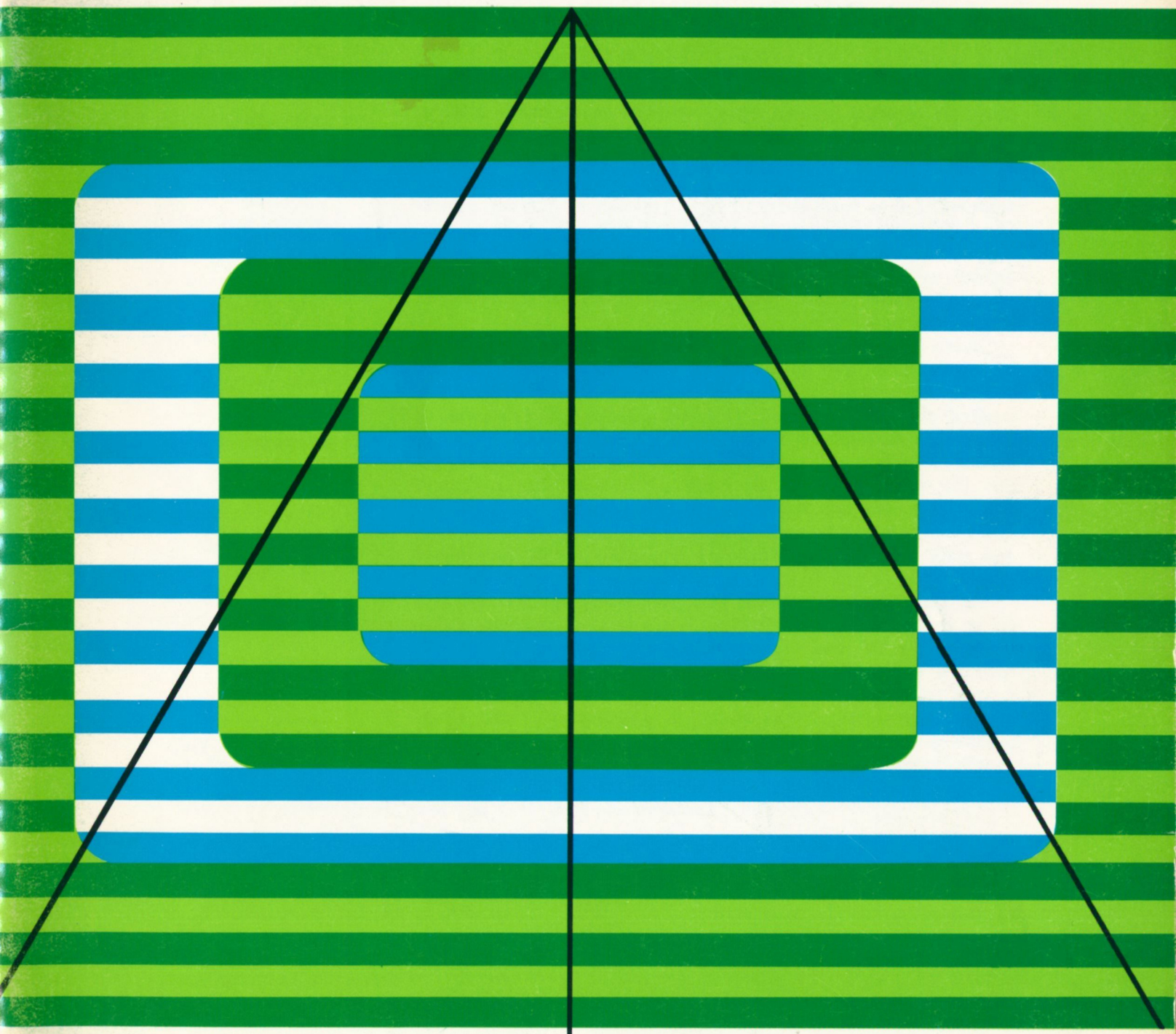
the Buffalo Physician

SUMMER 1971 VOLUME 5, NO. 2, SCHOOL OF MEDICINE STATE UNIVERSITY OF NEW YORK AT BUFFALO



Learning By Closed Circuit TV

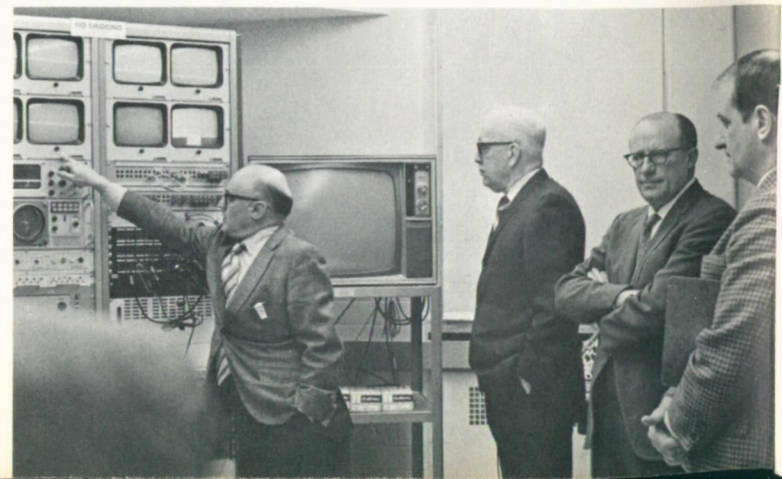
The pharmacology class quickly filled the auditorium on the third floor of Veterans Hospital located across Bailey Avenue from the Medical School. They were the first medical class to utilize the new closed circuit TV system that will soon link the hospital to the Medical School. Had there been more laboratory time available to them, they would have performed the experiment which they were about to view. Through the Starling Heart/Lung operation being performed on a dog, this teaching film would illustrate many of the important fundamental features of cardiac action. Not only would they review the physiology but the sophomores would obtain a concept and understanding of glycoside effects.

Video tape can be made in the control room at the hospital in mobile color and in black and white. In the fall when two coaxial cables connect the hospital and the Medical School two captive channels — 9 and 11 — both audio and video can be tuned in. Through its ITFS selection zoom lens, the camera is able to focus onto a specific spot, making it ideal for surgery. But the connecting coaxial cable TV hookup has reciprocal merits. Not only can medical students now see heart operations and other procedures performed at the hospital, but house staff can tune into lectures, seminars or discussions at the medical school.

An additional new service, Dial Across Medical Lectures, will fill in the gap where a consultant is not readily available. Sponsored by the VA and Wisconsin Regional Medical Program, the recorded service is available on a 24 hour basis. By dialing a federal telecommunications service number, a doctor or student at the hospital has instant access to a short five or six minute lecture on a large number of medical subjects — from blood transfusions to suicide.□

The pharmacology class learns via closed circuit TV.

Mr. Richard S. Levy and Mr. William H. Maier from the Seneca Audio-visual Company explain the closed circuit equipment to Dr. William Chardack, associate professor of surgery, and Dr. John A. Richert, assistant to the Dean and Registrar. Dr. Chardack is responsible for the VA part of the program.



SUMMER, 1971

Volume 5, Number 2

THE BUFFALO PHYSICIAN

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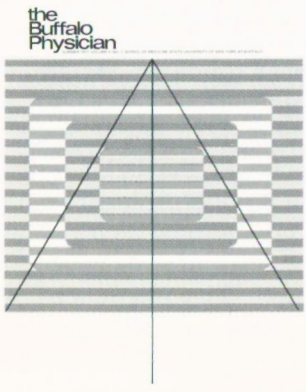

IN THIS ISSUE

The cover design by Richard Macakanja focuses upon learning by closed circuit TV. Please see the opposite page for details.

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The Prescription Team - Physician, Pharmacist, Manufacturer

By David F. Burkholder, Pharm.D.

IN THE WORLD OF HEALTH CARE there are many teams, At almost any meeting of health professionals during this decade one could surely expect some discussion of the team concept as it applies to health care planning and organization. Curiously, there has been a great deal said about the team concept but very little done in the way of its actual implementation. Everybody pays lip service to the idea, particularly within individual disciplinary circles, but this in itself is a contradiction to the team approach and suggests a clinging to the old provincial roles with only gradual change through unilateral planning.

Historically, the physician was often his own dispenser and the pharmacist was his own producer and sometimes even prescriber for the common complaints and ailments he encountered among his clientele. Early in this century, a pharmaceutical industry began to emerge which was capable of producing high-quality products of more specific pharmacological action. The efficient mass production of convenient dosage forms of consistent quality has now all but completely replaced the pharmacist's role as a producer of his own prescription drugs in their finished forms.

By our present-day standards, we identify the physician as the prescriber, the pharmacist as the dispenser, and the manufacturer as the producer. This is the pattern of things as learned by most of us in our professional education and training. Within each of these areas, however, many changes are taking place with a new level of sophistication in the services being provided. This "new look" in drug utilization, especially within major teaching hospitals, is reflected in such specialties as clinical pharmacology in medicine, clinical pharmacy in pharmacy, and clinical coordination by manufacturers in pharmaceutical research. Notice the "clinical" modification common to all the older disciplines: pharmacology, pharmacy, and pharmaceutical research. Implicit in this clinical orientation is the desire to direct all effort toward the improvement of patient care. The literal meaning of clinical is the laying of hands on the patient, and yet no one of these disciplines touches the patient more than the nurse. The meaning of the word clinical here refers to the ultimate benefit derived from the optimal use of drugs, with the desire to reach the patient's objectives rather than to reach for the patient per se. Such clinical coordination among physicians, pharmacists, and pharmaceutical manufacturers in deriving greater knowledge and experience will require a concerted effort to function as a team.

Let's look very briefly at the whole contemporary pattern of drug utilization in this country. On the one hand, hundreds of drug manufacturers produce thousands of drug products under rigid standards of quality control with rather specific accountability required for the disposition of these products. On the other hand, there are tens of thousands of physicians prescribing drugs for millions of patients amounting to billions of doses, each producing multiple pharmacological effects. In the latter situation, there are few standards and essentially no control in drug utilization except in certain hospitals where institutional policy generally allows for it or clinical research efforts are directed specifically to study some aspect of drug utilization. The pharmacist is the

From January 1, 1967 to June 30, 1970 Dr. Burkholder was Associate Professor and Director, Center for Pharmaceutical Practice, School of Pharmacy, State University of New York at Buffalo, and Director, Pharmaceutical Services, Buffalo General and Children's Hospitals. He is now Associate Professor, Hospital Pharmacy at the University of Missouri, Kansas City.□

(reprinted from MODERN MEDICINE, *December 29, 1969)*

middleman, and although he controls the prescription, his prescription records, a tangible source of information, are seldom utilized for study purposes, and the final control in drug utilization is lost the moment he dispenses the drug to the patient.

Because the loss of control in drug utilization is so general and so diverse, it is necessary to set up study groups, research teams, and drug review committees, mostly in hospitals and out-patient clinics where a structured environment lends itself to more closely following the care and treatment of a given population of patients. It is within this more academic setting, rather than in private practice, that we see the emergence of a prescription team to study the patterns and precise character of drug utilization. This is where we find the specialized professionals with the clinical orientation mentioned earlier.

When a new drug first undergoes clinical investigation, as phase II and III studies, a great deal of careful attention is paid to the control factors associated with the study according to a predesigned protocol. This is carried out through the combined efforts of the drug manufacturer (sponsor) and clinical (principal) investigator, a team of two. Unfortunately, the pharmacist is not usually brought into this team effort, and as a result, the complete and detailed records of their ultimate disposition within the hospital or clinic are left to a clerk or secretary of the investigator which can later lead to problems for the sponsor.

The moment a New Drug Application has been approved by the Food and Drug Administration for production and marketing of a new drug product, the manufacturer becomes less involved in the actual utilization of the new product and the pharmacist suddenly becomes deeply involved. Now we again have a team of two working together, but the manufacturer's interest in the new product has tended to shift administratively from its medical department to its departments of production and sales. At this point, the amount of control and interest in studying the most effective utilization of a new drug is greatly decreased. There seems to be a false assumption that just because a new drug product has been approved by the FDA there is no further requirement to study its continued use to determine the limits of its efficacy and safety in a variety of patients. This shift in emphasis of interest ironically occurs at a time when the greatest amount of information and benefit could be derived from the much larger experience gained through its intended use in tens of thousands of patients under a variety of conditions.

I would like to propose the establishment of so-called "phase IV studies" by the prescription team: physician (or clinical pharmacologist), pharmacist (or clinical pharmacist), and manufacturer (or clinical coordinator). These studies, although not required by law, would serve the purpose of adding to our present drug knowledge more precise information based on actual experience with these drugs as they are used in practice.

Within the many hospitals and clinics of our country lies a wealth of information which is based on the factual experience of drug use and therefore is self-generating. Undoubtedly, the programmed collection and organization of this information would provide the strongest evidence in determining the character of

Dr. Burkholder

drug selection, drug utilization, and even drug performance for many newer drug products now in use. The value of this information has been demonstrated thus far in only a few widely scattered teaching hospitals. But even with this limited experience, it is quite clear that programs of this type, now being coordinated between the hospital's pharmacy and medical staffs, have taken a major step in providing a more rational basis for the selection and use of drugs in patient care.

Through the coordination of effort by a prescription team, a continuous monitoring program could be established for each manufacturer to determine:

1] Choice of drug product and frequency of choice for a given clinical condition

2] Size and frequency of dosage used

3] Duration of drug use

4] Drugs given in combination

5] Other treatments (non-drug) given concurrently

6] Pattern of pertinent laboratory values or other parameters used to determine the patient's progress

7] Relationship of patient's progress to specific drug therapy employed in a time-dose relationship

8] Frequency of adverse reactions and side effects under a variety of clinical conditions.

The collection of such data would enable the manufacturer and others to better assess optimal drug use—efficacy as well as safety—in specific types of patients; provide more detailed information on drugs used in combination, drug interactions, and drug interference with special diets and diagnostic tests; and determine physiological availability of the drug under different pathological conditions. In addition to aiding the teaching mission of our health practitioners concerned with drug therapy, this information would be useful to the drug manufacturer in developing improved drug products and new dosage forms. The value of such information in marketing research would be far superior to a mere analysis of sales figures in assessing the acceptance of a new product.

Undoubtedly, the drug manufacturer could initiate this team effort and organize a type of phase IV study program for monitoring the use of selected drug products. Provided the confidentiality of the hospital or clinic, physician, and patient could be assured by the appropriate use of codes, such a team effort would not only seem feasible but would be very desirable in providing a much needed body of useful information for the clinical pharmacologist, the clinical pharmacist, and the clinical coordination program of the manufacturer. By a contractual arrangement with the hospital, the hospital pharmacist, again the middleman on the team, could be responsible for all data collection. This is easily facilitated by the fact that the pharmacy is the one place in the hospital where all the drug orders are received for all the patients undergoing treatment and care.

Because the medical departments of most pharmaceutical manufacturers have concerned themselves primarily with new drugs undergoing initial clinical evaluation (prior to marketing), it would be necessary for them to extend their interest to the continued use of marketed products through phase IV studies as proposed.□

A Presidential Inauguration

DR. ROBERT L. KETTER was inaugurated as the University's third president and 11th chief administrator February 15 by Dr. Ernest L. Boyer, State University Chancellor at Kleinhans Music Hall. Approximately 1,800 people gave Dr. Ketter a standing ovation following the installation.

Prayers were offered by clergymen of three faiths - Msgr. Joseph E. Schieder, Pastor of St. Andrews Church; The Reverend Ralph W. Loew, Pastor of Holy Trinity Lutheran Church; and Rabbi Martin Goldberg of Temple Beth Zion. Representatives of 180 universities and professional societies marched in the academic procession led by Dr. John T. Horton, University Marshall, and professor of history.

Speaking on behalf of the Undergraduate Students Association Mark Huddleston said, "will you have the vision to restore the sense of unity and excitement that marked the administration of Martin Meyerson?"

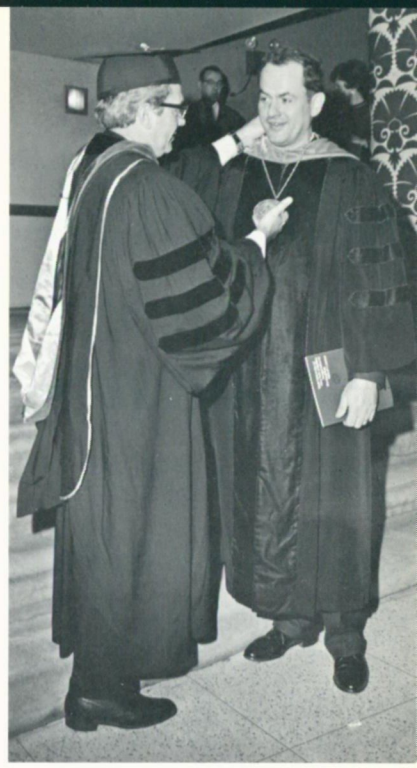
"We can look forward to many years of positive leadership," responded William C. Baird, chairman of University Council. He cited Dr. Ketter's achievements as a scholar and successful administrator. "You were chosen for your ability to interpret a large, growing facility to its many publics. We have total confidence in your ability to lead the University to even higher rank."

Speaking for the academic community, Dr. John S. Toll, president of the State University at Stony Brook, pointed out that a university president has only a "razor edge of maneuverability" in dealing with current problems. "The academic community rejoices on this occasion, but can you?"

Other speakers on the 90-minute program were Michael Rosen, president of the Graduate Student Association; Dr. William H. Baumer, chairman of the Faculty Senate and associate professor of philosophy; and Robert E. Lipp, president of the General Alumni Association.

Mr. Rosen asked the new president to promote personal dignity and to realize that the "dignity of one person is no higher than the rest of humanity." Representing the faculty, Dr. Baumer described Dr. Ketter's presidency as "characteristic of beginnings — times of hopes and dreams, fears and uncertainties." He proposed an effort on the part of the University community to develop "a community of scholars in every best sense of that phrase." Alumni President Lipp praised the new president's actions during the first seven months of his term. "You have led capably and we are most pleased."

In inaugurating Dr. Ketter, Chancellor Boyer presented him a silver medallion which is the emblem of the president's office. It incorporates the UB seal, a cluster of books radiating from a central core and represents the unity of knowledge gained through the university's diverse faculties.



Drs. Boyer, Ketter

Dr. Ketter, a 42-year-old engineer, was named president in June, 1970 by the State University Board of Trustees. He had been a member of the faculty for 12 years.

Dr. John T. Horton

The University Brass Ensemble, under the direction of Frank J. Cipolla, played the National Anthem and accompanied the University Chorus in Tomas Luis de Victoria's "O Magnum Mysterium". Mrs. Sylvia Dimiziani directed the Chorus.

After the ceremony there was a special luncheon at the Ridge Lea Campus dining room. The group also heard messages from the community and central SUNY administration. Chancellor Boyer gave greetings not only to the new president but also to his family, speaking of the "family commitment" that must be made as well as the presidential one.

Buffalo City Comptroller George O'Connell brought the "felicitations of the City of Buffalo" to "President Bob" on behalf of Mayor Sedita. President Ketter was given a "gold plated letter opener" with the seal of the County of Erie in its handle by B. John Tutuska, Erie County Executive. Tutuska said the seal represented the "appreciation and gratitude" the County has for the new president.

Greetings to Dr. Ketter were also extended by Dr. Albert Berrian, associate commissioner for higher education, State of New York, the Very Reverend James M. Demske, S.J., president of Canisius College, and Allen Dekdebrun, supervisor of the Town of Amherst.□

The luncheon

Repression by Default

Robert L. Ketter
President
State University of
New York at Buffalo

Chancellor Boyer, Mr. Baird, members of the Council of State University of New York at Buffalo, members of the Board of Trustees of State University of New York, Distinguished Visitors, Delegates, members of the University faculty and student body, Reverend Clergy, Alumni, Ladies and Gentlemen.

This moment revives for me a feeling I experienced when I was first appointed to office and which I am sure all of my predecessors shared, for I am standing now, as they did, at the crossroads between tradition and innovation, between the imperative to preserve an inheritance from the past and the sense of the opportunity to give a shape to the future.

For each of my predecessors the interplay between tradition and innovation has had a unique meaning, since the point at which they meet shifts from generation to generation. In my opinion, the area of crucial concern here and now is the relation between academic freedom and academic responsibility. Therefore, on this occasion, I want to make that relationship the focus of my remarks.

I

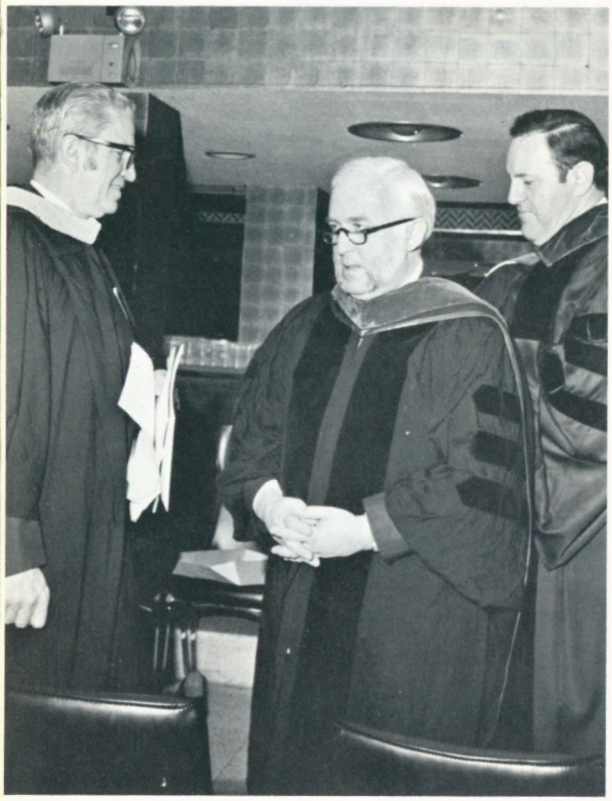
In an article which appeared last August in one of the national dailies, it was reported that thirty-two states had enacted legislation designed specifically to control campus disorders. There has not yet been sufficient time to analyze fully the implications of these measures; nevertheless, I would submit that such laws are repressive at worst and at best, they are regressive, for they are certain to erode the institutional autonomy which is a prerequisite for true academic freedom.

Traditionally, universities have opposed any attempts to circumscribe their autonomy, reasoning that an attack against the conditions under which academic freedom exists is in fact an attack against academic freedom itself. In general, their opposition has not been misplaced; for the privilege of autonomy has rarely been granted without a struggle, and even then, society has demonstrated a reluctant acquiescence rather than a positive commitment to the concept.

Unfortunately, our concentration on preventing external interference has deflected our attention away from internal responsibilities. We have looked outward at the expense of looking inward, and now find ourselves faced with an uncomfortable paradox: our very preoccupation with external threat has helped to bring it about.

Nor has the internal neglect resulted only from our struggle for autonomy and academic freedom. It also has come out of arrogance and fear, an arrogance which has placed us above responsibility, and a fear which has paralyzed our will to adhere to the demands of responsibility even when we have perceived them.

Lewis Mayhew and numerous other educators have warned us of the gravity of the crisis that these attitudes have created. If the university does not put its own house in order, the political



Drs. Strauss, Mohn, Brody

establishment, in response to public pressure, will attempt to do so. We will have squandered our inheritance of both autonomy and freedom.

We cannot continue to invite repression by default. It is imperative that we, ourselves, define our responsibilities and determine to meet them. This is one of the primary opportunities the future holds for each of us.

II

The mission of a university is to contribute to the welfare of society — through education. This contribution has traditionally been made in the areas of teaching, research and public service. To properly serve in these areas the university has required that it be given the autonomy which insures free inquiry into the truth of all phenomena, and the free dispensation of the results of that inquiry.

Samuel Capen, Chancellor of this University from 1922 to 1950, wrote that what we have asked is "to be protected against every form of reprisal" that the truth might provoke. This is to be given a uniquely privileged status, one which almost implies absolute freedom. Judge Learned Hand pointed to the danger in this extreme interpretation: "A society in which men recognize no check upon their freedom," he said, "soon becomes a society where freedom is the possession of only a savage few . . . ."

The academic profession has recognized the validity of this warning and has sought to avoid the abuse of its freedom by self-imposed precepts: a reliance on scholarship rather than opinion, reason rather than power, intellectual exchange rather than dogma, and above all humanity in its relations to others.

But academic freedom is now threatened. It is true that the university is one of many social institutions confronted today by a loss of confidence. It is also true that dissatisfaction with the university has been heightened by changes in other sectors of society. But we are still faced ultimately with the realization that the atmosphere of freedom on campus has been invaded. It has been invaded by those whose impatience and ill-conceived goals demand the destruction of the university, as the only solution to the problems of an institution which reflects many of society's deficiences and injustices. It has been invaded, too, by those who wish to suppress expression of unpopular views, who do not distinguish between violent revolt and peaceful dissent. The university has been peculiarly vulnerable to these invasions because its commitment to freedom and to the complexities of truth has often paralyzed its ability to act.

In reviewing recent educational history, it must be concluded that while less visible, no doubt because it was less volatile, serious abuses of academic freedom began to afflict universities in their early years of burgeoning affluence following World War II. These abuses were caused by arrogance, an arrogance which has done much to provoke the disorder which many have cited as the justification for the present threats to our autonomy. This arrogance has been manifested in the imposition of an autocratic lecture system which too frequently has denied students

the freedom of inquiry which we have claimed for ourselves. We have expected our own conclusions, expounded at length, to be returned dutifully at the end of the term. We have thus displayed in ourselves the closed minds which we have been so quick to condemn in others.

Our research, and sometimes our pretensions to research, have interfered with our teaching. Light course loads have been used as opportunities not to devote more time to individual students, but to pursue our own interests, whether or not these interests are of benefit to those whom we teach. Our offices are more often closed than open to students and much of our teaching has been left to the least experienced. Our research interests have too often been dictated by available funds which have led to an eager relinquishing of autonomy and self-direction. The excess of wealth that has mushroomed our research has been matched by our hubristic claims that have created unrealistic expectations among the students and in the community.

To whatever extent these charges are applicable to institutions and individuals, then to that extent the institutions and the individuals have abrogated their responsibility to the purpose of higher education. This denial, this arrogance of self-interest, must be accorded its own proper role as a factor in the erosion of confidence in the academic profession. For it is a pervasive sense of disenchantment, not alone a reaction to campus disorder, which has created the current threat to autonomy and academic freedom.

III

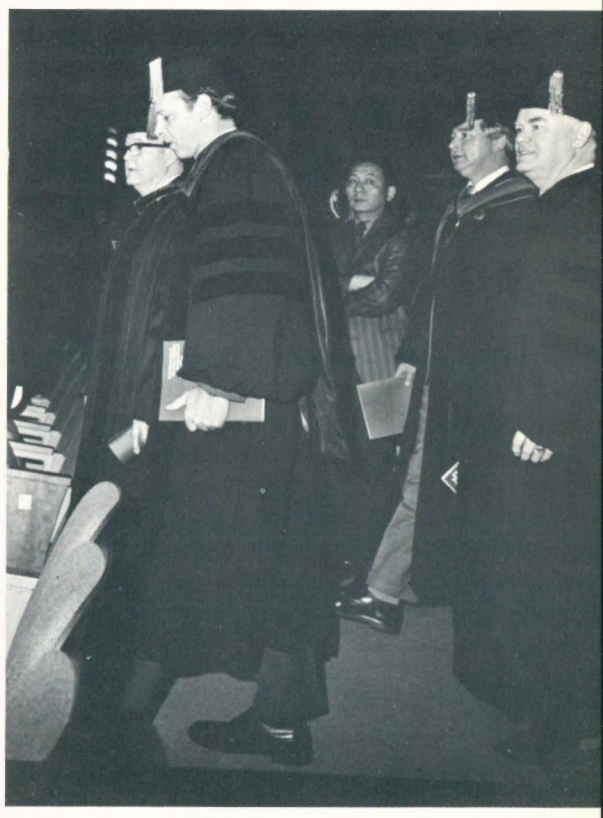
There are many who now recommend that research institutes, separate from the universities, be created; that universities no longer act as certification boards for employers in business and in the professions; and that the public demand for the services of higher education be limited. These recommendations — which come from within the university as well as from without — suggest that there is a widespread belief that the university has over-extended itself, has attempted to fill too many roles.

These proposals may have some merit, but I do not believe that we are going to restore the trust we have lost simply by proposing remedies dependent upon elements outside the university. The teaching, research and service functions have been part of the role of universities since their creation in medieval times, and I do not foresee a time when one or another of them will be abandoned: they are too interrelated.

I believe first we must recognize that teaching is primary, and that research and service are valuable to the university in the degree to which they facilitate the former. It is through teaching that the university and the individual in the university will make their broadest contribution to the welfare of society. The teacher must never allow the pursuit of his own interests to lead to neglect of the intellectual growth of his students.

As the largest graduate center in the State University of New York, this institution at Buffalo has a particular obligation to research. But, if we insist that our activities in both the pure and applied fields are to be carefully selected to enhance the teaching

Dr. Randall, Dean Pesch



Chancellors, Presidents

1. *Millard Fillmore 1846-1874.*
2. *Orsamus H. Marshall 1882-1884.*
3. *E. Carleton Sprague, 1885-1895.*
4. *James O. Putnam 1895-1902.*
5. *Wilson S. Bissell 1902-1903.*
6. *Charles P. Norton 1905-1920.*
7. *Samuel P. Capen 1922-1950.*
8. *T. Raymond McConnell 1950-1954.*
9. *Clifford C. Furnas 1954-1966*
10. *Martin Meyerson 1966-1970.*
11. *Robert L. Ketter 1970-*

Including acting chancellors and presidents, Ketter would be 16th:

1. Fillmore; 2. Marshall (there was no acting chancellor between Marshall and Fillmore); 3. Sprague; 4. Putnam; 5. Bissell; 6. George Gorham, "acting" between Bissell and Norton; 7. Norton; 8. Walter P. Cooke, "acting" between Norton and Capen; 9. Capen; 10. McConnell; 11. Seymour H. Knox, "acting" between McConnell and Furnas; 12. Furnas; 13. Claude E. Puffer, "acting" while Furnas was on leave as assistant secretary of defense; 14. Meyerson; 15. Peter F. Regan, "acting" while Meyerson was on leave during 1969-70, and 16. Ketter.

As for the presidential number, Furnas was the first president; the title was changed from chancellor after the merger with State University. That would make Ketter the third president.

process, then we will maintain our integrity as a true institution of learning. Realistically, this selection will have to be made among interests which individuals, businesses, foundations, and governments are willing to finance. It would be foolish to argue that social utility is not a powerful institutional influence. Nevertheless, careful selection among our options can preserve our right to define our own priorities while simultaneously serving societal advancement.

Public service, apart from the service inherent in teaching and research, has occupied during the last several years an increasing amount of time and resources within the university. It is obvious by now, however, that the university cannot be honed into a cutting edge for social change. That role would require attributes that are antithetical to the objectivity demanded by scholarship. Therefore, in exercising this function we must make sure that our programs of service have a broad educational value, and that an advocacy of special interests does not usurp the critical stance that the university at all times must maintain.

IV

Can the responsibilities of the university community be observed without a formal and enforceable code of ethics? It is true that our universities have become more legalistic in nature as a result of campus disorders. Nevertheless, the disciplinary codes and due process measures that have been drawn up to deal with these problems have not stilled the public outcry for yet more stringent regulations.

Reacting to this external pressure and out of a genuine concern for the viability of freedom on the campus, many educators have suggested the need for a well-defined code which includes an enforcement mechanism. The Association of American University Professors recently released a statement on freedom and responsibility; the American Association of State Colleges and Universities has issued its own statement on "academic freedom, responsibility, and tenure"; and at both Berkeley and Stanford the faculties have been considering the strong enforcement of "codes."

I feel very strongly that this concern for professional ethics is healthy, for all too often in the past we have emphasized freedom without sufficient regard for responsibility. It is my personal hope, however, that California is not, as it has been labeled, "the nation's weather vane." I do not share the view of those persons who feel that the consensual and uncodified guidelines for academic freedom and academic responsibility are too ill-defined to be useful; and I do not want the University placed in the position of having to create a formal code and enforcement procedures as a means of avoiding that creation by others.

If this possibility can be averted, it will be done so through institutional and individual commitment to self-discipline. It is this quality which enables us to sublimate our self-interests to the advancement of the human good and to thereby fulfill the purpose of higher education and of this University. The quality is intrinsic to scholarship; it is both our defense and our freedom.

The time has now come to reclaim it.□

Help for the Chronically Ill

If you had any preconceived notions that health personnel in Buffalo work together to benefit the chronically ill and their families, you were quickly disillusioned. Invited members of the community, attending the conference, asked the same question many times: WHERE DO I GO FOR HELP? WHO DO I SEE? Attempting to answer the questions were the 500 physicians, allied health professionals and social workers attending the Family Management of the Chronically Ill Conference.

From the man whose homelife had turned into a kind of "hell" because of lack of help for a daughter born with a severe birth defect thus precipitating a disintegration of relationships with his wife and three other children — to the health guide who was continuously rebuffed in her attempts to gain help for a World War I paralyzed veteran and his partially paralyzed wife, the evidence remains that "you can dial a phone number and try to get an answer. And if you are lucky you may get another number to call."

But at least two seekers of help left the conference with some sort of hope for a beginning at solving some of their problems. Moderator Dr. Samuel Sanes called upon the professionals in the audience to supply a list of names and numbers to call.

What was so glaringly evident to all was WHY DON'T WE KNOW ABOUT AGENCIES IN THE COMMUNITY? There still remains a paucity of information on overall services offered that makes it difficult for the professionals to direct a patient to resources that exist.

Agreement was reached that evaluation is the key to a program developed for a chronically ill patient. And that rehabilitation must start for the patient the day that he enters the hospital and not wait until after his operation. And if the individual cannot adapt to his environment, the environment must adapt to him.

But a computerized health care system for Western New York, now in its first phase, Dr. James R. Nunn pointed out, will match hospital patients who are ready for nursing home care with existent vacancies.

What of the future? If medical students are not taught to work as members of a community-wide health team, the group were cautioned, the future will be no better than the past. There are many resources, many private agencies who stand ready to help those in need.

HOW TO RESPOND TO THESE PROBLEMS? There is a need for a central referral system, to dial a number and get the assistance you need. But it has to be an excellent system to work properly, it was pointed out.

It is not because of professional failure, the conferees were reminded, that is at fault, but because of human failure. An impassioned plea from a physician to "stay with a call for help until you get the answer" ended the conference.□

A Summer in Socialized Medicine

By Ira Mintzer, Class of 1972

My eight week clinical fellowship at Addenbrooke's Hospital in Cambridge, England presented a view into a somewhat different system of medical care than is practiced in our country. Cambridge is a city with a small population. Therefore Addenbrooke serves as a referral center for much of the East Anglia area. The Hospital has two sites. The older and more centrally located building is used for general medical care and emergencies while the newer site is devoted to outpatient clinics, accident emergencies, and to surgical care.

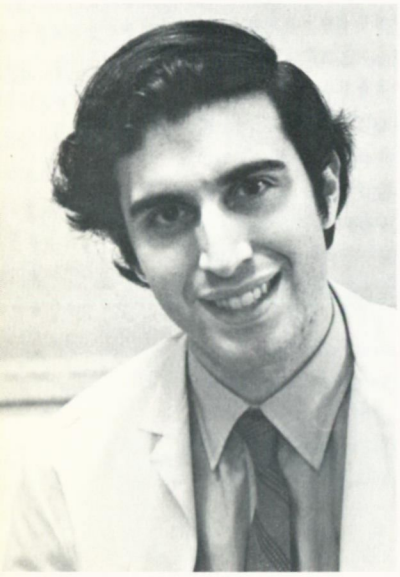
I was attached to a general medicine firm at the hospital. This hospital unit consisted of consultant, senior registrar, registrar, and houseman. All patients referred to the consultant by a general practitioner are cared for at Addenbrooke by this firm. My particiular firm was headed by Drs. T. M. Chalmers and P. Adams, medical consultants interested in endocrine physiology, notably abnormalities of calcium metabolism.

Besides patient workups, presenting cases during rounds, I attended teaching rounds and outpatient clinics. My firm conducted a special bone clinic, emphasizing calcium metabolism, stone formation, and diagnostic problems involved in parathyroid disease. And there were visits to Fulbourne Mental Hospital and the Ida Darwin Center for Mental Retardation with Dr. Adams, a consultant to these smaller community hospitals. Attachment to this firm certainly was a rewarding introduction into clinical medicine.

To broaden my view of the British National Health Service and clinical sciences, my Cambridge fellowship sonsor, Dr. Chalmers, arranged a number of medical subspecialty sessions. The first centered around neurology under consultant neurologist Yearland. There were outpatient and Parkinsonian clinics, and ward rounds that were especially instructive, because of the question/answer type of dialogue between physician and student. It enabled me to think in terms of differential diagnoses about various disease states. The MRCP rounds also utilized this Socratic type of examination. Students, along with candidates for Royal College of Physician examinations, were taken to the bedside and asked to elicit physical signs. The cases presented often demonstrated rare or classic entities — Wilson's disease with Kayser-Fleischer rings, Sjogrens disease or various metabolic disturbances such as acromegaly or Paget's disease.

The second special session featured the radiotherapy unit at Addenbrooke. Here I observed radiotherapy techniques of both diagnosis and treatment — radio-isotope scanning, x-irradiation, radium implantation, and lymphangiography. I learned histories of various malignant diseases such as mycosis fungoides, its diagnosis, treatment, and outcome.

Ira Mintzer



At Chesterton Hospital, devoted to the subspecialty of geriatrics, I participated in ward rounds with occupational and physiotherapists, medical and surgical personnel. And I was introduced to the problems of diagnoses, care, rehabilitation (prostheses, etc.) and social work when joining the latter on home visits to geriatric patients.

Additional time in the hematology department involved anticoagulant clinics serving to follow patients during their course of anticoagulation. Laboratory visits covered testing procedures, prothrombin and partial thromoplastin times, techniques of blood sample examination with the Coulter Counter for RBC, WBC, and hematocrits. I followed various diagnostic procedures, sternal punctures, and subsequent marrow examinations, and was able to correlate clinical problems with hematological investigations.

On visits to the blood bank I learned about the National Donor Center which supplies needed blood to the hospital where it is subsequently crossmatched and made available preoperatively.

Final sessions were spent with a general practitioner, the foundation of medical practice in England. All treatment in England is initiated at the GP level and through him referrals are made to the consultant and firms described. The GP is family counselor, obstetrician, pediatrician, and provider of general medical care.

Mornings in his office were followed by afternoons making house calls, a regular part of the English practitioner's day. The doctor/patient relationship is reinforced in this non-hospital setting.

We also visited the public health laboratory, a unit of the National Health System which provides to the community bacteriological and virological studies. Diagnostic tests are performed for both hospital and general practitioner as are routine checks on milk, water, etc. In addition epidemiological studies are made to prevent outbreaks of salmonella, brucella, etc.

CRITIQUE OF THE SYSTEM

Health care in the British medical system is provided to all in need. Care is not dependent on the wealth of the individual but on facilities available and seriousness of disease state. A young patient in renal failure will more easily obtain the use of limited renal dialysis units than will an elderly patient with congestive heart failure, diabetes, and renal shutdown.

The British medical system is pyramidical; the general practitioner forms the base and the consultant the apex. While about 15 percent of all medical graduates obtain hospital positions, the majority enter general practice with limited or no hospital privileges. All referrals and initial diagnosis stem from the GP, the foundation of the system. The quality of this key physician may vary, thus forming at times a weak link in the system. Perhaps greater hospital responsibility to the local physician would assure higher standards. In this rigidized system of hospital medicine, only the most qualified reach the highly regarded consultantship position. Careful modification of this system may be needed.

The next issue of the Buffalo Physician will feature a picture story of the 34th annual Spring Clinical Days. □

National Health Service, overseer of medical care in England, regulates professional salaries, a factor influencing the "brain drain" to the U.S. However, high standards of care are maintained.

An important area that is controlled are drug prices and standards. All drugs under this service are free except for a 2 and 6 fee, equivalent to 30 cents. The patient benefits from prescribing of generic names of drugs.

Despite the rigid control of medicine in England, the system works and it works well. There is much to be learned from it. Doctors, nurses, occupational and physiotherapists are dedicated to the care of the patient. Often facilities are inadequate and more physicians are needed. But the basic plan of the system — medical care for all who are in need — is one which serves as a foundation for growth and improved medical care.□

Dr. Witebsky Memorial Lecture

There is considerable circumstantial evidence that a virus may cause cancer. That is what Dr. Werner Henle, professor of virology at the University of Pennsylvania, said at the first Dr. Ernest Witebsky Memorial Lecture February 8. Dr. Henle cited an impressive list of findings that pinpoint a virus of the herpes family — a family known to cause shingles, cold sores and chickenpox. It is known as the Epstein-Barr virus, named for the scientist who first saw it in cultures of cells from patients with a malignant disease known as Burkitt's lymphoma.

Dr. Henle and his wife Gertrude (also a virology professor) are in the forefront of those studying the virus. They and other scientists have found the virus in all patients with Burkitt's lymphoma, and in all patients with another type of cancer found in Hong Kong, cancer of the postnasal space. They also learned that the virus is present in 100 per cent of the patients who have, or have had, infectious mononucleosis. It may be simply a "passenger" virus.

Why should a virus found so commonly throughout the world cause cancer in some instances but not in others? Dr. Henle suggests this is because the virus does not work alone, but with accomplices such as diet, chemicals, heredity, and other factors. The nature of the cancer depends upon the accomplice chosen.

Both Dr. and Mrs. Henle were students at the University of Heidelberg where the late Dr. Witebsky taught before coming to America. Dr. Witebsky died Dec. 7, 1969. He was a distinguished professor of microbiology and the first director of the Center for Immunology at the University.

An Ernest Witebsky award for proficiency in microbiology during the past year was presented to four students: Miss Doris V. Goldchain, a graduate student; Michael Gordon and Stanton R. Schiller, junior medical students, and Stanley Shainbrown, a junior dental student.□

Better Health Care

KEEPING PEOPLE HEALTHY rather than stressing treatment only in times of severe illness is the goal of the Nixon administration's health plan, according to Dean LeRoy A. Pesch. He also serves as health manpower consultant to the United States Department of Health, Education and Welfare.

The basic idea of the new plan is to build on the present system as opposed to tearing down the old and substituting something for it. Dr. Pesch mentioned six specifics:

(1) Fill the need for an increased supply of health professions by aiding and improving education.

(2) Provide better facilities by promoting construction and efficient utilization of existing facilities.

(3) Insure that people will be able to have the kind of medical care they need when they need it—not just when they are sick, but before they are so ill that they require hospitalization.

(4) The number of physicians trained in medical schools would be increased by expanding opportunities for graduates to pay off federal loans by working in ghettos or rural areas where the supply of doctors is too low to meet needs.

(5) A larger loan fund for low-income medical and dental students.

(6) Granting $93 million to medical schools to encourage expansion.

The main initiative of the new health plan is the so-called Health Maintenance Organization (HMO). These groups include the Health Insurance Plan of New York, the Kaiser Plans of the Middle West and California and the Puget Sound Health Plan in Washington state. About eight million Americans are now enrolled in these plans which emphasize preventive medicine. According to Dr. Pesch HMO would be private groups of physicians, who could be attached to a corporation, a hospital, or any other existing organization. They would provide regular medical care for a person whenever the individual felt it was needed. "The intent is to provide health service to a group of people in a way that shifts the emphasis to maintenance of health, rather than just illness. This would control some of the high costs of treating illness. Many kinds of people could qualify.

To help new HMO's to get started $23-million has been allocated for planning grants to aid potential sponsors in both the private and public sector. The Nixon administration also proposes a series of new area health education centers in places which are medically under-served.□

There are several other national health plans being discussed. Most evolve around whether the mechanism of the restructuring should be public, in the form of a compulsory national health plan, or private, with the government role limited to health insurance subsidies and financial incentives. Some of the other proposals: Senator Kennedy plan; AMA Medicredit; Aetna Life & Casualty Co.; Senator Javits plan; AFL-CIO plan; Senator Claiborne Pell plan; and American Hospital Association (Ameriplan).

New Twist to Summer Fellowships

"We were hoping that all 71 medical students who were awarded summer fellowships this year could receive a stipend of $1,000 rather than the traditional $600 sum. But," said Dr. Carl Bentzel who heads the fellowships committee, "limited funds prevented us from doing so. We had to look for a new approach in allocating available committee support funds on a competitive basis."

This led to an additional option to the traditional educational experience one finds in medical school. For those freshmen, sophomores and juniors who could, with excellence, imagination and initiative, present a problem and outline ways in which they hoped to solve it, there would be the reward of a higher stipend for the summer.

Some of the applications that the fellowship committee received were as good as many senior investigator grant proposals. The fellowship committee, composed of basic science and clinical faculty plus two student appointees, awarded the higher stipend to eight applicants (see table) whose proposals were judged to be outstanding.

What will the 71 medical students do? Fifty-six will remain in Buffalo to work in the areas of clinical, research or family practice over an eight week period. Nine will obtain a different type of medical experience in five other American cities while four will spend the summer in England and two others in Israel.

RESEARCH

Local	*Project*	*Site, Faculty*
Brown, Ian S. '74	*Inhibition of synoptic transmission in autonomic ganglia*	Pharmacology, SUNYAB—Dr. R. McIsaac
Rosenberg, Jan '74	*Tolerance to lysergic acid diethylamide*	Pharmacology, SUNYAB—Dr. J. Winter
Szymula, Norbert J. '73	*Work in pathology laboratory*	Sister's Hospital—Dr. P. Milley
Weiss, Robert M. '74	*Research in cancer immunology*	Roswell Park—Dr. J. Bekesi

CLINICAL RESEARCH

Local

Abramowitz, Bruce '73	*HIS bundle recordings with particular reference to heart block and WPW*	Veterans Hospital—Dr. I. Besseghini
Anderson, Timothy, W., Jr. '74	*Drug abuse and addiction*	Meyer Hospital—Dr. C. D'Amanda
Barnett, Paul H. '74	*Changes in limb lead qrs voltage as indication of immediate prognosis in myocardial infarction*	Buffalo General Hospital—Dr. J. Wanka
Budny, James '74	*Clinical immunology, immune response of patients with bacterial and viral infections*	Children's Hospital—Dr. M. MacGillivray
Floyd, Rita D. '73	*Sex education for inner city adolescents*	Westminister and St. Augustine Centers—Dr. J. Dower
Hakel, Susan J. '73	*Sex education for inner city adolescents*	Westminister and St. Augustine Centers—Dr. H. Sultz
Hallac, Ralph '73	*Evaluation of immune response to milk proteins*	Meyer Hospital—Dr. A. Yurchak
Haberman, Michael A. '73	*Neutrophil alkaline phosphatose in Hodgkin's disease*	Veterans Hospital—Dr. B. Fisher
Hammond, Susan P. '74	*Search for helper viruses to Yaba virus*	Roswell Park Institute—Dr. J. Ambrus
Hart, Benjamin A. '74	*Thyroidal I; specific peroxidase as aid in diagnosis of critinism, hypothyroidism*	Children's Hospital—Dr. R. Slaunwhite
Heller, Marc E. '74	*Immune response of patients with bacterial infections*	Children's Hospital—Dr. I. Neter
Hrushesky, Donna M. '73	*Spinal cord compression in lymphomas*	Roswell Park Institute—Dr. L. Stutzman
Huddle, Robert H. Jr. '73	*Studies in cryosurgery for tumors*	Veteran's Hospital—Dr. A. Gage
Klaw, Robert '72	*Hypoxia in pneumonia*	Buffalo General Hospital—Dr. O. Bossman
Kruger, Paul S. '72	*Pediatric surgery*	Children's Hospital—Dr. J. Allen
Manzella, John P. '74	*Studies of radiation-induced nephritis in mice*	Buffalo General Hospital—Dr. A. Prezyna
Marks, James S. '73	*Antenatal detection of genetic disorders*	Children's Hospital—Dr. R. Davidson
McAllister, Charles J. '73	*Public health and community medicine*	Erie County Health Dept—Dr. M. Ibrahim
Palma, Paul A. '73	*Developmental assessment of infants, children*	Children's Hospital—Dr. Kerr-Grant
Pores, Ira H. '73	*Cardiology*	Veteran's Hospital—Dr. D. Dean
Poretta, Jerome C. '72	*Dermatology*	Roswell Park—Dr. E. Klein

Riozzi, Michael A. Jr. '73	*Aspects of leukemia virus and erythropoietin*	Roswell Park Institute—Dr. E. Mirand
Sanders, Barry '73	*Metabolism of INH in patients undergoing chronic dialysis*	Meyer Hospital—Dr. A. Tannenberg
Sansome, Michael A. '73	*Evaluation of response of hepatic and pancreatic tissue to heterologous antisera and globulins*	Roswell Park Institute—Dr. E. Holyoke
Schulman, Elliott A. '74	*Investigation of myocardial state in acutely ill man*	Meyer Hospital—Dr. H. Falsetti
Scherz, Arnold W. '73	*Cardio-respiratory failure following operation*	Veteran's Hospital—Dr. K. Olson
Severin, Hayden D. '74	*Liver and gastrointestinal diseases*	Buffalo General Hospital—Drs. Ali, Nolan
Stern, Lewis J. '72	*Effect of drugs on bilirubin binding capacity in newborn*	Children's Hospital—Dr. S. Yaffe
Sybert, Virginia P. '74	*Induction of crossing-over and recombination in human somatic cells*	Children's Hospital—Dr. M. Cohen
Whelan, Kathleen M. '74	*Bleomycin therapy for advanced squamous cell carinoma*	Veteran's Hospital—Dr. A. Gage
Wymbs, Henry '73	*Clinical approach to diagnostic chest disease*	Meyer Hospital—Dr. C. Pietraszek

CLINICAL

Local

Ackerman, William J. '73	*Medicine with special emphasis on evaluation*	Veteran's Hospital—Dr. J. Acquilina
DiBianca, Robert '72	*Cardiology*	Buffalo General—Dr. J. Constant
Launer, Dana P. '73	*Pediatric surgery*	Children's Hospital—Dr. T. Jewett
Levin, William D. '72	*Surgery*	Buffalo General—Dr. R. Adler
Leiberman, Nancy '73	*Pediatric oncology*	Roswell Park—Dr. L. Sinks
Russell, Keith F. '74	*Introduction and guidance to orthopedic surgery*	1008 Humboldt Pkwy., Dr. R. Worrell

National

Alpert, Bernard '74	*Role of state health dept in chronic disease control and its relationship to medical care delivery system*	Health Dept., Providence, Rhode Island
Camacho, Fernando J. '73	*General Practice*	Staten Island Hospital, New York
Gershbein, Bart '74	*Anesthesiology*	Veteran's Hospital, Boston, Mass.
Goodman, Marianne '74	*Pediatrics*	Albert Einstein School of Medicine
Napolitano, Guido J. '74	*Pediatrics*	Montefiore Hospital, New York City
Natali, Vincent G. '73	*Clinical cardiology*	Tucson Medical Center, Tucson, Ariz.
Pietro, Daniel A. '73	*General Practice*	Staten Island Hospital, New York
Thaler, Paul '74	*Role of state health dept. in chronic disease control and its relationship to medical care system*	Providence, Rhode Island
Thorington, Darlene '73	*Family practice in rural setting*	MK&T Hospital, Parsons, Kansas

Foreign

Gordon, Michael	*Hematology*	Addenbrooke Hospital, Cambridge, England arranged by Dr. J. Mohn
Jacobowitz, Israel '73	*Microbiology, Hadassah Hospital*	Jerusalum, Israel-arranged by Dr. A. Barron
Leitner, March '72	*Evaluation of Israel's health care system*	Israel-arranged by Dr. C. D'Amanda
Mintzer, Ira '72	*Clinical medicine in Great Britain*	Addenbrooke Hospital, Cambridge, England arranged by Dr. J. Mohn
Newman, Stephen '72	*Hematology*	Addenbrooke Hospital, Cambridge, England arranged by Dr. J. Mohn
Pohl, Lawrence S. '72	*Hematology*	Addenbrooke Hospital, Cambridge, England arranged by Dr. J. Mohn

FAMILY PRACTICE

Anderson, Charles L. '73	Dr. Frank G. Evans, 1453 Jefferson Avenue, Buffalo	
Gayles, Kenneth '73	Dr. David Bull, Veterans and Deaconess Hospitals, Buffalo	
Herman, Jeffrey P. '73	Clinical experience in inner city, Erie County Health Dept.,	Dr. P. Isaacson
Jones, Leeland A. '73	Dr. David Bull, Veterans and Deaconess Hospitals, Buffalo	
Kuretzky, Sharon '73	Dr. James Nunn, 350 Alberta Drive, Buffalo	
McMahon, Daniel J. '73	Dr. James Nunn, 350 Alberta Drive, Buffalo	
Schuster, Dennis I. '73	Dr. Charles Massaro, 509 Cleveland Drive, Buffalo	

SPECIAL $1,000 FELLOWSHIP

Culmer, Viola L. '74	*Description of world of black child through fingerpainting*	Meyer Hospital, C. P. O'Kane
Hrushesky, William J. '73	*Ethyl methyl sulphonate induction of renal adeno carcinoma in five groups of Sprague Dauley rats*	Roswell Park Institute—Dr. G. Murphy
Hust, Frederick S. '72	*Evaluation of radiothalamate determined extramolecular space in anuric and hemodialysis patients*	Buffalo General Hospital—Dr. C. Elwood
Traugott, Craig A. '74	*Biochemical characterization of minimal deoration heparoma cultured in vivo and in vitro*	Biochemistry, SUNYAB—Dr. E. Massaro
Trumbull, Robin L. '74	*Mechanism of R factor induced tetracycline resistance in E. Coli*	Pharmacology, SUNYAB—Dr. A. Reynard
Young, Lynda M. '73	*Effects of drugs on preimplantation in mouse embryo grown in vitro*	Children's Hospital—Dr. S. Yaffe
Visco, John P. '73	*Quantitation of intrapulmonary shunts*	Meyer Hospital—Dr. F. Klocke
Reader, G. Scott '73	*Quantitative correlation of electrocardiogy and cineangiography*	Veteran's Hospital—Dr. D. Dean

Dr. Thomas G. Commiskey, assistant dean, congratulates Lawrence D. Lubow (Millard Fillmore Hospital) as Henry Milgrom (Mount Sinai Hospital) waits his turn.

National Intern Matching

Almost half (46) of the class of 111 senior medical students who will graduate from the School of Medicine this spring will remain in Buffalo to do their internships. Last year the figure was just a bit over one third of the class.

Results of the National Intern Matching Program, which attempts to match the preferences of the students with those of the hospitals throughout the country were announced March 29. Ten of the seniors have been "matched" for university pediatrics internships at the Children's Hospital; 18 for medical internships at Buffalo General/Meyer Hospitals; nine for rotating general internships at Deaconess Hospital; one each for straight surgery at Buffalo General and Meyer Hospitals; and six for the Millard Fillmore Hospital—two in rotating medicine and six for straight surgery.

Twenty-one other members of the class will do internships in New York State—20 in the New York City area and one in Albany. Seventy-five seniors received their first choice of internships while 11 received second choice and 10 their third choice. Of the eighteen states in which graduating seniors will intern, California received the second largest share — 7. With north, south, east and west represented, five will intern in Ohio and a like number in Washington, D.C., while one will intern in Hawaii. Two will serve in the U.S. Air Force at Travis, California while three others will join the Public Health Service (two at Staten Island and one in California).

Two of the internship programs at the University were completely filled. They are medicine at the Buffalo General/Meyer Hospitals and pediatrics at the Children's Hospital. Of the thirty requested in the Medicine Internship at the Buffalo General/Meyer Hospitals, 18 were matched from the UB Medical School and the remaining 12 from other medical schools. Children's Hospital, which asked for 13, received 10 UB graduating seniors and three from other medical schools.

One, in the entire medical class that was "matched," will intern in the prestigious Massachusetts General Hospital while two others will go to Johns Hopkins University.

MICHA ABELES, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine/Surgery*
RICHARD M. ANSCHER, *Meadowbrook Hospital, Meadowbrook, N.Y. Rotating Med./Psychiatry*
JOHN M. ANTKOWIAK, *Children's Hospital Buffalo, Rotating Medicine/Ob/Gyn*
MICHAEL A. ARCURI, *Buffalo General/Meyer Hospitals, Buffalo Rotating Medicine/Surgery*
MICHAEL H. ARMANI, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*

MICHAEL B. BARON *George Washington Center, Washington, D.C. Straight Medicine*
PAUL D. BARRY, *Queens Hospital, Honolulu, Hawaii, Rotating Medicine/Surgery*
MICHAEL G, BATT, *University of Colorado Affiliated Hospitals, Denver, Straight Medicine*
BARBARA A. BENNETT, *Children's Hospital, Buffalo, Straight Pediatrics*
GERALD M. BERESNY, *St. Barnabas, Livingston, New Jersey, Rotating Medicine*
ALLEN I. BERLINER, *Meadowbrook Hospital, Meadowbrook, N.Y. Straight Medicine*
DAVID A. BLOOM, *University of California Hospital, Los Angeles, Straight Medicine*
JERRALD A. BOVINO, *Mount Sinai Hospital, New York City, Straight Medicine*
BARRY G. BROTMAN, *Washington Hospital Center, D.C., Rotating Medicine*
ALAN H. BULLOCK, *Medical College of Virginia, Richmond, Virginia, Rotating Medicine*
KENNETH A. BURLING, *Children's Hospital, Buffalo, Straight Pediatrics*

NICHOLAS J. CAPUANA, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
MANNY E. CHRISTAKOS, *Edward J. Meyer Memorial Hospital, Buffalo, Straight Surgery*
KENNETH J. CLARK, JR., *Buffalo General/Meyer Hospitals, Buffalo, Straight Medicine*
TERENCE M. CLARK, *Mary Imogene Bassett Hospital, New York City, Rotating Medicine*
CARL I. COHEN, *Medical College of Pennsylvania, Philadelphia, Rotating Medicine/Psychiatry*
ARTHUR C. CRONEN, *Public Health Service, Staten Island, N. Y., Rotating Medicine/Surgery*

ERIC M. DAIL, *U.S. Air Force, Fairfield, California, Straight pediatrics*
JOHN C. DAIMLER, *Buffalo General/Meyer Hospitals, Buffalo, Straight Medicine*
BARBARA I. DATTWYLER, *Children's Hospital, Buffalo, Straight Pediatrics*
SANFORD S. DAVIDSON, *Public Health Service, San Francisco, California, Straight Surgery*
LAWRENCE J. DEANGELIS, *Buffalo General/Meyer Hospitals, Buffalo, Straight Medicine*
RICHARD J. DIGENNARO, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
THOMAS G. DISESSA, *University of California Hospital, Los Angeles, Straight Pediatrics*

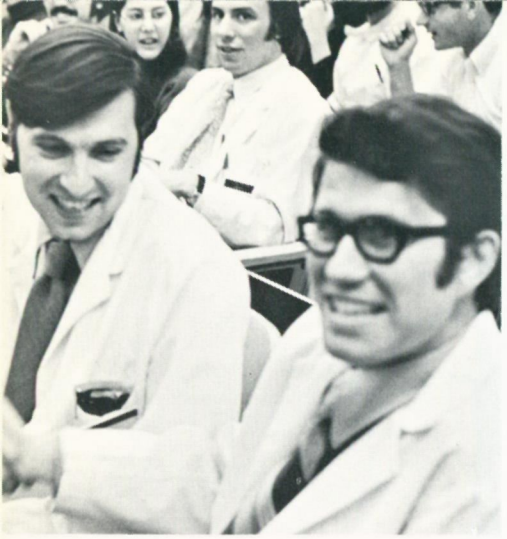
NORMAN S. ELLERSTEIN, *Children's Hospital, Buffalo, Straight Pediatrics*

JEFFREY D. FLEIGEL, *The New York Hospital, New York City, Straight Surgery*

HENRY GEWIRTZ, *University Hospital, Boston, Massachusetts, Straight Medicine*
CHARLES GOLDSTEIN, *Good Samaritan Hospital, Phoenix, Rotating*
SIGMUND S. GOULD, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
COLLEEN GRATTO, *Johns Hopkins Hospital, Baltimore, Psychiatry*
HARVEY GREENBERG, *New York Medical College-Metropolitan, N.Y. City, Rotating Med/Surg.*
JOHN C. GUEDALIA, *UCLA Affiliated Hospitals, Los Angeles, Rotating Medicine*

BARRY W. HAIGHT, *Cincinnati General Hospital, Ohio, Rotating Med/Surg/Ob/Gyn*
JOHN M. HALL, *Cincinnati General Hospital, Ohio, Psychiatry*
MARK S. HANDLER, *Albert Einstein Medical Center, Philadelphia, Rotating*
JAY A. HAROLDS, *Georgetown University, Washington, D.C., Straight Medicine*
DAVID E. HOFFMAN, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine*
JOHN R. HUNTER, *University of Kentucky Medical Center, Lexington, Rotating*

The senior class is "uptight" awaiting intern matching announcements.



Michael G. Batt (Colorado University Hospital, Denver) congratulates Francis J. Twarog (left) on his "match" to Massachusetts General Hospital.

The Dennis Nadlers (Children's Hospital, Buffalo)

The Kenneth Solomons (Albany Hospital)

LOUIS G. IANNONE, *Good Samaritan Hospital, Phoenix, Ratating*

ANNIE B. JACKSON, *Vanderbilt University Affiliated Hospitals, Nashville, Straight Pediatrics*
CHARLES G. JACKSON, *Vanderbilt University Affiliated Hospitals, Nashville, Straight Pediatrics*

ROBERT B. KAUFMAN, *University of Pennsylvania Hospital, Philadelphia, Straight Medicine*
SCOTT D. KIRSCH, *Evanston Hospital, Illinois, Straight Surgery*
DOUGLAS W. KLOTCH, *North Shore Memorial Hospital, Manhasset, N.Y., Straight Surgery*
LEONARD W. KRAM, *University of Miami Affiliated Hospital, Fla., Rotating Medicine/Psychiatry*

JONATHAN W. LEHRMAN, *Cambridge City Hospital, Cambridge, Mass., Rotating Medicine*
JONATHAN S. LEVY, *San Francisco General Hospital, California, Rotating Medicine/Psychiatry*
STANLEY B. LEWIN, *Buffalo General/Meyer Hospitals, Buffalo, Straight Medicine*
JEFFREY B. LICHTMAN, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
JERALD J. LITTLEFIELD, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
LAWRENCE B. LUBOW, *Millard Fillmore Hospital, Buffalo, Rotating Medicine*

RICHARD A. MANCH, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine*
MARTIN N. MANGO, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine*
DONALD H. MARCUS, *Meadowbrook Hospital, Meadowbrook, New York, Straight Medicine*
STEPHEN R. MARDER, *Denver General Hospital, Colorado, Rotating Medicine/Psychiatry*
ROBERT S. MARKMAN, *Meadowbrook Hospital, Meadowbrook, New York, Straight Medicine*
THOMAS K. MAYEDA, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine*
DENIS G. MAZEIKA, *Cleveland Clinic Hospital, Ohio, Rotating Medicine*
JAMES J. MCCOY, *Millard Fillmore Hospital, Buffalo, Straight Surgery*
HENRY MILGROM, *Mount Sinai Hospital, New York City, Straight Pediatrics*
MERRILL L. MILLER, *Children's Hospital, Buffalo, Straight Pediatrics*
MARVIN S. MORDKOFF, *New York Medical College-Metropolitan, Straight Medicine*
ASKOLD D. MOSIJCZUK, *Children's Hospital, Buffalo, Straight Pediatrics*
RICHARD L. MUNK, *Millard Fillmore Hospital, Buffalo, Straight Surgery*

DENNIS A. NADLER, *Children's Hospital, Buffalo, Straight Pediatrics*
PAUL M. NESS, *Buffalo General/Meyer Hospitals, Buffalo, Straight Medicine*

LAWRENCE H. OLIVER, *Long Island Jewish, Med. Ctr., New Hyde Park, Rotating Medicine*
LAWRENCE D. OSTROW, *St. Elizabeths Hospital, Washington, D.C., Psychiatry*
ROY M. OSWAKS, *Millard Fillmore Hospital, Buffalo, Straight Surgery*

ROBERT W. PALMER, *Millard Fillmore Hospital, Buffalo, Rotating Medicine*
JOEL H. PAULL, *Buffalo General Hospital, Buffalo, Straight Surgery*
KENNETH M. PIAZZA, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine*
VALENTINE P. PIEROTTI, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
DAVID W. POTTS, *Cincinnati General Hospital, Ohio, Straight Medicine*
ELIAS PUROW, *Meadowbrook Hospital, Meadowbrook, New York, Straight Medicine*

D. S. RICHARDSON, *Georgetown University, Washington, D. C., Straight Medicine*
DENNIS J. ROSEN, *Boston University, Massachusetts, Straight Pediatrics*
WARREN M. ROSS, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine/Surgery*
DAVID M. ROWLAND, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
RICHARD S. ROWLEY, *Deaconess Hospital, Buffalo, Rotating Medicine/Surgery*
WILLIAM F. RYCKMAN, *U.S. Air Force, Fairfield, California, Straight Pediatrics*

NEIL J. SAPIN, *Meadowbrook Hospital, Meadowbrook, New York, Straight Medicine*
SAM SEIDMAN, *Public Health Service, Staten Island, New York, Rotating Medicine/Surgery*
NEIL M. SENZER, *Johns Hopkins Hospital, Baltimore, Straight Pediatrics*
ANDREW Y. SILVERMAN, *University of Michigan Affiliated Hosp., Ann Arbor, Straight Ob/Gyn.*
KENNETH SOLOMON, *Albany Hospital, Albany, New York, Rotating Medicine/Psychiatry*
RICHARD I. STAIMAN, *Yale-New Haven Medical Center, New Haven, Conn. Straight Pathology*
MARVIN L. STEIN, *Mount Sinai Hospital, New York City, Straight Surgery*
WILLIAM STERNFELD, *University Hospitals, Cleveland, Ohio, Straight Surgery*
ALLEN STONE, *Meadowbrook Hospital, Meadowbrook, New York, Straight Pediatrics*
DONALD F. STORM, *Children's Hospital, Buffalo, Straight Pediatrics*
CHARLES A. STUART, *Buffalo General/Meyer Hospitals, Buffalo, Straight medicine*
THOMAS S. SVENSSON, *Children's Hospital, Buffalo, Straight Pediatrics*

HAROLD TRIEF, *Buffalo General/Meyer Hospitals, Straight Medicine*
FRANCIS J. TWAROG, *Massachusetts General Hospital, Boston, Straight Pediatrics*

WILLARD VAN NOSTRAND, III, *Santa Barbara Cottage Hospital, California, Rotating General*
DALE A. VANSLOOTEN, *Monmouth Medical Center, Long Branch, New Jersey, Straight Surgery*
STEPHEN N. VOGEL, *Millard Fillmore Hospital, Buffalo, Straight Surgery*

THOMAS C. WAITZ, *Maricopa County General Hospital, Phoenix, Straight Surgery*
ILJA J. WEINRIEB, *Buffalo General/Meyer Hospitals, Buffalo, Straight Medicine*
ROBERT C. WEISS, *Buffalo General/Meyer Hospitals, Buffalo, Straight Medicine*
JOHN M. WENDELL, JR., *Riverside Hospital, Newport News, Virginia, Rotating*
TERRY WILLIAMS, *Mount Sinai Hospital, New York City, Straight Surgery*

CHARLES F. YEAGLE, III, *Edward J. Meyer Memorial Hospital, Buffalo, Straight Surgery*

BENNETT G. ZIER, *Buffalo General/Meyer Hospitals, Buffalo, Rotating Medicine/Surgery*
JOHN J. ZYGMUNT, *C. S. Wilson Mem. Hospital,Johnson City, N.Y., Rotat. Med/Surg/Ob/Gy*

Human Sexual Response

THERE WAS STANDING ROOM only for the medical community and laity overflowing three auditoriums and Capen Hall corridors. They came to listen to the leading expert in the study of human sexuality who immediately established rapport by his opening remark "there appears to be a certain interest in the subject."

Dr. William Masters reminded the audience that it took two years back in the 50's to obtain permission to do research on sex at Washington University in St. Louis. From the dean to the chancellor to the trustees was the route before he was assured in 1954 that "the university supports the concept of sex research on campus."

"What are you going to do now that you have permission?" asked the chancellor of Dr. Masters. With not the vaguest idea he haunted the library. But there was only one book, Dickinson's *Atlas on Human Sexuality* that had been sketched for obstetrics. And it was on the reserve shelf, restricted for use of full professors and above. The associate professor had to appeal to a chairman before the book could be removed from the reserve shelf.

He soon turned to the professionals in the field. For the next two years he literally lived with the prostitute population — there was so much to learn. Realizing that "a man is never going to know anything about female functioning" he needed an interpreter. Jinny Johnson, the female member of the team, now his wife, joined him. There was no question but that the dual sex team led to its objectivity and survival.

But what are the facts and fallacies on sexual functioning and dysfunctioning, the topic of Dr. Masters' talk? Communication or lack of it, misinformation, taboos, etc., are at the root of sexual hangups, he quickly explained. "What people need more than anything else is some basic information. For the couple who want a child, there are questions about when and how frequently they should have intercourse." And an exclamation that it takes 30 to 40 hours to replace the sperm count after every ejaculation. They are then sent home to try for three months. One out of eight will conceive during that time.

He found misinformation and misconception on every educated level in our society. To the question "does any form of masturbation lead to psychoses" that up to a few years ago was always asked of him by a member of the medical community, he responded — No! "If we can talk about sex as a natural subject then masturbation is natural. It is universal and practiced by both males and females." The amount of masturbation? Kinsey's statistics, the only information available, are a quarter of a century old.

It was difficult to find any among the hundreds interviewed by Dr. Masters who could state how much masturbation was too much. What he did find to be the case was that much misinformation was accredited to the subject. Discussion of human function has just not been allowed. It was not until 1960 that the first course in human sexual functioning was taught in our medical schools. Few physicians practicing today have had any formal education in this field, he said, and they are basing their teaching on their own personal experiences.

Dr. William H. Masters presented the annual Harrington Lecture March 19 to an overflow crowd in Butler Auditorium and two adjoining lecture rooms (139 and G-22) on closed circuit television. The student-sponsored lecture also was beamed to 17 hospitals on the Telephone Lecture Network of the Regional Medical Program. Dr. Masters is professor of clinical obstetrics and gynecology at Washington University, and director, Reproductive Biology Research Foundation, both in St. Louis. He is co-author with his wife (Mrs. Virginia Johnson Masters) of the best selling "Human Sexual Response" in 1966 and "Human Sexual Inadequacy" published in 1970.

The Harrington Lectures were created in 1896 by the will of the late Dr. Devillo W. Harrington, professor of genital and urinary diseases, at the Medical School. □

The student-sponsored Harrington Lecturer quickly established his theme that "sex is a perfectly natural function." People are not taught to breathe or eat. These things are natural. So is sex. There is no way to teach them. But if sex is a perfectly natural function, why then do we have so much trouble with it? Sexual function is so unique in our culture that it can be pulled out of context and delayed indefinitely. "You will recall in the history of our civilization that many people dedicated sexual function to the gods, thus resulting in many of the taboos and misconceptions that we have today."

But let us clear up the misconception about the female orgasm, he said. From a physiological point of view the female goes through the same changes in her body regardless of the area of stimulation, be it clitoral, vaginal, etc. "The same thing happens regardless of the cause of stimulation."

From an anatomical point of view, he explained to the laity, there is no physical possibility of the female having intercourse without direct clitoral stimulation. And he explained the wonder-

ful degree of accommodation of the vagina that will expand to allow a baby's shoulders and head to pass through, and accept any size penis.

What about the potential sexual response of males/females? The female, he assured the audience, has the greater potential response from a sexual point of view than the male ever dreamed of having. Naturally multiorgasmic, if she is so in her younger years she will continue to be so into her eighties.

In our culture, he said, the male is supposed to be the sex expert. While anatomically the clitorus has the same tissue as the penis, manipulation of the clitorus may be irritating rather than stimulating to the female. But rarely does she have the courage to say, "look, let me show you how." There is so little communication between the male and female — and he specifically pointed to the marital state — in the area of sexual responsibility. It is very difficult if the female does not tell the male what pleases her. For the female who does not respond and let the male know is inevitably the one who asks "what is wrong with him?"

The Harrington Lecture Student Committee: Richard Berkson, David Breen, David Buscher, Robert Penn, Andre Raszynski, James Singer, and Thomas Wasser. □

"How simple a thing if we could take sex and make it a natural thing again." But he explained that it takes a lot more courage than most of us have. "If things get going and going well, it is in spite of ourselves."

What about the male? Most males are concerned about the size of their penis. Dr. Masters receives at least two letters a week from Vietnam expressing this concern. What most people do not realize, he said, is that when measured the penis is usually in a flaccid state. The size changes tremendously during an erection and we are just not well informed about the ability of the vagina to accept any size penis. "This simple misinformation has made men miserable for the rest of their lives," he pointed out.

As the male ages certain things happen. While sex is just as natural in his fifties he may find it a bit slower to achieve an erection. But so are his other reflexes a bit slower. He may also notice a reduction in volume and pressure. But he emphasized that no matter how old, if the male is in reasonably good health and has an interesting partner he will not lose his ability to achieve an erection.

What about the aging female? What happens to her? If she is not having regular intercourse following menopause, her vaginal barrel shrinks in size, and the lining of the vagina becomes thin and atrophic. She may not lubricate well but this can be restored with hormones, regularity of intercourse, and clitorus exposure.

While her sexual interest is maintained, it may be more difficult for the aging female to find partners, so a return to masturbation increases. The fantasy and dream world do not stop and she will continue to have these dreams in the eighty year group. He reasserted — SEXUAL FUNCTION IS PERFECTLY POSSIBLE AT ANY AGE.

There is no uninvolved partner where there is sexual dysfunction. That is why the Masters team treats the problem through the relationship and not by separating partners. In the past, medicine has treated the impotent man and the nonorgasmic woman as separate entities and the therapy has been less than effective.

How about the homosexual? He does not consider homosexuality anything but a perfectly natural activity. The homosexual is a man and the lesbian is a woman. Most have had a mutuality of sexual experience — heterosexual and homosexual. Historically, it is a perfectly natural function. If a male has trouble with his potency, he changes his role. During 1965, over 60,000 men were booked into the New York City Police Bureau for homosexual activity. ANY FORM OF PHYSICAL EXPRESSION CONDUCTED BETWEEN CONSENTING ADULTS IN PRIVATE IS ACCEPTABLE. This was stated and restated by Dr. Masters throughout his lecture.

What he is dedicated to is an adequate postgraduate medical training program. And over the next decade, he hopes to bring premature ejaculation, the easiest of male dysfunctions to treat effectively, under control. Currently being trained are teams of three members each (a physician and two other professionals) to carry on this teaching role at Yale, Columbia, Duke and Wisconsin.□

Computers, Cassettes Supplement Teaching at Children's Hospital

CHILDREN'S HOSPITAL is using audio-visual cassettes, computers and cameras to instruct medical students in caring for patients. Dr. Ronald G. Davidson, professor of pediatrics, doesn't expect the machines to take over. They are just "extra hands" for the physician. The machines free the physician from routine tasks that are often repetitive and boring and enable him to devote more time to what he is best equipped to do — instructing and supervising students at the bedside.

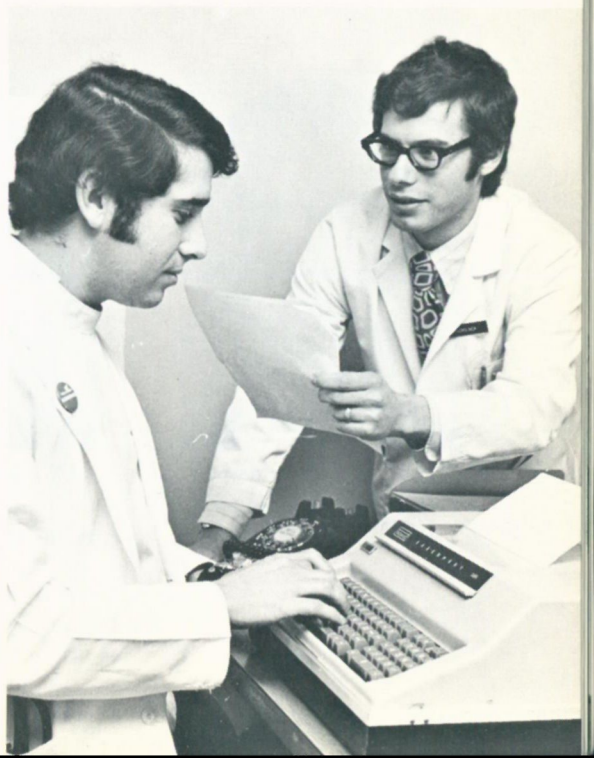
The machines are available at all hours of the day and night so individual students can learn at his own rate. Each audio-visual cassette, for example, consists of a 20-minute taped lecture with slide illustrations. If a student wants to learn more about a given subject, he can select the cassette lecture and listen as the tape unwinds and the slides appear on a screen. If he doesn't understand the first time, he can listen again, and again. And if he still has questions he can call the lecturer who taped the program.

The computer can actually assist in the diagnosis of specific problems in child patients. The machine's memory has been programmed with details of several hundred "syndromes" — specific combinations of defects and symptoms. No human mind could have so much information at its command. After a student, or a member of the house staff, has examined a patient, he "feeds" the pertinent historical, physical and laboratory findings into the computer according to their numbers in a program book. The computer takes all the findings and gives back a list of the most likely syndromes. For each syndrome it lists the percentage of the findings that are compatible with that diagnosis, the findings that are usually present for that syndrome, and those that are missing. And it cites a reference to which the student can go for further information. With this help, the student can return to the patient, or the laboratory, to get whatever information he needs to firm up his diagnosis.

Dr. Davidson predicts that audio-visual devices and the computer are destined to play an increasingly important role in teaching medicine at all levels and in the evaluation of teaching programs.□

Junior medical student Joseph A. Manno III takes notes from an audio-visual cassette projector.

Two junior medical students, Robert H. Levitt and Lawrence Zerolnick, are using the computer to assist in the diagnosis of a specific problem.



Dr. Sultz, Mr. Donald Brothers, cartographer

Computer Mapping for Better Health

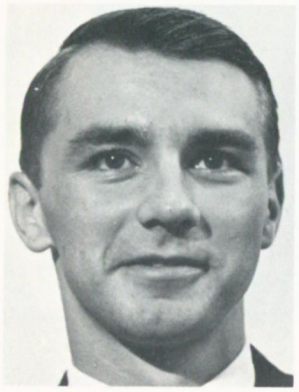
COMPUTER MAPPING, a new dimension in studying populations, will lead to sounder health care planning decisions for the eight counties of Western New York. It is a three-dimensional approach to epidemiological studies by the department of social and preventive medicine that combines computer technology, geography, and graphics.

How does it work? Maps of the eight counties have been enlarged. An 18-member team under Dr. Harry Sultz, associate professor of social and preventive medicine, have identified every street intersection, railroad crossing, etc. This information — or nodes as they are termed—have been processed into the computer as have the 1970 census tapes covering the eight counties of Western New York. To this information will hopefully be added the geographic portion of the enormous amount of health services data elaborately collected and stored in file cabinets of health care agencies throughout the city.

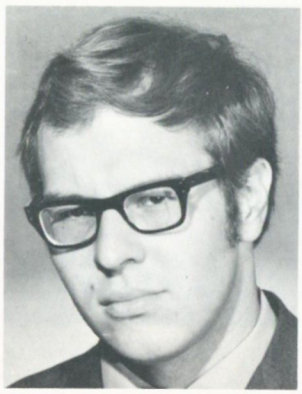
Computer mapping is really building a file of information on block levels, explained Dr. Sultz. "It will enable us to produce health care delivery maps of the entire eight county region that will show the number of patients living on each block, their medical conditions, and sources of health care." At any given time the team will be able to determine the number of elderly persons, for example, who live on "A" street and have been treated for chronic diseases. Or the number of children who live on "B" block. They will have the ability to pinpoint the largest incidence of infectious diseases as well as have at their fingertips a host of additional information that this plotting technique will reveal. The team is currently mapping the ambulatory service areas of the seven major hospitals that serve the inner city to determine the population that is being treated. This "marketing research data" will enable each hospital to make a more valid decision regarding expansion, modes of treatment, etc.

Said Dr. Sultz, "what makes this service unique is its ability to graphically illustrate three variables at the same time. For example if we are talking about emergency rooms, not only can we find out the use of each hospital's facilities, but the number and kinds of patients (emergencies, etc.) that use these facilities at both peak and slow hours during the day." Summing it up, Dr. Sultz said that just as good medical therapy begins with an accurate diagnosis, "sound planning depends on a valid community diagnosis."□

1970-71 APFME Scholarship Winners

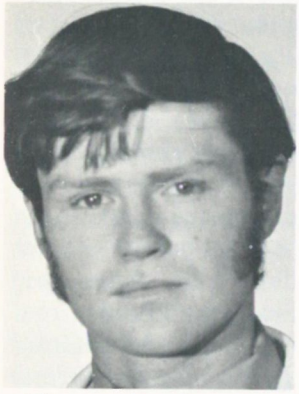


John Antkowiak, '71
Cheektowaga, N.Y.
Canisius College



James Budny, '74
Buffalo, N.Y.
Canisius College

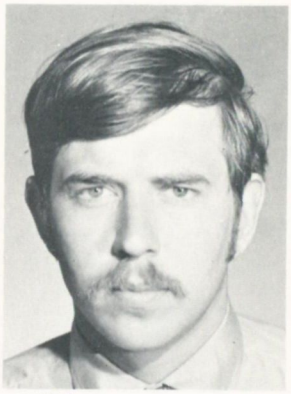
Yung-Cheung Chan, '73
Kowloon, Hong Kong
Hobart College



Thomas Lawley, '72
Buffalo, N.Y.
Canisius College

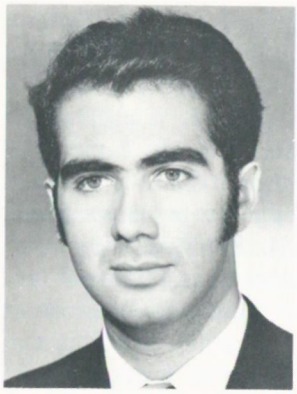
Diane Matuszak, '74
Buffalo, N.Y.
Canisius College

Sarah Moore, '73
Auburn, N.Y.
Douglass College

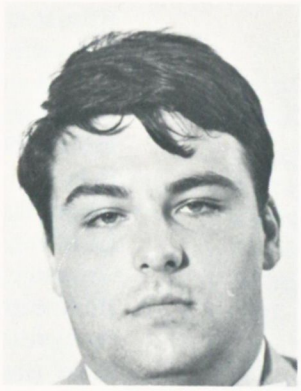


William Murray, '72
Eggertsville, N.Y.
SUNYAB

Ten Students Receive $8,600 from Annual Participating Fund for Medical Education



Guido Napolitano, '74
Mt. Vernon, N.Y.
Fordham University



Timothy Nostrant, '73
West Seneca, N.Y.
University of Rochester

Donald Storm, '71
Cheektowaga, N.Y.
SUNYAB

Mr. Miller shows a powered hand-splint to Dr. Walsh, Congressman Jack Kemp, and Mr. Steffan.

Laboratory Advisory Board

An 18-man advisory board of civic, educational, business and medical leaders was named in January to guide the Rehabilitation Medicine Engineering Laboratory at the School of Medicine. The announcement was made by Mr. J. Sam Miller and Dr. William P. Walsh, director and medical director, respectively, of the new laboratory.

The purpose of the new laboratory, according to Mr. Miller, is to apply modern research technology in the development and production of new instruments for rehabilitation medicine. The engineering activities are conducted at the Bell Plant, a campus annex located at 2050 Elmwood Avenue. The clinical evaluations are performed at the Rehabilitation Medicine Department of the E.J. Meyer Memorial Hospital. As the laboratory develops it will provide employment for the handicapped and disadvantaged in the area's sheltered workshops. It will also be a practical setting for training students in the various rehabilitation fields. Since June 1, the laboratory has been operating with local grant funds from the University of Buffalo Foundation, Inc., and Federal Grant funds through the rehabilitation medicine division of the Medical School.

The chairman of the new advisory board, elected at a recent meeting, is Mr. Walter J. Steffan, a leader in area charitable and higher education groups. All members serve on a volunteer basis. They are: **James G. Dyett,** Chairman of the Hard Company; **Harold Farber,** Chairman and President of the International Life Insurance Company; **Robert B. Fleming,** State University at Buffalo Advocate; **Charles F. Light,** Executive Vice President, Buffalo Area Chamber of Commerce; **William Moog,** President, Moog, Inc.; **Joseph R. O'Connor, M.D.,** Acting Director, Department of Rehabilitation Medicine, E.J. Meyer Memorial Hospital; **Albert C. Rekate, M.D.,** Director, E.J. Meyer Memorial Hospital; **Ira G. Ross,** Erie County Economic Coordinator; **Cora G. Saltarelli, Ph.D.,** Director, Bioengineering Department, Roswell Park Memorial Institute; **Edgar J. Schiller,** Executive Director, Niagara Frontier Vocational Rehabilitation Center, Inc.; **Paul A. Schoellkopf, Jr.,** Chairman of the Board, Niagara Share Corporation; **Mayor Frank A. Sedita; Mrs. Walter J. Steffan,** a leader in area charitable and civic groups; **Charles E. Stewart,** Executive Director, The Buffalo Foundation; **James Sweet,** Executive Director, Buffalo Goodwill Industries, Inc.; **Nicholas D. Trbovich,** Chairman and President, Servotronics, Inc.; **County Executive B. John Tutuska.**□

Chemical Solution to End Pregnancies

One of the leading researchers in chemical methods of population control is Dr. Om P. Bahl, associate professor of biochemistry at the University. His research, if successful, will enable a woman to end an unwanted pregnancy by drinking a solution containing a nontoxic chemical.

Dr. Bahl is a native of India. After receiving his doctorate at the University of Minnesota and doing post-graduate work at the University of California at Los Angeles, he began doing research on the hormone Human Chorionic Gonadotropin or "HCG." Dr. Bahl came to the University in December 1, 1965. HCG is found in the urine of pregnant women, and also persons having a type of stomach cancer that can resemble pregnancy. After three years as a Dernham Fellow of the American Cancer Society, Dr. Bahl shifted his emphasis to HCG's actions during pregnancy.

"I was interested in human beings, and it came down to deciding whether to work among them on social problems directly affecting them, or working on problems such as disease or population control which affect a great many of them," Dr. Bahl said.

His first $50,000 three-year grant from the United States Public Health Service was given "rather reluctantly, I think, because the project was so complex. But we made unusually rapid progress, so the next grant was given more readily." The first grant covered only equipment, materials and salary of one post-doctoral fellow, so Dr. Bahl did most of the technician's duties himself. The second grant is much larger and provides for the salaries of one technician and two post-doctoral fellows, Dr. N. Swaminathon and Dr. K. L. Matta. Dr. Bahl spends about 12 hours a day at the University, and when he isn't teaching his graduate course in the Medical School, he is in his lab.

"College teaching may be thought of as glamorous, but in the sciences it definitely is not. A scientist doesn't want to see his life wasted. He wants to leave behind something that will benefit mankind. Even if we never do isolate the agent that will chemically terminate pregnancy, our contribution to the understanding of reproduction still will be of value," Dr. Bahl said.

The scientist-researcher-teacher will speak at several symposia during the year including an international meeting in Belgium in September.□

Alumni Association Cocktail Party

for Alumni, Faculty, Friends during the

AMERICAN MEDICAL ASSOCIATION CONVENTION

Monday, June 21, 1971

5:30 to 7 p.m. at the

Chalfonte-Haddon Hall

Atlantic City

Host: Mr. David Michael, Director of Medical Alumni Affairs

Research Team Creates Synthesis of Living Cell

A RESEARCH TEAM at the University has successfully reassembled a living and reproducing one-celled organism from isolated components, but described a stumbling block in assumbling such organisms from unrelated species. Dr. James F. Danielli, director of the Center for Theoretical Biology at the University, Dr. I. Joan Lorch, Dr. Kwang W. Jeon, and Dr. Charles R. Ault, described at a news conference December 7 how the team used microsurgery to dismantle amoebae and then reconstitute the organisms.

First the nucleus was removed by means of a microprobe. Secondly the cytoplasm was withdrawn with a tiny pipette or by centrifuge. Finally the cell membrane was refilled with cytoplasm and a nucleus inserted, the cytoplasm and nucleus being from one or more different cells. In experiments with more than 700 such syntheses, the scientists found that while 85 per cent of the amoebae lived normally when the same strain or the organism was involved, components from unrelated strains contained a "lethal factor" which allowed only about 35 per cent of such reassembled cells to divide and less than one per cent continue to reproduce indefinitely.

The "lethal factors" discovered by Drs. Kwang Jeon and Joan Lorch "are present in many strains," explained Dr. Danielli, and have the peculiarity of being quite harmless to the cells in which they are synthesized or to closely related cells. But when they are injected into dissimilar cells, cell death results. "To get a higher proportion of successful reassemblies using distantly-related components, we must know how much 'lethal factor' is in a cytoplasm, and then find out how it can be 'outwitted' ", he continued. The scientists here found that the amount of "lethal factor" is roughly ten lethal doses in the average cytoplasm.

In a paper presented at the news conference, Drs. Lorch and Jeon (who is presently at the University of Tennessee, Knoxville), said "the results of our studies so far show that the lethal factor from one strain inhibits the synthesis of ribonucleic acids in the other strains of amoebae, and this results in the failure of these cells to divide and eventual cell death." When the lethal factor is active, they indicated, its action is to prevent formation of RNA. "One remarkable finding," they continued, "is that the lethal factor of amoeba is active not only against other strains of amoebae but also against two strains of mouse cells cultured in the laboratory. Thus it appears that the lethal factor has a further significance. It seems essential," they said, "for us to remove the lethal factors or overcome their actions before we can bring together components of different amoebae into a living cell. Our preliminary results show that this can be done."

RESEARCH TEAM — *Dr. James F. Danielli, left, poses with members of the research team who successfully synthesized living cells from components. With Danielli, left to right, are Dr. Charles R. Ault, Dr. I. Joan Lorch, Mrs. Eleanor Sattler and Mrs. Lorraine Powers. Not shown are Dr. Kwang Jeon, and technicians Mrs. Kathy Collins and Mrs. Eunice Mashimo.*

Dr. Danielli said the team is encouraged by the results obtained by other scientists using cell fusion techniques, when the cells from higher animals and plants have been brought together and fuse to give new cells having characteristics of both species.

"It is our present belief that, within limits, cell components from widely different sources are compatible," he concluded, "and when marked incompatibility is observed, it is usually due to a special mechanism, which has evolved to prevent genes on one species (from) setting up home in a second species and thereby threatening the integrity and success of the second species."

What do the successful experiments with cell reassembly mean?

Dr. Danielli thinks that now "new cells can be built containing a variety of components." For example, a defective component might be built into a new cell to find out why the damaged component is unsatisfactory. Or, scientists can now study the assembly of cells which would be theoretically capable of living on Mars, where the environment for life is considerably different from Earth's.

Furthermore, the question of what is essential for life — a question which must be answered if we are to conduct a search for life on other planets — can now be studied outside the realm of theory, and explains the great interest the National Aeronautics and Space Administration (NASA) has had in the research.

Dr. Danielli predicted that over the next five years man can expect to see the artificial assembly of cells "from the most varied sources, including plant-animal mixes; the artificial assembly of egg cells; the synthesis of new organisms by cell fusion; and of course a continuation of the formation of new organisms by the classical techniques of breeding and genetics."

He also expects to see "a considerable effort to synthesize new genes, and to incorporate these genes into chromosomes or other cellular organelles."

The Welsh-born biologist did talk about some of the possibilities cell synthesis has for the betterment of mankind. He said that improvement of nitrogen-fixing plants, and the transfer of nitrogen fixation to food plants "should have high priority." Other possibilities being considered at the Center for Theoretical Biology are:

—The development of new crops for semi-arid areas.

—The development of special organisms for environmental control, e.g. for desalination of water (converting ocean water to drinking water), and for more efficient treatment of sewage.

—Partial replacement of present methods of chemical engineering with biological synthesis using tailor-made organisms. Biological synthesis has the advantage of being seldom toxic which can be contrasted with present-day chemical plants. Also, biological synthesis is usually much more efficient than standard industrial chemistry.

—The transfer of the capacity to synthesize human antibody and human hormones to microorganisms. Synthesizing hormones and antibodies in such a way would be inexpensive, and thus "immensely extend the resources of clinical medicine," explained Dr. Danielli.

Dr. Danielli says:

"The age of biological synthesis is upon us.

"Within a century we will probably be able to synthesize artificially any biological system or entity. These could range from viruses and bacteria to entire social systems. Some of these achievements could come within a few years.

"I have been working on the problem (synthesis of a living cell) for at least 25 years. Four years ago, I had come 80 percent of the way. No one seems to realize how fast we are moving. We've seen the first synthesis of a gene, the first synthesis of a virus, and recently the first reassembly of a living cell. In biology, we are moving from an age of analysis into an age of synthesis.

"Our efforts must now be turned to the synthesis of a chromosome and creation of actual egg cells among other things.

"We owe a particular debt to Dr. Ernest Pollard of the Biophysics Department at Pennsylvania State University (and chairman of the External Advisory Committee of the Center for Theoretical Biology) whose energetic exploration of the field over the last eight years has been an inspiration."□

—The development of new life forms for other plants, which "may vastly extend the value of these planets," in Dr. Danielli's view. NASA has a keen interest in such work. "Thus one can say without hesitation that immense benefits will ensue from the artificial synthesis of new life forms," Dr. Danielli remarked.

What about ethical implications? Dr. Danielli and Dr. Robert Rosen, assistant director of the Center for Theoretical Biology, view the synthesis of new organisms in the same context as "older methods of hybridization and selective breeding," involving "no really new ethical principles." They said that "care must be taken to discover any undesirable or harmful new properties" in synthesized organisms, and the effect on existing ecological conditions must be assessed before introducing these organisms into the environment at large. These considerations are essentially of a technical nature."

While both scientists agreed that "with appropriate care," there is no reason why new species should not be of scientific and material benefit to the world, they did see the possibility of the development of "bad things," and the possibility that pathogenic (bad) organisms "may arise by accident." They suggested a special group be established by an organization such as the National Academy of Sciences or the National Science Foundation, which would "keep watch on this situation" and "be able to advise research workers in this field of the steps that should be taken to protect the community against risk."

The project is funded through the National Aeronautics and Space Administration and the State University of New York.□

New Heart Repairing Technique

A new surgical technique has enabled 34 infants to undergo operations at Children's Hospital to correct congenital heart defects during the last year. That is what Dr. S. Subramanian, the hospital's chief of surgery, told the Heart Association of Western New York recently. He is also a clinical associate professor of surgery at the Medical School.

The technique, pioneered in Japan, involves cooling the body with ice to 68 degrees to halt circulation for an hour to surgically correct transposition of the two great arteries of the heart, according to Dr. Subramanian. Among the infants operated on was a two-month-old, the youngest to undergo the operation on this continent. The operation will be performed on even younger babies, he said. "The results will be better because as babies with this defect get older, they get sicker. Buffalo and Seattle are the two places in America where this procedure is being used in numbers," he said.

Heart fund contributions for research are greatly needed to counterbalance a reduction in federal funds, Dr. Subramanian said. "This past year it was a tragedy that we didn't have the funds to finance all the worthwhile programs. Perhaps in the next 10 years we will have the answer to rejection in heart transplants."□

Physicians May Benefit from 3-D Process

Techniques for determining the three-dimensional structure of an object from a number of different two-dimensional views have been developed at the Center for Theoretical Biology at the University. This will enable a physician or surgeon to obtain three-dimensional or stereoscopic view of the interior of a patient — views which could prove much more helpful than the usual flat views in diagnosing illness.

This new method is called ART, for "Algebraic Reconstruction Techniques." ART is a method by which the three-dimensional structure of an object is determined by applying a system of equations to a small number of flat views (approximately 10) of the object. The various views are photographed from several known angles by tilting the specimen carrier in the microscope.

The scientists — Dr. Richard Gordon, Dr. Gabor T. Herman and Robert Bender — said they are now able to "obtain three-dimensional views of any object which may be resolved by whatever imaging system is appropriate, in the case of biological ultrastructure, the electron microscope."

Dr. James F. Danielli, director of the center said, "the structure of many minute parts of cells whose structure cannot be readily determined by previous techniques of electromicroscopy, can now be discerned with some accuracy, so that accurate three-dimensional models of these components can be obtained."

The techniques may also give scientists a better picture of what viruses look like and the points at which antibodies manufactured to fight them hook onto them. This will facilitate classification and identification of viruses, Dr. Danielli predicted, and open up a new area of study which may be called "immunomorphology."

The Center is the only institution of its kind in the world. It got its start in 1962 when Dr. Daniel H. Murray — then head of the School of Pharmacy, now acting vice president for academic affairs — persuaded Dr. Danielli to leave England and come to the University. He came to Buffalo from King's College, London where he was professor of zoology and chairman of the department. The basic aim of the Center in Dr. Danielli's words, "is to reach a thorough understanding of the nature of living systems. As this understanding develops it becomes possible to relate hitherto isolated facts, to make predictions, and to develop applications in specific fields of social interest."

A 20-member team headed by Dr. Danielli may team up with NASA to seed new life forms transforming lifeless and hostile planets into places useful to man. NASA announced in November that it is considering "planetary or cellular" engineering, the tailor-made creation of new life forms to be placed on Mars and other planets provided it can be established that more good than harm would result. Before Mars would be seeded with artificial life, it must first be explored to rule out the possibility that life already exists.□

NEW ART — *Robert Bender, Dr. Richard Gordon and Dr. Gabor Herman (left to right) pose near some of the equipment used in their art — "Algebraic Reconstruction Techniques" of determining the three-dimensional structure of objects. An Optronics International high-speed scanning microdensitometer is in foreground. In the background is a contoured computer printout of some electron photomicrographs of ribosomes, a printout of data produced from the densitrometer.*

45 Alumni Attend New York City Reception

A total of 45 alumni, faculty, wives and guests attended the Medical Society of the State of New York cocktail party on February 15, in New York City. Mr. David K. Michael, Director of Medical Alumni Affairs, hosted the cocktail party.

Attending the party at the Americana Hotel that evening were: Doctors Jack Milowsky, M'39, Buffalo; Louis Cloutier, M'54, Buffalo; William Staubitz, M'42, Buffalo; Walter Walls, M'31, Buffalo; Theodore and Mrs. Jewett, M'45, Buffalo; Thomas Cotton, M'39, Buffalo; Paul A. and Mrs. Burgeson, M'36, Warsaw, New York; Donald and Mrs. Hall, M'41, Buffalo; George and Mrs. Collins, M'48, Buffalo; Garra Lester, M'29, Chautauqua; Benjamin and Mrs. Gilson, M'38, Brooklyn; Edward Rozek, M'41, Buffalo; Irwin Felsen, M'39, Allegany; Charles and Mrs. Bauda, M'42, Buffalo; John N. Constantine, M'34, Oneonta, New York; Kenneth H. Eckhert, M'35, Buffalo; Max and Mrs. Cheplove, M'26, Buffalo; James and Mrs. Nunn, M'55, Buffalo; William Stein, M'50, Lockport, New York; Jane Wiles, M'45, Buffalo; Charles Wiles, M'45, Buffalo; Arthur and Mrs. DeAngelis, M'69, Buffalo; Rose Lenahan, M'37, Buffalo; Daniel Fisher, M'24, Clarence Center, New York; Alfred George, M'34, Batavia, New York; Anthony J. and Mrs. Federico (faculty), Buffalo; Andrew and Mrs. Gage, M'44, Buffalo; Mitchell and Mrs. Oestreich (faculty), Buffalo; John A. Winter (faculty), Buffalo; James and Mrs. Phillips, M'47, Buffalo; and Mr. Joseph Manno, (student '70), Buffalo.□

$12,000 Grant for Muscular Dystrophy

The nickels, dimes and dollars which thousands of Western New York children and adults have contributed to the Niagara Frontier Chapter of the Muscular Dystrophy Association of America through Kiddy Carnivals, telethons, and house-to-house marches has been channeled into needed research into the muscle disease which afflicts children.

A grant of $12,000 was presented by chapter President Edward R. Leiser to Dr. Morris Reichlin, associate professor of medicine and research, associate professor of biochemistry at the medical school. Dr. Reichlin will use the funds for equipment and personnel to evaluate the quality of myoglobin in diseased and normal muscles and also to study the rate of muscle destruction. Myoglobin, a protein, binds oxygen to muscle tissue in much the same manner that hemoglobin carries oxygen in the blood.

In 1970 and 1971, the Niagara Frontier Chapter of the Muscular Dystrophy Association of America gave $20,000 to Dr. E. A. Barnard, professor and chairman of biochemistry. Dr. Barnard used these funds to study the presence of enzymes known as the cholinesterases in the dystrophic muscles of chickens. Buffalo thus has become one of seven cities of the world where medical research is making progress against the dread child killer, muscular dystrophy. Other research centers are in New York, London, Tokyo, Padua, Italy, Paris and Los Angeles.□

Dr. Margulies

RMP Plots New Course

THE REGIONAL MEDICAL PROGRAM may soon move into new fields. That was the prediction of Dr. Harold Margulies, director of the Regional Medical Programs in the department of Health, Education & Welfare. He envisions the Regional Medical Programs of the future as being more concerned with the over-all quality of health care in their respective areas. He does not see them rendering such care but working with consumers and providers of care to assure the best possible allocation of limited numbers of professionals and tight dollars.

"Regional Medical Programs are a new kind of social institution. They provide technical and financial support to private agencies and are in a unique position to serve as a bargainer in improving health care delivery," Dr. Margulies said. "Heart, Cancer and Stroke are major killers, but the individual whose life is threatened by some other disease is just as entitled to concern." When Dr. Margulies visited the Western New York operation last fall he said, "Regional Medical Programs are a sort of political-social instrument in which there is a working relationship between the Federal structure and a private system that permits the latter to work comfortably in producing progressive changes in the health care system of which it is a part, and to do it entirely on an autonomous self-directed basis with Federal funds and Federal cooperation. The concept of Regional Medical Programs is being looked at as a possible pattern for accomplishing decentralization at both the Federal and state levels. My thesis has been that the concept of a community trusteeship is the most viable element in our society, and Government must be willing to deal on a local basis with issues that can be identified and corrected locally. My responsibility is to make it possible for that to happen. I believe we should move away from Federally directed activities and towards really autonomous responsibilities on the part of the Regional Medical Programs."□

C.C. Furnas Scholarship

Mr. James Webber, a medical student, is one of six seniors to receive the C.C. Furnas Scholarship for the 1971-72 academic year. Webber, the first Furnas Scholar in 1968, received a $3,000 stipend for medical studies at the University. He holds a masters in physiology from the University. As an undergraduate Webber was a member of the intercollegiate football and track teams for two years. In his senior year he received three awards for his athletic and academic accomplishments.

The Furnas Scholarships were established by the late chancellor and president in 1965. Dr. Furnas' original gift for the fund was augmented by $100,000 subscribed by alumni and friends in a special campaign at the time of his retirement. The fund, administered by the University at the Buffalo Foundation, Inc., honors Furnas' "long and devoted service" to the University.□

Mr. Webber

Family Planning

WHY DID WE INITIATE MALTHUS Students for Population Study, last summer at the Medical School? "We, as medical students, believe that family planning must be an integral part of our future medical practice," Lester Lifton, society president and a junior medical student, replied. "No matter what each of us specializes in, we must be able to provide information and advice to our patients as well as to the community on family planning." As a national trustee for SAMA, the student AMA group, he has also been active in its subcommittee on population explosion. With the impetus of an enthusiastic freshmen class, an active group of 20 medical students plus one student nurse, Lifton stood ready to personally "do something," that was not politically motivated.

A survey of obstetric and gynecology departments at medical schools revealed that while many did offer a course on family planning as part of their curriculum, there was little if any student activity. "Why should more care be given the 70-year-old coronary patient than the 17-year-old-girl who wants contraceptives?"

Incorporation, the group found, would permit them to file federal grant applications on several projects they had planned and needed funding. Under their corporate name, Center for Advancement of Population Studies in Medicine, they applied for funds to cover an eight-week summer program. In cooperation with Planned Parenthood World Population, 30 medical students will work in planned parenthood clinics across the country. Also a survey of physicians and medical students in Erie County was made to determine their attitudes on the role of physicians in handling problems on family planning and population. An information service specifically geared to medical students to furnish them with the latest information on contraceptives and family was collected by the summer program participatees.

"Counseling" at a hospital are Bruce and Wayne Middendorf, Jockular Ford, Guido Napolitano and Wayne Glazier.

Now in the working stage of the society is a pamphlet on the various aspects of conception, contraception, and abortion, community facilities available to them, names, clinics, hours, etc. It will be distributed this spring to all university undergraduate students and to all freshmen in the fall. "We are trying to get the University to do more," Lifton said. "We feel students should have information available to them."

There is but one course on population and family planning at the University and that is limited to 40. It is taught by Dr. Jack Lippes, associate professor of gynecology and obstetrics, medical director of Planned Parenthood and who, as advisor to Mathus and the center, has been so enthusiastic and of great help to them. But the society feels that one course is just not enough. They are working on a course to be included this fall as part of the medical curriculum. And an eight-week extra curricular sex education course that they offered on Wednesday evenings last fall has ended. They hope to repeat this course, that attracted over 60 medical students, this spring. And there is also a seminar on population growth at the national SAMA meeting schedule in May in St. Louis which they will offer.

The Center, student organized and administered, has a nationwide Advisory Committee of experts in the field of family planning and population growth. Its national offices in Buffalo, are adjacent to the medical school.

But they strongly feel that information must also filter out into the community as well. Another program on which they are working calls for medical students to counsel mothers in hospitals following delivery on the availability of birth control information. "Although there seems to be much literature around, it is not getting to every woman who should have an opportunity to know what is available so that she can make up her own mind about how many children she wants and when she wants them," Lifton said.

Other officers — Treasurer Craig Traugott, Vice presidents Daniel Botsford, Marianne Goodman, Bruce and Wayne Middendorf, James Pietraszek, Michael Sdao, and Sandra Schneider, a nursing student.□

New Programs at VA Hospital

The Buffalo Veterans Administration Hospital has a $17 million budget approved for fiscal 1972 which begins July 1. This is an increase of more than $500,000 in operating funds for new programs (intensive care, drug abuse treatment, hemodialysis center) for patients, according to Mr. Eugene E. Speer Jr., hospital director.

This hospital is one of five affiliated with the Medical School. It has 951 beds, 25 full-time physicians, 35 part-timers, 37 medical residents, 162 full-time nurses and 59 on part-time, and more than 200 consultants. Buffalo, like most, if not all of the 166 VA hospitals throughout the country still has to cope with a chronic shortage of staff members, particularly full-time physicians.□

Buffalo Evening News

Dr. Samuel Sanes, seated, receives congratulations from Louis N. Bunis, center, past president of the United Jewish Federation, and Dr. Max Cheplove, M'26, chairman of the dinner honoring Dr. Sanes.

Dr. Sanes Honored

A pathology professor, who has been on the faculty for 35 years was honored in March by the United Jewish Fund. For Dr. Samuel Sanes it was his "second" retirement, 10 years after the first. He first retired in 1961 when he gave up his everyday practice to devote full time to teaching. Dr. Sanes has been teaching medical students ever since his graduation from the UB Medical School in 1930. He will retire June 30. From 1954 to 1966 he was also professor and head of the Department of Legal Medicine.

Dr. Sanes was founder and president of the Erie County Chapter, American Cancer Society, and served as president of the state society. From 1956-58 he was president of the Jewish Center of Buffalo, a member of the National Jewish Welfare Board, the United Jewish Fund Board of Governors, and the Anti-Defamation League Executive Committee. In 1953 Dr. Sanes was named an outstanding citizen by The *Buffalo Evening News*.□

The Classes of the 1920's

Dr. Julian F. Johnston, M'21, of 21 Van Doren Avenue, Chatham, New Jersey, is a general practitioner and has an emergency room position at Overlook Hospital, Summit, New Jersey.□

Dr. Caryl A. Koch, M'23, is the school physician of Orchard Park Central School. He was also past president of the Lions Club, named legionaire "Citizen of the Year" in 1970, and is president of the Ismailia Temple Medical Unit. His address is 6435 W. Quaker Street, Orchard Park, New York.□

Dr. Daniel C. Fisher, M'24, was honored March 5 by the Clarence Rotary Club and the Clarence Citizens Council. The 74-year-old physician has been a life-time resident of this Western New York town. For 12 years he was president of the Erie County Health Advisory Board, and from 1928 to 1950 Dr. Fisher was town health officer. He was health officer of the Clarence Central School District for 40 years, and chaired the Clarence Planning Board for 20 years. He was the first president of the Clarence Historical Society. Dr. Fisher is immediate past president of the New York State Association of School physicians and past president of the Medical History Society of Western New York. He was president of the Board of Directors of Clarence's Sesquicentennial in 1958 and a member of the Board of Directors of the Amherst-Clarence Hospital Association.□

Dr. Raymond J. Rickloff, M'28, lives at 2534 South Tracy Drive, Erie, Pennsylvania and specializes in dermatology. A captain in the Medical Corps of the Army from 1942-44, he was past president of the Erie County Medical Society, consultant for the Erie Veterans Administration Hospital, past president of Hamat Hospital, and St. Vincent and Zem Zem Hospitals.□

Dr. Walter Scott Walls, M'31, outgoing President of the 27,000-member Medical Society of the State of New York addresses policy-making House of Delegates of this Society at its 165th annual convention, Americana Hotel, New York City, February 14-18.

The Classes of the 1930's

Dr. Ronald W. Steube, M'32, of Fond du Lac, Wisconsin, is Director of the Pathology Department of the Nursing School at St. Agnes Hospital. He retired April 1, and will move to 540 Port Side Drive, Naples, Florida.□

The Classes of the 1940's

Dr. Peter G. Brandetsas, M'43, a general surgeon, is at regional office, Veterans Administration, Roanoke, Virginia. A Fellow of the American College of Surgeons, and Diplomate, American Board of Surgery, he appeared in *Who's Who in America* (1960). He has published extensively and was a Lt. Colonel, M.C. and former director of medical services, U.S.A.R.□

Dr. Frank L. Tabrah, M'43, a pediatrician, is associate professor in clinical pharmacology at the University of Hawaii. The co-author of numerous publications, he lives in Kapaau, Hawaii (P.O. Box 308).□

Dr. M. E. Hodes, M'47, of 648 Edgemere Drive, Indianapolis, Indiana, is a professor of medicine and biochemistry at Indiana University.□

The Classes of the 1950's

Dr. Eugene M. Teich, M'51, a cardiologist, lives at 275 Southdown Road, Huntington, New York. He is a Fellow, American College of Physicians; and Associate Fellow of American College of Cardiology. He is author of "Afebrile Bacterial Endocarditis" which appeared in the JOURNAL, Mt. Sinai Hospital (November, 1969).□

Dr. Herbert W. Simpkins, M'53, is a general practitioner in Irvington, New Jersey. His home is at 380 Elmwood Avenue, Maplewood, New Jersey.□

Dr. Ernest H. Meese, M'54, a thoracic and cardiovascular surgeon, lives at 174 Pedrett Road in Cincinnati, Ohio. He is currently Head of Open Heart Surgery Team at Good Samaritan Hospital, Cincinnati. As Commander and Chief of thoracic surgery at Naval Hospital in Portsmouth, Virginia, he completed six years in 1965. He is secretary of board, and chairman of the service committee of Cincinnati-Hamilton County Unit, American Cancer Society. He is a Fellow of American College of Surgeons; Fellow of American College of Cardiology; Fellow of American College of Chest Physicians; Fellow of American College of Angiology.□

Dr. Leonard R. Schaer, M'55, is chief of nuclear medicine at Kaiser Foundation Hospital, Walnut Creek, California. He participated in the clinical development of the Scintillation Camera (Anger Camera) while a full time research associate at University of California at Berkeley's Donner Laboratory. He is a Fellow of American College of Physicians, a member of the Society of Nuclear Medicine and the American Society of Hematology. Dr. Schaer lives at 107 Post Road, Walnut Creek, California.□

Dr. Bernard S. Shapiro, M'57, was Chief Surgical Service at Station Hospital, Quonset Point, Rhode Island from 1962-64. He was discharged as Lieutenant Commander, USNR. He is at present attending surgeon at Griffin Hospital in Derby, Connecticut, a physician in Yale-New Haven Hospital's out patient department and consultant in general surgery at Laurel Heights Hospital in Shelton, Connecticut. He is a Fellow, American College of Surgeons and has published extensively.□

Dr. Herbert Silver, M'57, is an assistant professor of pathology at the University of Connecticut School of Medicine, Hartford. He has been Director of the Blood Bank and Immunohematology at Hartford Hospital since July 1970. He has published extensively — TRANSFUSION (Nov.-Dec. 1970); AMERICAN JOURNAL OF CLINICAL PATHOLOGY (April 1971); BRITISH JOURNAL OF MEDICAL TECHNOLOGY (April 1971) being the most recent. Dr. Silver lives at 32 Beacon Hill Drive, West Hartford, Connecticut.□

Dr. Ronald W. Byledbal, M'58, is a psychiatrist in Santa Rosa, California. His home is at 3031 Terra Linda Drive, Santa Rosa.□

Dr. Morton Spivack, M'58, a hematologist, is assistant professor in Medicine at the Albert Einstein College of Medicine. He is also a member of the Board of Examiners, New York City Department of Health since 1968. Co-author of numerous publications, he lives at 620 West 239th Street, Bronx, New York.□

Dr. Richard H. Musgnug, M'59, a dermatologist, is on the staff at Thomas Jefferson Medical College and Temple University Sciences Center in New Jersey. He is Chief of the department of dermatology at The Cooper Hospital, Camden, New Jersey and chairman of the hospital's medical division. His address is 65 Onondago Trail, Medford Lakes, New Jersey.□

Dr. Robert H. Wilbee, M'59, who was associate director at E.J. Meyer Memorial Hospital, resigned that position in February. He announced that he will return to private practice in surgery. He has left Buffalo for a "strictly non-administrative position" with a small community hospital opening in Las Cruces, New Mexico in June, 1971. Dr. Wilbee was formerly assistant dean at the UB School of Medicine in the area of student and academic affairs. He is a Fellow of the American College of Surgeons and a Diplomate of the American Board of Surgery.□

The Classes of the 1960's

Dr. Edwin R. Lamm, M'60, a general surgeon, is clinical instructor in surgery at George Washington University. He lives at 2702 Largo Place, Bowie, Maryland and is a Diplomate of the American Board of Surgery. He is President of the Belair at Bowie Medical/ Dental Association and alternate delegate to the Medical-Chirurgical Society of Maryland.□

Dr. Martin S. Wayne, M'60, a psychiatrist who lives at 814 Sleepy Hollow Road in Briarcliff, New York gave up his fulltime position as clinical director at Mount Vernon Mental Health Clinic in March 1970 to head a center in Yonkers, New York for adolescents unable to learn in normal schools. Dr. Wayne has spoken on drug addiction in adolescents and psychiatry in Vietnam to the Tarrytown area residents. He became board certified in psychiatry in 1969.□

Dr. Rae R. Jacobs, M'62, is chief resident-orthopedics, at the Medical College of Georgia. A member of the Association for Advancement of Medical Instrumentation, she has published numerous articles and has several in press. Dr. Jacobs lives at 3208 Sylvan Court, Augusta, Georgia.□

Dr. Robert A. Klocke, M'62, is an assistant professor of Medicine at UB. He lives at 190 Cottonwood Drive in Williamsville.□

Dr. Albert J. Maggioli, M'63, left the U.S. Army in September, 1970. He is now associated in pediatric practice with Dr. Sherman Woldman, M'57, in Buffalo. Dr. Maggioli lives at 288 Robinhill Drive in Williamsville.□

Dr. Paul Sussman, M'64, an internist specializing in rheumatology lives at 14033 Sherman Way, Van Nuys, California. He recently qualified by American Board of Internal Medicine.□

Dr. Franklyn G. Knox, M'65, is a renal physiologist, and associate professor at the Mayo Graduate School of the University of Minnesota. He had previously been in the Department of Physiology at the University of Missouri and published numerous papers on the intrarenal regulation of sodium execretion while there. He is a member of the American and International Societies of Nephrology, the American Physiological Society, the American Association for the Advancement of Science and the American Federation of Clinical Research. Dr. Knox lives at 2249 Nordic Court, Rochester, Minnesota. □

Dr. Michael I. Weintraub, M'66, a neurologist, is on the staff at Boston University School of Medicine, and recently entered the U.S. Navy as staff neurologist at Boston Naval Hospital, Chelsea, Massachusetts. In 1969-70, Dr. Weintraub completed his neurology residency training at Yale, New Haven Medical Center and was appointed chief resident in neurology at Yale University. He has published extensively and lives at 31 Risley Road, Chestnut Hill, Massachusetts.□

Dr. Jacob S. Kriteman, M'67, is in the U.S. Air Force at the USAF Hospital Griffiss, Griffiss AFB, New York. He is a candidate for the American Academy of Pediatrics and lives at 2412-B Snark Street at Griffiss AFB.□

Dr. Arthur C. Sosis, M'67, is a first year resident in dermatology at the Skin and Cancer Hospital of Philadelphia, Temple University Health Sciences Center in Philadelphia. He served two years in the U.S. Air Force as a general medical officer, before starting a three-year residence in dermatology at Temple University. Dr. Sosis lives at 7901 Henry Avenue, Apartment B-110, Philadelphia, Pennsylvania.□

Dr. Barry S. Shultz, M'68, who lives at 5385 Wyngate Drive, Norfolk, Virginia, will begin his urology residency in July, 1972.□

Dr. David H. Atkin, M'69, a resident in anesthesiology at Albert Einstein College of Medicine, lives at 99 Shore View Drive, Yonkers, N.Y.□

People

Two faculty members are on standing committees of the American College of Surgeons. Dr. J. Edwin Alford, clinical associate professor of surgery, is chairman of the proctology committee, and Dr. Richard H. Adler, professor of surgery, is a member of the New York (Upstate) advisory committee.□

Dr. John H. Talbott is the author of "*A Biographical History of Medicine.*" In reviewing the book Dr. Morris Fishbein said, "it is different from any of the other works in this field. It is not a book of reference and it is far more than a textbook in the history of medicine. It is a book for exploratory browsing, and for the enjoyment of those readers who particularly enjoy biographical works." From 1946-59, Dr. Talbott was professor of medicine at the Medical School and chief of medicine at the Buffalo General Hospital. He is now editor emeritus of the *Journal of the American Medical Association.* Dr. Talbott gave the Stockton Kimball Lecture in 1965 at Spring Clinical Days.□

Three alumni are new officers in the Western New York Heart Association. Dr. Joseph Zizzi, M'58, is the new president, and Dr. Victor L. Pellicano, M'36, of Niagara Falls is the new vice president. Dr. Francis J. Klocke, M'60, is secretary. The immediate past president is Dr. Andrew Gage, M'44.□

Dr. Theodore C. Krauss, clinical assistant professor of medicine, is chairman of the committee on aging, research and planning for community services. He is also chairman of the Erie County White House Conference on Aging.□

An assistant clinical professor of medicine, Dr. John K. Dustin, was re-elected President of the Millard Fillmore Hospital medical staff. Five alumni were elected to other positions. They are: Drs. Donato Carbone, M'46, secretary; Paul M. Walczak, M'46, treasurer; Anthony Postoloff, M'39, Paul Stoesser, M'35, and William Kinkel, M'54, all officers-at-large.□

A design by John O'Reilly, 30, of Cheektowaga has been selected as the official symbol of the 125th Anniversary of the University. O'Reilly's design was selected from a field of 55 entries from both the University and the community in a contest sponsored by the Policy Committee for the 125th Anniversary. The amateur artist, employed by Printing Prep of Buffalo, received a $50 prize for his entry, which he said was inspired by the theme of the celebration, "The University - Our Living Future."

O'Reilly said that the symbol reflects his view of U/B as an institution whose graduates are to him the "key to world improvement." The University, he said, does not just "push out students," but is educating individuals with a deep concern for human problems.

The Policy Committee said the symbol was selected because it incorporated not only the required Anniversary information, but also the present University seal and the concept of U/B's wide-ranging contributions to society.□

People

Seven members of the Department of Biophysical Sciences faculty presented papers at several professional meetings recently. They are assistant professors Dr. M. T. Hays, Dr. C. Y. Jung, Dr. S. Szuchet, Dr. D. C. Wobschall, Dr. C. R. Zobel, Dr. K. N. Leibovic, an associate professor, Dr. H. A. Hauptman, research professor, and Dr. J. T. Hoogeveen, assistant research professor.□

Nine members of the Department of Biochemistry faculty presented papers at different professional meetings recently. They are research associate professors Dr. David A. Cadenhead, Dr. Wells A. Farnsworth, Dr. Demetrios Papahadjopoulos, Dr. Morris Reichlin, Dr. George L. Tritsch, Dr. Herbert Weinfeld, Dr. Charles E. Wenner, Dr. Eric A. Barnard, professor and chairman, and Dr. Om P. Bahl, associate professor.□

Dr. Pierluigi E. Bigazzi, research assistant professor, Center for Immunology at UB School of Medicine, received his medical degree in 1959 from the University of Florence Medical School in Italy. He lives at 1525 Millersport Highway in Williamsville.□

Dr. Arnold A. Abramo, a pediatrics instructor at UB School of Medicine, is a 1954 alumnus of Loyola University Stritch School of Medicine. Among his memberships are American Academy of Pediatrics, Military Section of American Academy of Pediatrics, and Senior Member of Air Force Internists and Allied Specialists. Dr. Abramo lives at 18 Boxwood Circle in Hamburg, New York.□

President Robert L. Ketter was one of five men to receive the 1971 Missouri Honor Award for Distinguished Service in Engineering. Dr. Ketter graduated from the University of Missouri in 1950 with a bachelor's degree in civil engineering, before going to Lehigh University where he received his master and doctorate degrees. The award is symbolic of a person's contribution to society through engineering education or practice of professional engineering.□

President Robert L. Ketter resigned as chairman of the Comprehensive Health Planning Council of Western New York in March. Dr. Ketter won the election in June, 1970 before he was named President of the University. Dr. Kenneth H. Eckhert, M'35, vice chairman, moved into the chairmanship.□

Two alumni have been elected officers to the Buffalo Sisters Hospital medical staff. Dr. William Bukowski, M'47, is the new president, and Dr. Charles E. Wiles, M'45, is the new treasurer. Dr. Conrad G. May was named vice president, and Dr. Ambrose A. Macie, secretary.□

Dr. Jean A. Cortner, professor of pediatrics, has been appointed to the New York State Committee for Children. The 75-member committee will make recommendations on child care to the Joint Commission on Mental Health of Children, a federal agency. Dr. Cortner is also chairman of the Department of Pediatrics at Children's Hospital.□

Dr. J. Edwin Alford is chairman of the Advisory Council for Proctology of the American College of Surgeons. He has also been elected international vice president of the International Society of University Colon and Rectal Surgeons. Sao Paulo, Brazil. Recently he was elected to an additional four-year term to the American Board of Colon and Rectal Surgery. Dr. Alford, clinical associate professor of surgery and acting head of the Division of Proctology at the Medical School, is on the advisory staff, Niagara Frontier Ileostomy and Colostomy Society.□

Dr. Bertram A. Portin, clinical assistant professor of surgery (proctology), is secretary, Section on Gastroenterology and Proctology, Medical Society of the State of New York.□

Dr. Douglas Holyoke, research instructor in surgery, has been named chief of the department of general surgery at the Roswell Park Memorial Institute.□

In Memoriam

Dr. Julius Y. Cohen, M'09, died March 28 in Miami Beach, Florida where he was vacationing. The 83-year-old general surgeon was on the "emeritus" staff of Millard Fillmore Hospital. In 1951-52 he was president of this hospital staff, one that he had been affiliated with since 1912. In 1939, Dr. Cohen was one of the founders of Blue Shield of Western New York. He was honored by this organization in 1969. He was on the governing board from 1939 to 1947. Dr. Cohen studied surgery in Vienna, Austria, and completed his residency at Sisters Hospital. He served as a First Lieutenant in the Army Medical Corps during World War I. He was past president of the Maimonides Medical Society, a founder of the Planned Parenthood organization of Buffalo, a Fellow in the American College of Surgeons, and active in several professional organizations.□

Dr. Glee W. Chessman, M'18, died February 23, one month after retiring. The 76-year-old eye-ear-nose and throat specialist practiced in North Hornell and Canisteo for 45 years. Dr. Chessman did graduate work at George Washington University's Medical School, after graduating from UB. In 1968 he was honored by the State Medical Association for 50 years of service. He was on the staffs of Bethesda and St. James Hospitals.□

Dr. Raymond C. Fess, M'09, died March 17 in the Jamestown General Hospital (NY). He had been a general practitioner in Jamestown for more than 50 years. Dr. Fess was a native of Bowmansville, N.Y. He was a First Lieutenant in the Army Medical Corps in World War I. He was active in civic affairs.□

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. . . we know you like to keep your records current. So do we.
Please complete this card, detach it and mail. No postage is required.

(Please print or type all entries.)

Name _____ Year MD Received _____

Office Address _____

Home Address _____

If *not* UB, MD received from _____

In Private Practice: Yes ☐ No ☐ Specialty _____

In Academic Medicine: Yes ☐ No ☐ Part Time ☐ Full Time ☐

School _____

Title _____

Other: _____

Medical Society Memberships: _____

_____

NEWS: Have you changed positions, published, been involved in civic activities, had honors bestowed, etc.? _____

_____

_____

_____

_____

Please send copies of any publications, research or other original work.

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