. His tenure at Einstein began in 1969.

Dr. Schultz is the author of a popular textbook, The Language of Fractures. A unique feature of the book is a long chapter on eponyms, in which Dr. Schultz tracks down the origin of the names of numerous fractures. Ironically, in going back to old medical journals he discovered that in many instances the fracture that carries the author’s name today is entirely different from the one he described originally.

“Going back and reading those old articles made me realize, too, how little medicine has changed,” he recalls. “Not that we can’t do a lot more than surgeons were able to do 40 or 50 years ago. But the sense of challenge is the same, the need for ingenuity. As far as I’m concerned, those are still at the heart of the practice of medicine.”

A frequent guest lecturer, Dr. Schultz has appeared widely before audiences of his colleagues in Europe as well as in the United States. He is a diplomate of the American Board of Orthopedic Surgeons and a fellow of the American Academy of Orthopedic Surgery and of the American College of Surgeons. He is also an active member of the American Society for Surgery of the Hand, serving on important committees of that organization. Last December the Hand Society, in cooperation with Albert Einstein, sponsored a highly successful workshop in reconstructive surgery of the hand which Dr. Schultz chaired. He recalls with pleasure that the course was filled even before the notice announcing it reached him by mail.

Dr. Schultz lives in Stamford, Conn., with his wife, Marcie, and 11-year-old daughter, Judy. He names skiing as one of his favorite pastimes and has written on “gamekeeper’s thumb,” a forceful abduction of the thumb that can result from a skiing fall. Dr. Schultz also admits to having once won a gold medal in an amateur slalom competition. And, no, he has never had a fracture as a result of skiing. Not even a “gamekeeper’s thumb.”
Family Life Theater

A highly unusual stage production entitled "Inside/Outside: A View of Teenage Life," opened a two-week run "off-off-Broadway" in New York City on August 11. The production, consisting of playlets written and acted by 15 young participants in a program sponsored by NYMC, is a work of theater that emerges from a real-life program in preventive medicine.

The real-life program is the Family Life Theater Workshop, a unique educational project of the Family Life Division of NYMC’s Department of Obstetrics and Gynecology, chaired by Dr. Martin L. Stone. The workshop introduces youngsters to the techniques of improvisational theater as a means of cultivating responsible sexual awareness. Acting out roles in problem situations that concern them—unwanted pregnancy or sexual promiscuity or homosexuality—the group works together to develop their improvisations into a script. That in itself has been a valuable experience for the more than 70 young people who have participated in the workshop since its inception in 1974. But the Family Life Workshop takes the educational process beyond therapy. Having written their script, the group proceeds with the help of professional actors to go into rehearsal and stage public performances.

With "Inside/Outside," its latest production, the Family Life Theater Workshop has greatly enlarged its audience, performing not only in the local community but across the breadth of the New York metropolitan area. Since April a group of 10 to 15 youngsters from varying socioeconomic backgrounds who range in age from 14 to 19 have been making a strong impact on audiences as diverse as medical students, teenagers, and senior citizens. The success of these appearances led the group to its highly successful run off-off-Broadway. Since then it has resumed playing before student and community organizations, with appearances scheduled for as far in advance as March 1978. Meanwhile, still another workshop group has started work on its own production.

The Family Life Theater is under the direction of Dr. Maria C. Boria, associate professor of obstetrics and gynecology and head of the College’s Family Life Division. For Dr. Boria, sex education adds up to preventive medicine.

Dr. Boria sees improvisational theater, with all its power of immediacy, as an ideal medium for disseminating sexual information. "This represents a new and effective way to reach the great many young people who are not reached by the lectures, films, or posters that make up the traditional educational media," Dr. Boria explains. She goes on to point out that audience involvement is very much a part of workshop productions. The actors move freely among the audience, asking and answering questions, responding to comments.

The need for new approaches to sex education has long been obvious to Dr. Boria in her role as director of the Family Planning Service at Metropolitan Hospital. About half the patients at the service’s special clinic for teenagers have had at least one unplanned pregnancy early in their reproductive lives. Dr. Boria sees the much-publicized increase in teenage sexual activity in recent decades as having outrun the real advances that have been made in contraception. More teenagers than ever rush into sex blindly. "Unfortunately, sexual counseling comes too late for most adolescents," Dr. Boria says, "especially for those in urban poverty areas who often begin having intercourse at 13 or even earlier."

A major virtue of the Family Life Theater, according to Dr. Boria, is that it makes teenagers receptive to sexual information they get from medical professionals. "Acting out" shows the youngsters the consequences of one or another kind of behavior, enabling them to see problematic aspects of sex that may never have occurred to them. As a result, they bring a lively curiosity and a high degree of receptiveness into the group counseling sessions held regularly with Dr. Boria and other physicians who may be invited to participate in the program. As rehearsals proceed and the script is rewritten, information provided by medical professionals in these sessions tends to work its way naturally into the script. "The characters are able to incorporate this new information into the play because the play is open," explains Edward J. Welch, associate director of the workshop. "The play can keep changing all the time."

Perhaps the key word in the concept of the Family Life Theater Workshop is responsibility. For participants in the workshop, the process of acting out adult roles of their own improvising offers a precious opportunity to understand what responsible adulthood means—an understanding that hopefully comes across to many young members of the workshop’s audiences as well.

A number of workshop members proved eager to carry this understanding beyond their theater activities, asking to be trained to be peer counselors in Dr. Boria’s teenage clinic and even setting up a neighborhood peer counseling service of their own in a storefront office under the supervision of a member of Dr. Boria’s staff. Calling themselves Responsible Teens, these young people—some of whom first learned of the workshop as postabortive patients in Dr. Boria’s clinic—provide peer counseling for neighborhood youngsters and refer them to Dr. Boria’s clinic when necessary.
Physician and Lawyer

James A. Harkins, voted "least likely to succeed" when he graduated from high school, today belongs to one of the most select professional groups in the country. The NYMC alumnus, Class of '52, is among the very few practicing physicians (one in 8,000) who also practice law. Some of his patients are also his clients. "But I don't chase my own ambulance," he points out. "In a personal injury case you can't be your own expert witness." The complex relationships and interactions between law and medicine are the subject of a course he teaches each year at the Yale School of Medicine.

A genial, soft-spoken man, Dr. Harkins has lived since 1952 in Norwich, Connecticut, where he chose to settle after interning at the nearby William W. Backus Hospital. In 1961, with a successful practice in internal medicine, he entered the University of Connecticut Law School in Hartford and began commuting to evening classes. Five years and some 46,000 miles later he earned his law degree at the age of 43, graduating at the head of his class.

Of the 60 students who started law school with him, only a few were over 30, but although three-quarters of the class washed out, all the older members stayed to graduate. "I think it was simply because we had better preparation for studying," Dr. Harkins says. "When you've gone through the discipline of learning medicine, as I had, you can stand anything. Also, we had a command of the English language that the average person getting out of college today doesn't have. I remember the first night of school when the professor quizzed us on the outcome of a certain Supreme Court case. Nearly everyone thought the defendant had won. Only two of us—an insurance company executive with a Ph.D. in mathematics, and I—disagreed. We said the plaintiff won, and we were right—because we understood the use of the subjunctive. The professor was furious to think that people could get through college and not understand the subjunctive case."

Jim Harkins' preparation for studying began in a one-room schoolhouse in Rummerfield, Pa., a rural community on the Susquehannah River east of Towanda. Four grammar school classes, taught by one teacher, were in session at the same time. The system had great advantages, he believes. "If your mind wandered from what you were supposed to be reading, you could review what you had already studied or preview what was coming by listening to the other classes." By the time he went on to high school in Towanda he knew he wanted to study medicine, and he soon qualified for a scholarship to Carnegie Tech.

As a rugged youngster who was big for his age, he played on the high school football team. Many of the teams in neighboring towns were made up of coal miners, men in their 20s who had attended high school off and on for eight or ten years and went back to work whenever the mines operated. "Of course, we always lost to them," he says. "The scores would be 80-0 or 90-0. I think the only play they knew in that league was the center plunge: I played center and I still have cleat marks all over my back. But we had fun."

The fun ended and the college scholarship was forfeited when the family moved to New York and Jim transferred to Erasmus Hall High School. He felt uprooted and recalls the shock of adjusting to the crowded urban environment. "After growing up in Rummerfield, where you could stand on our front porch and not see another house, I didn't like the city. We were stone poor and I had no hope of ever going to college. So," says the previously enthusiastic student, "I just gave up on school and graduated with a 65 average."

Fortunately, the military services paid no attention to "least likely to succeed" labels, and when Jim Harkins entered the Army soon after Pearl Harbor he was given an intelligence test. He didn't know the purpose of the test and he never learned his score, but a few days later he was offered a choice of going to officers' candidate school, West Point, or college. Having no interest in being a professional soldier, he took the college option and was assigned to the Army's special training program (ASTP) at the University of Utah. His academic skills quickly revived, and with a heavy load of courses he was able to accumulate one and a half years of college credit in nine months—and to make the dean's list—before being reassigned to General George Patton's 13th Armored Division.

He saw action in Europe with Patton's famous "Phantom" Division, which traveled only at night. "The aim was to confuse the enemy by making them think we had more armor than we had," he explains. "My particular job, for which the Army trained me, was divisional watchmaker, and I would go from battalion to battalion, cleaning and repairing watches. I managed to get lost behind enemy
lines a few times, but I came through unscathed except for some minor shrapnel."

The watchmaker’s training stood him in good stead when he returned to New York after the war. He opened a watchmaker’s shop and at the same time entered the premedical course at Columbia University under the G.I. Bill. Later he opened a second shop and employed daytime clerks to take in watches, which he repaired at night. He specialized in chronographs, new to the United States at that time. "I had learned them in Europe, and when they were first introduced here I was the only fellow in New York who could repair them. I had a thriving business and I put away every cent I could for medical school."

Jim Harkins’ choice of New York Medical College was prompted by a physician who had an ear, nose, and throat practice in the building where Jim then lived at 204 West 55th Street. Dr. Harold Foster, who had graduated from NYMC in 1920, took an interest in his young neighbor, taught him to assist in minor treatments in the office, and often spoke to him with pride about the College.

After graduating cum laude from Columbia with a B.A. degree in chemistry, Jim Harkins found the study of medicine somewhat more formidable than he had anticipated. He recalls how, early in his first term at the College, the class was assigned to read the first 50 pages of Morris’s *Anatomy* and come back prepared to answer questions on all the material as well as to duplicate all drawings from memory. "I took the book home and looked at it overnight and I said to myself, *This can’t be done. It’s impossible!* I went into school the next day and told them, ‘Nobody can do this.’ The problem was that I had become pretty much of a perfectionist at studying, and I thought I had to learn everything at once.’” Discouraged, he left New York and went back to the familiar hills of Pennsylvania to shoot rabbits for a week while he thought things over. "Then I realized that there were a couple of hundred thousand doctors in this country who had gone through the same experience, and if they could make it so could I.” He returned to NYMC and went on to graduate in the top 10 percent of his class. In a prominent spot among the diplomas and citations on the wall of his office is his certificate of membership in the Contin Society, forerunner of Cor et Manus.

His medical education at the College was superior to any he could have received anywhere, Dr. Harkins believes, and he recalls his professors with affection and admiration, among them Drs. Speer, Lehr, Kleiner, House, and Lillick, who was his classmate as well as his professor of bacteriology. He did his clinical clerkships at the old Metropolitan Hospital, which was by then overcrowded and in bad disrepair. "But it was a very good hospital," he maintains. "The quality of medicine and of medical education is not dependent on bricks and mortar but on personnel, and we had splendid personnel. The training in procedures I received there has been invaluable to me, procedures that most medical students don’t learn until after they’ve graduated.” During the past two and a half decades he has further expanded his medical skills and knowledge, with emphasis on cardiology, through the continuing medical education program at Yale.

In his second year at NYMC, Dr. Harkins married Jean Natale, whose job in an advertising agency helped see him through medical school. Their two oldest children, Jimmy and Kate, have now completed college; the third, Jean Marie, is studying nursing at the University of Vermont; and Barbara, the youngest, is in her first year at the University of Virginia. Having launched her family on their respective courses, Jean Harkins recently went back to school, at age

"My medical education at the College was superior to any I could have received anywhere," Dr. Harkins says, and he recalls his professors with affection and admiration.
Triage in Cold Blood

Louis R.M. Del Guercio, M.D.

Dr. Del Guercio, professor and chairman of the Department of Surgery, expressed this view of a controversial current issue in his presidential address to the Society of Critical Care Medicine on March 13. This excerpt appeared on the Op-Ed page of the New York Times on Friday, September 2, 1977.

Fifteen years ago, the distinguished anthropologist Margaret Mead addressed the Rudolph Virchow Medical Society on the importance of the Hippocratic Oath to society and to the practice of medicine. Before Hippocrates, Dr. Mead pointed out, the hapless patient could never be certain, when he hired a doctor for some white magic, that one of his enemies had not paid to dispatch him with black magic. Confidence in and reverence for the physician dates from the historic separation of the power to kill and the power to cure stated clearly and concisely in the Hippocratic Oath.

As physicians, we pledge ourselves to treat patients and abjure all forms of moralizing, politicizing, and economizing at their expense. Triage—deciding which patients to give up on and let die—clearly violates our unconditional Hippocratic commitment to life.

Yet, it seems as if every other article in the New England Journal of Medicine these days contains some reference to pulling the plug on patients who are presumably hopeless cases. Why? There just isn’t enough money any more to care for all patients, we are told. Medical care is consuming 8.3 percent of the gross national product. Terrible—that’s almost half what we spend on booze, tobacco and entertainment!

As a result of the Medical Device Amendments, signed into law in 1976, our profession is today faced with onerous and stringent regulations, buttressed by severe punitive provisions, that are virtually cutting off the development of new devices for human therapeutic use.

Although some respected members of our profession express concern over “unlimited” spread of new medical technology, the greater danger today is that badly needed technology will not be forthcoming simply because it is viewed as too costly. This, despite the fact that improved technology reduces medical costs by heightening efficiency.

Our hope must be that good therapy cannot be suppressed, that medical professionals, supported by duty to deliver optimum care. In the mind of the public that means saving lives, not killing with kindness. Paying a doctor to help a terminal patient die is nonsense. That tiresome phrase “death with dignity” is meaningless. Tubes and respirators or the actions of doctors and nurses can never reduce the dignity of a dying patient, any more than the Cross could diminish the dignity of Christ’s death.

The public wants medical progress to reduce need for sympathy. If that means embarking on promising technologies without the guarantee of support by the Government or third-party insurers, so be it. It won’t be the first time that medicine was forced to ignore public authority for the greater good.

There comes a time for every profession when the practitioners must “screw their courage to the sticking place” to resist external threats to their code of ethics.

Triage in the heat of battle or the din of natural disaster is one thing; but triage in cold blood because some politician has other ideas of what to do with our insurance premiums or tax money is unacceptable and must be resisted at all costs.

Hippocrates recognized the necessity of such assurance to patients in the fifth century before Christ. Once we as physicians start making decisions regarding who is or is not worthy or deserving of our best efforts, we revert to black and white magic. Physicians will then see again fear in the eyes of their patients—not fear of pain or fear of death, but fear of the physician.

“Triage—deciding which patients to give up on and let die—clearly violates our . . . commitment to life”
Crusade Against Drug Addiction

Dr. Robert W. Baird's everyday life is packed with more drama than any of the television plays he acted in while working his way through New York Medical College in the late 1940s. The doctor, clinical assistant professor of medicine at the College, is by day a "society" doctor, treating movie stars and socialites at a luxurious suite of offices in one of Fifth Avenue's most fashionable blocks. At night he is a "junkie" doctor, treating drug addicts in a free clinic he established in an area of rampant crime and violence in the middle of Harlem. Geographically his two offices are only a few miles from each other; economically, socially, and aesthetically they are continents apart.

During his internship and residency at Flower and Fifth Avenue Hospitals, the future course of Dr. Baird's professional life was pretty well mapped out. The friendships and associations he had made during the days he was a television actor and photographer's model assured him of a lucrative East Side practice.

But also during this period he came to know people from vastly different backgrounds: the poor from Harlem who frequented the Emergency Room at Flower Fifth, and with whom Dr. Baird developed a strong rapport. When several of them suggested he open an office in Harlem—where, they pointed out, the need for doctors was far more desperate than on the Upper East Side—the idea did not seem preposterous at all.

Why not, he mused, establish a dual practice with money from the East Side practice subsidizing the Harlem office? While treating the physical wounds of his Harlem friends, perhaps he could also do something about the psychological scars that medicine and bandages cannot heal. His thriving midtown practice would finance the Harlem office, where even modest fees are beyond the means of many.

As soon as he was financially able, he bought a row house in Harlem, opened an office on the ground floor, and moved in upstairs. Afternoons, he tended to his midtown patients; evenings, he held office hours for his Harlem patients.

"Twenty-five years ago when I went to live in Harlem," said Dr. Baird recently, "the situation was a lot different from today. One could walk along 116th Street without fear of being mugged. That is no longer true. Even the block and a half walk from the garage where I keep my car to my house can be a perilous venture, especially at night.

"Harlem was never an oasis of peace and quiet. Everybody was poor, and all the social problems that accompany poverty, such as alcoholism, were present. But there wasn't the terrible violence that is rampant today with muggings and robberies as commonplace as eating and sleeping.

"What has changed Harlem from an area of relative peace to a jungle of violence is drug addiction."

The problem of drug addiction struck Dr. Baird with full impact in 1956. A boy came into his Harlem office for treatment of a minor ailment. When examining the youngster, the doctor noticed fresh needle marks on his arm. He thought at first the marks were from insulin shots. When the boy questioned him, the boy blurted out the news that he was hooked on drugs. The boy confessed that he had been turned on to heroin by a member of his church choir. He was financing his habit by robbing neighborhood stores. The boy was nine years old. Dr. Baird had already seen many tragedies since he had come to Harlem, but this one stunned him.

Investigating further he learned that the boy's case was not an isolated one. "There were thousands of addicts, many as young as the lad who had come into my office, and nobody was doing anything about it."

With the same dedication and sense of mission that prompted him to come to Harlem in the first place, Dr. Baird decided he would do something about addiction. He founded HAVEN (Help Addicts Voluntarily End Narcotics), a one-man clinic next door to his office. In the 22 years since, he has worked with more than 6,000 addicts, ranging in age from 9 to 72. In a field where the odds against cures are astronomical (some claim the failure rate is 98 percent) he has had a phenomenal success rate of 60 percent. How has he managed
The key, he says, is discipline—loving, but unyielding.

He treats the addicts free of charge, paying for all the expenses of the clinic himself. Addicts arrive through word-of-mouth referrals by other patients or are sent by other physicians. In the beginning, the patients were all black or Puerto Rican. Today, more than half are white, middle-class addicts from affluent suburbs.

Every Thursday, the doctor lectures to the addicts who have come to HAVEN for the first time. "I can't promise you miracles," he warns them. "But you can kick junk." One by one the addicts who have kicked the habit get up and tell their stories. A typical case is that of Jose, a 20-year-old, "I had really reached rock bottom," he confesses. "One of the few pleasures my mother had in life was watching television. I even stole her TV set and sold it to get junk. It was self-disgust that sent me here to the clinic. I've been clean for six months."

Anyone wanting to join HAVEN must attend three or four Thursday sessions to demonstrate sufficient motivation. Once accepted, the individual is given non-narcotic medication to ease the physical withdrawal. "It is a simple medical matter to detoxify addicts physically," says Dr. Baird, "but it takes skilled management over a prolonged period to detoxify them psychologically. The parents of the addict or the addict's wife or husband play an essential role in the treatment process. Without their cooperation, their discipline, their love, and, quite frankly, their surveillance, the addict doesn't have a chance."

The addict returns every weekday night for a year. In working with his patients, the doctor's acting talents come in handy. With some he is a firm but sympathetic figure, coaxing, building up confidence. When the need arises he can be as tough as a drill sergeant, using the language of the street as he berates a 17-year-old boy on whom he has discovered fresh needle marks. "Have you ever been in a morgue?" he shouts angrily. "They stretch you out on a steel table and there's nothing on you except a cardboard name tag hanging from your big toe. If you keep this up the tag hanging from your toe will read 'He had his final fix.' "

Dr. Baird neither smokes nor drinks and is a self-confessed bug on physical fitness. He has a gymnasium in his basement and parallel bars in his back yard. Every morning he gives himself a 45-minute workout, lifting weights, shadowboxing, doing push-ups. More than once his powerful physique has come in handy when he successfully disarmed an addict attempting to mug him as he walked home late at night.

He is also a trained singer and practices voice every day. An unabashed patriot, he has for the last 15 years sung the national anthem before 65,000 New York Jet football fans at Shea Stadium. He also sings the anthem for rooters of the Cosmos Soccer team at Meadowlands in New Jersey.

Since Dr. Baird knows he cannot singlehandedly combat the drug explosion, he spends every spare moment he has in trying to waken the public to an awareness of the problem. Every chance he gets he goes on radio and television or appears before Congress to plead for anti-drug-abuse action.

Typical of his many appearances before Congressional committees was one he made in 1966 where in testimony given to the Senate Juvenile Delinquency Subcommittee he charged that "there are a minimum of 10,000 to 15,000 heroin and barbiturate addicts in the armed forces and easily 100,000 marijuana smokers." Officials of the Department of Defense denied the charge, saying "there is absolutely no evidence to substantiate the allegation. A check showed that the Army in Vietnam had only 44 cases, involving 81 men, in which possession or use of narcotics was alleged."

It wasn't until 1971 that these same officials, after initiating an identification and treatment program, admitted that a massive drug crisis did exist.

Robert Baird is particularly irritated by politicians and fellow doctors who advocate the decriminalization of marijuana. "I'd like them to spend a couple of nights in Harlem walking the streets with me. They would discover that the vast majority of heroin addicts started out on marijuana. As time went on they needed something stronger, something with a greater 'kick.' "

Dr. Baird's fight against cocaine and the many doctors who have been downgrading its danger was vastly strengthened in July when a federal
Physician and Lawyer
Continued from page 9

50, to work toward a bachelor's degree.

Dr. Harkins' office suite, where he sees both patients and clients, is located in a modern professional building a few minutes' drive from his home. Approximately half of his clients are other M.D.s. He handles wills and has been attorney for the defendants in a number of malpractice suits (not one of which he lost),

"I see so many cases where I have to worry about ordering the laboratory work for fear it's going to take the patients' dinner money away from them."
New Method Improves Accuracy of Pap Test Results

A new device that enables women to collect cell samples from their own menstrual blood for tests for cervical cancer is being tested at the College. Dr. Alexander Sedlis, professor of obstetrics and gynecology and director of the NYMC cytology laboratory, believes that the large volume of cells which can be obtained by the device allows for a more extensive and accurate examination for cancer than has previously been possible with the standard Papanicolaou smear technique now in wide use.

The new tampon-like menstrual blood collector, developed by the Microbyx Corporation, has been tested by Dr. Sedlis and Dr. Matthew Freund, who was professor of pharmacology at NYMC before assuming his present post as professor and chairman of physiology at Southern Illinois University. The device provides a simple way for women to obtain large numbers of well-preserved cells from inside the vagina, cervix, and uterus. Dr. Sedlis, who also holds a faculty appointment in the Department of Pathology, is currently conducting further clinical trials.

The device, which resembles a regular tampon and is inserted in the same way, contains a gelatin-encased inner capsule. Menstrual blood, along with the millions of cells it flushes from the reproductive tract, is absorbed by material in the tampon head and conducted by a polyethylene tube to the inner capsule. As the gelatin dissolves, the capsule expands and draws in blood containing cells from inside the vagina, cervix, and uterus. Antibiotics in the capsule combine with the menstrual blood to make up a "tissue-culture medium" that preserves the living state of the cells.

The subject then removes the blood-collecting capsule and mails it to the laboratory, where all of the red blood cells and most of the white blood cells are washed out of the specimen, leaving an almost pure preparation of cells cast off from the uterus, cervix, and vagina. The researchers believe the collecting device may also provide information on other disorders of the female reproductive tract and that it has the potential of becoming a widely used noninvasive health screening method.

Potential Hazards Of Phototherapy For Newborns Cited

Phototherapy, a modality widely used in the treatment of neonatal jaundice, presents potential hazards and should be reevaluated, according to Dr. Herbert S. Rosenkranz, professor of microbiology and pediatrics and chairman of the Department of Microbiology. Dr. Rosenkranz, who with Dr. William T. Speck, adjunct professor of microbiology, has studied the effects of visible light on cells, warns that neither the exact mechanism nor the possible side effects of phototherapy are understood. Yet the treatment continues to be used routinely with newborns some of which are not even suffering from hyperbilirubinemia.

At a recent meeting of the New York Academy of Sciences, Dr. Rosenkranz presented a paper on the potential genetic consequences of phototherapy. Showing that visible light is endowed with mutagenic and DNA-modifying properties which are demonstrable in microbial and mammalian cell systems, he noted that the observed effects appear to be due to the photoactivation of intracellular chromophores, which in turn generate singlet oxygen which specifically modifies the guanine residues of DNA.

"It must be stressed that these effects are seen with a dose of visible light only 5 percent of that received by a newborn infant during a 24-hour period," Dr. Rosenkranz said. "Frequently phototherapy is prolonged for 72 hours. Because of the demonstrated relationship between DNA-modifying activity and carcinogenic potential, the results suggest that the widespread and perhaps indiscriminate use of phototherapy for neonatal jaundice requires reevaluation."
Diagnosis of Breast Cancer Detailed By Dr. Leis
In National Journal

Today, despite all the publicity about breast cancer, patients are still seen with signs and symptoms of locally advanced disease (Stage III), such as supraclavicular nodes, fixation of the tumor to the chest wall, edema of the arm, edema or redness over more than one-third of the breast, ulceration, satellite nodules, or peristernal nodes. Furthermore, the patient may present with complaints indicative of distant metastases to the bones or viscera.

This statement by Dr. Henry P. Leis, Jr., clinical professor of surgery and chief of the Breast Service, is from the lead article in the July-August issue of Ca—A Cancer Journal for Clinicians, published by the American Cancer Society.

In a sweeping survey of breast cancer diagnosis, Dr. Leis reemphasizes the crucial role of the physician in early detection of the disease. "The physician," he says, "by instructing his patient in the art of monthly breast self-examination, by performing careful periodic breast examinations in his office, and by the judicious use of diagnostic aids, especially in those patients with an increased risk of the disease, has a golden opportunity to detect breast cancer at an early and highly curable stage."

The article underscores the need for physicians to be highly suspicious of all breast lesions if they are to make early diagnoses of breast cancer. Physicians must also possess "a basic knowledge of the following factors: (1) the common types of breast lesions and their relative frequency; (2) the age periods at which these lesions usually occur; (3) the characteristic symptom complexes; and (4) the various risk factors that increase a patient's chance for developing breast cancer."

While one out of every 13 women, or 7 percent, will develop breast cancer during her normal life expectancy, Dr. Leis points out that the disease is not a chance event that occurs randomly throughout the population. In the article he defines certain classes of women who have a higher risk of developing the disease than others.

Among those in the high-risk category are women over the age of 40 and those with a family history of breast cancer. Childless women and those with their first parity after the age of 34 have been found to be prone to the disease, as have patients with a previous cancer of one breast.

Other high-risk conditions are excess exposure to ionizing radiation, a high dietary intake of fat, and chronic psychological stress. White women living in the western hemisphere or in a cold climate and belonging to upper socioeconomic groups have a higher potential for breast cancer than other groups.

Dr. Leis writes that whereas a tentative diagnosis of a breast lesion can usually be made by a systematic and thorough breast examination and the judicious and selective use of diagnostic aids, the only definitive way of determining the type of lesion is still by means of a biopsy. A biopsy is mandatory, he says, in patients with: (1) true three-dimensional dominant lumps, even if diagnostic aids are negative, excluding cysts which can be safely aspirated under control conditions; (2) suspicious lesions found by diagnostic aids, even if there are no clinical findings; (3) serous, serosanguineous, bloody, or watery nipple discharge, even if there is no palpable mass and cytology and breast X-ray are negative; (4) other adverse signs, for example, eczema of the nipple, unexplained retraction or elevation, suspicious axillary adenopathy, redness of the skin of the breast, underlying induration without signs of infection, unexplained skin dimpling, or a persistent dominant area of unexplained thickening in the breast.

Noting the widespread concern regarding the possible risk of inducing cancer by radiation exposure, the article focuses on the benefits of mammography versus the risks. Mammography can detect some breast cancers in a preclinical stage, from one to two years before the lesions reach a clinically palpable size of one cm. It is the only means available today to detect the disease at such an early stage, where the prognosis of cure is excellent with less extensive procedures. Dr. Leis warns against the indiscriminate use of mammography, however, and defines by age group the classes of women who might benefit from breast X-ray and those who might be endangered.

"The crucial distinction," he says, "is between diagnostic evaluation in a woman with a suspicious breast lump and mass screening of the female population. No controversy exists about the use of breast X-rays among women who have themselves detected abnormal lumps or whose doctors' suspicions are aroused on the basis of a physical examination. These women, regardless of age, should have a breast X-ray."

"Without such a definite indication, mammograms are not advised for patients under 25 years of age; nor are they indicated for women between 25 and 34 unless there is a diagnostic problem. Routine screening in female patients between 35 and 49 is recommended only when high risk factors are involved. However, annual screening of women over 50 years of age is appropriate since the benefits for this group clearly outweigh any minimal long-term risk from radiation."

The article contains five tables, a complete list of references, and 34 color photos depicting various breast disorders, the "how to" of breast self-examination, and the step-by-step procedure for physicians to follow in breast examination.
Ob/Gyn Seminar Focuses on Pregnancy Complications

Continuing education in the management of complications of pregnancy was the main concern of the 17th annual Residents' Day and Postgraduate Seminar on Medical and Surgical Problems in Obstetrics and Gynecology. More than 150 physicians attended the two-day meeting, held September 30 and October 1 in the auditorium of the Mental Retardation Center at Valhalia.

The seminar was jointly sponsored by the Obstetrical and Gynecological Society of NYMC (president, Dr. Seymour Schlussel '51) and the NYMC Department of Obstetrics and Gynecology (chairman, Dr. Martin L. Stone '44). Dr. Alexander Sedlis, director of the College's Cytopathology Service, was program chairman for the event.

In addition to pregnancy complications, topics of discussion included the mammography controversy, hypertensive disease and urinary tract infections in women. Sixteen lectures and four panel discussions were presented by 12 members of the College faculty and six guest faculty members from as far away as Texas and California.

One member of the guest faculty who did not have far to travel was Dr. Herman Zuckerman, clinical assistant professor, Department of Radiology, Mount Sinai School of Medicine, who spoke on the mammography controversy. He noted that the percentage of palpable carcinomas in women in the 35-to-50 age group—a main focus of contention concerning radiation risks—is almost as high as in the 50-and-over age group, and the frequency of detection by X-ray is quite significant.

Dr. Zuckerman reported that current evidence indicates that "women over 50, whether symptomatic or asymptomatic, should have mammography performed annually. Women between 40 and 50 years of age should have mammography performed if there is a family history of breast cancer, if physical signs of breast cancer appear, or if they have had a previous mastectomy. Women under 40 should have mammograms if they have had a previous mastectomy or in the presence of disturbing physical signs."

In a lecture on "Intensive Care in Obstetrics and Gynecology," Dr. Louis R.M. Del Guercio, chairman of the NYMC Department of Surgery, focused on the role of physiologic monitoring during pregnancy. He noted that "techniques are now available for use at the bedside of critical patients which combine the information obtained from Swan-Ganz catheterization and arterial sampling to give an integrated view of cardiorespiratory function oxygen transport and the adequacy of that transport in terms of oxygen requirements. This is known as the automated physiologic profile. In a rapidly scanned bar-chart format, it provides a complete overview of the physiologic status of the patient for determining the response to various therapeutic interventions."

"The Hemoglobinopathies and Pregnancy" was the subject of a talk by Dr. Walter L. Freedman, associate professor of obstetrics and gynecology at NYMC. Assessing the interaction of various hemoglobinopathies and pregnancy, he singled out sickle cell anemia as particularly problematic. "The reproductive experience of patients with sickle cell anemia is poor as evidenced by a high prematurity rate, fetal death rate, and increased abortion rate," Dr. Freedman said. "The complications in patients with sickle C disease and sickle beta thalassemia are similar to those in sickle cell anemia; however, the rate of occurrence is lower."

Dr. Joseph J. Rovinsky, chairman of the Department of Obstetrics and Gynecology at Long Island Jewish-Hillside Medical Center, New Hyde Park, N.Y., lectured on "Heart Disease in Pregnancy." According to Dr. Rovinsky, "increased knowledge of the hemodynamic and cardiovascular effects of pregnancy has led to a more rational approach to the pregnant cardiac patient and more reasonably preconceptional counseling. The emphasis has shifted from desperate management of the acute episode to the prevention of complications and the preservation of cardiac reserve not only during the incipient pregnancy, but also in relation to the patient's life course."

Two assistant professors of obstetrics and gynecology at NYMC presented an update on diabetes in pregnancy. Drs. Mary J. O'Sullivan and Camillo Gugliucci acknowledged that the presence of diabetes in a pregnant woman still represents an increased risk to the fetus. They maintained, however, that the risk has been reduced in recent years through early recognition of the diabetic state, maintenance of blood glucose at close to normal, monitoring of the feto-placental unit, and determination of the L/S ratio.

Other lecturers at the symposium and their subjects were:

- Dr. Martin Moser, clinical professor of medicine, NYMC: "Hypertensive Disease—Current Concepts and Principles of Therapy."
- Dr. J. Victor Reyniak, associate professor of obstetrics and gynecology, NYMC: "Thyroid Dysfunction in the Pregnant and Non-Pregnant State."
- Dr. Brian Little, director, and Arthur H. Bill, professor of obstetrics and gynecology, Case Western Reserve University School of Medicine, Cleveland, Ohio: "Coagulopathy in Obstetrics and Gynecology" and "Viral Disease in Pregnancy."
- Dr. Robert Klaw, instructor of medicine, NYMC: "Thromboembolic Disease."
- Dr. Jack R. Robertson, associate clinical professor of obstetrics and gynecology, Women's Hospital, University of Southern California Medical Center, Los Angeles: "Urinary Tract Infections in Women" and "Endoscopy of the Lower Urinary Tract."
- Dr. Leon Tancer, professor of clinical obstetrics and gynecology and director of the department of...
obstetrics and gynecology, Brookdale Hospital Medical Center, Brooklyn: "Urological Injuries and Fistulas."

Dr. Raymond H. Kaufman, professor and chairman, Department of Obstetrics and Gynecology, Baylor College of Medicine, Texas Medical Center, Houston: "Acute Vulvitis and Chronic Vulvar Disease."

Samuel Plnik, M.D. clinical assistant professor of surgery, NYMC: "Diagnosis of Breast Disease."

Moderators of panel discussions were Dr. Stone, Dr. Sanford Sall, vice-chairman, Department of Obstetrics and Gynecology; Dr. Myron Gordon, professor of obstetrics and gynecology; and Dr. Sedlfs.

The symposium was accredited for 16 credit hours in Category I of the Physician’s Recognition Award of the American Medical Association.

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**Removal of Gallstones Without Surgery: A Benefit to High-Risk Patients**

Gallstones can now be removed using a new, noninvasive procedure recently instituted at the College by Dr. Jerome Siegel, assistant professor of medicine. Called endoscopic papillotomy, the procedure was developed in Germany specifically for the removal of gallstones from the common bile duct. Dr. Siegel recently returned to this country after spending two years abroad, where he mastered the new technique.

The procedure is especially valuable for critically ill and high-risk patients because it does not require either a surgical incision or general anesthesia. Thus it is far less stressful than standard gall bladder surgery.

"Endoscopic papillotomy is definitely not a substitute for initial standard gall bladder surgery, where the bladder and stones are removed together," Dr. Siegel points out. "It is, instead, an alternative to having to operate two or more times in cases where stones are retained or reform in the common bile duct or where a patient is in danger of dying from blockade of the bile duct. In Germany and Japan, where the technique is becoming increasingly popular, it is used frequently with patients with heart and pulmonary disease. Even with this population of high risk patients, physicians in those countries have had an almost 100 percent success rate."

Approximately 500,000 gall bladder operations are performed in the United States each year, and in 1 or 2 percent some stones are retained in the common bile duct after surgery. In another 20,000, stones reform after they have been surgically removed. This means that, of the half-million individuals in this country who have gall bladder surgery each year, anywhere from 25 to 30 thousand need a second operation.

Dr. Siegel points out that many of these patients have conditions which make subjecting them to another surgical procedure risky. It is for this group that the availability of endoscopic papillotomy is so significant.

Louis R.M. Del Guercio, M.D., chairman of the Department of Surgery and one of the country’s foremost experts on the care and monitoring of critically ill patients, concurs with Dr. Siegel. "Even though this is a noninvasive procedure, which obviously will reduce the need for surgery in many instances, there is not a single surgeon I know who does not believe that endoscopic papillotomy is a major advance and of tremendous benefit to patients who would be at risk during a surgical procedure."

In addition to the advantage of a 99 percent survival rate even with high-risk patients, the use of endoscopic papillotomy also allows the patient to make an overnight recovery. By comparison, mortality rates for standard surgery for gallstone removal are much higher, and recovery time is from seven to ten days.

Perfecting the new procedure requires extensive training and a deft hand on the part of the physician. The instruments used are especially designed to work precisely in small, tightly confined areas.

The endoscope, which is the basic instrument involved, is used both for diagnosis and for the actual gallstone removal process.

Completing an endoscopic papillotomy works as follows. After a determination has been made that the procedure is warranted, the patient is sedated with a local anesthesia to the point of semiconsciousness. The endoscope is then inserted through the patient’s mouth and directed into the duodenum. When the papilla has been identified, a cannula 1.6 mm in diameter is introduced through the endoscope and a dye injected to identify the bile ducts seen on a fluoroscope. The physician can now examine the ducts for the presence of any stones.

If stones are present, a delicate instrument called a papillotome is inserted through the endoscope and, after proper positioning, introduced into the bile duct. An electric current, transmitted through a wire in the papillotome, allows an incision to be made in the opening of the bile duct, enlarging it so that stones will pass spontaneously.

If the stones are too large to pass spontaneously through the newly enlarged opening, a miniature collapsible wire "basket," which works like a pair of tongs, is passed through the endoscope and the stones are pulled out. The patient is able to return home the next day.

Despite the success and acceptance of the endoscopic papillotomy abroad, there are only a few endoscopists qualified to perform the technique in this country. Viewing its acceptance abroad, however, Dr. Siegel feels that it is but a matter of time until endoscopic papillotomy becomes frequently used to manage patients with retained or recurrent gallstones.
Commencement Events

You're the tops! That was the message from the Class of '77 to the eight members of the College faculty who were honored with certificates of appreciation for excellence in teaching. Holding their awards (left to right) are: Dr. Sheldon P. Rothenberg, Dr. Isidore Danishefsky, Dr. Noel I. Robin, Dr. David Lehr, Dr. Louis L. Bergmann, Dr. Eileen H. Pike, Dr. Peter Douvres, and Dr. J. Victor Reyniak. Student Senate officers, all of the Class of '77, who presented the certificates (seated, left to right) are: Dr. Calvin O. Gordon, vice-president; Dr. Howard R. Krauss, president; and Dr. Stuart Hochron, treasurer.

"Now let the rafters ring!" With those words Dr. Lawrence B. Slobody, president of NYMC, signaled the culmination of the College's 118th Commencement, held on June 7 in Carnegie Hall—and the audience of over 3,000 relatives, teachers, and friends rose to applaud the 200 members of the Class of 1977 who had just received their M.D. degrees.

It was the largest class in the history of the College and the final group to take the accelerated three-year curriculum. Yet, despite this concentration of studies, the Class of '77 had provided outstanding leadership, participated on student-faculty committees and in community projects, and placed their members in internships at some of the finest university hospitals in the country.

Alumni Homecoming And Senior Honors

As is traditional at New York Medical College, the convocation was preceded by a number of Commencement events, including Alumni Homecoming Day and Senior Honors Assembly. Graduates of 50 years ago and from as far away as California had the opportunity to renew their ties with the College and to share their professional experience with the young physicians-to-be. Throughout the two days of celebration one sensed a serious undercurrent of commitment and confidence, of kinship and social consciousness.

Alumni Day, June 6, opened with an unusual treat for visiting graduates: a trip to the Valhalla Campus highlighted by a tour of the beautiful new Westchester County Medical Center. The tour was followed by the annual Alumni Association Luncheon and Business Meeting in the Basic Sciences Building—then a quick trip back to Manhattan for Senior Honors Day ceremonies.

The Awards Program, which took place at 2 p.m. in the College's flower-bedecked auditorium, was attended by faculty, trustees, and the
families and friends of honorees, as well as by homecoming alumni.

The three top prizes—the William Cullen Bryant Award to the member of the graduating class who has achieved the highest scholastic average in the senior year, the Samuel Speigel, M.D., Memorial Award to the graduate who has attained the highest scholastic average during the course of study at the College, and the Conrad Engerus Tharaldsen, Ph.D., Award for achieving the second highest scholastic average during the course of study—were presented respectively to Mary Ann Lowen, Charles L. Springfield, and David L. Kaufman. All three were elected to Alpha Omega Alpha (see box).

Dr. Lowen also shared with Charles S. Yanofsky the Stephen P. Jewett, M.D., Memorial Award for showing the greatest interest and proficiency in psychiatry, and Dr. Springfield received the David Spiro, M.D., Ph.D., Memorial Award for academic excellence, aptitude, and interest in pathology.

**Alpha Omega Alpha**

Gino Bottino
William J. Breen
Mary Ellen Csuka
Richard M. Diamond
Mark Dooley
Louise E. Friedman
Steven Fruchtman
Eric Giniger
Lloyd P. Haskell
Philip B. Katz
David L. Kaufman
James M. Larson
Scott Lawrence
Jerry Levine
Mary Ann Lowen
Charlotte Malasky
Glenn M. Preminger
Michael W. Prystowsky
Andrew Ricci, Jr.
Stanley E. Rich
Peter Rossi
William Russell
Karen M. Sanders
George Saviano
David Schnare
Nancy J. Segal
Charles L. Springfield
Stanley E. Weintraub
Harold S. Wilkes

**Cor et Manus**

Gail Brenner
Jeffrey H. Gelgisser
Calvin O. Gordon
Linda M. Grant
Leigh J. Harris
Stuart Hochran
Susan Jensen
Norman R. Kaplan
Howard R. Krauss
Jerry Levine
Charlotte Malasky
Ellen M. Olson
John P. Schosheim
Peter Schosheim
Alumni Banquet

In the evening a record number of guests, undaunted by torrential rains, turned out for the Alumni Banquet at the Plaza Hotel. More than 650 alumni and their spouses, faculty, parents, and most of the Class of '77 mingled at the general reception in the Terrace Room and then moved on to the Ballroom for the banquet. Dr. Saverio S. Bentivegna '50 presided over the festivities, which included the introduction of honored guests, the presentation of medals, awards, and certificates, and—new this year—dancing between courses and after the dinner.

In brief remarks from the dais, Norman E. Alexander, chairman of the Board of Trustees, told the graduating seniors that, with their permission, he would always consider himself a member of their class since he had started at NYMC in 1974, the same year they had. "As you take the oath tomorrow," he said, "on behalf of the Board I will make a commitment to you of dedicating myself to the past glory of the College and of burnishing the image of NYMC with as beautiful and bright a glow as I see on all your faces tonight."

Also addressing himself to the students, Dr. Slobody read from a recent assessment of the College made by outside consultants. "Your proudest possession is your students," he quoted from the report, "because they really care." Then he added, "I salute the Class of '77."

Two alumni who really care were the recipients of the Gold Medal Award given annually to outstanding members of the Association. They are Dr. Saverio Bentivegna '50, outgoing president of the Alumni Association, and Dr. Douglas R. Knab '55. In making the presentation to Dr. Bentivegna, who is professor of clinical surgery and associate dean for continuing medical education, Dr. Slobody called him "a man who is modest, who has worked courageously, and who has contributed so much to the College." Among other accomplishments, Dr. Bentivegna successfully built up the alumni chapter concept as a means of unifying alumni throughout the country on behalf of the College.

Dr. Knab, Capt., M.C., U.S.N., is chairman of obstetrics and gynecology at the National Naval Medical Center, Bethesda, Md., and chairman-designate of the Uniformed
Services University of the Health Sciences. Presenting the award was fellow obstetrician and gynecologist Martin L. Stone ’44, professor and chairman of the department of NYMC.

Three men who, cumulatively, have given 102 years to NYMC received plaques in recognition of their service to the school and the Alumni Association. They are Dr. Linn J. Boyd, an associate member, who was chairman of clinical medicine from 1927 to 1958; Dr. Arthur A. Michele ’35, who retired this year as chairman of orthopedic surgery after 29 years with the College; and Dr. Francis E. Speer, also an associate member, who came to the College in 1934 and stepped down last December as professor and chairman of clinical pathology.

In accepting for Dr. Boyd, who was unable to attend, Dr. David Schwimmer referred to him as “an ideal teacher, friend, and role model for all of us.”

Provost and Dean Samuel H. Rubin awarded silver certificates to the many members of that class who were present, including representatives from Florida, North Carolina, Indiana, and other states, as well, of course, as New York. Earlier in the evening the twenty-fivers had held a lively reunion in the State Suite. The get-together was organized by Dr. Paul Tartell, who seemed to be expressing the enthusiasm of his former classmates when he said, “I’m very proud to have attended NYMC. There was and is a family feeling here that can’t be superseded. We who graduate from this college are among the most fortunate people.”

After thanking Dr. Seymour Schlussel ’51 and his family and the members of the Alumni Office for their tireless efforts toward making the banquet a success, Dr. Bentivegna handed over the gavel to Dr. David T. Mininberg ’61, the incoming Alumni Association president, who, as his first official act, invited everyone to enjoy the music and dancing.

Although many of the younger couples remained on the dance floor till the music stopped at 1 a.m., at 10 o’clock next morning all the candidates were robed and ready for the procession into Carnegie Hall.
Commencement Ceremonies at Carnegie Hall

Each year's Commencement ceremony is new and special, not just to the graduates and their families but to all those who participate. The absolute silence of the audience as the students, led by Dean Rubin, repeat the Hippocratic Oath; the spontaneous bursts of applause and sounds of cameras snapping as newly hooded candidates receive their degrees from Dr. Slobody; the thought-provoking speeches delivered by distinguished guests; the conferring of postgraduate and honorary degrees; the awarding of gold diplomas to members of the 50-year class—all combine to make each convocation impressive and memorable.

This year, in addition to the 200 men and women who received their M.D. degrees, 20 candidates were awarded the M.S. degree and one the Ph.D. degree from the Graduate School of Basic Sciences. In delivering the invocation, Dr. David B. Simons, a member of the Class of '77 who also has a rabbinical degree, set the tone for the proceedings when he said, "in this time of technology and scientific advance it is vital to reaffirm our commitment to our profession." Similar sentiments were expressed by Dr. Marcus D. Kogel, who brought greetings from the Class of 1927. Dr. Howard R. Krauss '77, president of the Student Senate, reviewed high points, both light and serious, of the three intensive years he and his classmates had spent together, ending with a warm tribute to their families, "to our mothers and fathers who told us, 'Be a doctor.'... We remain thankful," Dr. Krauss said, "to the Parents' Council, a spirited organization which has always had not only their children's interest at heart, but the College's as well."

Three honorary degrees were awarded. The recipients were:

- Dr. Robert Jay Lifton, psychiatrist and historian, who graduated from NYMC in 1948, honored for "opening up for us radically new perspectives on the most crucial and challenging events of our time." Dr. Lifton, known worldwide for combining scholarly research with social action, is Foundations' Fund for Research in Psychiatry Professor at Yale University.
- Dr. Henry Seymour Kaplan, a researcher, clinician, and teacher who is internationally recognized for developing techniques in cancer research and treatment, honored for "outstanding contributions to medicine that have brought hope to thousands who were without hope." Dr. Kaplan is Maureen Lyles D'Ambrogio Professor of Radiology at Stanford University and director of the Louis B. Mayer Cancer Biology Research Laboratory; and
- Keith M. Urmy, humanitarian and business leader, who "during difficult times, through years in which medical education was threatened, contributed leadership and dynamic support to the advancement of medical education, biomedical research, and health care delivery." Mr. Urmy is vice-chairman and former chairman of the NYMC Board of Trustees.

Dr. Walter L. Mersheimer '37 received the Medal of NYMC honoring him for nearly 40 years of service to the College as well as for his many contributions to the field of surgery. Dr. Mersheimer, former chairman of the surgery department, is now associate dean for regional affiliations.

Warnings and Encouragement

Preceding the principal Commencement talk by Dr. Lifton, Mr. Alexander addressed the audience. A
leading figure in industry, Mr. Alexander warned the graduates that at a time when the medical profession is being scrutinized on many levels, they face the loss of their professional freedom unless they help find answers to the problem of spiraling health care costs.

"Because physicians make the pivotal decisions about hospitalization, surgery, tests, and medications, they are being held responsible for half the cost of health care—and are coming under increasing attack," he said.

Pointing out that the government and health planners are recommending a variety of alternatives to contain health care costs, Mr. Alexander continued: "You must help come up with the answers or you will find restraints imposed upon you from without. Health care cannot continue to consume the major portion of the social pie. Monies must be allocated for housing, schools, and nutrition as well as for medicine. Your profession is being put under heavy pressure to help make the necessary changes to bring this about."

In a final note, Mr. Alexander expressed his confidence that "because of your deep sense of involvement and commitment, you will meet the socioeconomic problems that confront you with both insight and compassion as you go forward in your professional careers."

Dr. Lifton also had a warning for the graduates. "Doctors cannot be true healers," he said, "without attention to a broader life commitment."

Basing his remarks on a lifelong study of the psychology of survival in war and holocaust, Dr. Lifton noted that "It is the experience of the medical professional to be a survivor of changing currents of culture. This includes surviving changing attitudes toward doctors themselves."

"We have two possibilities for survival," he went on. "We can pull in our horns and stay numb—cease to feel, or we can confront experience directly, with its pain, and seek insight and illumination from it. How this insight forms for physicians is important for you to know now.... As healers we must make ethical decisions."

After mentioning specific instances of massive slaughter in this century, Dr. Lifton pointed out that "doctors on one hand have served as mouthpieces for compromises that pollute and rationalize behavior. . . . they have been known to do dirty work in the extreme. By contrast there are those physicians who apply medical knowledge to moral issues."

Referring to the successful doctor who is unhappy, Dr. Lifton stressed, "It is important for physicians to have an ethical plan, the ultimate concern around which to apply our medical skills. Antipathy to doctors may have to do with absence of life plans. We must apply a healing spirit as well as a critical spirit to society—or else we will evoke both blind worship and blind anger."

In concluding his remarks to the graduates, Dr. Lifton said, "Always facing us is massive slaughter, that is, massive premature death. Therefore, you must combine individual healing with a broader look at life. It will bring you much satisfaction, even joy."

"Above all," he said, "I wish you a life of good healing."

After the benediction, delivered by the Rev. Walter D. Kring of the Unitarian Church of All Souls, Dr. Slobody closed the graduation ceremony by saying, "This is a day to remember. . . . Good luck and happiness to you all."
Dr. Goldstein Retires as Chairman of Medicine; Continues as Associate Dean

For Dr. Robert Goldstein the past year at NYMC has been marked by an end and by a beginning. On October 17 Dr. Goldstein officially retired as chairman of the Department of Medicine, a position he has held for 15 years. He will stay on as associate dean for student affairs, a position to which he was appointed in late 1976. “I’ll have much more time to give to the students now, more time for personal contact... and yes, I’m looking forward to that.”

As associate dean for student affairs, Dr. Goldstein was the person primarily responsible for the highly successful matching last March in which members of the Class of 1977 were matched by computer with the hospitals where they would take their postgraduate training. Dr. Goldstein’s work as dean also involves him in the College’s financial aid program and in reviewing and revising the curriculum.

A prodigious researcher before his administrative duties as chairman deprived him of the time. Dr. Goldstein does not see himself returning in any substantial way to research now. “I don’t want to spread myself too thin,” he says. “I want to put all my energies into working with the students now, more time for personal contact... and yes, I’m looking forward to that.”

Continued on page 44

Dr. Michele Retires from Chairmanship of Orthopedic Surgery

Dr. Arthur A. Michele ’35, an internationally recognized orthopedic surgeon, retired as chairman of the Department of Orthopedic Surgery on May 31. A member of the College’s faculty for nearly three decades, Dr. Michele had served as chairman since 1960. He continues as professor of orthopedic surgery.

Dr. Michele was presented a special plaque by the Alumni Association at its annual banquet on June 16 hailing him for his “creative and significant contributions to the field of orthopedic surgery and his devoted and distinguished service to New York Medical College.”

Two weeks earlier, on May 26, former residents who had worked under Dr. Michele came from as far away as California to pay homage to their former teacher at a dinner held in his honor. Speakers at the dinner included College president Dr. Lawrence B. Slobody; Dr. Samuel H. Rubin, provost and dean; Dr. Robert J. Schultz, Dr. Michele’s successor as chairman of the Department of Orthopedic Surgery; Dr. Joseph F. Giattini, associate professor of orthopedic surgery, and Dr. Theodore Himelstein, clinical professor of orthopedic surgery.

Continued on page 44
Dr. Jaffe Elected President Of Faculty Senate

Dr. Jaffe, known as an activist, feels strongly that the faculty must serve as critics of the policies of the administration. "If we were part of a university," he says, "there would automatically be a system of checks and balances. Since we are not, it's our particular responsibility to remain vigilant in this critical role."

Dr. Jaffe says that one of the main problems the Faculty Senate faces now is how to maintain itself as a unified force in spite of the geographic split created in the faculty by the two campuses.

Dr. Jaffe is a member of the American Rheumatism Association and the New York Rheumatism Association, of which he was president in 1961-62. He is head of the Rheumatology Section of the NYMC Department of Medicine and director of the Rheumatic Disease Service at Metropolitan Hospital Center.

Charles D. Halsey Honored by UHF

Charles D. Halsey, who was president and chairman of the board of NYMC for more than three decades, was honored "for fifty years of distinguished service to hospitals" at the United Hospital Fund's annual dinner on October 3. Mr. Halsey served as director of UHF from 1936 until his retirement last spring and was president from 1950 to 1954.

In presenting Mr. Halsey with the Distinguished Director gold medal award, board chairman Douglas T. Yates warmly praised him for his outstanding devotion to the people of New York City. He referred to Mr. Halsey as "a man who has contributed greatly to the delivery of quality health care in this city and who has significantly influenced New York's health scene for over five decades."

"Chas" Halsey was elected president of the College and chairman of the Board of Trustees in 1926, one year after becoming a trustee and only five years after graduating from Princeton University. He served as president and chairman until 1957 and remains a trustee and chairman emeritus today. The College presented Mr. Halsey with the honorary Doctor of Humane Letters degree in 1950.

Mr. Halsey is a former vice-president and director of Bache and Co., Inc., and a past governor of the American Stock Exchange.

Japanese Surgeons Visit Shock-Trauma Unit At Metropolitan

A distinguished group of Japanese professors of surgery, led by Dr. Kazuaki Ito of Nagoya University School of Medicine and the Nagoya Institute of Technology, visited the Department of Surgery's new computerized Shock-Trauma Unit at Metropolitan Hospital Center in April. Metropolitan is one of the few hospitals in the country with a completely outfitted and staffed major operating room located in the emergency area. This facility, together with the automated physiologic assessment developed by Dr. Louis R.M. Del Guercio, professor of surgery and department chairman, has been responsible for saving many lives.

A program of research presentations demonstrating the value of the advanced approach to critical problems made possible by the Shock-Trauma Unit was organized for the visitors from Japan by Dr. Kirk K. Kazarian, associate professor of clinical surgery. Dr. Kazarian described a four-year study at Metropolitan of emergency surgery following resuscitation in the emergency room, and Dr. Del Guercio spoke on new approaches in the treatment of portal hypertension.
Orientation for the Class of 1981

Like their counterparts of earlier years, 182 of NYMC's newest students got a fast start on their medical educations on Orientation Day, held this year on September 6 at Valhalla. Westchester County Executive Alfred B. Del Bello joined NYMC Board Chairman Norman E. Alexander, Provost and Dean Samuel H. Rubin, and other prominent members of the College community in welcoming the students. Expressing gratification that nearly one-quarter of the Class of 1981 are residents of Westchester, Mr. Del Bello said, "This particular institution—its purposes and goals—is very much a part of Westchester County."

Mr. Alexander, taking note of what he called a new environment in health care in which the medical profession finds itself faced with increasing demands for cost accountability, said, "It is important that medical students be aware of socioeconomic factors that concern the public. The medical profession can't leave the cost problem for others to solve, or the solution may come with a sledgehammer instead of a scalpel."

Dr. Rubin referred to the severe competition that often prevails among premedical students, sometimes causing them to refuse to share their knowledge and experiences. "Here at New York Medical College," he said, "you will find a spirit of openness and helpfulness among faculty and students and a long tradition of sharing information and ideas."

The welcoming speeches were followed by the clinical case presentation, a traditional highlight of Orientation Day. This year the presentation involved total hip replacements which had been performed at the Westchester County Medical Center on two elderly men who had suffered many years from arthritis of the hip. Chaired by Dr. Robert Goldstein, professor and chairman of medicine and associate dean for student affairs, the presentation was made by five members of the faculty: Dr. Robert J. Schultz, professor and chairman of the Department of Orthopedic Surgery; Dr. Winsor C. Schmidt, assistant professor of orthopedic surgery, who performed the hip replacements; Dr. Stanley H. Craig, professor of radiology; Dr. Bento S. R. Mascarenhas, assistant professor of medicine and associate chief of medicine, Westchester County Medical Center Hospital; and Dr. Francis A. Pfium, instructor of orthopedic surgery.

In the afternoon the new medical students took their first look at the laboratory modules where they will be working, held rap sessions with the upperclass men and women on the day-to-day realities of medical school, and bought books and microscopes. The busy day ended with a barbecue.

Enjoying the barbecue together are (left to right) Sharon Stolsky '81, Gerald Platovsky '80, George Jaeger '81, and Leah Meyer '80.
Parents of Class of '81 Welcomed to Council

Left: Mr. Keith M. Urmy, executive vice-president Dr. Kathleen C. Morton, Mr. and Mrs. Max Levy, and Mr. and Mrs. Alexander. Left center: Parents' Council president Lawrence Lauer presenting Mrs. Clara Rice with an honorary plaque "in recognition of her many years of outstanding service to NYMC as director of its Thrift Shop." Right center: Key speaker Dr. Lowenfels. Right: outgoing president Dr. Schosheim, who was presented with a plaque "in recognition of outstanding and devoted service to the council," and Mrs. Schosheim, holding the bouquet of flowers she was given in appreciation for her work on behalf of the council.

Parents' Day, one of the most important annual events sponsored by the Parents' Council, took place this year on Sunday, September 11, in the warm and cordial atmosphere that characterizes the council. As officers of the Parents' Council and Graduate Parents' Council greeted the "new parents," Lawrence Lauer, president of the council for 1977-78, welcomed the group and described some of the major activities of the council, including their very vigorous and effective fundraising. Last year, he said, the council was responsible for raising more than $89,000.

A primary use of funds raised by the Parents' Council is financial aid to students. One of the council's latest projects is the Commemorative Fund: contributors can purchase honorary or memorial plaques in the Basic Sciences Building, and specify whether their money is to be used for student scholarships, the purchase of a particular piece of equipment, or operating expenses of the College.

Key speaker Dr. Albert B. Lowenfels, assistant dean of the College, described the intricate process of selecting the 160 best qualified candidates from among 5,000 applicants to the medical school. Other speakers were Dr. Thomas S. Cottrell, senior associate dean; Dr. Mark L. Peisch, associate dean for student affairs; Dr. Arnold Schosheim, immediate past president of the council; and Norman E. Alexander, chairman of the Board of Trustees. Dr. and Mrs. Schosheim assured the group that they would continue their vigorous work on behalf of the Parents' Council. Dr. Schosheim added that he would always consider the year of his presidency as a very special time.

"My wife and I saw two sons graduate from New York Medical College in the Class of 1977, and saw the Parents' Council achieve many good things," he said. "It was a most enjoyable year, and although it is customary to welcome the end of a time of hard work, I was truly sorry to see the year end."

Norman E. Alexander, chairman of the Board of Trustees, told the group, "Being here on this day is an inspiration to me. I look upon myself as a member of each new class as it enters the College."

The new officers of the Parents' Council, in addition to Mr. Lauer ('78), are: vice-presidents—Min Barish ('79), Melvin Freeman ('79), David Fromson ('79), Kenneth Henick ('80), and Morton H. Pechter ('80); secretary, Lila Wanderman ('80); and treasurer, Thomas Bluso ('79).
Come to Flower Thrift Shop Volunteer Award Luncheon

Volunteers who have donated hundreds and even thousands of hours to benefit the College through the Come to Flower Thrift Shop were honored at an award luncheon in the College Auditorium in Manhattan on May 18. Heading the list of recipients of honorary gold bars was Clara Rice, director of the Thrift Shop since its inception in 1963, who has donated over 12,000 hours of her time.

Guests were welcomed by Dr. Arnold Schosheim, then president of the Parents' Council, whose sons, John and Peter, were both about to graduate in the Class of 1977. Speaking of the volunteers, Dr. Schosheim said, "You people have been doing what is called in Hebrew a mitzvah: a good turn," explaining that the Jewish ceremony at age 13 is called Bar or Bat Mitzvah "because the child has reached the age where he or she can do good."

Dr. Mark L. Peisch, associate dean and chairman of the luncheon, introduced President Lawrence B. Slobody as "a fine captain of the ship" and also "a fine horseman who has tamed the wild horse of the budget." Dr. Peisch said that by his "ability to be firm and gentle simultaneously," Dr. Slobody had made it possible for NYMC students to gain a very fine medical education.

After praising Dr. Peisch, who "has such a deep feeling for students," President Slobody expressed his appreciation to Mrs. Rice and all the volunteers, saying, "We are very fortunate that the parents and parents’ friends have such devotion to the College. Their work is the hardest job anyone could do; I can’t think of a harder job any of us does. The College could not get along without the Thrift Shop. Besides the money, there is the good feeling the shop generates: it is the best kind of public relations, the kind Ruth Oliver, director of the Office of Public Affairs, likes to see done. It gives us the warmest feeling to know that you care that much."

Dr. Slobody then presented the honorary gold bars and pins to 35 volunteers whose donated work hours ranged from 150 to Mrs. Rice's 12,000 (see box).

The Thrift Shop, located at 1333 Third Avenue (between 76th and 77th streets), was initiated by the Parents' Council in April 1963. Run entirely by voluntary donations of both time and merchandise, the shop has been a major source of support for the College.

**Honor Roll**

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<th>12,000 Hour Bar</th>
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<th>500 Hour Bar</th>
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<tr>
<td>Clara Rice</td>
<td>David Katz</td>
<td>Angie McCormack</td>
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<tr>
<td>7,700 Hour Bar</td>
<td>Helen Katz</td>
<td>450 Hour Bar</td>
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<tr>
<td>Mary Birmingham</td>
<td>2,100 Hour Bar</td>
<td>Grace Epstein</td>
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<td>7,200 Hour Bar</td>
<td>David Pollack</td>
<td>Eunice Saltz</td>
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<td>Anne Caliendo</td>
<td>Margaret Pollack</td>
<td>300 Hour Bar</td>
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<td>6,500 Hour Bar</td>
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<td>Adelaide Gomez</td>
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<td>Regina Stangel</td>
<td>Thelma Friedenthal</td>
<td>Sidney Kahnowitz</td>
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<td>2,600 Hour Bar</td>
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<td>Florence Denmark</td>
<td>Ruth Sonnenshein</td>
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<td>Sam Denmark</td>
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<td>1,000 Hour Bar</td>
<td>Betty Crystal</td>
<td>Mary Tomchin</td>
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<td>Anna Fruchtman</td>
<td>Angela Fiorio</td>
<td>150 Hour Pin</td>
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<td>Edna Goldberg</td>
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<td>Lee Baiser</td>
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<td>900 Hour Bar</td>
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<td>Irene Kreiss</td>
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<td>Anita Garbarino</td>
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<td>Christine Mortola</td>
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Diabetics Learn About Diabetes at ONDEC

A complete, centralized diabetes education service for diabetics—the first at any medical school in the New York metropolitan area—was opened at the College last March. The unique health service is dedicated solely to teaching diabetic patients and their families all about the metabolic disease and how to live with it, according to Dr. Rafael A. Camerini-Davalos, professor of medicine and director of the Section of Diabetes and Metabolism. Dr. Camerini-Davalos is president of the Hope for Diabetics Foundation, sponsor of the new educational program.

Called the John T. O’Neill Diabetes Education Center (ONDEC), the service is housed in a Manhattan classroom of the College and in adjacent areas of Flower and Fifth Avenue Hospitals. The focus of the center’s activities is a six-week course, offered throughout the year, in self-care and maintenance of good health for diabetics. The course is presented by members of the College faculty, including clinicians and research scientists specializing in diabetes, a psychologist, nutritionist, and teaching nurse. Seminars, group discussions, and demonstrations, presented both live and by slides and videotape, are open not only to diabetics and their families but to practicing physicians, other health professionals, and anyone else interested in learning more about the disease that afflicts an estimated half million New Yorkers.

Dr. Harold S. Cole, professor of pediatrics and director of ONDEC, explains that the philosophy behind the center is that diabetics have a major responsibility for their own care. "While there is no cure for diabetes," he points out, "proper management can prolong life and prevent or delay complications. But learning the techniques of management is critical, and they cannot be picked up in a few minutes of explanation. The patient must fully understand what the disease process is, how treatment affects it, and the possible consequences if instructions are not followed."

ONDEC is the first program of its kind to offer classroom-to-hospital bedside videotape instruction via closed circuit television. The TV instructor is available at 74 beds of FFAH. Ambulatory patients may also take the course in the classroom.

Instruction covers such subjects as how to deal with emergency situations, how to administer insulin, how to avoid or treat acute complications, and diet. Because of the large Hispanic patient population in the East Harlem area, lessons are available in Spanish as well as in English.

The center is named for John T. O’Neill, executive officer and chief engineer of the New York City Transit Authority and founder and chairman of the Hope for Diabetics Foundation, Inc. The foundation was established in 1971 to develop programs of research and patient education in diabetes.

Continuing Medical Education Program Expanded

The concept of lifelong learning, to which NYMC has been committed for many years, is rapidly becoming the law of the land. Increasingly, state medical associations and specialty societies are requiring continuing medical education (CME) as a condition of membership, and it will soon be a prerequisite in many states for re-registration of a license to practice medicine.

This year the College is offering a wider range of CME courses than ever before to enable practicing physicians to keep abreast of important new developments in medical science and health care delivery. An attractive, comprehensive catalog of CME courses available at both the Westchester and New York City campuses during the academic year 1977-78 was published in July by the Office of Public Affairs of the College. It has been distributed to over 5,000 practicing physicians, and additional copies may be obtained from the Office of Continuing Medical Education, Elmwood Hall, Valhalla.

The catalog lists 34 courses in all fields of specialization, including a variety of symposia and one-day sessions on specific disorders. The courses, taught by recognized experts drawn from the College’s own faculty and from other institutions, are all approved for Category 1 credits toward the Physician’s Recognition Award of the American Medical Association.

The CME program at NYMC was established in 1974 under the direction of Dr. Camille Mallouh, associate dean and assistant professor of pathology, and is now directed by Dr. Saverio S. Bentivegna, associate dean and professor of clinical surgery. The College received Category 1 accreditation in CME from the AMA in 1975 and has steadily expanded its program since that time.
Minority Affairs Program Advances on All Fronts

For the Office of Minority Affairs, the past half year has been more eventful and productive than any comparable period since the establishment of the Office in 1972.

On October 22 the College, in conjunction with ASPIRA of New York, sponsored the Medical School Admissions Conference of the Northeast, the first of its kind in the nation. More than 300 black and Hispanic pre-med students from 40 northeastern colleges met in the College auditorium with admissions officers from 32 medical schools, including New York Medical College, Harvard, Yale, Johns Hopkins, and Columbia. During the morning of the Saturday conference, candidates were instructed by admissions officers in the topics: "Minorities and Women in Medicine"; "Application Procedures and Follow-Up"; "Interviews: Strategies for Success"; "Financial Aid"; and "The Student National Medical Association." In the afternoon Bart Waldman, special assistant to the president of the Association of American Medical Colleges, discussed the Bakke case. There followed four half-hour periods in which candidates participated in informal group discussions with recruiters from the four medical schools of their choice. Some actual admissions interviews were held during this time in cases where application had been completed in advance.

Several months earlier the Office of Minority Affairs completed the largest Summer Program in its history. Fifty young men and women participated in this year's program, the fifth to be conducted by the College and the second held at the Westchester campus. Financed by the Department of Health, Education and Welfare, the eight-week program is designed to help students with demonstrated medical aptitude overcome the handicaps of cultural and educational disadvantages and compete on an equal basis for medical school admission and in medical school classrooms. The program gives students an intensive introduction to the basic sciences, with emphasis on aspects that tend to be difficult for first-year students. Courses are taught by the regular medical school faculty, and back-up tutoring is available at all times from teaching assistants.

Since its inception in 1973, the Summer Program has been continually reevaluated and improved. Changes have included:—refinement of the selection process to minimize dropouts.—division of the group into introductory and advanced levels.—Moving the program to the Westchester campus, where participants have ready access to the basic sciences faculty, basic science laboratories, a complete preclinical library, and on-campus housing facilities.—design of a new curriculum emphasizing the interrelationship of the basic sciences.—hiring of upperclass medical students as teaching assistants.—hiring of two psychologists to give professional counseling to both summer program participants and minority NYMC students.

These changes have substantially raised both the rate of acceptance of participating students in medical schools and their level of performance once admitted. Of the students who participated in the 1976 program (results are not yet complete for 1977), virtually all who had not already been admitted to medical schools subsequently applied; of those, 85 percent were accepted. Of the 17 who entered medical school in the fall of 1976, only one failed to pass the first year.

Members of the Office of Minority Affairs point out that the level of competence and achievement of minority students at NYMC has been rising in general. Ten years ago the undergraduate grade average in science of the minority students recruited by the College was 2.3 out of a possible 4.0. Today it is 3.29, a rise that is reflected in their improved performance at NYMC.

Outlining these programs in a talk before a group of business leaders in November, Board chairman Norman E. Alexander concluded, "It is clear that the Office of Minority Affairs is ably fulfilling its mission to identify, motivate, recruit, retain, and graduate qualified minority students."
The annual 400 Club Dinner, held in the Trianon Suite of the Hotel Carlyle on Wednesday evening, May eleventh, was well attended and very much enjoyed by members and their guests. Dr. Saul Schwartz '30, president of the Club, characterized the cocktail party-buffet as "a thank-you party for the alumni, faculty, parents, and friends who are members. This club has been in existence for 17 years, with 400 members giving generously to the College."

President Slobody said, "In the last few years our College has moved to the highest levels, and this is because of the people who dedicate their lives to it. Saul [Schwartz] is exemplary."

Mr. A. Leon Fergenson, vice-chairmen of the Board of Trustees, also addressed the gathering. He lauded the quality of teaching at the College, citing the high opinion of our graduates held by hospital administrators with whom he has met.

The pictures taken at the party and shown here indicate that the spirit of the 400 Club, which Dr. Slobody said he believed had "permeated the entire school," is a warm and happy one.
Remembering Dr. Broadway

The son and daughter of Dr. Benjamin A. Gilbert '30 established a special scholarship at NYMC this year in memory of their father, who for many years was hailed in New York City as "Dr. Broadway." During the 40 years before his death in July, 1972, Dr. Gilbert became house physician for all the legitimate theaters on Broadway.

Born on the lower East Side of Manhattan, Dr. Gilbert worked his way through City College and Columbia University playing the trumpet. Jimmy Durante, then with the vaudeville team Clayton, Jackson and Durante, paid his way through NYMC while Ben Gilbert played trumpet for Durante's band at the Palace Theater from 5:30 p.m. to 3:30 a.m. every day. To save time, he often wore his tuxedo to medical school. He kept his medical notes on his music stand and studied between numbers.

Right after graduation Dr. Gilbert married Anne Cooperstein, his sweetheart since the fifth grade, who had originally inspired him to become a doctor. He opened the office in the heart of the theater district on West Forty-Fifth Street which he was to keep through all his years as Dr. Broadway, joined The Lambs club, and drifted naturally into theater medicine. At the height of his career, he covered all the Broadway theaters, midtown hotels and restaurants, and the World Trade Center. He ultimately employed 14 other physicians who answered calls in his name on a twenty-four-hour basis.

Dr. Gilbert and his wife attended all opening nights on Broadway, and on Saturday nights, they could always be found in the same two seats just off the aisle in the orchestra at the Metropolitan Opera. In addition to being available to both entertainers and audiences in emergencies, Dr. Gilbert made regular rounds of theaters before curtain time giving routine care and vitamin injections to actors who required them. The emergencies he covered ranged from splinters in dancers' feet to members of the audience who died in their seats—most often, he said, at comedies.

Dr. Gilbert's daughter Joan, an actress, and son Morty, a record company executive, describe their father as "a good doctor... very dynamic; lots of fun." Vice-president of his class while at NYMC, he remained very active in the alumni association. After his death, Mrs. Gilbert continued to contribute to the 400 Club until her death in 1976.

The perpetual fund which Joan and Morty are setting up will provide repayable scholarships for NYMC students in their senior year who have exhausted other sources of financial aid. This year's seniors, the Class of 1978, will be the first to whom the loan fund will be available.

Alumni Day: Scientific Session Planned: Category I Credit to Be Given

"Current Important Diagnostic Concepts," an outstanding continuing medical education course, will be offered by the Alumni Association at its annual reunion on Monday, June 5, 1978. Topics covered will include computerized tomography, ultrasonography, gastrointestinal endoscopy, flexible colonoscopy, bronchoscopy, flexible nephroscopy, and amniocentesis with genetic interpretations of the findings. Three hours of Category I credit toward the Physicians' Recognition Award of the AMA will be given to those who attend. Please reserve the date and be sure to come.
Dr. Frieda G. Gray '44 Is Associate Vice-President at Hahnemann

Dr. Frieda G. Gray '44 has been appointed professor of medicine and associate vice-president for health affairs at Hahnemann Medical College and Hospital of Philadelphia. Formerly associate professor of medicine at the University of Pennsylvania School of Medicine, Dr. Gray moved to Hahnemann from Philadelphia General Hospital where she was director of the Department of Ambulatory Services and senior attending physician.

A graduate of Hunter College, she served her residency at Bellevue Hospital, New York, and was a Helen Hay Whitney Foundation Fellow in the Section of Preventive Medicine at the Yale School of Medicine. She left Yale in 1968, having attained the rank of associate professor of medicine and director of medical clinics, to become associate professor of medicine at Jefferson Medical College, Philadelphia. She also served as director of the Division of Ambulatory Care at Lankenau Hospital, Philadelphia.

In her new post at Hahnemann, Dr. Gray's responsibilities will include emergency services, professional standards, utilization and review, credentials, and audit.

Among her many professional associations, Dr. Gray is a charter member of the American College of Emergency Physicians and serves on the American Hospital Association Assembly of Ambulatory and Home Care Services. She lives in Gladwyne, Pennsylvania.

Sale of Paintings By Alumnus Benefits the College

An exhibition and sale of watercolor landscapes by Dr. Martin M. Fisher '35, clinical assistant professor of medicine, was recently staged for the benefit of NYMC at the East River Savings Bank, Third Avenue and 68th Street in New York City. The paintings, displayed from July 29 through September 9, represented Dr. Fisher's sixth one-man show benefitting the College. His earlier benefit exhibits were held in California and Massachusetts as well as New York.

Dr. Fisher, a Manhattan resident, is an authority on vascular diseases and allied conditions. He began painting as a hobby in 1943 while serving as a major in the U.S. Army Medical Corps, and he has since studied with Charles Kingham, Don Stone, John Pike, and Rozzi Hirschman.

The landscapes in the recent New York exhibition reflected Dr. Fisher's travels to Mesa Verde National Park, Colo., Nantucket, Mass., New Orleans, La., Princeton, N.J., San Francisco, Calif., Williamsburg, Va., Italy and Spain. All proceeds from the sale of his paintings are tax-free contributions to NYMC.

Chapter News

New Jersey

It was an afternoon of good fellowship and fun last April 17 when Dr. and Mrs. Jerold Schwartz '56 and their three daughters hosted members of the New Jersey chapter at their home in Tenafly. Warm spring sunshine enhanced the outdoor gathering of alumni and their spouses on the Schwartzes' lawn, and all enjoyed a delicious buffet supper.

At the New Jersey Chapter meeting in Tenafly, New Jersey (left to right): Dr. Seymour Nochimson '48, incoming president; Dr. Seymour Nochimson '48, incoming president; Dr. Martin L. Stone '44, Dr. Edgar Kogan '51, current president; and host Dr. Jerold Schwartz '56.
Faculty and Staff Briefs

College Appointments

Kathleen C. Morton, M.D., has been named executive vice-president of the College. Dr. Morton comes to us from Johns Hopkins University School of Medicine, where she was dean of primary care education. Her background covers a broad spectrum of experience as an administrator, educator, innovative programmer, and practicing physician. She earned her medical degree in her native London in 1954, and a postgraduate degree at Johns Hopkins in 1974. The appointment was effective August 1, 1977.

A full-length article on Dr. Morton is scheduled for the summer issue of Chironian.

Samuel H. Rubin, M.D., dean of the College since January, 1975, has been appointed to the additional post of provost of the College. Dr. Rubin, who has been on the faculty since 1949 and professor of medicine since January, 1965, also served as associate dean in 1971-72 and executive dean until 1975. He oversees the administration, planning and operation of all academic activities of the College. The appointment was effective July 1, 1977.

Roscue B. Guy, M.D., assistant professor of medicine, has been appointed associate dean for curriculum, effective September 15. In this post he will be responsible for the educational programs and curriculum of the College.

Jean E. Main, M.P.A., has been named associate dean for administration and assistant secretary to the board of trustees as of July 1. Mrs. Main was formerly executive officer of the Office of the President and Office of the Dean.

Seymour Levine, M.D., professor of pathology, has been appointed associate director of pathology at Westchester County Medical Center, where he will head operations at the Center’s new neuropathology laboratory. A specialist in multiple sclerosis, Dr. Levine has served as a consultant in neuropathology at the WCMC since 1970. The appointment was effective July 1.

Awards, Honors, and Speaking Engagements

Alfred M. Freedman, M.D., professor and chairman of the Department of Psychiatry, has been appointed to the President’s Commission on Mental Health as a member of the Task Panel on Legal and Ethical Issues. The panel is charged with furnishing information and judgments that will assist the commission in its review of legal and ethical issues and other questions relating to the special needs of the mentally disabled. Dr. Freedman was also elected a corresponding member of the Deutsche Gesellschaft fur Psychiatrie und Nervenheilkunde.

Margaret J. Giannini, M.D., director of the Mental Retardation Institute of the College, took office in June as the new president of the American Association on Mental Deficiency at the 101st annual meeting of the 18,000 member group. The association is the country’s leading professional organization devoted to improving standards of care of the mentally deficient and promoting research and new methods of patient treatment.

Yutaka Kikkawa, M.D., professor and chairman of the Department of Pathology, delivered the Sixth Jessie Horton Koessler Memorial Lecture of the Institute of Medicine in Chicago in April. His lecture was entitled “Pulmonary Surfactant: Chemistry and Morphology.”

Sigmund E. Lasker, Ph.D., research associate professor of medicine, participated in July in an international symposium entitled “Heparin: Structure, Cellular Functions, Clinical Applications” in Saskatoon, Canada. Dr. Lasker’s presentation dealt with structure-function relationships of
heparins and their component fractions. He also chaired one of the sessions of the three-day meeting, which was hosted by the Department of Physiology of the University of Saskatchewan College of Medicine.

David Lehr, M.D., associate professor of medicine and professor and chairman of the Department of Pharmacology, chaired a general session on heart pathophysiology at a recent meeting of the American Section of the International Society for Heart Research. He presented a paper on a method of producing infarctoid myocardial injury by a cryosurgical probe, coauthored with graduate students Alison Brown and Stephanie Irene.

Henry P. Leis, Jr., M.D., clinical professor of surgery and chief of the NYMC Breast Service, was awarded the Medal of Ambrogino by the mayor of Milan, Italy, in June. The presentation was made at ceremonies marking the opening of the Tenth European Federation Congress of the International College of Surgeons, of which Dr. Leis is president. The award, which is the medal of honor of the Municipality of Milan, was given in recognition of Dr. Leis's work in international surgery and his outstanding contributions in the field of breast cancer.

Rafael Lopez, M.D., associate professor of pediatrics, has been elected to membership in the American Institute of Nutrition and the American Society for Clinical Nutrition.

Ruth N. Oliver, M.A., director of the Office of Public Affairs, has been elected to the Steering Committee of the Association of American Medical Colleges' Group on Public Relations. She has also been chosen northeastern regional chairwoman of the group.

William S. Rosenthal, M.D., professor of medicine and chief of the Sarah C. Upham Section of Gastroenterology, has been elected a member of the Council of the Federation of Digestive Disease Societies. He has also been named a trustee of the National Foundation for Ileitis and Colitis and a member of its National Scientific Advisory Committee.

Michael Rohman, M.D., professor of surgery, has been named president-elect of the Westchester Heart Association. He is also currently president of the New York State affiliate of the American Heart Association. Dr. Rohman is director of surgery at the Westchester County Medical Center.

Sheldon P. Rothenberg, M.D., professor of medicine, has been elected president of the Society for the Study of Blood.

Lawrence R. Shapiro, M.D., clinical associate professor of pediatrics and pathology and director of the NYMC Division of Medical Genetics, has been named director of the newly opened medical genetics unit at the Westchester County Medical Center. The new unit comprises a birth defects center, cytogenetics laboratory, and cleft palate center. Services at the unit include diagnosis and prevention of genetic disorders and genetic counseling, as well as clinical research. Dr. Shapiro was also recently appointed to the New York State Board of Professional Conduct.

Sidney Shulman, Ph.D., professor of microbiology and research professor of urology and obstetrics and gynecology, has been appointed to the editorial board of the International Journal of Fertility. Dr. Shulman directs the NYMC Sperm Antibody Laboratory.

Martin L. Stone, M.D., professor and chairman of the Department of Obstetrics and Gynecology, was among the recipients of the 1977 Community Health Council Awards for Health Service. The presentation was made in May at the First Annual Awards Luncheon of the Community Health Council of Flower and Fifth Avenue Hospitals.

Victor J. Teichner, M.D., professor of clinical psychiatry, has been elected to the executive council of the New York County District Branch of the American Psychiatric Association.
We Report With Sorrow

W. Ward Pigman, Ph.D.
1910—1977

W. Ward Pigman, Ph.D., professor and former chairman of the Department of Biochemistry, who was internationally known for his work in carbohydrate chemistry, died of a heart attack September 30 at Woods Hole, Mass., while attending a scientific meeting. He was 67 years old.

Dr. Pigman was a world-renowned research scientist who specialized in studying carbohydrates, enzymes, and connective tissue. He was also a distinguished teacher and administrator. From 1963 to 1968 he was director of NYMC’s Graduate Program in the Basic Sciences.

Dr. Pigman was born in Chicago in 1910 and graduated from George Washington University in 1933. He completed an M.A. at George Washington in 1934 and went on to earn a Ph.D. in organic chemistry at the University of Maryland two years later. During both college and graduate study he was employed as a research assistant in carbohydrates at the National Bureau of Standards, where he became research chemist in carbohydrates and enzymes in 1936. During the academic year 1939-40 he was a Lalor Fellow at the University of Leipzig, Germany, returning to the Bureau of Standards from 1940 to 1943.

Dr. Pigman spent six years as a biochemist in industry. For three years he was group leader in carbohydrates and wetting agents and director of the Berwyn Branch Laboratory of the Corn Products Refining Company, Argo, Ill. It was during this time that he invented the cold-water-soluble starch Niagara. From 1946 to 1949 he was group leader in organic chemistry of the Institute of Paper Chemistry, Appleton, Wisc.

From 1949 to 1960 he served as associate professor of biochemistry at the Medical College of Alabama and the School of Dentistry, University of Alabama. While there he codirected the Arthritis and Rheumatism Laboratory. He also developed an artificial mouth, simulating the conditions of the mouth for the study of dental caries.

The methods developed in his laboratory at NYMC helped to pave the way for significant advances in the field of mucus glyco-proteins. These substances are important to the health of the mucosa throughout the body. His laboratory is presently engaged in applying his fundamental studies to the field of cancer research.

Dr. Pigman was the author of numerous scientific publications, including Chemistry and Carbohydrates, 1948, The Carbohydrates, first published in 1957 and revised three times since, and a new book to be published soon, Glycoconjugates: Glycoproteins and Glycolipids, coauthored with another professor of biochemistry at NYMC, Dr. Martin I. Horowitz.

Dr. Pigman received the C.S. Hudson Award of the American Chemical Society in 1959, a medal from the French Biochemical Society in 1962, and a University of Milan Medal in 1964. In 1976 he was awarded the Medal of NYMC at the College’s commencement ceremonies. He was a member of several scientific societies and a fellow and former councilor of the American Academy for the Advancement of Science.

Dr. Pigman is survived by his wife, Gladys, a daughter, Jean Lytle, and two sons, James and John. The administration and faculty extend deepest sympathy to them.

Necrology

Chironian records with sorrow the death of the following alumni:

- Donald T. Rankin, M.D.—’14
- John W. Copeland, M.D.—’15
- Nicholas F. Sabbagh, M.D.—’16
- J.H. Jentz, M.D.—’23
- Abraham J. Cheron, M.D.—’30
- William F. Greene, M.D.—’34
- Morris K. Zelman, M.D.—’42
- Walter I. Grycz, M.D.—’44
- Ian Thompson, M.D.—’47
- Franklin P. Forcino, M.D.—’59
- Michael J.J. Gunn, M.D.—’72
Class Notes

1930
Mortimer Schochet is enjoying his retirement in San Diego, Calif., doing a lot of fishing and lawn bowling. He still has a keen interest in cardiopulmonary diseases and attends conferences often. His wife Mary is also enjoying his retirement.

Saul A. Schwartz, clinical professor of medicine at NYMC, discussed the psychosomatic aspects of postgastrrectomy problems at the annual meeting of the American Gastroenterological Association in Toronto, Canada in May, 1977. Dr. Schwartz has been reappointed to the Board of Directors of the New York State Society of Internal Medicine. He is president of the 400 Club and editor in chief of Chironian.

1937
Phillip A. Zoller, director of surgery at Wyckoff Heights Hospital, Brooklyn, N.Y., is currently president of the Queens division of the American Cancer Society. A fellow and former governor of the American College of Surgeons, Dr. Zoller is a senior lecturer in surgery at New York University School of Medicine.

1944
Marcelle Bernard, a specialist in geriatric medicine, spoke at a recent meeting of the American Association of Retired Persons in Norwalk, Conn., on the topic “Health Care of the Elderly.”

1947
Armand F. Leone has been elected president of the medical staff of Greater Paterson General Hospital, Paterson, N.J., where he has been chairman of the Department of Radiology since 1967. Dr. Leone is clinical associate professor of radiology at NYMC.

1949
Frank R. Begen has been elected president of the Medical Society of New Jersey. A urologist, he is assistant chief of surgery at Bergen Pines County Hospital in Paramus and has practiced in Teaneck since 1955.

Bernice Blackman Elkin has been the director of psychiatry and behavioral sciences in the family practice residency at Casper, Wyo., since July 1976. She holds the rank of associate professor in the University of Wyoming College of Human Medicine and currently devotes half time to teaching and half to the practice of psychiatry.

1953
John Herrlin would like to hear from class members interested in preparing the 25-year reunion of the class in June. Please write him at Hangar 7, LaGuardia Airport, Flushing, N.Y. 11371.

Frank Kane is a psychiatrist associated with Baylor. His duties involve both pre-op and post-op duties with Dr. Michael DeBakey’s heart surgery cases: on pre-op, he convinces them they’re going to live; on post-op he convinces them they’re alive. Frank has seen many of his classmates over the years at conventions, and intends to be present at the reunion.

Edith D. McDonough and husband Edward McDonough, both ’53, have moved to Cape Cod to start a new practice in obstetrics and gynecology. Oldest son, Edward, is a member of NYMC’s Class of ’80 and younger son just graduated from architectural school. The McDonoughs eagerly await their 25th reunion next June. New address is 15 Harbour Hill Run, South Yarmouth, Mass. 02664.

Peter McNamara is presently associate professor of medicine at Medical College of Wisconsin, chairman of the Division of Gastroenterology, Lutheran Hospital of Milwaukee, chairman of the committee of training and credentials, Wisconsin Society of Gastrointestinal Endoscopy, and codirector of the Division of Gastroenterology at Deaconess Hospital.

Jay Orson is in group practice with Pediatric Associates, Inc., 293 Governor Street, Providence, R.I. 02906. He is also assistant clinical professor of pediatrics at Brown University Program in Medicine and associate director of the Pediatric Endocrine Clinic at Rhode Island Hospital. He would love to hear from any classmate.

Jay Sackler has moved from New York City to Lubbock, Tex., where he is now professor of radiology and associate chairman of the Department of Radiology at Texas Tech University School of Medicine.

1955
Phillip Ditchik and his wife Lynn have decided to move from “sunny, smoggy and overcrowded L.A.” to their ranch in Paso Robles, Cal. His office will be at the Twin Cities Hospital in Templeton.

Richard Hosbach, a pediatrician in Norwich, N.Y., is the subject of an article in the inaugural issue of Quest ’77. The article describes Dr. Hosbach as “...a skilled physician whose practice is informed by tenderness.”

Burton Allyn has opened an office for the practice of dermatology at 539 Blooming Grove Turnpike, New Windsor, N.Y. He continues to be consulting dermatologist at Rockland Psychiatric Center and associate clinical professor of dermatology at NYU School of Medicine.

1960
John J. Creamer’s wife Frances, a graduate of the NYMC nursing school, has been elected president of the St. Agnes Hospital Auxiliary in Baltimore, Md.

James F. Morrissey of Hastings-on-Hudson, N.Y., has been named deputy police surgeon with the Westchester County Parkway Police. An orthopedic surgeon, he is chief of staff at Yonkers Professional Hospital.

1962
Abraham Meltzer was elected president of the Middlesex County Chapter of the American Heart Association. He practices cardiology and internal medicine in Perth Amboy, N.J.
1963
John V. Mangieri served as general chairman of the 1977 Festa Italiana at the University of Bridgeport in Connecticut. The event is an annual fund-raiser to support graduate scholarships at the university for students from Italy. Dr. Mangieri holds appointments at Bridgeport Hospital and on the Yale School of Medicine clinical faculty.

1965
Enzo DiGiacomo has been elected president of the Massachusetts Chapter and nominated to the National Board of the American College of Emergency Physicians. He is director of ambulatory care at Mercy Hospital in Springfield, Mass., and also director of a 24-man emergency room group which covers eight hospitals in western Massachusetts.

Robert Mallin was featured in an article in *Journal of the American Medical Association* describing his loss by diet of over 200 pounds from a starting weight of 500 pounds. He is presently practicing plastic surgery in Alaska.

1968
Marshall B. Block, in the practice of endocrinology in Phoenix, Ariz., has been appointed a fellow of the American College of Physicians as well as editor of *Arizona Medicine*, the state medical association journal.

Niel J. Borrelli is chairman of the Division of Nuclear Medicine at the Carroll County General Hospital in Westminster, Md., and was recently elected vice-president of the hospital’s medical staff. He writes: "I have taken an active part in community medicine in Westminster since I came here about four and a half years ago. I have served as president of the Carroll County Unit of the American Cancer Society and in the near future will conclude my term in office as president of the county medical society. Our radiology group is presently expanding. With the extra time available to me, I will again enjoy working with the residents at University of Maryland Hospital in a clinical teaching program. Joanne and our two girls enjoy the Carroll County area... In my spare time I have enjoyed fishing, snowmobiling, and working with my antique automobiles." Dr. Borrelli completed his residency training in diagnostic radiology and nuclear medicine at the University of Maryland Hospital in 1971 and has since been certified by the American Board of Radiology.

David E. Cohn is in emergency medicine full time at Herrick Memorial Hospital in Berkeley, Calif. Certified in diving medicine, he spent four months following his residency at U. of C. in San Francisco serving as ship’s surgeon on the R/V Westward.

1969
Richard N. Hirsh has been appointed head of the Division of Nuclear Medicine of Akron City Hospital, Akron, O. Dr. Hirsh at Staten Island Hospital and returned to Flower and Fifth Avenue Hospitals for his residency in diagnostic radiology. He has been in practice in Akron since the completion of his training in 1973. He and his wife Marcia and their two daughters live at 471 Greenhaven Circle, Akron, O., 44313.

1970
Thomas B. Grabboys has been promoted to assistant professor at Harvard. He continues to work in problems of sudden death from coronary disease, arrhythmias, and the development of new anti-arrhythmic agents. He recently delivered the main address at the Wisconsin Heart Association meeting on "Ventricular Premature Beats." Still based at Peter Bent Brigham Hospital, he writes that he was part of a four-man group from Harvard that visited Cuba at the request of the Ministry of Health. The mission’s objective was to establish programs in preventive cardiology there.

1972
Richard A. Winters is currently an attending psychiatrist, full time, on the inpatient service of Metropolitan Hospital in New York City. He is also affiliated with Gracie Square Hospital and is engaged in the private practice of psychiatry.

1973
David M. Katz has opened an office for the practice of dermatology at 975 Clifton Ave., Clifton, N.J. He completed his residency at NYMC where he was president of the Committee of Interns and Residents at Metropolitan and Coler hospitals. Dr. Katz is a member of the Bureau of Venerable Disease Control of the New York City Department of Health and a charter member of the American Dermatologic Society for Allergy and Immunology.

David M. Jutkowitz has completed his residency training in internal medicine at Lankenau Hospital, Philadelphia. He is now a fellow in gastroenterology at Presbyterian-University of Pennsylvania Medical Center.

1974
Drew P. Ronnemann has completed a three-year residency in internal medicine at Lankenau Hospital, Philadelphia. He is now a fellow in gastroenterology at Presbyterian-University of Pennsylvania Medical Center.

1975A
Eric Ronald Rosenberg, currently a resident in radiology at Duke University Medical Center, Durham, N.C., was married in May to Jean Lynn DeFanti of Camden, S.C.

1976
Barbara Epremian writes that she is continuing in medicine at the University of Connecticut. We are grateful to her for sending us a copy of a beautiful feature article on Richard Hosbach ‘55.

1977
Maury Harris was married in June to Anita Maureen Fefer of Brooklyn, N.Y., a student at the Buffalo School of Medicine, SUNY.
Postgraduate Appointments—
Class of 1977

Of the 200 members of this year's graduating class, 120 are serving their residencies in the New York metropolitan area. In addition, 60 percent of the class—the highest percentage in the College's history—have gone into primary care, including family practice, internal medicine, obstetrics and gynecology, and pediatrics.

Three types of programs have been approved for the first graduate year, and it is these categories on which the National Intern and Resident Matching Plan is now based. As described in the current AMA Directory of Approved Residencies, the three types are as follows:

**Straight**
1. Categorical First Year. These are first-year programs planned, sponsored, and conducted by a single approved residency program as part of the residency. The content of such a first year will be limited to the specialty field of the sponsoring residency program.

**Rotating**
2. Categorical* First Year. The asterisk designates a first-year program that will be planned, sponsored, and supervised by a single, approved residency program as part of that residency's program of graduate medical education, the content of which will not be limited to the single specialty of the sponsoring residency program, but may include experience in two or more specialty fields as determined by the sponsoring program.

3. Flexible First Year. The first year will be sponsored by two or more approved residencies and will be jointly planned and supervised by the residencies.

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Gordon, Stephen J.  
Internal Medicine Cat.  
Albert Einstein Medical Center  

Goud, Perry C.  
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Long Island Jewish Hospital New Hyde Park, N.Y.  

Graham, Patrick V.  
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Harris, Maury  
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Haskell, Lloyd P.  
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Heller, Steven J.  
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Beth Israel Hospital  
New York, N.Y.  


students. I have an office at Valhalla now as well as one at Met, so I have more opportunity to meet the first- and second-year students than I did previously. And I'll still be involved with upperclass students through clinical instruction as well as through my work as dean. I intend to remain quite active in teaching.”

Some 200 colleagues paid tribute to the retiring chairman of medicine at a dinner held at the Hotel Pierre on October 13. On that occasion, Provost and Dean Samuel H. Rubin described Robert Goldstein as a model for the students of the College. About the dinner, Dr. Goldstein says, “There was a very warm feeling being in the same room with so many of the friends I’ve made during the past fifteen years. “As for being a model,” he says, “I hope I can help the students get involved not only with medicine but with people as well. Today’s doctors have means of treatment at their disposal so far superior to what doctors once had that it is all too easy for them to become aloof. Years ago doctors couldn’t do as much medically for their patients, so they had to provide a big shoulder. I think it’s important that doctors never become more interested in the disease than in the individual.”

Dr. Michele

Continued from page 24

Dr. Himelstein, who has known Dr. Michele since they were both residents together at Metropolitan Hospital in the 1930’s, spoke at some length about their long friendship, recalling that he was the first resident in orthopedic surgery at Metropolitan and that Dr. Michele was the second. “As long as I’ve known him, Arthur Michele has always given of himself,” Dr. Himelstein said. “The human race is divided between givers and takers, and he stands high among the givers.”

Retirement hardly seems the word to describe Dr. Michele’s current status. In addition to seeing patients and teaching, he is presently at work on several books. Dr. Michele has published two books, Orthotherapy and Iliopsoas—Development of Anomalies in Man, as well as numerous papers on orthopedic subjects.

A plaque presented to Dr. Michele at the dinner in his honor is inscribed with a quotation from Voltaire:

Nothing is more estimable than a physician who, having studied Nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor.
The editorial board would like to know . . .

Which features have you enjoyed most?

What do you read first?

What additional types of material would you like to see in Chironian in the future?

Other comments or suggestions . . .

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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.