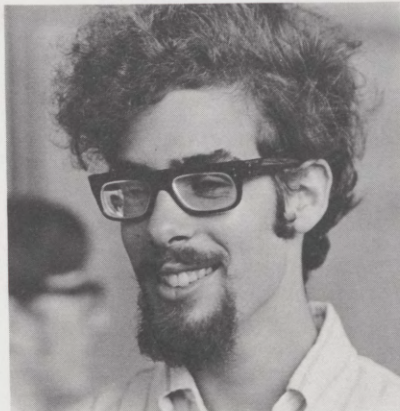
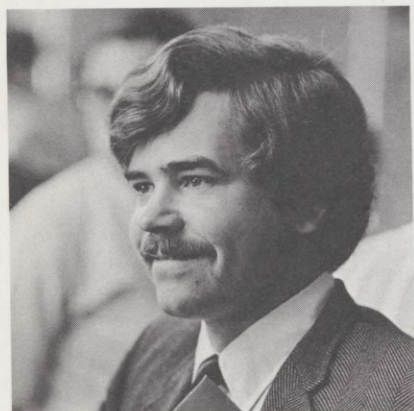


New York University Medical Quarterly

Fall 1970 • Volume 26 • Number 2 • An Alumni Publication



REMINDER!
NEW DATE OF
ALUMNI DAY
FEBRUARY 15, 1971

NEW YORK UNIVERSITY MEDICAL QUARTERLY

Vol. 26 No. 2 AN ALUMNI PUBLICATION

Fall 1970

OFFICERS OF THE ALUMNI ASSOCIATION

President	M. Leon Tancer '40
President Elect	William F. Mitty, Jr. '46
Vice President	Stephen L. Gumpert (Fac.)
Vice President	Harry Berman '21
Vice President	Oma H. Price '24
Vice President	Bernard Seligman '20
Recording Secretary	Carl A. Smith '44
Corresponding Secretary	Vincent A. Nardiello, Jr. '45
Treasurer	Ira J. Laufer '53
Historian	Antonio Rottino '29
Historian Emeritus	John H. Mulholland '25

DIRECTORS OF THE ALUMNI FEDERATION

George M. Saypol '35
Alan A. Scheer '46
George S. Craft '52

MEDICAL QUARTERLY PUBLICATIONS COMMITTEE

Ira J. Laufer '53, Editor
Richard D. Amelar '50
Claude E. Heaton '21
Anthony M. Imparato '46
Lawrence R. Ross '56
James E. McManus '47
Abraham Schlossman '43
Lawrence Sherman '60
Arthur N. Tessler '52
Virginia L. Thorndike '56
Murray S. Weissbach '55
Richard Rosner '66
Stephen H. Leslie '42
John Altman '70

Herbert Kadison, Managing Editor
Philip D. Merwin, Associate Editor

Published quarterly in the interest of the School of Medicine of New York University and its alumni by New York University. Editorial Offices: Office of Public Relations, Herbert Kadison, Director; New York University Medical Center, 550 First Avenue, New York, N.Y. 10016. Telephone: ORegon 9-3200. Publication Office: 100 Washington Square East, New York, N.Y. 10003.

Entered as second class matter in the Post Office at New York, New York, under the act of August 24, 1912.

COVER: *New Faces of '74*

CONTENTS

News From the School

2. *First Day Exercises*
3. *New Associate Dean*
New University Senator
Concert Series Sixth Year
4. *Computer Data Study Continues*
Alumnus Heads Honors Program
Parents Association Schedule
5. *New Governance in the School*

Alumni News Notes

6. *1970-71 Chairmen*
Award to Friedman '38
Gross '59 Appointed
Block '56 to NIH Center
Kolodny '62 Receives Award

Our Far-Flung Alumni

7. *A Physician's Radio Program*
Sex Education in Elementary School
A Novel
8. *East Africa*
World-Wide Meeting
9. *V.D., New Hope*
The Orient

10. *Can Hospital Costs Be Controlled*
by Dean Ivan L. Bennett, Jr.

Alumni Fund News

16. *Leaders Meet*
17. *Alumni Fund Committeemen*
18. *Class Notes*

24. *Obituaries*

Inside Back Cover — *Lead The Way in Helping Your School*

NEWS FROM THE SCHOOL

New Class Has Early Intro To Medicine

Two major physical disorders at the frontier of biological science were explored in detail by faculty members at First Day Exercises for the Class of 1974 on September 18. In the morning session, the pathogenesis, biochemistry and treatment of essential hypertension were meticulously analyzed by Dr. Saul J. Farber, Nathan Friedman Professor of Medicine and Dr. Melvin C. Gluck, assistant professor of medicine. That afternoon, Dr. Joseph Dancis, professor of pediatrics and Dr. Selma E. Snyderman, professor of pediatrics gave a clinical demonstration, film and lecture presentation of such inborn metabolic defects as hyperuricemia and maple sugar urine disease.

These glimpses of some of the known and some of the baffling aspects of the two kinds of illnesses stimulated a barrage of questions from members of the entering class. And the questions drew praise from Dean Ivan L. Bennett, Jr. for their astuteness. In the past, First Day Exercises has been largely an administrative introduction to the School, with references to research and treatment on a much more general level.

In his presentation, Dr. Farber listed the contact points that a disorder such as the accelerated phase of essential hypertension has with many of the disciplines and functions of the Medical Center. It involves, he noted, anatomy, histology, biochemistry, biophysics, bio-engineering, pharmacology, physiology, pathology, endocrinology, surgery, immunology, urology, ophthalmology, and medical economics.

Dr. Gluck offered a full description of the Medical Center's renal dialysis program.

Students were given the names of the faculty and student advisors for their clinical correlation tutorial. Early in their first semester they are given a first hand view of Bellevue Hospital Center and University Hospital. Later, under faculty tutelage, they observe



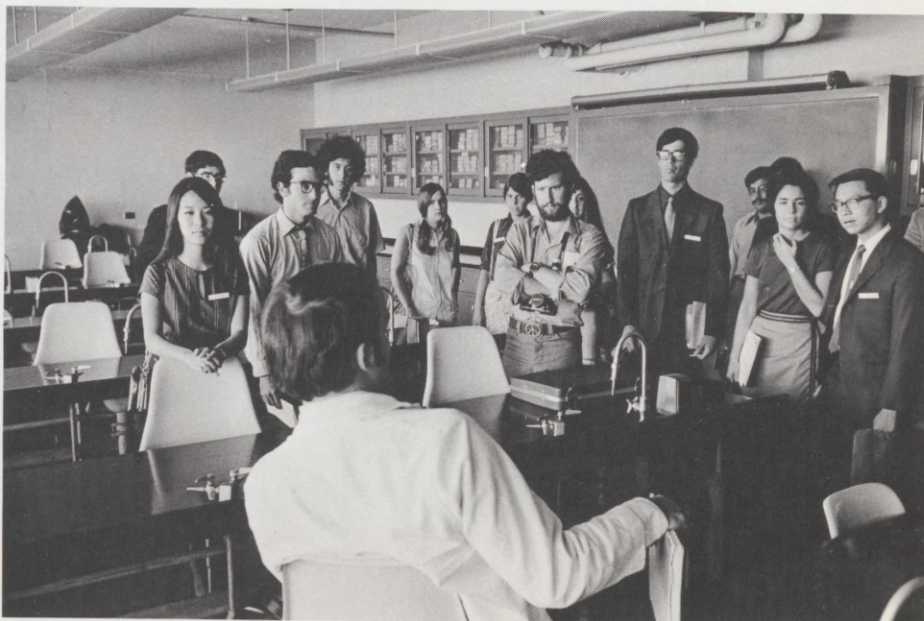
Dr. Saul J. Farber '42 leading the new class' introductory session into some of the mysteries of medicine, particularly essential hypertension.

selected patients at both hospitals.

The Class of 1974, with 139 members, was drawn from 63 colleges and universities from California to Canada. Two members of the class entered with master's degrees. Eight are participating in the MD-Ph.D. program. Thirteen are married. During the past year, members of the Committee on Admissions gave on-the-spot interviews in

Champaign-Urbana and Chicago, Illinois, Minneapolis and Northfield, Minnesota, Portland, Oregon, and San Francisco, Berkeley, Stanford, Los Angeles and San Diego, California.

The new students were entertained at lunch and later at a reception, both in the Wyckoff Student lounge, where they met faculty members and upper-classmen.

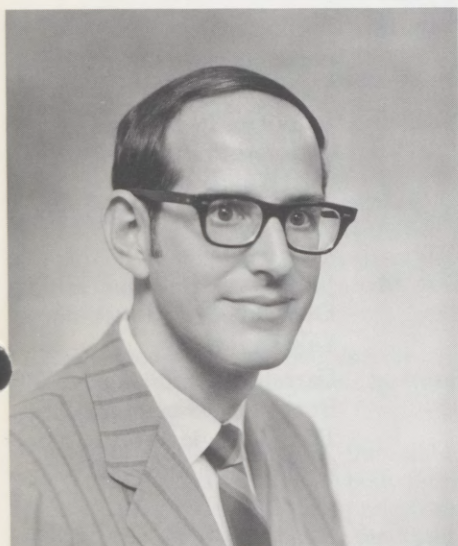


Entering students visit classrooms and laboratories of the School where they will be spending most of their time during the next few years.

Lindner New Associate Dean

Dr. Arthur E. Lindner, a member of the faculty of the School of Medicine since 1962 and assistant dean for the past four years, has been named an associate dean by Dr. Ivan L. Bennett, Jr., dean of the School of Medicine and director of the Medical Center.

A gastroenterologist active in teaching and clinical investigation, Dr. Lindner has focused on gastric secretory mechanisms, the malabsorption syndrome and granulomatous disease of the intestinal tract.



Dr. Lindner

His work in the office of the dean has centered on the selection of students, their academic progress in the course of their studies, the introduction of the student to clinical medicine and the choice of an internship by the members of the graduating class. He has made numerous speaking trips to colleges across the country on behalf of the committee on admissions.

Dr. Lindner holds a faculty appointment as an assistant professor of medicine. He is a 1954 graduate of the University of Rochester School of Medicine, where he was a member of Alpha Omega Alpha, the honor medical society. He is a diplomate of the American Board of Internal Medicine and a fellow of the American College of Physicians, and is active in a number of professional associations of gastroenterologists.

Worth Chosen University Senator

Melvin H. Worth, Jr., '54 associate professor of surgery, has been elected to the New York University Senate for a three-year term beginning September, 1970. He replaces Dr. Randolph M. Chase, Jr., '58 assistant professor of medicine, who has served on the Senate since 1968.

The Senate, under authority vested in it by the Board of Trustees, is a major policy-making body. It is composed of the fourteen deans, twenty-

four faculty members, sixteen students and ten members of the central administration.

Dr. Worth's alternate, elected at the same time, is Dr. Michael Lamm, associate professor of pathology.

The School of Medicine is also represented on the Senate by Fred Gorstein '55, associate professor of pathology, William A. Frosch '57, associate professor of psychiatry and Milton E. Burglass of the Class of 1973.

Concert Series in Sixth Year

Dr. Zoltan Ovary, professor of pathology, has announced the schedule for the sixth consecutive season of free concerts for medical students, faculty, alumni, staff and their friends, which are supported by an anonymous benefactor.

All concerts will be held at 8:30 p.m. in Alumni Hall Auditorium. The following concerts have been scheduled:

- | | |
|--------------------------|---|
| November 17
Tuesday | MICHAEL ROGERS, pianist, with 4 strings
A program including two Mozart Concertos and the Schumann Piano Quartet, E flat Major, Opus 47 |
| December 15
Tuesday | THE JANUS CHORAL, Robert Hickok, conductor with Ruth Negri, harp
A Christmas program including Britten's Ceremony of Carols. |
| January 12
Tuesday | J. S. BACH
Fortunato Arico: Viola da gamba and Cello: Albert Fuller: Harpsichord. Sonatas and Solo Pieces. |
| January 26
Tuesday | STRAVINSKI-GABRIELLI-POULENC
The Festival Winds with the Venetian Brass.
<i>Stravinski</i> : Octet, <i>Poulenc</i> : Sonata for Brass, and <i>Gabrielli</i> : Canzoni. |
| February 24
Wednesday | CHRISTOPH ESCHENBACH
Piano recital. |
| March 12
Friday | I SOLISTI VENETI, Claudio Scimone, conductor.
A program including sonatas for strings by Tartini and Rosini, Mozart's Divertimento, K. 138 and the Quartet of Verdi. |
| March 30
Tuesday | JUSTUS FRANTZ
Piano recital including Bach: Partita No. 5 in G Major, Beethoven: Sonata, Op. 101 in A Major, Debussy: Suite pour le piano and Brahms, Op. 24, Variations and Fugue on a theme of Handel. |
| April 6
Tuesday | Songs by Igor Stravinski and John Dowland with BETTY ALLEN, alto.
Pribaotki, Three Shakespeare Songs and Pastoral of Stravinski; Songs to the Lute (Joseph Iadone) of John Dowland. |
| April 27
Tuesday | ELAINE BONAZZI, mezzo-soprano with SAMUEL SANDERS at the piano.
Song recital including Proses Lyriques of Debussy. |

Computer Study Continues



Dr. Korein makes adjustments to computer input in his laboratory.

Julius Korein '53, associate professor of neurology, has received a one-year continuation grant for his work on computer analysis of narrative clinical data from the National Center for Health Services Research and Development. His original grant from the recently created Department of Health, Education and Welfare agency was for three years.

Dr. Korein's method captures, analyzes and retrieves narrative medical data from discharge summaries, clinic visits and operating room reports submitted by physicians of the departments of neurology, neurosurgery, pediatrics, radiology, orthopedics and pathology. To date, over 40,000 documents are included in the data base of computer-stored documents. A variety of analyses have been performed with programs written under the supervision of Dr. Leo J. Tick, (professor of medical statistics and director of the section on analytic and computer methodology in the department of Radiology). The results of these analyses have proven "medically meaningful and highly significant in both patient care and clinical research," according to Dr. Korein, and they were presented at the conference of the International Federation of Information Processing Societies on Computers and the Medical Record, in Lyon in April.

Dr. Korein has been a New York City Health Research Council Career Scientist since 1966. He is also doing research on problems in computer analysis of the electroencephalogram and, with the department of psychiatry, on the effects of lithium, thorazine, L-Dopa, amphetamines and other drugs on the EEG.

Alumnus Heads Honors Program

Gerald Weissmann '54 associate professor of medicine, has been named director of the Honors Program of the School of Medicine.

Consisting of journal clubs, a lecture series and research opportunities at laboratories here and at other medical centers, the program enables students to receive the doctor of medicine degree with honors.

Dr. Weissmann has announced the following Honors Program speakers for the first portion of the coming academic year:

- Nov. 16: John Nicholls, Ph.D., Department of neurobiology, Harvard University.
- Nov. 30: Jean Paul Revel, Ph.D., Department of anatomy, Harvard University.
- Dec. 7: Dr. Jules Hirsch, Rockefeller University.
- Dec. 14: John P. Trinkaus, Ph.D., Department of Biology, Yale University.
- Jan. 4: Carroll M. Williams, Ph.D., Bussy Professor of Biology, The Biological Laboratories, Harvard University.

Parents Association Schedules Year's Events

Leo Werblin, chairman of the School of Medicine Parents Association, has announced the following schedule of events for the 1970-71 academic year.

- Dec. 13: Open House and tours of the School by student guides. Meeting with faculty members.
- Feb. 3: Theater Benefit: Nureyev performing solo and choreographing the Australian Ballet.
- June 3: Dinner Dance in honor of the Class of 1971 — The Pierre.

These events are in addition to regularly scheduled meetings of the executive committee of the association and of the four classes, at which a member of the faculty speaks.

The officers of the Parents Association are, in addition to Mr. Werblin: Dr. Murray Krone, vice chairman; Mrs. Edith Carp, secretary and Mrs. William Leistner, treasurer and co-chairman of the Theater Benefit.

Correction

The Summer issue story, "Days of Protest, Times of Aid," referred to the display of Medical Center flags after the Kent State tragedy. The Plant and Maintenance staff asked the *Quarterly* to note that they were interested only in seeing the flags fly after they heard a rumor the staffs were to be left bare.

New Governance in the School

There is little doubt that the most difficult questions facing university administrators today revolve around the governance of their institutions.

Should decisions which affect the entire school community be made from the top?

How best to communicate downward the reasons for policy decisions and in the reverse how best to receive communications upward from those affected?

How much representation should there be in the decision-making process by students, faculty and administrative personnel?

How can this be done so that the objections of the minority are taken into account but without allowing them to disrupt when the majority view is adopted as the policy?

To study these and other questions of governance of the School of Medicine a committee was formed to recommend structure which would be representative of the faculty, students and administration.

The committee report and recommendations were circulated to the faculty with a ballot asking for a vote on two items of the draft charter for the proposed Faculty Council which were considered to be debatable. The ballots were returned to the dean's office in July and a summary of the adopted report of the Committee and the new structure for governance of the School of Medicine follows herewith:

The Committee concluded that the prime need is for a more effective means of participation by the faculty in the governance of the School.

It recommended, therefore, the establishment of an elected Faculty Council as an advisory body for the Dean. The Council would consist of one full-time professorial representative from each of the 24 departments, the three University Senators elected by the School of Medicine, the Director of the Medical Scientist Training Program, the Director of the Honors Program and the Dean. The representatives are to be elected by the voting faculty, both full and part-time members in the rank of instructor and above. The representatives would serve terms of two years each.

At the first meeting of each academic year the Council will elect a Chairman, Vice-Chairman and Secretary.

Concerning functions and responsibilities, the Committee recommended that the Faculty Council be the representative body of the faculty and shall advise the Dean on all matters affecting the School. Minutes or a summary of all meetings shall be made available for inspection by all members of the faculty and all students. It recommended that meetings be held at least monthly from September to June at regularly stated times and that special meetings may be called by the Dean at any time. It will appoint its own committees as necessary, the membership not confined to Council members. Normally all committees of the School of Medicine shall be appointed by the Dean, and the Council may advise him concerning these and the appointment of their members. The Council shall receive, review and advise upon all reports and recommendations of committees of the School with the exception of the Committee on Promotions. The Council will report to the faculty by letter or memorandum from time to time and

also at open meetings of the faculty at least four times a year. The Council may request the Dean to convene faculty meetings for special purposes at any time.

The Committee recommended further that the Executive Faculty Committee continue to advise the Dean as it has in the past, but that it be known in the future as the "Council of Departmental Chairmen."

This Council shall consist of the chairmen, or acting chairmen, of all of the academic departments of the School of Medicine, and the Dean. The Dean shall serve as Chairman of this Council. A departmental chairman may designate a substitute to represent him at any meeting of the Council at which the Chairman is unable to be present.

This Council, as does the Faculty Council, has the responsibility for advising the Dean, for meeting regularly, for appointing committees and reviewing the work of all committees, and for making its deliberations available in the form of minutes for inspection by faculty and students.

The Committee recommended that the Student Council of the Student Association continue to advise the Dean as it has in the past. The Student Council is comprised of seventeen members: the President, Vice-President and Secretary of each class, and a President (elected by the third-year class), a Vice-President (elected by the fourth-year class), a Treasurer (elected by the second-year class), a Secretary (elected by the first-year class), and the student Senator.

To coordinate the functions of the Councils and to act for the Councils in advising the Dean, the Committee recommended the establishment of a Steering Committee.

The Steering Committee shall consist of the Dean, four representatives from the Council of Departmental Chairmen, four representatives from the Faculty Council, four representatives from the Student Council and the senior University Senator elected by the School of Medicine. The Dean shall be the Chairman.

The Steering Committee shall be empowered to act for the other Councils on matters requiring a prompt, institutional response, with its actions subject to review by those bodies. This Committee shall prepare and submit material for consideration by the three Councils; items may be placed on the agenda of the Steering Committee by the Dean or by any three members of the Committee. This Committee shall serve as the normal channel for advice to the Dean on the formation and appointment of standing and ad hoc committees of the School. Its meetings shall be on a regularly stated basis during the academic year and the minutes are to be made available to faculty and students.

The Committee recommended that there be joint meetings of the three Councils called by the Dean at least twice annually whenever else it is useful.

The Committee concluded by recommending that this plan for governance of the School of Medicine be implemented on a trial basis for two years. At the end of this period, the results should be evaluated and appropriate modifications made.

The plan has been ratified and as the *QUARTERLY* goes to press elections of departmental representatives are being completed.

ALUMNI NEWS NOTES

1970-1971 Chairmen

M. Leon Tancer '40, president of the Medical Alumni Association, has announced committee appointments for 1970-71 as follows:

ALUMNI DAY: Allan R. Aronson '40, chairman, Randolph M. Chase, Jr. '58, co-chairman

AWARDS: H. Sherwood Lawrence '43, chairman, Saul J. Farber '42, co-chairman

ALUMNI HALL DEVELOPMENT FUND: Walter Levy '24, chairman

ALUMNI FUND: George S. Craft '52, chairman

CLASS REPRESENTATIVES: Charles P. Giel '49, chairman, Aaron G. Meislin '51, co-chairman

NOMINATIONS: George S. Craft '52, chairman

ALUMNI PUBLICATIONS: Ira J. Laufer '53, chairman, Anthony M. Imparato '46, co-chairman

STUDENT-ALUMNI AFFAIRS: Lawrence R. Ross '56, chairman

ALUMNI-FACULTY RELATIONS: Arthur Tessler '52, chairman

LEIDESDORF 500 CLUB: Richard Grady '52, chairman

Friedman '38

Barry Friedman '38, associate visiting orthopaedic surgeon, received the Julius E. Goodman Memorial Award at Mt. Sinai Hospital in Cleveland, Ohio.

Established by the late philanthropist, the award recognizes annually a member of the hospital's staff for his outstanding contribution in the areas of patient care, teaching or research.

The \$1000 award was presented by Samuel S. Kaufman, president of the board of trustees, who cited Dr. Friedman's accomplishments in all three areas. He made particular mention of Dr. Friedman's work on the conservative treatment of tuberculosis of the spine and of the knee for which he has become internationally recognized as well as for his work on scoliosis.

Dr. Friedman served his internship at Mt. Sinai Hospital and has been on

the staff since 1950. He is on the faculty of Case Western Reserve University School of Medicine, where he serves as assistant clinical professor of orthopaedic surgery and senior research associate (biomedical materials).

Gross '59

Elliot M. Gross '59, deputy chief medical examiner of New York City has been appointed the State's first chief medical examiner by Connecticut's Commission on Medicolegal Investigations.

As chief medical examiner, Dr. Gross will direct the operations of Connecticut's new Office of Medicolegal Investigations in Hartford. He has also been appointed a member of the faculty at the University of Connecticut School of Medicine.

In 1966, he was appointed an associate medical examiner in the Office of the Chief Medical Examiner of the City of New York. He is currently an assistant professor of forensic medicine at the School of Medicine and an assistant clinical professor of pathology at the Columbia University, College of Physicians and Surgeons.

Block '56

Jerome B. Block '56, chief of the Baltimore Cancer Research Center, has been appointed an associate director of the Clinical Center, the 516-bed research hospital, of the National Institute of Health in Bethesda, Maryland.

Dr. Block resides in Columbia, Maryland, with his wife and three children.

In his new position Dr. Block will assist in the day-to-day administrative responsibilities of providing the specialized forms of hospital care needed by NIH research patients.

Established exclusively for medical research purposes, the Clinical Center brings together scientists working in its laboratories into close proximity with the physicians responsible for care of the patients.

Patients, referred by their personal physicians, are selected solely because

they have the precise stage of an illness under study, such as cancer, heart and blood vessel diseases, disorders of the nervous system, arthritis and metabolic problems, and others.

Dr. Block, joined the National Institutes of Health in 1960. He has directed the National Cancer Institute's collaborative program in cancer research and therapy at the USPHS Hospital in Baltimore since 1966.

Kolodny '62

Edwin H. Kolodny '62, a special NINDS fellow in the intramural research Laboratory of neurochemistry, National Institute of Neurological Diseases and Stroke, has been awarded the S. Weir Mitchell Award for 1970.

This award, which recognizes outstanding research in neurology by junior members of the American Academy of Neurology, is presented by the Women's Auxiliary.

Dr. Kolodny received a medallion and a \$400 cash honorarium for an essay on "Studies of the Metabolic Defect in Tay-Sachs Disease." Dr. Kolodny's essay reported on the results of 3 years' work at NIH on the enzymatic breakdown of gangliosides.



Albert Sabin (l.), president of the Weizmann Institute in Israel, and Sidney Rubinfeld, visiting professor at the Hebrew University-Hadassah Medical School in Jerusalem, had a mini-reunion of '31 recently.

OUR FAR-FLUNG ALUMNI

A Physician's Radio Program

by Victor Knapp '21

When I started my program in November 1947, I wanted it to be different from other medical discussions that are broadcast. So, it seemed to me that what the sick man wants to know is what are you going to do for him and how soon is he going to be well? For those who aren't ill, the question is, how must they behave to stay well? With this in mind, I do not detail symptoms of disease, nor discuss mortality rates. In fact I rarely make a disease the subject matter of a broadcast. When I pay my respects to Heart Month and talk about heart disease, I emphasize the fact that a long, useful life is not impossible in the presence of heart disease, and at the same time recognize that this may not be true in selected cases. When Cancer Month comes around, I say nothing of probable symptoms, but advise that the wise thing to do is have your physician look you over when you don't feel well, and that the sooner you get to see him the better — early treatment has its obvious advantages.

Current medical topics come in for discussion. Of late, organ transplantation, cigarettes and cancer, the population 'explosion', pollution, for example are some of the matters programmed.

Medical history now and then makes for an informative and interesting subject, and serves to promote a sense of proportion in trying to judge contemporary endeavors. It restates the fact

that all was not darkness before we came on the scene.

I borrow freely from current medical literature, and from older texts, giving full credit to the source. The fact that the program has continued, uninterrupted for 23 years, and promises to keep going as long as I want to, suggests that it may serve some purpose, useful, I hope. It isn't sponsored, I wish it were, for obvious reasons. And so it remains a public service program — a euphemism for unpaid.

Whenever the occasion warrants it, I repeat the truism that medicine is an art, as it has always been, and always will be; but it is based more and more on science as knowledge advances.

I have complete freedom to say what I please, and take full responsibility for it, never failing to mention that what I say is based on my understanding of the subject culled from those whom I respect as authorities. Another thing I point out is that doctors hardly ever agree on any subject whatever, so that all of us remain fallible, but not, we hope to the detriment of the sick person.

The program is called "Medical Topics" and is on radio Station WJLK in Asbury Park, NJ. As far as can be learned it is the longest (in time) extant, in this country, if not world-wide, carried on by the same individual (me). Listen in sometime. It's on both AM and FM.

Sex Education in Elementary School

by William J. Goldwag '52

Many school sex education and more recently drug-abuse education programs represents frantic, last ditch attempts by our generation to guide young people into acceptable patterns of behavior. Unfortunately, such an approach removes these aspects of personality and character development from their proper context and magnifies some features while minimizing other very important relationships to other aspects of behavior.

A good program integrates sex edu-

cation into an effective family life education sequence and ideally this begins in kindergarten and first grade and perhaps earlier (nursery school). By stressing principles of love, healthy family interaction and how their presence or absence effects our later lives constructively or destructively, we can permit sexuality to assume its proper perspective in the whole constellation of events that goes to make up an individual's moral and ethical code. By trying to isolate sex education from its

integrated position, the school curriculum may fail to meet the real needs of youngsters, serve to aggravate the controversial aspects of sex information, and perhaps may even intensify the anxieties of some students.

The development of the "whole person" must be stressed as well as the fact that he is more than just the sum of many parts. The role of sexuality in man's makeup is greater, more vital and dynamic by virtue of its many interactions with all phases of his physical and mental organization. Why not teach it that way then? Professionals should resist the "crash program" approach to sex education, drug abuse, and other sociological problems. Decisions in these spheres by young people are not made out of little labelled compartments in the mind. They involve the life style of the personality.

Schools can best serve to educate in this difficult field by preserving the concept of sex as a complex, integrated, normal function which cannot be separated from all other elements that comprise the total character. Much of the resistance to sex education will disappear if these principles are adhered to.

My Novel

by Leonard Tushnet '31

"It is difficult to describe a story in progress without writing a blurb . . .

My novel develops the life of a Jewish family from 1921 to the present day. The chief protagonist, the mother, is a grasping ignorant woman who wants her brood of children to be successful according to her standards. As the years go on, she becomes a benevolent matriarch beloved by her sons and daughters and grandchildren. They do not recognize that their empty lives are the result of her scheming 'for their own good.' The canvas is broad, taking in aspects of the neckwear business, candy manufacturing, *haute couture*, the world of big time gangsters, women's clubs, and academia. Naturally, sex being the nodal point of human life, the characters' sexual attitudes are discussed in detail.

My latest short story, 'Dangerous Books,' will appear in the next issue of *Cimarron Review*."

East Africa

by Henry M. Kera '20

"... after leaving Cairo, we then flew to Khartoum in the Sudan. After a gas stop, we flew to Entebbe in the State of Uganda. This town is on Lake Victoria, one of the sources of the Nile. The airport was modern and very efficient. I noted the mileage to various spots on the earth, as these mileages were displayed on a huge column. We had flown 7400 miles in less than 24 hours. The average speed was about 600 miles per hour and the average altitude above 3100 feet.

We motored to Kampala, the capital, 25 miles from Entebbe, the capital having no airport. The altitude of the area was over 5000 feet, as is most of East Africa. While motoring, we began to see familiar wild animals, such as gazelles, impalas, bucks of various kinds, wild pigs, some with huge tusks, vultures, maribou storks, secretary birds, so called because of tufts of feathers over the ear regions, etc.

Kampala was a revelation as the city is almost brand new, with hotels, business buildings, Hindu temples, Muslim mosques, and a conglomeration of various peoples and tribes as evidenced by dress styles. Much of the business community is Hindu-owned, the owners being the second and third generation of indentured workers originally brought from India to work on the new railroads. The Indians were supposed to have been repatriated, but some were not. I have since read that the Ugandan, Tanzanian and Kenyan governments are forcibly expelling many Indians, especially those with going businesses. All through these three countries, signs advertising going-out-of-business sales were seen by me.

In Kampala, the great diversity between the few haves and the many have-nots could be seen. The natives were mostly in raggedy shorts plus a white sweat shirt, although the educated blacks wore European clothes. In the Indian temples, many worshippers were seen, all in colorful garments, the women in saris.

After a delightful visit to the State Museum, a visit which included views of native dances, and a visit to the magnificent Botanical Gardens, we set out for the former Royal Palace of the Buganda kings. Uganda is a consolida-

tion of four kingdoms of which Buganda was the most important. The next day we went 130 miles by car to a reservation where many elephants were seen. In fact, our Volkswagon bus went right into the midst of the herds. We took pictures through the roof, which opened up. The elephants stared at us and we at them. Nobody got excited. The calves stuck closely to the cows and the bulls supervised the various herds, always keeping a wary eye on our little car. No lions were seen, although the entrance to the reserve showed metal signs with cutouts indicating the animals to be encountered. There were few living acacia trees, as the elephants chipped off the bark both for food and according to animal experts also for laxative effect.

On our way back to Kampala, we drove into a traffic funnel set up for tsetse fly inspection, this being the area of the dread fly which causes a type of sleeping sickness (Trypanosomiasis, not the Encephalitis Lethargica of Von Economo). I didn't see any evidence of tsetse fly infestation; the car, the occupants, and even aeroplanes are washed down with some sort of cleaning solution. The herds seen include many Brahma bulls as these were the answer to the tsetse fly. These cattle are immune to the fly, and the new herds contain a lot of these Brahma bull genes. These Asiatic cattle are also known as cebus. By herds, I refer to domesticated cattle.

Several months ago the *New York Times* carried an article that an American college professor and his wife, while traveling in this same area, were bitten by Tsetse flies. The wife died and the husband was on the precarious list.

The tsetse can best be described in this way. Take an ordinary fly and grasp it at the anterior and posterior ends. Now stretch it so that it is almost a half-inch or more in length. It is a thinned elongated fly.

From Kampala, we next went by car to the famous Paraa Lodge on the Nile rapids where the river practically starts. Communication with the outside world is by radio only. The lodge is well equipped with every possible convenience. As you sit on the back porch overlooking the river, you can see hippopotamus, lone elephants, crocodiles, lizards, baboons, all sorts of monkeys and whatnot all spread out before you.

In the near distance is the famous Murchison Falls. The roaring waters tumble down into a narrow cleft between granite and balsatic rocks which do not seem to wear away.

The next day we got into a brand new river launch which held about a hundred people and we sailed up the Nile to a point about 500 feet from the tumbling waters of the falls. Hippopotamuses got out of our way and crocodiles left their sunning to escape into the river. ..."

Propose Worldwide Meeting

by Albert Altchek '49

I was made the first chairman of a new committee on pediatric and adolescent gynecology of the American College of Obstetricians and Gynecologists. The other members are the distinguished Howard Jones, professor of OB/GYN. at John Hopkins, John Huffman, a professor of OB/GYN. at Northwestern, and Vincent Capraro, who is chairman District II of the ACOG, and assistant professor of OB/GYN. at Buffalo.

While lecturing abroad in September, 1969, I was invited by Professor C. J. Dewhurst, a leading English pediatric gynecologist, to speak at the Institute of Obstetrics and Gynecology at Queen Charlotte's Hospital in London. There was a long discussion period after which there was a bilateral shifting of viewpoints for mutual benefit and eventually for the patient's benefit.

After returning to New York I wondered why it was necessary to leave such important events to chance. Why not have a planned conference to exchange viewpoints in this specialized and new area of endeavor where there is no standardization at present. Thus, the idea of the First International Conference of Pediatric and Adolescent Gynecology. I contacted Dr. John Huffman in Chicago and Professor Dewhurst in London and all agreed on the need. Although Dr. Huffman favored London as a meeting place, the National Institutes of Health suggested the USA since they would consider a

grant only if it were held in the USA. They also suggested that it take place prior to the annual ACOG meeting, which will be held in San Francisco, May 1971.

Financial support is needed to make this an international meeting. Full time European physicians barely have enough income to live on. Assuming official invitations to 10 physicians from outside the USA, and close to \$1,000 per invitee to cover expenses, plus a minimum budget (assuming volunteer help) the cost will amount to at least \$15,000. More recently I have heard that the NIH is cutting down on its budget so that only about \$5,000 could be expected if at all (aside from the value of their good will endorsement. Can any of our alumni suggest a source of support and/or help in organization?

After I lectured to the postgraduate class of Dr. Dewhurst, the discussion centered around congenital absence of the vagina (and usually uterus as well). There is a standard operation to create a vagina by surgery which involves dissection of a space between bladder and rectum and lining this space (new vagina) with a split thickness skin graft. After surgery the new vagina must be kept open either by coitus or a plastic obturator. The operation is therefore usually done a few months before marriage. Some psychiatrists recommend the operation at age 18 so that the patient will feel less inferior and less abnormal, but then of course she has to keep using the obturator and this is a disadvantage.

Professor Dewhurst recommended a newly devised operation which creates an external pouch (like a marsupial) made with the labia, which can take the place of the vagina. This pouch does not need an obturator or coitus to keep it open. It fulfills the psychological need of the 18-year-old (or older) to feel more normal. It could also be used for coitus at a later time. If unsatisfactory for coitus, then at a later date, at any time, the standard operation could be done. Although I gave the lecture, I ended up learning a new approach to this problem. Although a rare condition, these girls need all the help they can get. Dewhurst's operation would seem to be the ideal solution. If not for the chance meeting and discussion it might have taken five years for this approach to cross the Atlantic.

V.D., Hope for New Treatment

by J. M. Bloom '20

"During my many years' association with the New York City Department of Health as physician-in-charge of a social hygiene clinic, I saw many changes take place in the treatment of venereal diseases.

Prof. Ehrlich's 'magic bullet' — Salvarsan — and the other arsenicals were gradually abandoned with the discovery of penicillin in the 1940s. As a result the treatment of syphilis and gonorrhea became a very simple procedure.

Before penicillin became at our disposal, gonorrhea was treated with urethral irrigations, passing of sounds, prostatic massages, etc. Also, the preparation of salvarsan for the intravenous injection by the gravity method was a complicated procedure in the treatment of syphilis. It was therefore thought that with this new antibiotic all venereal diseases would gradually be controlled and eliminated and all social hygiene clinics would be closed with the exception of one clinic which would be kept open.

However, this dream did not materialize. Syphilis and gonorrhea are still with us and on the increase especially amongst teenagers. In order to control its spread all V.D. cases especially primary, secondary and early latent syphilis were questioned for contacts by trained personnel from the USPHS. Case finding was a very important procedure in the control of V.D. These contacts were referred to the clinic or to their own doctor for examination and treatment if necessary.

Some day experimentation may produce a vaccine against syphilis and every individual will be inoculated against this disease."

The Orient

Bernard M. Zussman '30

"One cannot do complete justice to any foreign trip, particularly the Orient, in so limited a space but, briefly, here are some highlights. . . .

Flew to Tokyo, via Anchorage, Alaska. Tokyo, the largest city in the

world, over 11,000,000 people with incessant traffic day and night. The Ginza, or shopping area, is similar to our Fifth Avenue, but department stores are much larger and highly specialized. People are the cleanest, most industrious, and most courteous of any country I have yet visited, Japan is the most modern country in Asia; number one in shipbuilding, and the third greatest industrial power in the world.

As a rule, the Japanese eat less than we do, bathe more frequently, and work harder—which probably accounts for their longevity — (and, to think, no tipping is permitted!).

Kyoto, ancient and imperial capital, a city of beautiful parks, lakes and palaces, here the contrast between modern and ancient Japan is most strikingly seen.

Hong Kong, a fascinating island city, with about 2,000,000 people plus 1,000,000 refugees from Communist China about 100 miles north. An overwhelming sense of urgency to provide housing for the refugees has surrounded the city, with a modern system of satellite, self-contained suburbs and huge developments able to house 60,000 to 100,000 people. Also a wretched floating population of 250,000 who live in sampans all their lives.

Thence to Bangkok, capital of Thailand, most exotic but impossibly hot. Thai native dancers, boxers and sword dancers, making a colorful spectacle on the lawn of the Oriental Hotel. A city of ancient golden pagodas, palaces and gorgeous Buddhist temples contrasting with the new modern hotels being built like mad. Natives are small in stature, but graceful and always courteous and cheerful. An interesting sight was visiting the Klong or canals and the Klong people taking their vegetables and produce in small boats to be sold at the floating markets."

It saddens us to report the death of the beloved Sam Standard '24 on October 8, 1970. An article of tribute will appear in the Winter issue.

Can Hospital Costs Be Controlled?

by Ivan L. Bennett, Jr., M.D.

Dean, New York University School of Medicine

I am afraid that the field of hospital cost control today is characterized by the presence of more critics than practitioners.

About two years ago, I was quite sure that I knew definitively and specifically what measures should be applied to control the escalating costs of health care, including hospitalization.

I would be less than candid, however, if I failed to tell you, here at the outset, that I no longer believe that hospital costs are controllable, in any practical sense, in the short run. This changed opinion is partly a result of the fact that the problem has steadily worsened and become more complex. More important, perhaps, in contributing to my changed attitude is that since I have been trying to *do* something about hospital costs rather than just *talking* about hospital costs, my academic approach has given way to realism, my arrogance has been replaced by relative modesty, and my optimism has yielded to pessimism.

My personal experience to date is well summarized by the remark of a Yugoslavian official: "After all is said and done, there is always more said than done."

If I am correct in asserting that hospital costs cannot presently be controlled in any real sense, what are the implications for those of you here who are concerned with the important problem of forecasting and controlling the costs of health benefits for employees?

Without trying to be exhaustive and trying very hard not to be exhausting, I suggest only two possibilities:

1. The easy answer, of course, would be to get out of the health benefits field entirely and to find some more reliable and rewarding line of work.
2. An alternative, which I very much favor, is to design your health benefit plan so that it includes incentives which will minimize the inclination of your employee to seek or demand hospitalization and that of his physician to suggest or recommend hospitalization.

At this point, since I have already told you more than I know, I am tempted to thank you for listening so attentively and offer to answer any questions that you may have after my succinct and lucid exposition.

Prepared for presentation at a Briefing Session of the American Management Association on Forecasting and Controlling Employee Benefit Costs, Americana Hotel, New York City, June 11, 1970.



Dr. Bennett

But you might ask me why I have concluded that hospital costs are uncontrollable.

Or you might ask me to define precisely the incentives in a benefit plan that will minimize hospitalization.

Therefore, I will endeavor to describe some of the factors that have led to the runaway increases in the cost of health care in recent years and attempt to portray some of the conditions that I believe must be fulfilled if the rate of this increase is to be slowed to a reasonable, acceptable level during the next decade.

For more than a year now, I have had administrative responsibility for one of those conglomerates known as a university medical center. Leaving aside for the moment a medical school, a dental school, other educational components, and several research institutes, the Center includes voluntary hospitals, hospitals supported by municipal government, and a Veterans Administration Hospital, funded, of course, by the Federal Government. This collection of affiliated institutions functions in a more or less coordinated fashion. Let me tell you some of the things that I have learned from observing this array of hospitals.

Practical Problems Require Practical Solutions

I have learned that the practical problems of controlling costs require practical solutions, tailored to local conditions, customs, and constraints.

I have learned that practical answers are not to be found in aggregate economic analyses of the United States "health industry" or in global treatises on the American health care system.

I have learned that cost control in hospitals or the health field generally cannot be treated as an isolated problem. It is one of a series of interrelated problems, no one of which can be solved or, indeed, even defined in isolation from the others.

I will concentrate my discussion upon hospital costs for two reasons:

1. This is the topic assigned to me.
2. Despite voluminous rhetoric concerning professional fees, drug costs, etc., the problem of uncontrollable health costs, quantitatively and qualitatively, centers in the nation's hospitals.

Just because some things are not subject to proof is no reason to deny that truisms are true, or, at least, that it is a worthy endeavor to try to make them so. But most statements about the delivery system for health care in this country, as the program for this Briefing surely bears out, are, at best, part description, part aspiration, and part exhortation.

I know no thoughtful person who disagrees with the need for a root and branch shake-up, a massive reorganization of our delivery system to increase efficiency and to control soaring costs. Many changes have been suggested, including:

1. Changes in insurance reimbursement by both government and private agencies so that coverage will not longer promote hospitalization and higher costs.
 2. Better management of hospitals. (I will return to this point.)
 3. Early diagnosis and prevention through ambulatory health centers or group practice clinics.
 4. Comprehensive prepaid health care through such arrangements as the Kaiser Foundation Health Plan or the Health Insurance Plan of Greater New York.
 5. Increased training and use of paramedical personnel.
 6. Construction of special facilities for chronically ill patients, for convalescents, and for those needing custodial care so as to relieve expensive hospital facilities of this burden.
 7. Sharing of facilities or actual mergers by hospitals.
- and many others.

I also know no thoughtful person who does not realize how complex and time-consuming the implementation of such suggestions will be.

And, meanwhile, health costs and hospital costs will continue to rise inexorably.

Economic Incentives Needed

I am not an economist but I am convinced that we must face up to the fact that when we talk about incentives for change in the health or hospital field, we must recognize that we are talking about *economic* incentives. No other form of planning is realistic and to be realistic does not mean that one need disregard altruism, ethics, compassion, and devotion to duty. To rely upon these in planning, however, is unrealistic.

T. E. Lawrence once observed that reasoning by analogy is like eating soup with a knife, messy to begin with and futile in the end — but to make my point about *health needs* and the changed *meaning of health for most Americans*, I would point to *food and food needs*.

If one views man as a biological unit with certain physiologic, minimal requirements for calories, protein, vitamins, and trace elements, it is easy to determine the need for food — a nation with X number of physical bodies needs Y amount of food — this was the basis for the German food-rationing system during World War II — based on biological principles and a centrally controlled agriculture.

However, as soon as one begins to consider a society or nation as an association of human beings with the potential quality of human dignity, a yearning for individual freedom and the pursuit of happiness, there can be no such simplistic *rationale* as a standard food requirement. As people become affluent, food is no longer merely fuel for the biological engine or the substance that holds body and soul together but a social and cultural adornment of communication. People have a right to exercise their preference for the type and the composition of their diets; open to them are a host of vegetarian, carnivorous, and omnivorous alternatives, provided, of course, that they can pay for them.

Health a Relative Term

Similarly, health is a relative term. When people are so poor that their ability to provide adequate food and shelter is uncertain, *health* is the *ability to work* and health care is sought only when pain or disability precludes work.

When people become more affluent, their list of desirables, or even necessities grows beyond those required for mere survival. They can afford to insist on treatment for mere discomfort and insist on measures for assuring future health and prolongation of life.

In this country, the definition of health has evolved from mere absence of pain or disease, through a sense of well-being to the broad concept of social well-being so that it now corresponds with the official World Health Organization definition of "health" which is a *state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity*.

In our affluent society, *health needs* must not be confused with the more politically meaningful *health demands*.

In the United States, actions by government are required to assure that wealth is redistributed and that social services are available to all who require them simply because our profit-motivated, competitive, private sector cannot or will not do this. Nor, may I add, do I think that the private sector should be *expected* to do it. As our nation has grown, this has led to *big* government, more *costly* government and, in my opinion, increasing inability of programs devised in Washington to be effective all over the country. The creation in recent years of programs intended to widen the distribution of medical care is a prime example of an effort that is far too complex to be administered centrally if citizens are to benefit maximally. The slowly incubating idea that health or access to health care is the *right* of all citizens, regardless of ability to pay, was suddenly crystallized and precipitated with the passage of *Medicare*, for the elderly, paid for mostly out of Social Security trust funds, and its legislative afterthought, *Medicaid*, for the indigent, paid for with Federal taxes and State taxes on a formula basis. *Medicare* was passed largely

despite rather than because of the medical profession and, in general, it has functioned reasonably well in achieving its purpose. Medicaid, a program of the type proposed by organized medicine, has raised numerous difficult problems.

Both programs are political *compromises*, tailored to meet the most vigorous objections of the Medical profession and both *explicitly* exclude interference with the existing system of medical care and practice.

Briefly, the Federal Government agreed that money would be made available to purchase medical care without any direct attempt to change patterns of practice or the system for delivery of care. In other words, the needed services would be purchased by the patient on the open market.

"A shortage can arise if, at current medical care prices and at current incomes, individuals exert a demand for medical care but find that the services they want are not available. People seek care, are prepared to pay for it, but are turned away. Doctors are busy; hospitals are full; and there are no additional private nurses available. This situation involves a 'shortage' based on an economic rather than a medical need criterion."*

While some refer to this situation as a shortage, there is, purely in economic terms, no such thing as a shortage. What happens when you put more money into the hands of consumers for any production-distribution system without changing the productivity of the system is that you raise prices—you have inflation in that particular sector.

"In a market with freely and quickly moving prices, demand and supply determine price at which no more (or less) is demanded than is supplied and at which the market is 'cleared.' The supply offered is thus rationed only to those who can pay the price. . . The price rationing mechanism holds for most goods and services. At present it applies to much of medical care. When it fails, a shortage is visible and a matter of concern."*

I have said that price-rationing applies to much of medical care. This is not the same thing as saying that this market mechanism should apply. The fact that most Americans go without luxury automobiles is not a matter of real social concern. When dealing with education and medical care, however, there is and should be real social concern. The social advantages of health and education may far exceed their private economic benefits but no matter what the benefits, until public demand can be translated into effective demand, we still have a shortage.

I wish to be very clear in stating that both Medicare and Medicaid have been of great benefit to many individual citizens. They have not, however, confronted the basic problems of medical care in this country and they will not as long as political emphasis is skewed so as to focus on their successes. They have served to expose basic defects in the existing system and, if the experience they have

*Fein, R.: "The Doctor Shortage: An Economic Diagnosis." *The Brookings Institution, Washington, D.C., 1967.*



To illustrate just how many people, both seen and unseen, were involved

given us is properly interpreted, it can point the way toward an eventual, evolutionary restructuring of that system so that productivity can be increased and both needs and demands can be met. But, in the present crisis of costs, the longer the government, the health professions, and especially the hospitals of this country continue to regard them much as a drunk regards a lamp-post—as a means of support rather than illumination—the more likely is the imbalance that they have helped to create and make visible to be perpetuated along with the present system of care and, eventually, to offset their benefits. The lessons of our experience with Medicare and Medicaid should make all of us realize the wisdom of Thoreau's statement in *Walden*:

"Be sure that you give the poor the aid they most need. . . . If you give money, spend yourself with it. . . . do not merely abandon it to them."

One conclusion that I would suggest to you at this point is that in the present state of affairs, which is likely to continue for some time, an employee health benefit plan that aims merely to pay for employee health services on the open market will be less and less satisfactory for the beneficiary and more and more costly since it will not be insulated from the many inflationary factors affecting health care in this country.

Generally, the history of U.S. industry and commerce shows that technological advances and increases in wages have decreased the number of wage-earners in a given sector. In 1954, when total U.S. hospital costs came to \$1.5 billion, general acute care hospitals averaged 207 employees for every 100 patients; by 1964, total costs had risen to \$6 billion and employees averaged 247 for every 100 patients.

It appears then, that the usual trend is reversed in the



were involved in the care of a patient, a representative of each department was photographed in front of University Hospital. The total was 115 people.

health field where technological advances and increases in wages have been paralleled by an increase in the number of wage earners. Economists, particularly, take the view that hospitals, unlike the U.S. economy generally, have found it unnecessary to modify procedures, change management, and reorganize to increase productivity commensurate with technological advance, improved skills and services, and higher wages. As Dr. Herbert Klarman has put it:

"Any improvement in the productivity of labor in general will adversely affect hospital costs . . .

"There is no escaping the fact that the usual incentives for efficient operation are lacking, as well as penalties for inefficient operation when a major purchaser of services pays each hospital at its own cost."

It is often said that hospital administration is "a notorious managerial backwater" or "the last stronghold of the gifted amateur" but if one looks carefully at what the hospital administrator is supposed to manage, such gratuitous remarks are certainly questionable.

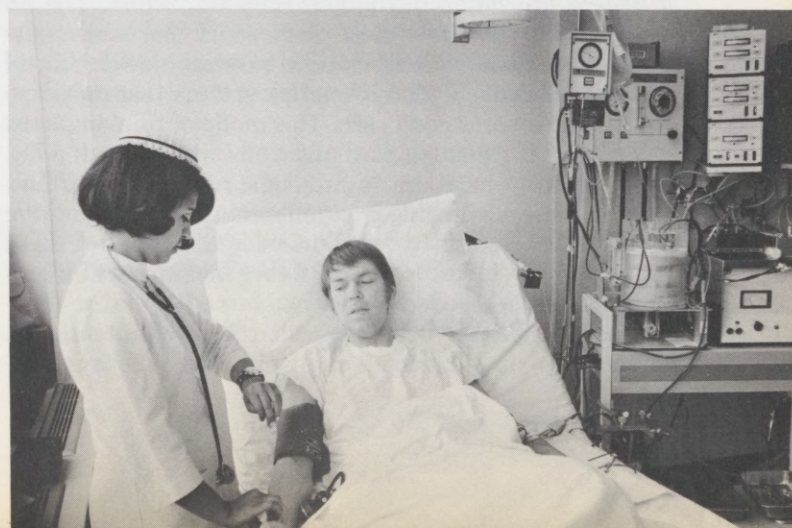
Technology Adds Costs

To begin with, the advances in medical technology that should, according to unrefined economic theory, reduce the number of personnel employed by hospitals are almost invariably add-ons rather than substitutes. Renal dialysis, using the so-called artificial kidney, is a specific example. The dialysis unit in my own institution costs \$200,000 per year to operate and, of this \$116,000 is for salaries for those who operate it. The *addition* of technology rather than its substitution means additional costs and additional personnel. In one of the hospitals for which I have responsibility, the actual cost of putting the patient to bed, feeding

the patient, and supplying routine nursing care is \$67 per day. The actual cost, however, for all services rendered (apart from professional services) averages \$138 per day for which, incidentally, we are reimbursed by Blue Cross under its prospective formula at a rate of \$127 per day, some \$11 below costs. More than half of our patient days are reimbursed under this formula. The majority of this increased cost represents the technology (whether it be pills, x-rays, electrocardiography, an intensive care unit, radioisotopic studies, or the heart-lung pump) which does not reduce jobs, but increases them. A recent projection for New York City indicated that by 1975 the number of employees in the city's hospitals will be 183,000, an increase of 40,000 or 28% from the 143,000 employed in 1965.

In one of the NYU Medical Center hospitals, 70 cents out of every dollar expended next year will go for personnel. In another, the figure will be 79 cents out of every dollar. These budgetary projections, incidentally, were

Patient undergoing hemodialysis in the Young Men's Philanthropic League Hemodialysis Unit at University Hospital. New, expensive and sophisticated equipment, tended by highly-trained personnel have contributed to rising hospital costs. However, new and improved methods of treatment are saving more lives than ever before.



made without reference to the results of the 1970 union negotiations with Local 1199 and have proved to be too low.

As all of you know very well, for many, many years, hospitals were notorious for the low wages they paid aides and orderlies and workers in such service jobs as those in hospital kitchens, laundries, and parking lots. This may have been rationalized as exploitation in a good cause, but the changing social perspective and labor market of the 1960's, as well as tougher union activity, is making these traditional policies obsolete. The expansion, particularly through Medicare of the incredible system of third-party reimbursement for hospital care at so-called "cost" has also played havoc with actual costs. What manager could resist demands for technology, demands for increasing wages, *any* demand if it is known that the increased "cost" is reimbursable?

The "Robin Hooding" of the two tier system that used to allow hospitals to let the patients who were able to pay share the costs of caring for those unable to pay is, of course, undesirable and is disappearing. By this, I mean that for many hospitals, the vast majority of patient care is paid for now by third-parties. In one NYU Medical Center hospital, the percentage of total patient days reimbursed at so-called cost is now nearly 85 percent as opposed to about 50 percent a few years ago.

As third-party reimbursement has increased, it has come to be a standing joke among hospital administrators that "the only thing around here that makes a profit is the gift-shop." Let me read an excerpt from the report of the N.Y. State Department of Health on Community Hospitals for 1967.

Total expenses of all hospitals was \$1.701 billion. Total income from patient care was \$1.665 billion, a deficit of \$36 million.

"About 93 percent of hospital income in the State was derived from patient care. Other income . . . represented . . . revenue from other than patient care activities of the hospital (e.g., gift shop, use of TV sets) and contributions. While these other sources of income accounted for only 7 percent of total income, in many cases, it enabled the hospitals to remain solvent."

Unnecessary Utilization Ups Cost

As I have already intimated, the impact of increased hospital costs upon reimbursement plans has been not only *increased* utilization but *unnecessary* utilization. The restricted coverage under most plans which emphasize payment for *hospitalization* has been responsible for this, of course, and, indeed, many Americans think that only hospitalization assures good care. This mode of thinking must be reversed if extended care units, ambulatory care units, and home care units are to fulfill their promise. Furthermore, as long as the major purchasers of health care, the third parties, refuse to reimburse for the costs of these other types of care, it is doubtful that facilities will be established in the needed numbers.

It has sometimes been suggested by well-intentioned individuals (such as members of my Board of Trustees)

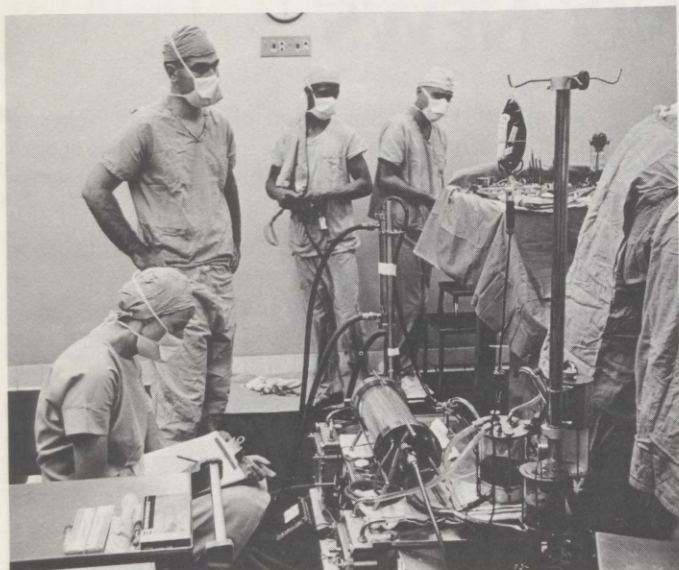
that we might increase productivity if we used our hospital facilities 7 days a week. In New York, at least, I believe that we are beyond the point that we will ever be able to do this. Patients don't want to come in on the weekend. Just recently, a patient who had been on our waiting list, for 2 months for an elective admission, when informed that a bed was available on Saturday, turned it down flatly. Also, it is interesting to note how many patients get well on Friday, or, at least how many patients are well enough to be discharged on Friday. More important than this patient attitude which is quite understandable, is the fact that overtime means double wages and we can't even get anyone to work the weekends regularly at that price! In actual fact, we operate in our NYU hospital pretty normally for nearly 6 days each week. The costs for that 6th day, however, are far more than one-fifth of the costs for the other five. We may be increasing the productivity of the facilities, but we are not reducing costs.

As the effects of inflation in the health care system have become so egregiously evident, there has been an unfortunate tendency to blame the situation upon increased fees charged by physicians despite the fact that any contribution from this source is demonstrably a minor one. The sources of the inflation are the wages of nurses, laboratory technicians, orderlies, elevator operators, construction and maintenance workers, costs of food and other commodities and a whole host of others that are not peculiar to the health sector. And, despite the appeal of the simplistic thought that the medical profession should control all of these things, they are, in the present economic climate, uncontrollable in any sector. They have a greater impact in the health field because they are mostly related to the cost of labor and, as I have mentioned, the health field continues to be labor-intensive. There are, to be sure, faults in the medical profession as there are in other professions, but the primary difficulties that our nation faces concern the system within which the profession operates rather than the profession itself. It makes no better sense to blame the legal profession for the shortcoming of our courts and judiciary than to heap the blame for shortcoming in our health system and its burgeoning costs solely upon the physicians of the country.

More Information Needed

It is very important that you not conclude that I believe that hospital management cannot be improved with a consequent controlling of costs, or, a better term, if you will permit it, is optimization of costs. This improvement in management, however, will require an enormous amount of information which is not now available and which, unhappily, we are in no position to obtain in the near future.

We now refer to our "product," our "output," euphemistically in terms of patient-days at an average cost. In actual fact, we produce an array of services ranging from those akin to the hotel business to specialized tests and complex operative procedures. Each of these services requires inputs of material and personnel, the provision of space, and, in many instances, the purchase and maintenance of costly equipment or facilities. At present, we tend to produce these services when requested by a doctor for his patient at the time that he decides the service is needed. Our sys-



The heart-lung machine made possible a tremendous range of surgical procedures in and around the heart, giving new life to people whose conditions previously were inoperable. The machines are expensive and the staff necessary to monitor their use is highly-paid, all adding to the extraordinary upward thrust of hospital costs.

tem of allocating costs is arbitrary and furnishes no management information of note; certainly we lack information that will allow us to maximize productivity and minimize cost per unit of service.

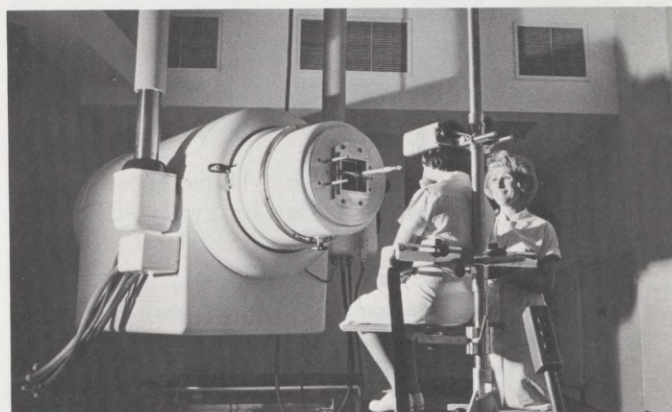
For example, I can tell you what it cost last year, in terms of arbitrary allocation, to carry out open-heart surgery at our hospital and what we would "save" if we decided no longer to offer this service. Open-heart surgery, as you know, requires operating room time, various professionals including anesthesiologists, surgeons, nurses, the services of technicians who man the so-called heart-lung pump, services from our blood-bank, special radiological procedures, intensive post-operative care, etc. We charge patients for the use of the operating room at the same hourly rate whether the procedure is tonsillectomy or open-heart repair. I know that it costs more for one procedure than the other but until a proper analysis is made I can only total the costs and divide them up on the basis of an average—and, of course, this satisfies the agencies that reimburse us. I know that there is, for every service, a rate of production that optimizes use of material, personnel, and equipment and minimizes cost per unit of service. I cannot, however, tell our chief of surgery how many heart operations per week represent the most efficient and cost effective rate. Should we do 8 or 15 rather than the 10 that we now average? If 8 is the optimal rate of production, how can we best utilize the operating room in substituting for the 2 heart operations we have foregone?

Non-Medical Example on Cost-Cutting

Let me illustrate what I mean with a specific non-medical example. We operate a hospitality shop on the first floor of our hospital as a convenience to visitors and employees. It serves sandwiches, coffee, etc. and it has been kept open until late at night purely as a convenience—it was and is a nice thing to do. We lost \$27,000 on this convenience last year (even though we charge 25 cents for a cup of

coffee). A careful analysis shows that if we operated it only from 11:30 a.m. to 2:30 p.m. we would maximize profits to the extent of some \$12,000 per year. In other words, the utilization at other hours is progressively non-profitable. Is the answer to keep it open for 3 hours a day and make a profit? Or should this prime space on the first floor be turned to another purpose? Any good business man would certainly devote it to some enterprise that would yield a larger return on his investment. We want to make things attractive and convenient for our employees and we are well aware of the fact that visitors to our hospital may complain about the inconvenience when they feel the need for a snack. Indeed, no matter how high the quality of our medical care, many may form an unfavorable opinion of our institution on the basis of the difficulty in purchasing an overpriced cup of coffee. In the present economic climate, however, unless some benefactor subsidizes our hospitality shop, good management, not good will, must dictate our decision.

Unfortunately, it is easier to decide about the coffee shop than the operating room.



The linear accelerator used in radiation therapy is a heavy capital expenditure for the hospital.

Until we can substitute cost-accounting for retrospective cost-finding, we will lack the information base for sound management decisions and any perceptible improvement in the situation will be the result of luck rather than logic.

Finally, to put the situation in perspective, I must point out that even if hospital management should eventually become impeccable, the most expensive segment of the health care system will still be hospitalization, even if its costs come under some measure of control. To develop alternative facilities and payment plans that avoid hospitalization except when it is absolutely necessary will continue to be prudent policy even at that distant time. Today's efforts to achieve this goal will not be outmoded and the results obtained surely will not be rendered inapplicable or obsolete by future improvements in hospital management.

To those of you who came to this session thinking that I had the answers to your problems, I apologize for giving you only a description of your problems.

In trying to be realistic, I may have become too pessimistic. You may be perfectly justified in remarking, as did Lady Astor on the sinking Titanic:

"I asked for ice water but this is ridiculous."

Thank you.

ALUMNI FUND NEWS

Leaders Meet Set Goals for Year



Dean Ivan L. Bennett, Jr. tells it like it is.

A deepening emergency which is being faced by the School is cause for a call to alumni for increased support due to continuing drastic cutbacks in Federal allocation of funds for student aid.

This was the message conveyed to a group of alumni leaders by Dr. Ivan L. Bennett, Jr., dean of the School, at the first general leadership meeting of the Alumni Fund on October 7th. This plea was taken up and reinforced by George S. Craft '52, chairman of the Alumni Fund, and by chairmen of the several committees of the Fund.

Funding in Difficulty

Dr. Bennett said, "... Funding for the whole area of health care, but particularly for medical education, is in a great deal of difficulty at the Federal level. Last year, without warning, our allocation from Federal funds for student loans was cut 50%, and this year were cut again by 20% ... More than 70% of our students depend on some form of aid to get them through medical school and we, frankly, are scraping the bottom of the barrel of our available money ..."

He called for an intensified effort to increase the total dollar amount of contributions to the Alumni Fund both from the leadership and from those the Fund leaders solicit for donations.

In a memorandum to students which described the facts of the various assistance programs, the office of the dean stated:

"... Consistent with our tradition, the School of Medicine will do everything possible to assure that no student is compelled to terminate or interrupt his medical education because of financial need. To date, the School has been able, with the assistance of our alumni and many

friends, to ensure the continuation of this time honored tradition. Hopefully the fluctuations in the national economy will not result in a predicted diminution of private support ..."

Dr. Bennett pointed out to the alumni leadership that in a period of faltering economy such as has been seen during the past year or so, which hurt the business community, physicians were not affected save for some rare instances. Their incomes, he said, still remained at a relatively high level.

Other speakers were M. Leon Tancer '40, president of the Medical Alumni Association, Richard F. Grady '52, president of the Samuel D. Leidesdorf "500" Club, Samuel C. Bukantz '34, chairman of Class Captains, and Walter Levy '24, chairman of the Alumni Hall Development Fund.

\$350,000 Set As Goal

After a lengthy and lively discussion of the School's financial problems and of the possibilities of alumni support, the decision was made to raise \$350,000 in unrestricted gifts to the School through the Alumni Fund for 1970-71. This amount, said Dr. Craft, would go a long way toward ensuring that all students who needed assistance through loan funds would find the money available to them.

Alumni leaders also present and contributing to the discussion and to the decision to increase the Alumni Fund goal were: Murray J. Berenson '61, David Bernstein '35, Rita Demopoulos '56, Saul J. Farber '42, Fred Gorstein '55, Samuel U. Greenberg, Fac., Ira J. Laufer '53, Ernest Lehman '34, Arthur Lind '50, Marvin Linick '34, Arthur Miller '43, Virginia Mitty '46, Alvin Mund '44, Joseph H. Press '41, Lawrence R. Ross '56, Lewis Schachne '47, Alan A. Scheer '46, Henry M. Scheer '15, Marilyn Schittone '43, Arthur N. Tessler '52 and Leon M. Weiss '37.



At the speakers' table (l. to r.) were: M. Leon Tancer '40, Dean Bennett, George S. Craft '52, Richard L. Grady '52 and Samuel C. Bukantz '34. The leonine head in the foreground belongs to Marvin Linick '34.

MEDICAL ALUMNI FUND WORKERS ACROSS THE NATION

- | | | | | |
|---|--|--|--|---|
| Dr. Henry E. Alicandri '31
Brooklyn, N.Y. | Dr. Robert C. Drye '51
Carmel, California | Dr. Raymond Kaplow '35
Brooklyn, N.Y. | Dr. Alvin Mund '44
New York, N.Y. | Dr. Samuel Schwartz '35
Jackson Heights, N.Y. |
| Dr. Isaac A. Altenau '36
Brooklyn, N.Y. | Dr. Theodore H. Elsasser '24
North Bergen, N.J. | Dr. Robert H. Kerr '35
Cortland, N.Y. | Dr. Vincent A. Nardiello '45
Bethpage, L.I., N.Y. | Dr. Gabriel Seley '34
New York, N.Y. |
| Dr. Richard D. Amelar '50
New York, N.Y. | Dr. Paul R. Esserman '44
New York, N.Y. | Dr. Sophia J. Kleegman '24
New York, N.Y. | Dr. Louis I. Newman '20
Laurelton, L.I., N.Y. | Dr. Bernard Seligman '20
Brooklyn, N.Y. |
| Dr. Diane C. Argyros '62
New York, N.Y. | Dr. Saul J. Farber '42
Brooklyn, N.Y. | Dr. Emanuel Klos '35
W. Orange, N.J. | Dr. William Newman '46
Washington, D.C. | Dr. Gerard Seltzer '52
Fairview Park, Ohio |
| Dr. Paul M. Arnesen '47
Mankato, Minnesota | Dr. Irving R. Fox '47
Union, N.J. | Dr. Victor Knapp '21
Asbury Park, N.J. | Dr. Samuel Nisnewitz '34
Brooklyn, N.Y. | Dr. Nathan H. Shackman '38
Brooklyn, N.Y. |
| Dr. Allan R. Aronson '40
New York, N.Y. | Dr. Gerald J. Friedman '37
New York, N.Y. | Dr. Julius Korein '53
New York, N.Y. | Dr. Severo Ochoa Fac.
New York, N.Y. | Dr. Matthew Shapiro '21
New York, N.Y. |
| Dr. Robert S. Bart '60
New York, N.Y. | Dr. Thomas Garvey, Jr. '27
New York, N.Y. | Dr. Abraham L. Kornzweig '25
New York, N.Y. | Dr. Leo Orris '44
New York, N.Y. | Dr. Edward R. Sheckman '42
New York, N.Y. |
| Dr. Lillian Batlin '39
New York, N.Y. | Dr. Charles P. Giel '49
Brooklyn, N.Y. | Dr. Paul P. Krikorian '52
Dover, New Jersey | Dr. Victor Parsonnet '47
Millburn, N.J. | Dr. Jerome Simson '44
Forest Hills, N.Y. |
| Dr. Marvin C. Becker '40
Millburn, N.J. | Dr. Martin Gold '43
Rego Park, N.Y. | Dr. Marvin Kuschner '43
New York, N.Y. | Dr. Oscar Pascal Fac.
New York, N.Y. | Dr. Carl A. Smith '44
New York, N.Y. |
| Dr. Murray J. Berenson '61
Teaneck, N.J. | Dr. David H. Goldstein '33
New York, N.Y. | Dr. Emanuel P. LaMotta '31
New York, N.Y. | Dr. Bernard J. Pisani '33
New York, N.Y. | Dr. Harry A. Solomon '17
New York, N.Y. |
| Dr. A. David Bernanke '57
Alexandria, Virginia | Dr. Fred Gorstein '55
New York, N.Y. | Dr. Bernard Lanter '55
Brooklyn, N.Y. | Dr. Joseph H. Press '41
Brooklyn, N.Y. | Dr. Frank C. Spencer Fac.
New York, N.Y. |
| Dr. Sidney Berezin '43
Spring Valley, N.Y. | Dr. Louis F. Gould '42
Perth Amboy, N.J. | Dr. Ira J. Laufer '53
New York, N.Y. | Dr. Seymour S. Philo '41
Trenton, N.J. | Dr. Irwin K. Stone '48
Watertown, N.Y. |
| Dr. David Bernstein '35
New York, N.Y. | Dr. Richard F. Grady '52
Montclair, N.J. | Dr. Ernest Lehman '34
Brooklyn, N.Y. | Dr. Harry S. Pitler '53
Canandaigua, N.Y. | Dr. Abraham Tamis '22
New York, N.Y. |
| Dr. Paul F. Berlin '45
Bay Shore, L.I., N.Y. | Dr. David J. Graubard '32
New York, N.Y. | Dr. Walter Levy '24
New York, N.Y. | Dr. Paul A. Qualben '53
Brooklyn, N.Y. | Dr. M. Leon Tancer '40
New York, N.Y. |
| Dr. Anthony A. Bianco '33
New York, N.Y. | Dr. Samuel U. Greenberg Fac.
New York, N.Y. | Dr. Arthur Lind '50
New York, N.Y. | Dr. Joseph Ransohoff Fac.
New York, N.Y. | Dr. David Telson '20
Brooklyn, N.Y. |
| Dr. Meyer Bloom '29
Johnstown, Penna. | Dr. Michael Greenfield '50
Danbury, Connecticut | Dr. Marvin D. Linick '34
New York, N.Y. | Dr. Irving M. Riffin '38
Upper Montclair, N.J. | Dr. Arthur N. Tessler '52
Great Neck, N.Y. |
| Dr. Lester Breidenbach '22
New York, N.Y. | Dr. Anthony J. Grieco '63
New York, N.Y. | Dr. Jack V. Lisman '38
New York, N.Y. | Dr. Edwin S. Robbins '52
New York, N.Y. | Dr. Alexander Thomas '36
New York, N.Y. |
| Dr. Samuel C. Bukantz '34
New York, N.Y. | Dr. Stephen L. Gumpert Fac.
New York, N.Y. | Dr. Currier McEwen '26
South Harpswell, Maine | Dr. Daniel A. Rock '39
Lewiston, Maine | Dr. David A. Tice '55
New York, N.Y. |
| Dr. Louis A. Bunim '23
Miami Beach, Florida | Dr. Morton H. Hand '31
Brooklyn, N.Y. | Dr. William Mackler '40
Bayside, N.Y. | Dr. Roger M. Rose '55
New York, N.Y. | Dr. Max Trubek Fac.
New York, N.Y. |
| Dr. Murray E. Burton '48
Teaneck, N.J. | Dr. Paul Henkind '59
New York, N.Y. | Dr. Jerome Marks Fac.
New York, N.Y. | Dr. Lawrence R. Ross '56
New York, N.Y. | Dr. Allan H. Warner '33
Forest Hills, N.Y. |
| Dr. Randolph Chase, Jr. '58
New York, N.Y. | Dr. Jesse J. Hymes '37
Bronx, N.Y. | Dr. Valentino D. B. Mazzia '50
Pelham, N.Y. | Dr. Antonio Rottino '29
New York, N.Y. | Dr. Irwin Weiner '43
New York, N.Y. |
| Dr. Sidney Q. Cohan Fac.
New York, N.Y. | Dr. Pauline G. Hecht '54
New York, N.Y. | Dr. Stanley M. Mendelowitz '48
Ossining, N.Y. | Dr. Walter G. Sall '52
Miami Beach, Fla. | Dr. Morris F. Wiener '29
Great Neck, N.Y. |
| Dr. Bertram D. Cohn '48
Brooklyn, N.Y. | Dr. Ella M. Hediger '23
Miami, Florida | Dr. Arthur Miller '43
New York, N.Y. | Dr. George M. Saypol '35
New York, N.Y. | Dr. Lawrence M. Weisbrod '42
Allentown, Penna. |
| Dr. George S. Craft '52
New York, N.Y. | Dr. Joseph H. Hersh '35
New York, N.Y. | Dr. M. Michael B. Miller '41
White Plains, N.Y. | Dr. Lewis Schachne '47
New York, N.Y. | Dr. Leon M. Weiss '37
Scarsdale, N.Y. |
| Dr. Alvin J. Cronson '45
New Rochelle, N.Y. | Dr. Morris Herman '30
Jackson Heights, N.Y. | Dr. Ira L. Mintz '50
Englewood Cliffs, N.J. | Dr. Alan A. Scheer '46
New York, N.Y. | Dr. Florentine R. Worden '49
Auburn, N.Y. |
| Dr. Alan Davidson '52
New York, N.Y. | Dr. A. Gerson Hollander '32
Boston, Massachusetts | Dr. Virginia Mitty '46
New York, N.Y. | Dr. Henry M. Scheer '15
New York, N.Y. | Dr. Melvin H. Worth '54
New York, N.Y. |
| Dr. Louis R. Davidson '52
New York, N.Y. | Dr. Sidney Immergut '26
Brooklyn, N.Y. | Dr. William F. Mitty, Jr. '46
New York, N.Y. | Dr. Marilyn Schittone '43
East Setauket, L.I., N.Y. | Dr. Wilfred Yoslow '39
Brooklyn, N.Y. |
| Dr. Donald A. Davis, Fac.
New York, N.Y. | Dr. Anthony M. Imparato '46
New York, N.Y. | Dr. Abraham J. Mirkin '35
Cumberland, Maryland | Dr. Austin A. Schlecker '50
Brooklyn, N.Y. | Dr. Joseph Zausner Fac.
New York, N.Y. |
| Dr. I. I. Demopoulos '56
S. Yonkers, N.Y. | Dr. Milton E. Jucovy '42
New York, N.Y. | Dr. Reuben Mokotoff '41
Middletown, N.Y. | Dr. Irving L. Schmierer '28
Brooklyn, N.Y. | Dr. Jerome Zuflacht '42
Malverne, L.I., N.Y. |
| Dr. Helen A. Derosis '53
Bronx, N.Y. | Dr. Leo Kaplan '38
Los Angeles, California | Dr. John H. Mulholland '25
New York, N.Y. | Dr. Jerome J. Schwartz '41
Hewlett Harbor, N.Y. | Dr. John D. Van Zandt '41
Tuxedo Park, N.Y. |

CLASS NOTES

'13 | Oswald N. La Rotonda
1158 Fifth Ave., NYC 10029

HENRY K. CUDMORE writes: he is presently in retirement following a full time position as industrial physician at Remington Arms Co. in Bridgeport.

HARRY A. LOWENSTEIN: His family is intact and well. His eldest son, Howard, is doing orthopedic surgery. The younger son, Edward, is practicing psychiatry. He has three grandsons, one granddaughter. He states his practice is still not limited.

HERMAN SMITH: Nothing exciting. Just a continuation of hospital consulting work which is very gratifying. Regards to all.

BENJAMIN F. SLOBODIEN: Active in Middlesex County Medical Society. Member of the board of trustees and of the Middlesex County Medical Society Foundation. Also chairman of the medical ethics, medical liability and insurance, and medical-legal liaison committees.

WILLIAM OSTROW writes: he is semi-retired and maintains his interest in medicine by attending meetings in gastroenterology. Recently attended meetings in South America of the American College of Psychosomatic Medicine and discussed a paper on functional gastrointestinal disease. Wishes to be remembered to all the boys and will attend Alumni Day in February.

SAMUEL GREENSTEIN: Still active in general practice.

J. H. GREEN: past president of the New Haven County Medical Society.

'14 | Samuel Gross, M.D.
311 East 72 St., NYC 10021
and
Woodhull Lee Condict
2450 Nostrand Ave., Bklyn., NY 11210

WOODHULL LEE CONDUCT writes: "I am in active practice since 1917 in NYC. My wife Beatrice Lyman Ford and I have been married for 43 years. My son is Woodhull Lee Condict Jr. I have two grandchildren. I am interested in travel, American history, finance and freelance writing."

JOHN H. HERMANN is now living in Delray Beach, Florida. "My new address is Apt. 209, 600 B Lindell Blvd., Delray Beach, Florida 33444. Just fishing. Recent honors from St. Mary's Hospital, Orange, New Jersey."

SAMUEL GROSS writes: "As for myself, thank God, no complaints. I am retired. My son is Elliott Gross '59. (See page 6). My son-in-law is chief of surgery at Menorah Hospital in Kansas City and on the faculty in surgery at Kansas Medical School."

CHARLES H. HOCHMAN is retired since 1968 as deputy chief medical examiner in the Bronx, but continuing as director and pathologist at Union Hospital in the Bronx.

JULIUS A. MILLER writes: "Several months ago I wrote you about an exceptional cruise we took circumnavigating the whole of South America, going down the Pacific coast, through the Straits of Magellan, and up the Atlantic coast, including a little "side-trip" to Easter Island. My account was never published. Today I have nothing new to talk about."

MURRAY L. BRANDT writes: "After retiring from practice for a period of three years, I returned to the practice of OB/GYN. and my office is now at 47 East 67th Street, NYC. Unfortunately my wife died on April 29, 1970. I continue to reside at the same address. My method of delivery of the placenta is now in universal use. (Published 1933.)"

ISIDORE JACOBOWITZ writes: "Had to retire on account of a cardiac condition—complete heart block. Taking it easy. Weather permitting, if not too hot or too cold and windy, take short walks. Spend hours reading all the medical journals as I was not able to do same when I was active. Miss my general practice!"

'21 | Victor Knapp
505 Second Ave., Asbury Park, NJ 07712

The BIG NEWS is the celebration of our 50th REUNION in 1971.

NORMAN TOBIAS has curtailed his activities a bit, but is still at it in St. Louis.

G. JARVIS COFFIN is active in practice; is a consultant at St. Luke's Hospital Center; and has ten grandchildren.

CHARLES STANSKY retired in 1965 and lives in St. Petersburg. He was director of physical medicine and rehabilitation at the VA Hospital in Bay Pines, Florida, for 20 years.

IRA MENSHER keeps doing eye work in Brooklyn; his son is going into the same field. If you have any old spectacles, remember Ira collects them, since he got a pair from Benjamin Franklin.

RAPHAEL KELLY retired ever so long ago—in 1958. He's in Sarasota, Florida, where he golfs, gardens, and is active in the Retired Physicians Club.

NATHANIEL UHR is head of the medical department of the Menninger Clinic in Topeka, Kansas.

SAMUEL BERG was one of the early students of the effects of radioactive fallout. He is the author of a "History of the First Survey of the Medical Effects of Radioactive Fallout," a short paper which deserves a much wider audience. It was published in *Military Medicine* in November 1959.

lished in *Military Medicine* in November 1959.

HERMAN MASLOW is in retirement in Miami Beach.

Does anyone know the present address of **ARTHUR CORFINKEL** and of **MARTIN GOEBEL**?

'24 | Walter Levy
112 East 88 St., NYC 10028

JOSEPH M. ARMENGOL writes: "Am full time at the VA Outpatient clinics at 252 Seventh Avenue, NYC. Discontinued private practice in August, 1969. Living alone with my dog 'Kim.' My wife under custodial care in a nursing home. I published a guide for English-speaking hospital personnel to help them deal with the Spanish language. Movie photography is my entertainment."

FRANK A. CALDERONE writes: "After having retired from the World Health Organization and the U.N. and going into the production of Broadway plays and thereby receiving fame both in the medical and entertainment fields, I find now that I am famous because of my wife in the sex field."

GILBERT DALLDORF has "no news."

NIEL E. ECKELBERRY writes: "... necessary for me to give up practice in July 1969 because of disability due to Parkinson's disease. I was one of the guinea pigs for L-Dopa. It has helped considerably."

JACOB O. S. JAEGER writes: "Fifty years ago ... the Class of 1924 entered Medical School. I have never ceased being a medical student. At this time to be able to say, 'status quo,' means a great deal. I quote from Gray's 'Elegy': 'The boast of heraldry, the pomp of power, And all that beauty, all that wealth e'er gave, Await alike the inevitable hour.' I hope for all classmates—good health and good news."

JOSEPH LAVAL is emeritus professor of ophthalmology at Mt. Sinai Medical College and emeritus director of the department of ophthalmology at Mt. Sinai Hospital.

WALTER LEVY is in active pediatric practice and director emeritus of Morrisania City Hospital and Jewish Memorial Hospital. He is attending emeritus at Montefiore Hospital and Medical Center. His son is married and practicing law in St. Albans, Vermont. He is city prosecutor, assistant states attorney and member of the environmental control commission of the state of Vermont.

LEO S. RADWIN writes: "After my coronary in 1965, I had to give up practice, thinking at first it would be a temporary halt. I now have a home in Florida, where I live for six months, and for six months I

CLASS NOTES

have an apartment in Manhattan. My daughter is happily married; my son is full professor and head of the department of urology at the University of Texas Medical School at San Antonio. There are six grandchildren (three each). Please don't make the next class reunion before June so I can be back in N.Y. I keep up with medicine and am busy writing a book of medical fiction."

DAVID H. SMITH retired as chief surgeon of the NYC Police Department in 1962 but is still in active practice.

WILLARD H. SQUIRES retired from active practice. He is an associate director of Life Extension Institute. Hobbies: Travel abroad; antiques (especially glass, pewter, furniture); collects Mormon literature. He has seven grandchildren!

LESTER WARTELS retired in 1968 after being active in general practice and also being the city physician of New Rochelle, N.Y. He is now living in Florida.

MICHAEL WEINGARTEN removed his office to 45 East 72 Street, New York 10021.

'25 | Mortimer M. Kopp
30 Central Park South, NYC 10019

On July 17, the forty-fifth anniversary reunion was held at the New York University Club. It was attended by **DRS. ABRAHAM BABBIN, SIGMUND BRIGER, THOMAS GALVIN, PAUL GEIER, OSCAR GLASSMAN, SIDNEY GROSSMAN, MORTIMER KOPP, ABRAHAM KORNZWEIG, JOHN MULLHOLLAND, RICHARD O'CONNELL, JOSEPH SACHS.**

Please note change of address of **MORTIMER M. KOPP** listed above.

All class news eagerly accepted.

'26 | Arthur A. Knapp
907 Fifth Ave., NYC 10021

"At our recent naval dinner, we learned that peripatetic **MITCHELL BENEDICT** and Mrs. Benedict arrived from their Florida menage. Mitchell told us that Florida is yearning for medical men to take care of their exploding population.

"Medical and legal **IRWIN (SONNY) BAUM** and Mrs. Baum cheered us with their anecdotes and both are making the most of their retirement.

"**DAVID LIEBERMAN** and Mrs. Lieberman are still enjoying their Connecticut retreat. Several of their offspring were present and paid homage to their granddaddy.

ARTHUR ALEXANDER KNAPP gave a talk at the Waldorf-Astoria Hotel on August 14 at The First International Symposium on Plastic and Reconstructive Surgery of Face and Neck. The title of the paper was "Tattooing The Human Eye." A kodachrome film illustrated the surgery.

'28 | Michael C. Kemelhor
5801 18th Ave., Bklyn., NY 11204

HARRY BLOCK submitted the article on page 6 about his son, Jerome B., of the Class of 1956.

'29 | Samuel F. Groopman
4 East 28 St., NYC 10016

CLASS HOBBIES: (continued from last issue)

JOE BECKER: A great swimmer, musician and traveler.

JOE BIERMAN: Art. Planning a unique torch to be carried at NYU graduation exercises in future.

"**EPPEY**" **EPSTEIN:** Painting oils for 30 years. Now makes own designs and scenes on canvas and executes them in needle-point tapestries. Also a gourmet cook.

BEN FEUERSTEIN: Good weather, a golfer; bad weather, a collector of European and Far East antiques.

SAUL MATELSON: A golfer and world traveler.

HELENA MATHIASSEN: Semi-retired. Spends five months a year in Florida, socializing and bowling.

"**HAM**" **MOODY:** Up in Canterbury, N. H., collecting ribbons won by his prize registered Morgans, mares and ponies.

BUCK POSNER: Writes articles and humorous stories on OG-GYN and when not philosophizing, travels.

'31 | Harold Brandaleone
116 E. 63 St., NYC 10021

JOSEPH A. PORCELLO writes: "Things are about the same as they were at the last class reunion. Three grandchildren. Three daughters married. My wife is still happy with me and I with her. In the morning, instead of sticking my tongue out to see if it's coated, I stick my tongue out at my reflection in the mirror and 'Fooled you, I'm still alive and kicking' is what I say to myself. Then off I go on my daily routine. But damn it! I live more and more by what was good in the past."

PHILIP TODD HALLAND is a member of the American Fracture Association. He and his wife Ellen live at 1001 S. Jordan Avenue, Bloomington, Indiana.

'32 | John Groopman
103 East 75 St., NYC 10021

OLIVER B. ANDRUS has retired from active practice. He still lives in Milford, Conn.

ROBERT BERK came out of retirement to continue surgical practice. He is now an equestrian and seems content.

NICK BERTHA was elected president of the Medical Society of New Jersey 1969-70.

EUGENE CLARK claims no news of importance but modesty always became him.

LOUISE DESPERT: After these many years I finally received a long letter. She is active in child psychiatry, with such a long list of books and published articles that it is impossible to list them all in this issue.

JOE KOSTECKI and his offspring must be quite active—by the last count he has nine grandchildren. If you need a 'lift' contact him in plastic surgery.

HYMAN LOCKSER is still in The Bronx but spends considerable time at Pensacola with his daughter.

BOB SCHATKEN reports nothing spectacular but just getting older in Oneonta, N. Y.

PERRY SPERBER is a recent president of the local Kiwanis Club at Daytona, Fla., and secretary of the Southeast clinical immunology and allergy group.

MAX STEIN glows in Brooklyn and glows over his two grandchildren.

LEN SUSSMAN is still the leading hematological light at Beth Israel Medical Center and author of a book on blood grouping tests.

JACK WARREN, retired after 21 years in the U.S. Navy to live in San Diego, Calif., reports an unusual hobby of gem stones and is a graduate of the Gemological Institute of America.

NATHAN WEXLER was appointed physician-in-charge of the Brownsville Chest Clinic and several other important posts which I would be glad to pass on if I could decipher his hieroglyphics, your class agent reports.

"**BUCK**" **POSNER** writes: "My book, 'Un-taught Distocias,' is being serialized in *Ob-Gyn News*."

'33 | Bernard J. Pisani
170 West 12 St., NYC 10011

BERNARD J. PISANI has been elected to the Council on Medical Education of the American Medical Association.

ALVIN D. YASUNA has been active lecturing to various groups on proctology and the significance of rectal bleeding. He was recently re-elected treasurer of the Bronx County Medical Society and is chairman of the Bronx physicians division of Bonds for Israel.

SIDNEY E. CHAPIN, unfortunately, found himself in the coronary care unit he helped set up a number of years ago at Oakwood Hospital in Dearborn, Mich. He reports he is healing well, and will return to his office in the fall, following a vacation in Europe, for a limited practice. As chairman of public relations for the Wayne County Medical Society he launched a series of health forums for the public in the Detroit area.

'35 | Leo Rubenstein
1860 Grand Concourse, Bronx, NY 11226

DAVE FEINBERG is now clinical associate professor of medicine on the faculty of

CLASS NOTES

the Hahenmann Medical College.

The late **HARRY KANE**'s daughter, Lonna, is a new bride.

AL FLEISCHNER's son, Richard, who has gained good notices as a sculptor, is to have a one-man exhibit at one of the galleries in New York this coming spring. He lives in Providence and teaches at Brown University.

DAVID BERNSTEIN received a 25-year citation in June for service to the School of Medicine. He is a clinical professor of otorhinolaryngology.

STANLEY TANZ is an associate in orthopedic surgery at the University of Arizona School of Medicine.

'36 | *Henry J. Gureasko*
1215 Ave. M, Bklyn., NY 11230

Your class agent, writes: "I should like my classmates to know that this upcoming reunion would be our 35th, and in a previous communication I had requested any information regarding their personal and professional lives and would like to hear from members of the class in regard to reunion. For this reunion I need the cooperation of my classmates."

'37 | *Gerald J. Friedman*
850 Park Ave., NYC 10021

LOUIS HIRSCH is an associate in pathology at the University of Arizona School of Medicine.

'39 | *Florence G. Liben*
44 Burkewood Road., Mt. Vernon, NY 10552

Correction and expansion of news item in last quarterly: **LILLIAN BATLIN** and **THOMAS Q. GARVEY** '27, report that their daughter Glenda was graduated from The College of Physicians and Surgeons in 1968, where she was Alpha Omega Alpha in her junior year. She is now resident in medicine at Columbia Presbyterian Medical Center. Their son Thomas, III, '67 completed one year internship at Roosevelt Hospital and is now in his second year at the National Cancer Institute.

'40 | *Jesse W. Mahoney*
Box 897, Setauket, NY 11785

CHARLES N. ACCETTOLA is director of medicine at Sailor's Snug Harbor on Staten Island. He has boards in internal medicine and is the hematologist at Seaview Hospital. Charles has four children. The oldest boy, Charles Jr., is interning in California.

FRANK ANKER has three children and is happy in Oakland, California, where he practices internal medicine and is president of the Providence Hospital medical staff.

ALLAN R. ARONSON is an associate pro-

fessor of clinical medicine at New York University Medical Center. He is active in gastroenterology and the Alumni Association. Allan has a son, Richard, in the first year of medicine at the University of Rochester.

MARVIN C. BECKER is married to **SYLVIA FINKLER** '45. They have three children, two girls and a boy. He is chief of medicine of the Newark Beth Israel Medical Center.

MARVIN L. BLUMBERG writes that he is chairman of the department of pediatrics, The Jamaica Hospital, Jamaica, New York. He has two daughters, one of whom is married to **MARTIN WEINTRAUB** '73.

HELEN READ DEAL writes from Statesboro, Georgia that she has retired. Her husband is a busy practitioner and serves on the Georgia State Board of Medical Examiners. If you are on your way to Florida via Route 301, Helen says: "Drop in, you all."

CHARLES W. DEBAUN is in administration at 222 North Dearborn Street, Chicago, Illinois.

PATRICIA DONOVAN has offices in Freeport and Hempstead, Long Island—beautiful coffee urns in both offices.

MARCELLE F. DUNNING is in private practice in internal medicine in Seattle and associate clinical professor of medicine at the University of Washington. **RAY SPANJER**'s oldest son spent last summer with **MARCELLE** as an extern at The Children's Hospital.

DAVID W. FASSETT holds the position of director of the laboratory of industrial medicine, Eastman Kodak Company, Rochester, New York. He is also an associate professor of preventive medicine at the University of Rochester.

His interest is in industrial and environmental toxicology and this year he is president of the American Industrial Hygiene Association.

HARRY Y. FONG carries on his good work in New York City. He is an attending physician at Beekman Downtown Hospital, Bellevue Hospital and on the board of directors of the New York Tuberculosis and Health Association.

OSCAR GREEN is back in New York City practicing general surgery after spending many years in upper New York State.

SAUL HEISER reports that his daughter is a senior at the University of Southern California School of Medicine and was recently elected to Alpha Omega Alpha.

CHARLES E. JAECKLE moved from New Jersey to Defiance, Ohio, in 1960. He was the Gifford Fellow in ophthalmology at Northwestern and now is chief of staff in his local hospital. He is married and has a daughter who graduated last year from Carleton College, and a son in high school.

EPHRAIM KAHN writes from El Cerrito, California that he has discontinued the

clinical practice of internal medicine and is entering the field of public health.

DANIEL O. KAYFETZ practices orthopedics in Pittsburg, California. He was added to the latest edition of "Who's Who in the West."

MELTON ROEMER has been professor of public health at UCLA since 1962. He spends considerable times overseas each year as a consultant with the World Health Organization.

JULIUS ROSENBERG is still practicing gastroenterology in Brooklyn. His older son, Robert, is now an assistant resident at Bellevue, and Mark, the younger is a freshman at Kenyon College.

L. NICHOLAS SARGENT is chief of chest radiology section, Los Angeles County, University of Southern California Medical Center and associate professor of radiology, University of Southern California.

ARTHUR SAWITSKY is currently full time at Long Island Jewish Medical Center, chief of the division of hematology and clinical associate professor of medicine at State University of New York Downstate Medical Center.

ISADORE SCHLAMOWITZ is still in Manhattan on the staff of Beth Israel and Beekman Downtown Hospital. His oldest daughter is now married and working on her doctorate in French literature. A second daughter is in Paris working on a masters degree. The youngest daughter is in college.

WALTER A. SCHLOSS writes from Hartford, Connecticut, that he has been practicing urology there since 1949. He is attending urologist at Mount Sinai Hospital in Hartford and a consulting urologist on the staff of the University of Connecticut Medical School. Walter has one married daughter.

SCOTT SCHUBACH is happy in Los Angeles, practicing pediatrics and teaching at UCLA.

WILLIAM G. SELF is chairman of the department of surgery, Saratoga Hospital, Detroit. He has a son graduating from medical school this year.

CARL D. SIEGEL received his masters degree in public health from the University of Missouri in 1969. He is now working with the Community Health Service of that state. Carl has two children, a boy 14 and a girl 17.

GRACE (ROSS) and **RAY SPANJER** are busy general practitioners in Cedartown, Georgia. Their oldest son is graduated from Emory Medical School this year. The Spanjers are grandparents and are contemplating retirement.

MARTIN SPATZ is chief of urology, Nasau Hospital, Mineola, New York.

CHARLES A. SPEER is practicing obstetrics and gynecology in New Jersey.

SEYMOUR H. STERN lives in Brooklyn and

CLASS NOTES

is the full time medical director of Abraham & Straus.

MELVIN M. STONE practices internal medicine in Hollywood, Florida. His son, David, is in veterinary medicine and is married. He has four daughters; one is married.

JOSEPH D. TEICHER is teaching psychiatry at the University of Southern California. He has two sons, one a graduate from the University of California in economics and the youngest, is doing pre-medical work.

JEAN WOLFSON is in medical administration in New York.

MYRON WRIGHT is a senior attending in internal medicine at St. Luke's Hospital in New York City. He is director of the blood bank and chief of the medical outpatient department in the same hospital. His oldest son, Peter, after graduation from Dartmouth and from Harvard Medical School, is now on a fellowship at the National Institutes of Health at Bethesda, Maryland.

SAMUEL W. CALDWELL is a colonel in the Army Medical Corps and specializes in preventive medicine. He has been awarded the "A" Prefix Certificate which is the Army Medical Service's highest award for professional excellence.

41 | Alva Weiss
Beth Israel Hospital, NYC 10003

JULIE LEICHTLING writes: "Good news. I just read the *Medical Quarterly* and decided to send you some copy . . . My son, Jonathan J., got his M.D. at the College of Physicians and Surgeons and started a surgical internship at the Mt. Sinai Hospital in New York in July 1970. I have had a medical exhibit accepted for showing at the clinical Congress of the American College of Surgeons, October 12, 1970 in Chicago. The exhibit is on "Gardner's Syndrome" and is supported by the Stella and Charles Guttman Foundation.

Also received good news about **DAVE MOYER** but can't quite release it yet. Let me know when—Dave—please."

42 | Leonard Felder, M.D.
20 Fifth Ave., NYC 10011

DORIS J. W. ESCHER continues as head of the cardiac catheterization unit at Montefiore Hospital and Medical Center. She is now an associate professor of medicine at Albert Einstein College of Medicine. A book (Hoerber, Harper & Row) will be out in the fall co-authored by Seymour Furman, called: "Principles and Techniques of Cardiac Pacing."

43D | Irene Shapiro
65 Central Park West, NYC 10023

MAUDE VANCE was recently certified by

the American Board of Family Practice. Her husband is doing general and thoracic surgery. They have a son at University of Michigan Medical School and a daughter at Yale.

DANIEL KAPLOWITZ has an 11-month-old son!

HAROLD MAMELOCK has a son at Dartmouth Medical School.

THOMAS STANLEY is chief of surgery at St. Mary's and United hospitals in New Jersey.

LEONARD LUHBY is professor of pediatrics and chief of pediatric hematology at New York Medical College.

EZRA GREENSPAN is now chief of the division of oncology at Mount Sinai, N. Y.

MURRAY WEINER is on the staff of NYU and Goldwater Memorial and is vice president for biological research at Geigy Pharmaceuticals.

SIDNEY BEREZIN is doing pediatrics at Spring Valley, N. Y.

WILLIAM DUTCHEN is doing internal medicine and E.K.G. at Bronx Lebanon Hospital.

JOSEPH ALPER is a member of the American Fracture Association. He and his wife, Ferne, live at 12 Laron Drive, New Rochelle, New York.

THOMAS L. DELORME has been named assistant clinical professor of orthopedic surgery at Harvard University School of Medicine. He is also assistant orthopedic surgeon at the Massachusetts General Hospital. He resides in Milton.

We are sorry to record the deaths of **JULIAN E. ROSENTHAL** on Feb. 15 and of **ARTHUR BERGMAN** on Dec. 6, 1969.

49 | Albert Altchek, M.D.
One East 89 St., NYC 10028

ALBERT ALTCHER was made secretary of the section on obstetrics and gynecology of the New York Academy of Medicine.

50 | Gordon Jonas, M.D.
1700 Post Road, Fairfield, Conn. 06430

"Everyone received announcements for our 20th reunion dinner dance on October 24th at the Americana. **COLEMAN ROSENBERG** made the arrangements and we expected a riproaring large turnout. More later."

NORM SCHELL writes that he has "left pediatric practice and will be working at the Harvard School of Public Health working towards a masters in public health." His son, Martin, is starting at Princeton.

STU DENMARK is director of medical education and of cardiovascular surgery at Good Samaritan Hospital in Dayton, Ohio.

ALAN SCHEER is associate professor and chief of radiation therapy at Wayne University in Detroit.

CONNICK DORAN writes from San Pedro, California that he and **ANA** are practicing anaesthesiology. They have ten healthy and active offspring. **CONNICK** writes that **ANA** measures in at the same vital statistics as in medical school. He is half way through University of Southern California Law School!

LES HOLLANDER is director of medicine in Oakland, California. He has five rambunctious kids and the few hairs left are turning grey.

51 | Marie C. Rosati
257 Kingsley Ave., Staten Island, NY 10314

PAUL J. MILLER is a clinical instructor at Downstate Medical School in New York. He and his wife, Gloria, live at 1 William Penn Road, Great Neck, New York. He is a member of the American Fracture Association.

52 | Edwin S. Robbins, M.D.
49 East 96 St., NYC 10028

MICHAEL GILBERT lives in South Miami and is director of the pediatric surgery service at Variety Children's Hospital in Miami. The Gilberts have three children—boys of 12 and 7, and a girl of 9. He finds life very pleasant, and fills his time teaching, doing clinical research, and directing his active service.

LEON HOROWITZ writes from Tulsa that he has formed a partnership with Vern O. Laing. They operate the Allergy Clinic of Tulsa—with Leon serving as pediatric allergist.

WALLY SALL is happily practicing urology in Miami. He says that he has been too busy to enjoy swimming or boating. Wally has been restricting his practice slightly to spend more time with his family—three sons of 10, 7, and 3. In addition, he has become interested in the real estate activities of Florida.

BILL GOLDWAG writes that he was certified as diplomate of the American Board of Family Practice in June, 1970.

ART TESSLER has been appointed professor of clinical urology at the medical school as of September 5, 1970.

BOB WERMAN has a new address: professor of neurophysiology, Institute of Life Sciences, Hebrew University of Jerusalem. Bob adds that he has a new boy, Ariel, a Sabra, after a ten-year lapse. There are three older children, Michael 15, Aaron 13 and Rachel, 11.

Hope you have all had a pleasant summer.

53 | Ira J. Laufer
45 Gramercy Park North, NYC 10010

JOHN BERRY is in the Peace Corps stationed in Cebu City in the Philippines. He and his family have been there since August 1968. At this writing they expect to return to the United States shortly.

CLASS NOTES

CHARLIE BILLINGS is associate professor and director of aviation medical research at Ohio State University; medical director of Beckett Aviation Corp.; and consultant to Federal Air Surgeon and Army Surgeon General in spare time. Off-hours devoted to rising and showing whippets, flying, and raising excellent crab grass.

PAUL BOYLES has recently published a paper on "Correlation of Prothrombin Time Test with Hemorrhage and Thromboembolism" in *Clinical Pharmacology and Therapeutics*. New hobby: Tracing family genealogy, which has led to trips to see many interesting people, places and grave yards. It also has given new details to early U.S.A. history.

BILL BRISTOW, JR. was elected 1970-1971 president of the Society of Clinical Psychiatrists of Northern New Jersey, and is trustee of the New Jersey Neuropsychiatric Association.

STANLEY CHARNOFF was promoted to assistant professor of clinical medicine at Downstate Medical Center.

JULIE CHAMBERS writes that his 14-year-old son, Burgess, will begin ninth grade at Choate this fall.

VICTOR DEFINO has moved to 15625 Peach Hill Road, Saratoga, California.

HELEN DE ROSIS' daughter, Heloise, will be a freshman at Connecticut College this fall. She is interested in pre-med.

BOB FEULNER is associate professor of radiology at Marquette University.

LEN HARBER is a guest investigator at Rockefeller University (metabolic unit), conducting research on cutaneous aspects of porphyrin metabolism.

MIKE HOMA is president of the Health and Safety Research Institute; was appointed by Governor Holton to the State Hospital Commission, State of Virginia; and is president of the Springfield Rotary Club.

SY JOFFE was awarded a Ph.D. in biochemistry in 1967 from the Albert Einstein College of Medicine and the Research Career Development Award 1966-1971, NINDB. He is associate professor of neurology at the University of Miami School of Medicine, and is involved in research on myelin; teaches, and has some clinical responsibilities. The Joffes have one son.

TED KINGERY is married and has four children. He is clinical professor of dermatology at the University of Oregon Medical School and is secretary-treasurer of the American Academy of Dermatology.

JULIE KOREIN's activities cannot be summarized in the limited space allotted to us. He will be happy to forward to anyone interested a copy of a summary of his

work of the past 10 years on narrative data processing by computer. This represents a paper presented in Lyons during April 1970, at the International Federation of Information Processing conference on medicine.

IRA LAUFER has been elevated vice-chairman of the Clinical Society of the N. Y. Diabetes Association, and has been appointed chairman of the Community Education Committee of the N. Y. Diabetes Association.

BEN LUSTGARTEN was promoted to assistant professor of clinical medicine at NYU in Sept. 1969.

DON MACNAIR is chief of the department of pathology at the William Beaumont General Hospital; director of the School of Medical Technology; and lecturer at the University of Texas at El Paso. He is in charge of a pilot project in a computer assisted laboratory to serve as a prototype for use in all Army General Hospitals. Please note change of address: Col. Donald S. MacNair, Box 1286, Wm. Beaumont General Hospital, El Paso, Texas 79920.

HANK MADOFF writes that **JOE KATZ** is leaving Pittsburgh to enter the practice of anesthesiology in Lancaster, Pa.

ARNOLD MINSKY is assistant clinical professor of pediatrics at State University of New York (Downstate) and is doing research in nephrotic syndrome of childhood.

BOB MONES was appointed associate professor of neurology and is chief of the Parkinson Clinic and Research Project at the Mt. Sinai Medical School, NYC.

BARRY PODELL is practicing OB-GYN in a group (of three) in Amityville, N. Y.

ED PNIEWSKI writes that after 16 years of general practice, he has now joined the IBM medical department as a full-time staff physician.

JUDY SCHACHTER is a teaching analyst in the Pittsburgh Psychoanalytic Institute; has begun the child analytic program; and teaches medical students. Her husband is director of research at the Child Guidance Center.

PAUL SCHMIDT just published a chapter entitled, "Safe and Effective Transfusion" in Vol. II of *Progress in Clinical Pathology*. Hobbies: collecting old books and equipment related to transfusion.

DAN SCHOICKET went to Munich, Germany, this summer for the International Hematology Conference.

ANN LUKACH THRON will be in Erlangen, Germany, from August 1970 to August 1971. Her husband will be teaching math at the University there, and Ann plans to work in a teaching hospital. The children will go to German schools. When she returns from Germany, Ann will continue working with the Public Health Service in Boulder, Colorado.

STAN WEITZNER tells us that he was promoted to professor, but neglected to say of what and where.

AL ZIFFER, recently seen sporting beard and steel-rimmed goggles, looked as impressive as his list of accomplishments: Just elected Florida delegate to American Society of Internal Medicine; now in fourth year as member of council of Florida Society of Internal Medicine; member of American College of Chest Physicians and American College of Allergists; Diplomate, American Board of Internal Medicine. Al writes that he awaits everybody's visit to Orlando, Fla., for the 1971 opening of Disney World. He is in private practice in Orlando with **MEL TRESSER '56**.

'54 | Aaron G. Meislin
560 First Ave., NYC 10016

ARAN SAFIR is now associate professor of ophthalmology, Mount Sinai School of Medicine, and chief of the ophthalmology service at Elmhurst Hospital.

JOHN BAUM is alive and well in Rochester, New York.

WARREN HAYES is director of physical medicine and rehabilitation at San Bernardino County General Hospital in California, and is a full colonel in the U.S. Army Reserve.

JORDAN BROWN is now clinical professor of urology at the School of Medicine.

LAWTON MANDERSON is practicing internal medicine in Freeport, L. I. He is a fellow of the American College of Physicians.

JERRY EDELMAN is practicing internal medicine in Westchester and is an associate at Albert Einstein Medical Center.

DON SMITH is building a winter home at St. John in the Virgin Islands.

MARTIN SCHICK is engaged in the practice of internal medicine and cancer chemotherapy in North Bellmore, L. I.

DICK FADIL is practicing urology in a four man group in Passaic, N. J.

WALLY STRAUSS is water skiing in California and is an associate clinical professor of medicine at the University of California.

JERRY FASS has another book off the presses, "A Primer for Parents," and has been appointed director of child psychiatry at Queens General Hospital.

JIM NELSON has been appointed professor and head of the department of OB-GYN. at Downstate Medical School and Kings County Hospital.

DAVID PENT is an associate in OB-GYN. at the University of Arizona School of Medicine.

'55 | William W. Filler, Jr.
37-18 73rd St., Jackson Heights 11372

GERALD ENTE has been appointed clinical director of the nurseries at the Nassau County Medical Center.

CLASS NOTES

'56 | Lawrence R. Ross
560 First Ave., NYC 10016

Our class will hold its 15th, and best reunion in June, 1971. Preparations must be made, and help is urgently requested. Classmates can help to make this a success by lending a hand no matter where they live. Please let me know of your interest at the above address. (We already have several wives on the committee, and more are welcome.)

MARTY FINKEL has the subspecialty boards in gastroenterology, the boards in internal medicine, and is an instructor at the Mt. Sinai School of Medicine. He met MARK SINGER in Philadelphia where they both received their F.A.C.P.

MARTY INKELAS is in the full time practice of internal medicine in Los Gatos, San Jose, California. He is married and has three children.

DICK NAGLER is in partnership with BERNARD ROSOF '57. They recently added a third man. He was certified by the American Board of Gastroenterology in 1967, and was elected to full membership in the A.G.A. in 1969.

JACK NAUHEIM practices ophthalmology in Merrick, New York. He has a boy and a girl and his hobby is boating.

CHARLES WEINSTOCK graduated as a psychoanalyst from the White Institute in November, 1969. He is the psychiatric director, Long Beach Mental Health Clinic, and psychotherapy supervisor, Bronx Municipal Hospital.

WALTER FLEGENHEIMER is now practicing at 1158 Fifth Avenue, N.Y.C.

HOWIE KRAVETZ has been practicing in Phoenix since 1962 in a four man practice limited to pulmonary disease. He is co-director of: pulmonary function laboratory, respiratory intensive care unit, and the Cystic Fibrosis Clinic, in Good Samaritan Hospital. They love the Southwest and welcome any classmates and expatriates from the East Coast (they'll supply the horse to get you from the airport). They sound lonesome - haha to them.

MEL TRESSER has his boards in internal medicine and is a member of the American College of Physicians and the American College of Gastroenterology. He is practicing internal medicine and gastroenterology in Orlando, Florida. He is attending at Orange Memorial Hospital, Orlando, is married and has 3 children, Debra, Steven and Andrea. His hobbies are orchard growing, sailing, and tennis.

MARTY LIEBOWITZ is associate professor of medicine at the Albert Einstein College of Medicine. His specialty area is nephrology. He has three children, Jonathan 15, David 11, and Amy, three.

FRED BECKER is professor of pathology at our alma mater and is director of pathology at Bellevue Hospital.

LES EIDELHOCH, fellow of the American College of Surgeons is practicing general and vascular surgery in Utica, N. Y. His three little ones, Meredith age one, Arthur two, and Alison, five, are sprouting like weeds. He reports that the Adirondacks are lovely.

JERRY WATERS is practicing in Miami, Florida.

DAVID A. DRACHMAN of Northwestern University is described in an article (3/6/70) in *Medical World News* as "a leading neurologist and one of the country's foremost experts on the subject of dizziness." According to the article, Dr. Drachman asserts: "Dizziness is a symptom, not a disease, and before any kind of treatment can be begun it must first be ascertained which of the four general types of dizzy spells - true vertigo, syncopal sensations (faintness), disequilibrium, or "lightheadedness" - the patient is suffering from.

'58 | Gerald A. Gellin
245 San Leandro Way
San Francisco, Calif. 94127

ROBERT AUERBACH recently opened an office to practice dermatology at 440 East 57th Street in New York City.

WILLIAM M. COHN has followed Horace Greeley's advice. Bill moved to the state of Washington and is practicing neurosurgery at 1213 North 200th Street in Seattle. Our classmate, STAN ZEITZ, who practices internal medicine in Seattle, lured Bill away from New York.

HAROLD O. DOUGLASS has moved to Buffalo, New York. He is now on the staff of the Roswell Park Hospital performing surgery on the G.I. tract.

HARVEY ROSENBLATT is practicing psychiatry at 55 East 87th Street in Manhattan. Delores gave birth to a daughter, Kirsten on May 18, 1970. Their son Adam is now 4.

LEONARD B. STARR has a new address. It is 726 Lee Drive, in Las Vegas, New Mexico 87701. Lonnie is a clinical pathologist.

'59 | Eugene L. Lowenkopf
150 East 77 St., NYC 10021

EDWARD S. CELARDIN is an associate in psychiatry at The University of Arizona School of Medicine.

'60 | Lawrence Sherman
11 Terrace Drive, Great Neck 11021

DARWIN L. PALMER specializes in internal medicine and infectious diseases. He is an assistant professor of medicine at the University of New Mexico. ANNE E. PRESSMAN is assistant professor of epidemiology and community medicine at the

same school.

CHARLES L. WITTE is an assistant professor of surgery at the University of Arizona School of Medicine.

MARLYS H. WITTE is an assistant professor of surgical biology at the University of Arizona School of Medicine.

'61 | Alan T. Kent
2 Sands Place, Chelmsford, Mass. 01824

RICHARD J. KOSTECKI recently completed a two-year tour in the Army. He was a plastic surgeon at Fort Gordon Special Treatment Center in Augusta, Georgia. The second year he was at Madigan General Hospital, Tacoma, Washington. He is board certified in general and plastic surgery. He plans a one-year fellowship in plastic surgery in Nairobi, Kenya, beginning this fall. Then he hopes to return to private practice in the northeast part of the United States in July 1971.

'62 | Alan C. Davidson
293 Sarah Circle, Orange, Conn. 06477

YOUNG ENG married Judy Chiu, a former nurse at University Hospital. He and Judy had a daughter, Cynthia, in March 1970. Young practices endocrinology on Staten Island.

BOB GOLDMAN writes that he has been promoted to assistant professor of medicine in the cardiology division at Stanford. He and Audrey have two children, Andrea, 4, and Lisa, 3. Bob's research field of interest continues to be in cardiovascular pharmacology.

JERRY SANDLER is presently assistant professor of medicine and director of the hematology laboratories and blood bank at Georgetown University Hospital, Washington, D.C. Kathy and Jerry are living in Bethesda, Md., and are very enthusiastic about the D.C.-Md. area. Their second, David Abraham Sandler, was born April 22, 1970.

FRED SILVERBLATT is on the staff of the department of medicine at the University of Washington. His sub-specialty is infectious disease. He is currently working on nephrotoxicity of antibiotics using the electron microscope. He has two articles that were published this summer, one in *Journal of Infectious Disease* and another in *Journal of Cell Biology*. Fred and Annamaura have a son, Jonathan, age one year, and another on the way.

STEPHEN H. GREEN is a senior resident in surgery at the Albert Einstein Medical Center. He writes: "I am proud to announce that my wife Lori, gave birth to a daughter, Dawn Syndi on May 16, 1970.

'63 | Philip Yarnell
370 First Ave., NYC 10010

STUART EDELBURG is an associate in OB/GYN. at The University of Arizona School of medicine.

CLASS NOTES

'64 | David I. Wolff
1125 Graham Rd., Florissant, Miss. 63031

ROBERT MORRISON, urology resident, and his wife, Alice, are the proud parents of a son, Robert Michael, born in University Hospital on August 17, 1970.

Your class agent reports his new address (above) wasn't recorded in the *Quarterly* office. Thus, a post card mailing was sent to classmates with the old address listed. A new mailing is in the works.

'66 | Ronald Golinger
300 East 33 St., NYC 10016

ELLIS FRIEDMAN's magical orthopedics residency has now taken him to Chicago where he is taking post-graduate courses.

RON GOLINGER and his wife, Elizabeth, proudly announce the birth of Jonathan Louis on July 18, 1970.

'67 | Richard Malkin
57 West Cedar St., Boston, Mass. 02114

STEVE STONE, stationed in the Philippines with the U.S. Navy, has visited hospitals in Bangkok and Manila and plans to cover the rest of the Far East this year.

MIKE ROSEN is at the NIH. He and his wife Susan are expecting their first child.

ANDY LEWIN, **RON FISHBACH**, and **MARIAN ROSENTHAL** have made the move to the west coast and are all medical residents at U.C.L.A. **CHARLIE GOLDSMITH** is in the Air Force in Los Angeles.

BEN LECHNER is at John Hopkins as an arthritis fellow. **MIKE PROPPER** is at Jackson Memorial in Miami.

Bellevue claims **MAX GREENMAN** and **JAN LYONS** in ophthalmology. Max married the former Susan Weitzman on April 10.

PHIL LEVITT and **BOB MORANTZ** are in neurosurgery at Bellevue, and **STEVE HERSCH** and **WAYNE GREEN** are there in psychiatry.

Cindy and I are proud to announce the birth of Robert Gregory on July 6.

'69 |

The birth of a son, Eric Nathaniel, on June 20 at University Hospital has been announced by June and **WILLIAM BRENNER**. Dr. Brenner served his internship here, and is now serving a surgical residency here. June was formerly secretary to Dr. Howard A. Rusk at the Institute of Rehabilitation Medicine.

NORMAN S. ABRAMSON completed a rotating internship at the University of Wisconsin Medical Center in June.

OBITUARIES

JOSEF S. SMUL '10, of New York City, died Aug. 19, aged 88. He had retired in

March after serving for many years as clinical assistant physician at Beth Israel Hospital and as associate gastroenterologist at Beth David Hospital. He was the author of the medical textbooks, "Diseases of the Digestive System and Food Allergy," and "Respiratory Diseases and Allergy." He had been a vice president of the Manhattan Roentgen Ray Society.

ELIAS A. LESSEM '18, of Decatur, Ga., died June 7, aged 73. Retired, he had been a psychiatrist with the Veterans Administration for 35 years. He was a member of the Fulton County Medical Assn., The Psychiatric Association; a graduate of the New York Conservatory of Music; veteran of World Wars I and II.

FRANCIS ANTHONY SILEO '19, of Brooklyn, N. Y., died July 24, aged 73. Retired, he was a member of the Medical Society of the County of Kings, the Medical Society, State of New York, and the AMA.

MATTHEW DIGIORGI '20, of New Rochelle, N. Y., died Sept. 3, aged 74. He was honored recently by the New York County Medical Society on the completion of a half century of practice. He formerly was associate clinical professor of obstetrics and gynecology at the School of Medicine, chief of gynecology clinics at University Hospital and director of obstetrics and gynecology at Columbus Hospital.

LEO BATELL '23, of Longboat Key, Fla., died March 25, aged 71. He was certified by the American Board of Pediatrics; on the staff of the Hillsborough County Hospital in Tampa.

BENJAMIN SASLOW '24, of South Orange, N. J., died April 25, aged 69. He was certified by the American Board of Internal Medicine; served on the staff of Martland Hospital, Newark; consultant, United Hospitals in Newark, St. Barnabas Medical Center, Livingston, Clara Maass Memorial Hospital in Belleville and the Beth Israel Medical Center in Newark.

SAMUEL S. WINTER '24, of Long Beach, N. Y., died Sept. 19, aged 69. He had been an instructor in epidemiology at Albert Einstein Medical College and had practiced internal medicine in The Bronx for 35 years.

JOSEPH HARKAVY '28, of The Bronx, N. Y., died July 9, aged 72. He was a clinical assistant physician (off service) at Bronx-Lebanon Hospital Center; a member of the Bronx County Medical Society, the Medical Society of the State of New York, and the AMA.

DAVID KLEIN '28, of Hollis, N. Y., died in May, aged 71. He was a member of the Medical Society of the County of Queens, the Medical Society of the State of New York, and the AMA.

WILLIAM A. SCHONFELD '31, of Mamaroneck, N. Y., died Sept. 21, aged 64. He

was a specialist in child and adolescent psychiatry; a member of the Columbia University faculty for 30 years, he was an assistant professor of child psychiatry at the College of Physicians and Surgeons; also an associate attending psychiatrist at the New York State Psychiatric Institute. In 1950, 1960, and 1970, he was a member of the White House Conference on Children and Youth and in 1957-58 he was a psychiatric director of the Rockefeller Guidance Center here.

NICHOLAS LOUIS RUSSO '32, of New York City, died July 3, aged 64. He was a member of the New York County Medical Society, the Medical Society of the State of New York, and the AMA.

LEWIS H. BRONSTEIN '33, of New York City, died July 21, aged 61. He was associate medical director of Beekman-Downtown Hospital and medical director of Gracie Square Hospital; chief internist of the Circle Manhattan Medical Group.

CHARLES MARGULIES '33, of Nutley, N. J., died Aug. 15. He had been in the general practice of medicine in Nutley for the past 24 years.

CARL FRIEDMAN '38, of Waco, Texas, died March 23, aged 55. He was a veteran of World War II.

SAMUEL A. JAFFE '38, of Hamden, Conn., died March 29, aged 54. He was certified by the American Board of Surgery; served on the staff of the Hospital of St. Raphael in New Haven.

JOHN MACEVOY BAKER '59, of Buffalo, N. Y., died April 9, aged 36. He was an associate attending anesthesiologist at Edward J. Meyer Memorial Hospital and a clinical assistant anesthesiologist at Children's Hospital; diplomate of the American Board of Anesthesiology; fellow of the American College of Anesthesiologists; and member of the American Society of Anesthesiologists, Inc., the New York State Society of Anesthesiologists, the Erie County Medical Society, the Medical Society, State of New York, and the AMA.

ROBERT J. BOEHM '42, of Chattanooga, Tenn., died May 10, aged 53. He was certified by the American Board of Surgery and the National Board of Medical Examiners; affiliated with the T. C. Children's, Memorial, and the Baroness Erlanger hospitals; veteran of W.W. II.

DAVID A. ROSENBERG '42, of Eastchester, N. Y., died July 14, aged 52. He was assistant professor of pediatrics at the Albert Einstein College of Medicine of Yeshiva University.

PAUL ALTON MARSHALL CROSS '55, of New York City, died July 20, aged 39. He was an internist who was associate medical director at Ives Laboratories and a former medical director of *Medical World News*.

Lead the Way in Helping Your School

Of the more than 6,000 living alumni only a fraction will be able to lead in supporting the School by reserving seats in Alumni Hall. Be one of those in the forefront of assistance to the School's programs by designating your seat now!

Your generous support will be evident in the years to come by the plaque bearing the name you designate on the seat you reserve.

For further information, please write or call me or Sam Kenin at the School, 550 First Avenue, New York, N.Y., 10016; telephone (212) 679-3200, extension 3527.

Walter Levy '24, Chairman
Alumni Hall Development Fund

Alumni Hall Development Fund
New York University School of Medicine
550 First Avenue, New York, N.Y. 10016

I hereby pledge the sum of \$1,000 payable over a period of five years, for a seat in Alumni Hall.

Enclosed herewith \$

Please designate the seat in Alumni Hall in the name, memory

or honor of

Signed

Name Class Date
(Please print)

Address

(Contributions are tax deductible.
Please make your checks payable to
NYU SCHOOL OF MEDICINE.)

CONTRIBUTE
TO THE
1970-1971
ALUMNI
FUND