SCHOOL OF MEDICINE STATE UNIVERSITY OF NEW YORK AT BUFFALO SUMMER 1972 VOLUME 6, NUMBER 2

the Buffalo Physician

Medical Alumni Officers

Dr. John J. O'Brien is the new president of the Medical Alumni Association. The 1941 Medical School graduate is a clinical assistant professor of medicine at the University and on the staff of the Buffalo General and South Buffalo Mercy Hospitals. He has been on the faculty since 1951.

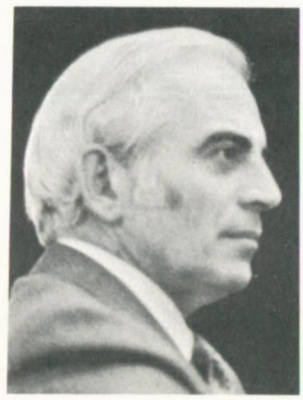
He did his undergraduate work at Canisius College, his internship at the United States Naval Hospital, Philadelphia; and his residency at the Veteran's Administration Hospitals in Buffalo and Batavia. He was in military service from 1941-47.

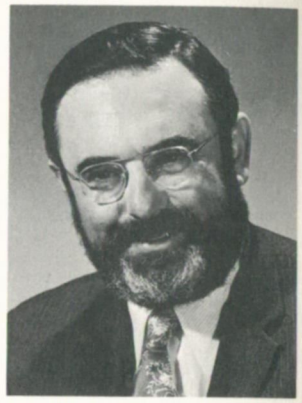
Dr. O'Brien is a past president of the Annual Participating Fund for Medical Education; and the Western New York Society of Internal Medicine; and a Fellow of the American College of Physicians. He is also active in several other professional organizations.□

A 1946 Medical School graduate is the new vice president. He is Dr. Lawrence H. Golden, who has been on the faculty since 1951. He is a clinical associate professor of medicine. Dr. Golden is chief of cardiology, attending physician, and chairman of the department of medicine at the Millard Fillmore Hospital. He is also attending physician at the E. J. Meyer Memorial Hospital.

He did his undergraduate work at UB, his internship at the Jersey City Medical Center, and his residency at Millard Fillmore Hospital. He was a Cardiovascular Teaching Fellow at the University (1950-54) and had a Fellowship in Cardiology at Tulane University (1956-58). From 1954-56 he was a Captain in the United States Air Force (medical corps).

Dr. Golden is a Fellow in the American College of Physicians, American College of Chest Physicians, and American College of Cardiology. He is also a Diplomate, American Board of Internal Medicine.□





A 1954 Medical School graduate is the new treasurer. He is Dr. Paul L. Weinmann, who is director of the department of dermatology at St. Joseph's Inter-community Hospital.

Dr. Weinmann was graduated from Bennett High School, Buffalo, in 1947. He did his undergraduate work at the University of Michigan, returning to Buffalo in the fall of 1950 to enter Medical School. He interned at the Buffalo General Hospital in 1955, and took his dermatology residency at the University of Chicago. He returned to Buffalo in 1958.

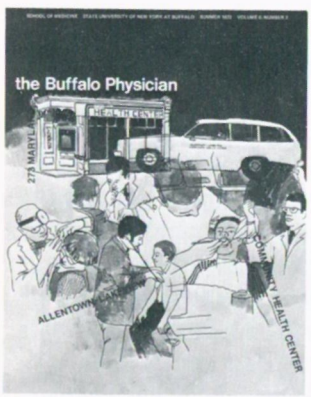
Dr. and Mrs. Weinmann and their two children live at 199 Ruskin Road, Eggertsville.□

Summer 1972

Volume 6, Number 2

THE BUFFALO PHYSICIAN

Published by the School of Medicine, State University of New York at Buffalo



IN THIS ISSUE

The cover design by Richard Macakanja focuses upon some of the services of the new Allentown-Lakeview Community Health Center (pages 28-29).

THE BUFFALO PHYSICIAN, Summer 1972 — Volume 6, Number 2, published quarterly Spring, Summer, Fall, Winter — by the School of Medicine, State University of New York at Buffalo, 3435 Main Street, Buffalo, New York 14214. Second class postage paid at Buffalo, New York. Please notify us of change of address.

Chancellor Pledges Medical School Money

Chancellor Ernest L. Boyer pledged more money for SUNY's Medical Centers in spite of the state's present financial difficulties. "We are educating 1,800 physicians, more than any other university in the world, and we have 22,000 in our special admissions programs."

Dr. Boyer predicted that the State University would survive the current state fiscal crisis and emerge from the current decade with untold strength. He also called the 1970's "a period of priorities and consolidation" for the University system after the "tremendous growth" and "terrible anxieties" in the 1960's.

"Our problem is a serious economic one that has touched every organization and family. The simple fact is one of a lessening income for public institutions, coupled with rising costs in operation and maintenance. We are faced with $20-30 million in additional commitments for next year and our income is about at zero. Our only option was to update the preannounced tuition schedule — an unfortunate but unavoidable decision."

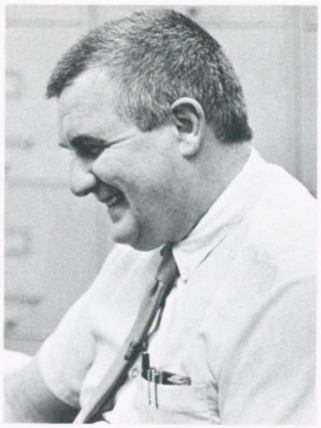
The combined increase of $200 in the cost of tuition and room and board will help bridge the financial gap. Dr. Boyer said he could not support "full cost tuition nor free tuition." He said he advocated "some sharing of total educational costs at the upper level years for those with the ability to pay. But I can't in good faith, argue for free tuition at this time. I can't support a runaway tuition scale either."

The Chancellor pointed out that the additional funds from the tuition hike would provide for — an increase in next year's freshman class by an additional 1000 students; better library services; needed funds for disadvantaged and lower-middle income students; summer sessions continuing at the same level; and more money for the medical centers.

Dr. Boyer

Dr. Boyer proposed four major areas of concern for this decade and said the University must: (1) "Rethink the direction of our growth in terms of the dollar. We must think of the dollar in terms of human priorities rather than building contracts. (2) We must re-examine existing academic programs on the campus. In some cases it seems we have more professors in certain graduate courses than we have students. (3) We must provide more flexible patterns of study within the University. (4) We must reaffirm the University as a monument of hope in future generations and in the dignity of the human individual; and we must reaffirm it in loud, clear, and unequivocable terms."□

The Trauma Study Center



Dr. Border

A Trauma Study Center, specifically designed by the department of surgery at the E. J. Meyer Memorial Hospital, is making an impact on the high cost of accident injuries and death in this country. Now in its third year of National Institutes of Health support — $210,000 this year — it is one of only ten such nationally funded sites for the study of trauma in man.

Its approach to investigations into the sequence of vital body organs (lungs, kidney, heart) that fail following a severe injury or wound to the body is a multidisciplinary one — surgery, medicine, biophysics, biochemistry. Its knowledge, gained from long-term animal studies, is now being applied to man.

The team, under principal investigator Dr. Worthington G. Schenk, Jr. (chairman of surgery) and project director, Dr. John R. Border (professor of surgery) includes surgeons Murray Andersen, Gerard P. Burns, Erich Moritz and Tan Ho (he is now in service), biophysicists Robert A. Spangler and Darold C. Wobschall, biochemist Rapier H. McMenamy and internists Joel J. Schnure and Maximillian E. Stachura.

"Recognizing the patient with severe injuries — the hidden as well as obvious ones — as quickly as possible is our major goal," pointed out Dr. Border. "For, when the patient is diagnosed at a very early stage, therapy is not much of a problem. Thus, the seriously injured — most often from auto accidents — can be prevented from progressing into the irreversible organ failures which lead to death.

"What we are trying to do," the Harvard medical graduate who has also completed biophysics and biochemistry research fellowships said, "is to build a base of knowledge on the mechanisms of organ failures and their interrelations. This is only possible through the study of trauma in man."

The patients — for its clinical studies which are underway in a room adjoining the hospital's intensive care unit — are selected because of their high probability of death. Said Dr. Border, "we now insist on a screening program for every patient found in a severe accident. For we want to learn about every injury as soon as possible."

He cautioned that what is not easily recognized in the critically ill is pulmonary failure, an almost irreversible problem if not treated promptly. "All patients who have been in a severe accident," he warns, "whether or not they have apparent severe injuries, must be suspected of having cardiac and pulmonary injuries which are checked for automatically with electrocardiograms and arterial blood gases." As a result he pointed to the large number of patients with this problem who have been detected early and therefore easily treated.

What has made a tremendous difference to the patient suffering from trauma, he continued, is pulmonary therapy. "We do everything possible to keep the lungs filled with air. The key to patient survival is to see that the lungs do not collapse. For, after several hours they cannot be reinflated, the heart is damaged due to a severe lack of oxygen in the blood, and the patient dies."

But there are also electrocardiograms, liver function and

pancreatic tests as well as X-rays of the chest and abdomen for the trauma patient. As a result of what now has become "standard procedure" in the Trauma Study Center, none of the more than 30 patients selected for its studies over the past two years has died other than from irreversible brain damage.

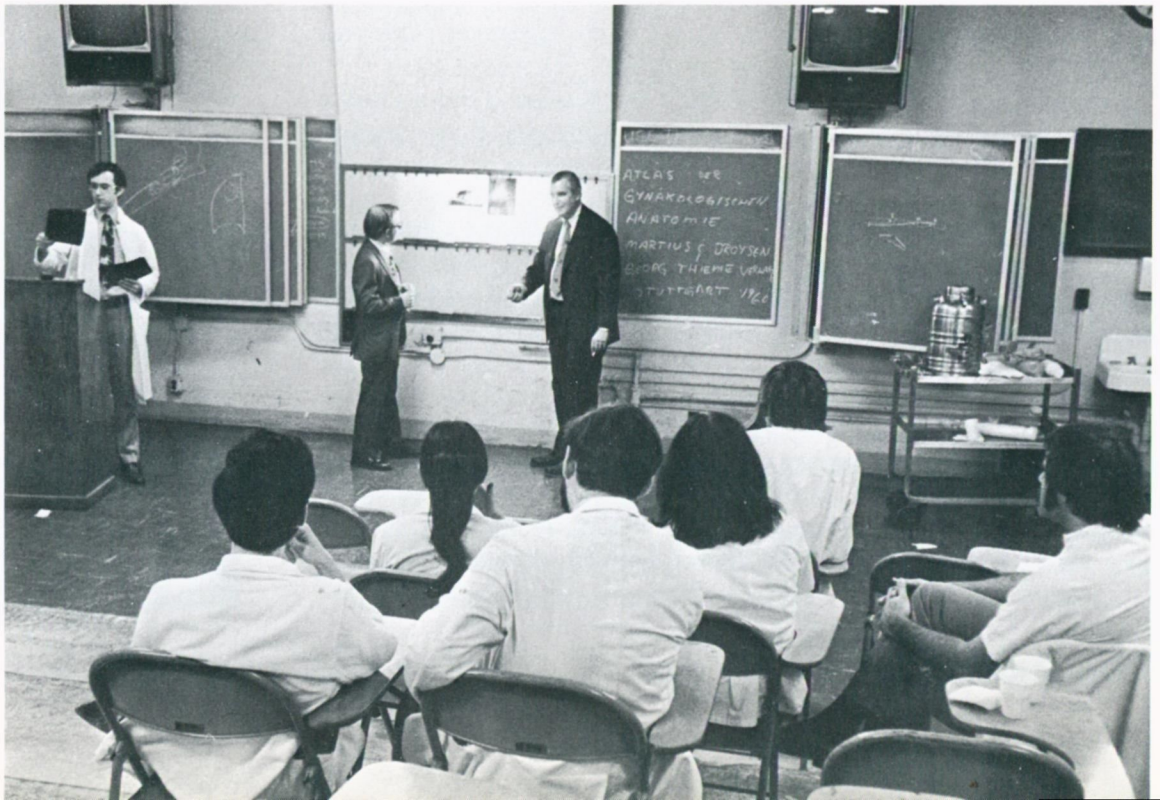
Said Dr. Border, there are only a few critically ill patients with trauma who reach the hospital that are not initially resuscitated. Death generally occurs after several days or weeks of resuscitative efforts and complications. He cautioned that the problem with trauma is that it is "everybody's business and therefore nobody's business. It is something that everyone treats but in which no one takes a specific interest."

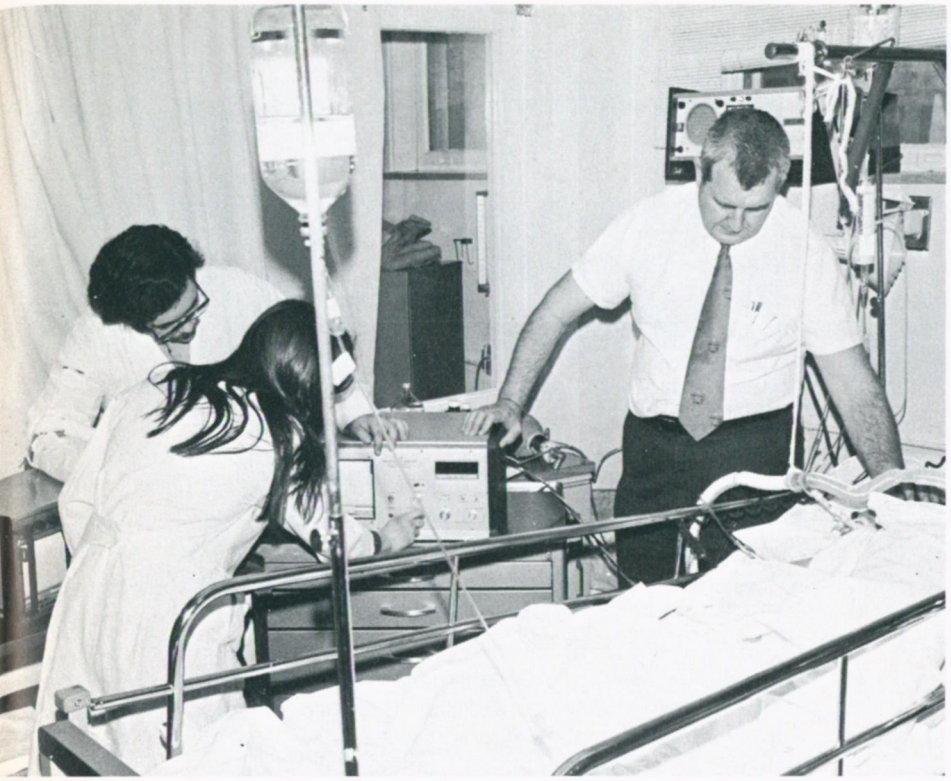
A teaching and training program, to be initiated over the summer by the Trauma Study Center, may change all of this. It hopes to produce two types of specialists to manage trauma. "The specially-trained orthopedist will know how to recognize hidden injuries and resuscitate patients with trauma," Dr. Border said. "And the traumatologist — we need only a small number of this specialist — will be able to manage almost any problem associated with multiple trauma but who will, more importantly, be able to simultaneously manage the several organ failures which also occur simultaneously."

The lack of a safe way to monitor changes in cardiac and pulmonary function in critically ill patients (there is risk attached to catheter placement in veins and arteries) precipitated development of a noninvasive monitoring technique.

Cardiothoracic impedance plethysmography (where electrodes are placed around neck and chest) now scan a large number of injured who may have developed life-threatening cardiopulmonary complications. "When several math problems connected with this technique are resolved," Dr. Border said, "and with the assistance

At trauma conference Dr. Border (right) reviews some X-rays of postoperative fracture with Dr. John Rubinstein (left) head resident and attending Dr. Richard Williams (center).





Checking the data fed by cardiothoracic impedance plethysmography on a patient in the trauma study unit are Pascquale Bochiechio, trauma technician, Jacquie Miller, trauma nurse technician, and Dr. Border.

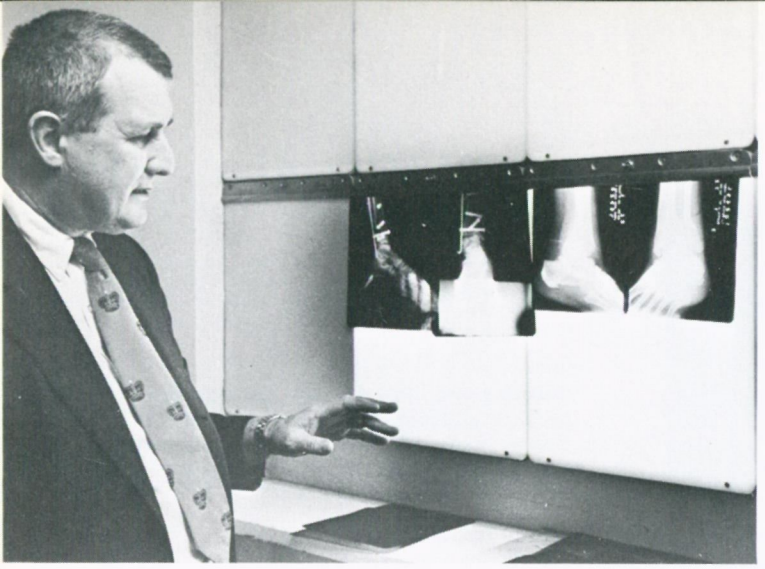
of a small computer, we will be able to read out on a screen at the patient's bedside how much blood the heart is pumping, how strong it is, how much air is moved in and out of the lungs, and how the patient is functioning in terms of pulmonary edema. And it will involve minimal discomfort and risk to the patient."

Experiments on simulating steering wheel injury in the dog have produced massive multifocal atelectasis, a condition not recognizable on a conventional chest X-ray. And there are no apparent external characteristics of trauma that will point to it. Over several days severe pulmonary failure following trauma developed in the dog. If treated early, Dr. Border explained, it is easily reversible. Studies on man with severe trauma also suggest that many may have multifocal atelectasis. "But if you wait for the obvious clinical symptoms; it is too late," he said.

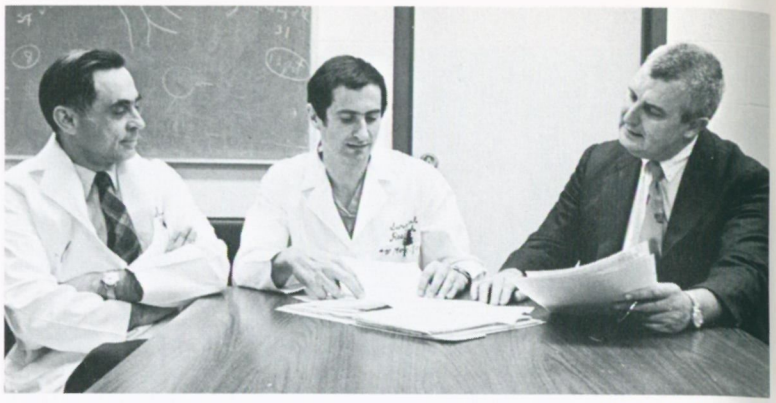
In another study, fat emboli that may occur with trauma, the team discovered a new treatment therapy — a serotonin antagonist. By studying the protein catabolic state in a dog severely infected, it was found that if sufficiently infected there occurred a considerable decrease in the dog's tissue carnotine levels, so important in metabolism of fat. Therefore, the inability of the body to burn fat at the same rate may be one reason for its increased rate of destruction of protein.

Future research efforts will focus on controlling this protein catabolic state. While it is now possible to support cardiopulmonary/renal function in the severely injured man, the protein catabolic state still presents major problems. Sufficient nutrition

Because of the expertise of the trauma study center, one of its "real triumphs" is about ready for discharge This patient almost died.



Dr. Border reviews pre and postoperative X-rays on leg fracture.



Drs. Schenk, Erich Moritz and Border review the research investigations into fat emboli.

may be given in the hope of overwhelming the catabolic state by intravenous hyperalimentation. However, said Dr. Border, "if we could convert the protein catabolic state of trauma to a starvation state (a different magnitude of response) we will be farther ahead."

There is also a joint surgical/medical study on management of the stress ulcer that sometimes causes the critically ill patient with trauma to bleed to death. For, if all other problems are under control, that patient may still die from this one. Temporary pyloric occlusion, it was found, by reducing the reflux of intestinal contents reduces occurrence of ulceration and diminishes changes in the gastric mucosa.

But the team is also interested in the head trauma patient who may develop post-traumatic pulmonary insufficiency. "That is also something that we are not clinically recognizing," cautioned Dr. Border. "When there is pulmonary insufficiency with arterial hypoxia, we are causing more serious subsequent brain damage.

There is also underway an epidemiological study to determine the amount of drug and alcohol present in the blood stream of each entering hospital patient through a blood sample. But Dr. Border is also interested in introducing to Buffalo a system of internal fixation of a fracture. Developed by the Swiss, the surgical system avoids the use of casts and provides early use of the injured extremity.

Over the years the Trauma Study Center has investigated organ and function to better understand major organ and metabolic failure and its interrelations, to change failures and basically prevent them as soon as possible, to diagnose at the earliest possible time, and to vigorously treat the trauma patient.

Now being developed is a Trauma Care Center, to be located in the new Meyer Hospital. Here, techniques developed in the research unit for resuscitation and care of the patient will be combined with detailed clinical studies on patient care.

And of course teaching will continue to remain an important facet of the trauma program. Dr. Border, who wants to teach it better than anyone else, is now organizing a really unique teaching and training program.

But what the efforts of the trauma investigators really means to the critically ill trauma patient is a minimizing of his organ failures which lead to death.□

4,200 First Year Applications

There are 4,200 applicants for the 135 places in the Medical School's first year class this fall. This is 2,400 more than a year ago, according to Dr. John Robinson, assistant dean for admissions. This is a national trend. There are 34,000 applicants for 13,000 openings in 108 medical schools. Dr. Robinson, who is also an associate professor of psychiatry, pointed out that the Downstate and Brooklyn Medical Schools have more than 5,000 applications each, Syracuse University has 4,500 applications and the University of Rochester has 3,200.

"Some of the increase is because the Medical School has joined a central clearing house that processes applications and then sends them to as many medical schools as the applicant wishes," Dr. Robinson said. "Another noticeable trend is the number of applicants with advanced degrees and doctorates."

The admissions dean noted that New York State furnishes more medical school applicants than any other state in the nation, but the rate of acceptances for state students is about "40 per cent or less whereas students from some other states have a 60 per cent chance."

The Medical School does not have "cut-off points" for college grade averages or aptitude tests, but does insist applicants be "well-qualified."

Dr. Robinson estimates that 75 per cent of the minority students will gain admission to Medical Schools. UB may not be able to fill the openings it has committed toward minorities because private medical schools have more money available for scholarship aid.□

Anesthesiology Chairman

Dr. Ross Markello is the new chairman of the department of anesthesiology at the School of Medicine. He has been acting chairman since December 1, 1969.

Dr. Markello received his M.D. degree from the University in 1957. He also did his undergraduate work at UB. He joined the Medical School faculty on July 1, 1961 as a clinical assistant in anesthesiology. He was named professor of anesthesiology on October 1, 1971.

In 1957-58 Dr. Markello interned at the Millard Fillmore Hospital, Buffalo. He was an assistant resident in anesthesiology at the E. J. Meyer Memorial Hospital, Buffalo from 1958-1960. He was named chief resident in anesthesiology the following year.

Dr. Markello has co-authored several scientific papers for professional journals. He has served both as chairman and member of several university and hospital committees.

His research includes — studies on various effects of hyperventilation during anesthesia, including cerebral blood flow and cardiac output; studies on effects of anesthesia on ventilation-perfusion distribution in the lung; and effect of cardiopulmonary bypass on cerebral blood flow.

Dr. Markello is a Diplomate of the National Board of Medical Examiners, and the American Board of Anesthesiology. He is also active in several other professional organizations.□

Dr. Markello

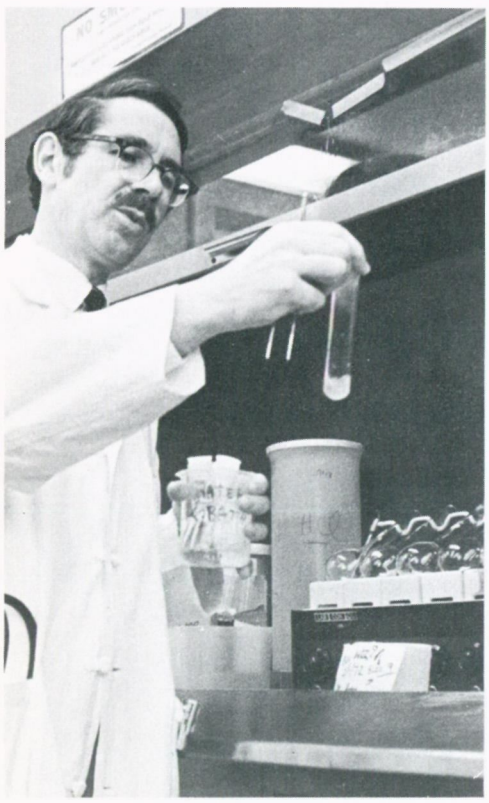
Medical Genetics

FOR CARRIERS of hereditary anemias—there are millions throughout the world—a handful of clinical researchers operating out of the medical genetics unit at the Buffalo General Hospital offer some hope. For in severe cases of these birth defects, the toll in human suffering, medical need, and economic burden can only be limited at this time through early detection and counseling.

The unit was started nine years ago, back in 1963, by Dr. Robin Bannerman, a Scotsman who arrived in Buffalo via Johns Hopkins (a Fellow in medical genetics), Washington University at St. Louis (a Fellow in hematology) and England (he graduated in medicine from Oxford in 1952 and held staff appointments at London's St. Thomas Hospital and Oxford's Radcliffe Infirmary).

He was joined a year later by Dr. Martha Kreimer-Birnbaum, a young Argentine biochemist (PhD, National U. of Buenos Aires 1963). Both had studied under famed Moises Grinstein — Dr. Bannerman on heme synthesis in thalassemia while she gained an excellent knowledge of lead poisoning and porphyrin methodology.

Dr. Bannerman continues studies on determining how much iron is in the new born mouse.



Rotating through the unit have been several Fellows who are now teaching or in practice. One, Dr. John Edwards, a Liverpool University graduate (1959), remained to add his experience on hematologic and protein investigations to unit studies.

"We have always emphasized a team concept," explained Dr. Bannerman as he pointed to clinical and research responsibilities of the medical geneticists that legitimately cut across many fields. Unique approaches to genetic disorders are a result of team experience gained from both clinical and research responsibilities that have led to many significant discoveries in Buffalo.

In one way or another every team member is contributing to a major study in disorders of the red cell. In the search for experimental animal models for severe human forms of anemia, they have turned to hereditary anemias in mice, a good model for understanding human problems. Said Dr. Bannerman, "each mouse anemia studied tells us about another genetic step and thus becomes an excellent analytical tool for its investigation." On his return to Buffalo in 1963 he brought back a breeding stock of mice carrying the unique "sla" or sex-linked anemia mutant. The underlying mechanism in this disorder has since been fully worked out, leading to new knowledge of iron metabolism.

The XYY syndrome, first identified in Buffalo by Avery Sandberg and co-workers in 1961, was further studied by the medical genetics unit and medical student Richard Berkson. They discovered new

cases, investigated their background and behavior. In addition to "increased height" in males studied, those who displayed antisocial behavior all came from broken or unsatisfactory homes. Because of good patient rapport established by the research team, the chromosome study will continue. Psychological and hormonal correlations are being made on a group of six patients in collaboration with researchers at Children's Hospital.

A rare genetic disease, camptobrachydactyly, was identified by Dr. Edwards, and the dominant trait of hand and foot deformity was traced by him and former medical student Robert Gale in several generations.

A third genetic disease, X-linked spondyloepiphyseal dysplasia-tarda, was first described in Buffalo by Dr. Wilmot Jacobsen in 1939. It has been restudied in depth by Drs. Bannerman, James Mohn and Gillian Ingall. In this disorder, short stature is inherited as an X-linked recessive trait. Bony changes lead to secondary osteoarthritis, troublesome when one reaches the forties and disabling by the sixties.

A report in 1966 by Dr. Kreimer-Birnbaum and other members of the unit identified an unusual brown pigment excreted in the urine of patients with severe thalassemia. This work provides a significant clue to understanding the mechanisms of blood destruction in this and other related diseases.

A better understanding of the pathophysiology of thalassemia for better therapeutic control of the patient is what the team is after. "Our work on dipyrroles," Dr. Bannerman said, "should clarify one important aspect of metabolism in thalassemias."

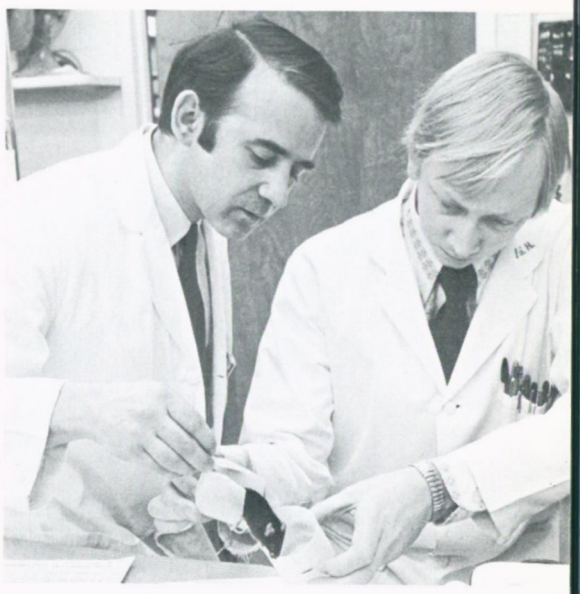
In cooperation with the U. S. Navy's Chelsea Laboratory in Boston, it was found that in the "disappearing blood syndrome" in severely injured men, despite blood transfusions there was no increase in hemoglobin concentration or usual evidence of hemolysis, perhaps pointing to an unusual pathway of blood destruction involving dipyrroles.

Laboratory-proven techniques for measuring globin chain labeling ratios *in vitro* are critical tools that have been used in the unit laboratory to rule out diagnosis of possible thalassemia in otherwise complicated cases of this known or suspected disease.

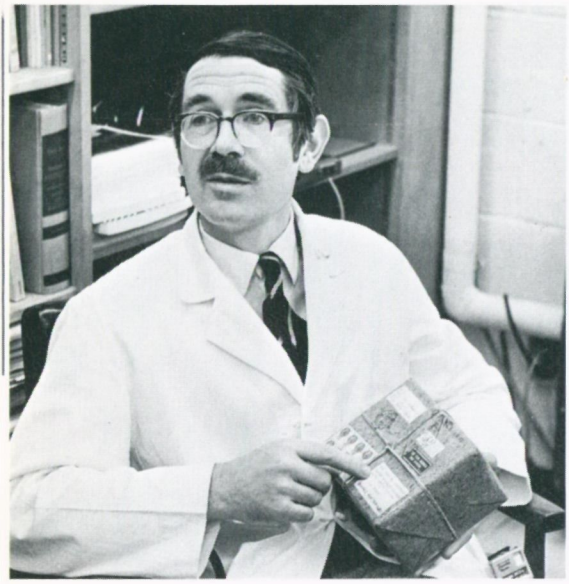
Continuing, Dr. Bannerman referred to a search for applications of available techniques to learn more about heme synthesis and metabolism in the fetus as part of a broader program in the study of fetal development initiated by Dr. R. G. Davidson at the Children's Hospital. For there is little known about the beginnings of the essential process of hemoprotein biosynthesis that must be present in all animals from the very earliest stage of development.

While on a W.H.O.-supported sabbatical, last year, Dr. Bannerman spent 10 weeks visiting laboratories and hospitals in Europe, centers of study for thalassemia and related problems. Several publications have resulted. One is a 90-page chapter in *Hematologic Reviews* on recent advances in thalassemia research and treatment.

He also returned with a collection of pigment samples from around the world that have been partially processed there. They



Dr. Edwards and laboratory technician James Hoke place mouse in whole body scintillation counter.



Dr. Bannerman receives samples of freeze-dried pigment samples from Italy.

Patricia Rusnak (left) and Dr. Kreimer-Birnbaum prepare porphyrins from blood extracts.

will be further studied in Buffalo. While millions in Italy and Greece are afflicted with thalassemia there remain many Americans of Italian and Greek ancestry with the same problem. Work on urinary dipyrroles continues as do collaborative efforts initiated there, in this country, and in Canada.

Initial unit interest in blood studies evolved naturally enough into studies of specific populations only to return full circle back to studies on world populations. To fill out the blood group map of the world, during a teaching visit to Paraguay in 1967 Dr. Bannerman collaborated in studies on the Chulupi Indians. Never before studied, they inhabit a remote northern corner of that country.

Nearer home, studies among Seneca Indians have been a major interest of the unit over the years. Blood groups were studied by Dr. James Mohn and former Fellow Thomas Doeblin. In a survey headed by Dr. Doeblin to learn more about diabetes in this group, it was found that every third Seneca adult exhibited this disease chemically. The number however dropped to every sixth clinically but still indicated almost ten times the prevalence in the white population. At weekly clinics supported by the Erie County Health Department, Mrs. Kathleen Evans of London's Medical Research Council Clinical Genetics Unit, and Gillian Ingall, have followed families in which both parents are diabetics.

But it is not only medical data but the customs and mores of world populations that make Dr. Bannerman's investigations so interesting. For instance, intermarriage in Western New York has resulted in the rarity of severe forms of thalassemia. Italians no longer tend to marry only Italians, or, more simply, carriers are less likely to marry other carriers.

Clinical responsibilities? Not only are there weekly genetic clinics at both Meyer and Buffalo General Hospitals (coordinated by Gillian Ingall with 1000 pedigree files that contain detailed information about families and have been collected since 1964 under her administrative responsibility) but consultation and counseling services at the Meyer, VA, and Gowanda State Hospitals. The cytogenetics laboratory at Buffalo General, run by Michelle Marinello, and the clinics are closely affiliated with Albany's Birth Defects Institute.

Teaching? It is another important facet of the medical genetics unit program. Both Drs. Bannerman and Edwards teach genetics and hematology courses to sophomores as well as internal medicine on the wards to house staff and students. There is also collaborative teaching in a graduate nursing course by Gillian Ingall and in a general biochemistry course by Dr. Kreimer-Birnbaum.

What could the assurance of more funds mean to the unit? The spinoff of new genetic disease identification for one. Although the unit maintains a pedigree register for recording hereditary diseases, lack of time and support hinder investigation of a majority of new cases and new genetic diseases. "With more continuity of support for clinical associates and secretarial help, we could do a great deal more toward advancing longer-term studies in clinical genetics," Dr. Bannerman said.□

AMA History

Mrs. Herbert J. Ulrich is the author of a 77-page history of the Woman's Auxiliary to the AMA. Her husband, a Buffalo physician, is a 1930 Medical School graduate and a clinical associate in medicine on the faculty. The book, which details the first 50 years of the auxiliary, is titled *"The Right Side of the Caduceus."* The auxiliary was founded in 1922.

The Auxiliary has assisted the AMA in programs dedicated to the advancement of medicine and public health. It has raised up to $550,000 annually to educate more physicians, and up to $624,000 for recruitment, scholarships and loans for young people in the allied health professions. It has also collected medical equipment, textbooks, drugs and supplies for needy nations.

Mrs. Ulrich has been active in county, state and national affairs of the auxiliary. She is a past president of both the county and state auxiliaries and past editor of their publications. Nationally she is past vice president of the eastern region. Currently she is chairman of the public health and education and the drug abuse committees of the Erie County Auxiliary; chairman of revisions and resolutions of the State Auxiliary; and chairman of the 50th anniversary history committee of the National Auxiliary.□

Radiology Chairman

Dr. Eugene V. Leslie has been named chairman of the department of radiology at the School of Medicine. Dr. Leslie is Buffalo born and educated, and has been on the Medical School faculty since 1958. He received his B.A. degree in 1949 from the University and his M.D. degree in 1951. On January 1, 1972 Dr. Leslie was promoted to clinical professor of radiology.

Dr. Leslie

The radiologist did his internship and residency at the E. J. Meyer Memorial Hospital, Buffalo, from 1951 to 1956. During 1956-57 he had a special traineeship in neuroradiology (N.I.H.) at the National Hospital for Nervous Diseases, Queen Square, London, England.

In 1957 Dr. Leslie joined the E. J. Meyer Hospital as a neuroradiologist. In 1961 he was named associate director of the department of radiology, and acting director July 1, 1971. He is also director of the residency training program at the hospital, and has been president of the Medical-Dental staff. Since 1962 he has been chairman of the Radioisotope Committee at the hospital.

Dr. Leslie has presented 23 professional papers at National and International meetings in the United States and Europe. In addition he has co-authored 22 additional scientific papers that have appeared in professional journals.

Dr. Leslie is a Diplomate of the American Board of Radiology. He has been active in several professional organizations at the local, state, national and international levels. He also participates in civic affairs.□

Psychiatry Professors Write Book

What was the impetus for a new book in which two University psychiatrists collaborated and that its publisher, the American Psychiatric Association, found "most timely and stimulating?" Urgency, says the authors, Drs. S. Mouchly Small (professor and chairman of psychiatry), Peter F. Regan (professor of psychiatry), and Hugh T. Carmichael (American Psychiatric Association's director of continuing education) about the poor state of continuing medical education. In their monograph, *Prospects and Proposals: Lifetime Learning for Psychiatrists,* they discuss appropriate strategies on which to build a program of continuing education over a lifetime as well as pinpoint resistances to learning that must be overcome.

How to establish such a program? Through a national strategy, respond the authors, that will not only feature continuing education programs and thereby insure an ongoing high degree of professional competence but will also improve knowledge and clinical skill.

Recommended? In lieu of the current 12 years of formal education following high school, eight or nine years. Thus, the saving in time to a practicing physician should be utilized by periodic three to six-month periods of continuing educational experience during his practicing years.

Integration, they point out, is needed between the two educational formats — the *formal,* with its too rigid, uniform and not always clinical relevant lockstep method that does not motivate a student to seek techniques for a lifetime of leaning; and *continuing education.*

There are two kinds of knowledge, orientations and skills that are taught. One, a "permanent core" includes such things as genetic/development concept of personality structure and function, and practicing skills as interviewing and how to perform a proper examination. But equally important essentials that differ in durability and permanence make up the "time-bound core." Among these are roles of social institutions and professionals, status of knowledge in such fields as psychopharmacology, neurochemistry and related areas.

Dr. Small

Both cores are taught in the *formal* educational format while "time-bound elements" are properly emphasized in continuing education. Formal education, the authors caution, needs to scrutinize and revise its "time-bound elements" regularly while continuing education should provide practicing physicians with a planned sequence of education in time-bound elements on a regular basis. These, the authors point out, can be planned simultaneously by one overall educational group, thus saving in time, effort, and money.

What a medical school should not be, they caution, is a finishing school where the student thinks he is completely "taught." Rather, it must be a preparatory school where habit patterns of study are included for a lifetime of learning.

As part of a nationally organized continuing education program for psychiatrists, the APA fosters a periodic self-assessment experience. Through this, a specialist may learn his areas of strengths and weaknesses. A bibliograph, with specific page refer-

ences that is furnished in lieu of answers to questions, assists in this "self-assessment" educative process. As a result, many physicians have updated their own libraries, and have read and studied more. Perhaps, hope the authors, it will also lead to greater participation in continuing education courses and experiences.

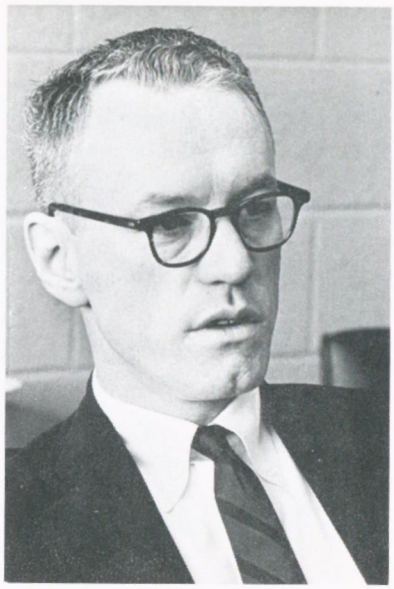
In the initial APA effort, psychiatrists utilizing the self assessment test were able to pinpoint major areas within the specialty such as clinical knowledge, basic science information, administrative-social, and patient-management problems and determine their relative competence in each.

Psychiatry, point out the authors, is showing the way in tackling problems of resistance — whether it be institutional, human or social — in this country to large-scale continuing medical education programs. Priorities, they urge, must be realigned in our institutions to meet individualized needs of practitioners as well as periodic assessment of patient care. Educational programs must be geared to the types of problems that one is faced with in the practice of medicine, with individual flexibility in curriculum and methodology to reflect individual needs as well as patterns of learning.

The very structure of psychiatry, they point out, together with its built-in curiosity, makes it the ideal field in which to establish a model to serve other specialties of medicine and to act as a catalyst in the development of a national program.

Their final plea? IT IS TIME TO TAKE THESE IDEAS OFF THE DRAWING BOARD AND PUT THEM INTO ACTION. NOW!□

Dr. Regan



Dr. Clarke Devises New Instruments

Dr. H. Courtenay Clarke, a resident physician at the E. J. Meyer Memorial Hospital, has devised and used instruments that enable him to perform minor gynecological procedures through two tiny "punch holes" in the lower abdomen of patients. Dr. Clarke described his instruments and their potential in Buffalo and before the American Fertility Society in New York City in February.

The surgeon first inserts a laparoscope — through which he can view the internal organs — into the umbilicus or navel. Then, with a view of the area where he wishes to work, he can insert the instruments — a ligator, or cutting instrument; a needle; or a tissue forceps — through the punch holes as necessary. The punch holes are about half the diameter of a lead pencil. Dr. Clarke has done approximately 20 such procedures. Patients can go home within 24 hours as compared with six days if the abdomen is opened surgically. Dr. Clarke is enrolled in the Medical School's residency program.□

Health Care Therapy

IT IS GENERALLY AGREED that America's health care system is sick. Various observers, even though they agree that illness is present, stress different symptoms, arrive at different diagnoses, and recommend different therapies. These are the matters that I should like to discuss: the symptoms, diagnoses, and treatment of the ailment.

Symptoms:

The first symptom that I speak of it is familiar to all: the fact that national health expenditures are high and are increasing in a most rapid fashion. In fiscal 1960, total health expenditures in the United States were $26 billion. In fiscal 1970 expenditures had risen to $67 billion, from $145 per person in 1960 to $324 per person in 1970. Some of this increase is accounted for by population growth, some by increases in utilization, but a substantial portion is attributable to the rapid inflation in medical care costs. Inflation, of course, has been present in virtually all sectors of our economy. Yet, it is clear that the medical care sector has been among the hardest hit.

In addition to the concern about the past, we are aware that expenditures are likely to continue to increase. The Office of Research and Statistics of the Social Security Administration projects that in 1980 health expenditures will total between $156 billion (8 percent of our gross national product) and $189 billion (9.8 percent of our gross national product). We must recognize, however, that there is no inexorable law of nature that says that the assumptions upon which these projections are based cannot be altered. The high level of expenditures, in part, supports an inefficient industry and one whose services are maldistributed. These symptoms can be treated. Treatment will alter the projections.

There is another symptom of sickness in the health care sector that asks: what are we getting for these expenditures? The National Center for Health Statistics tells us that children ages 5 to 14 in families with income under $3,000 averaged only 1.5 physician visits per person per year, while the same age group in families with incomes over $10,000 averaged 3.5, or more than twice as many visits. Only 8 percent of the physician visits made by whites took place in the hospital clinic or emergency room but this was true of 26 percent of the visits by nonwhites. If medical care is a right — and I believe it is — there are many in our population (rural Americans, inner-city dwellers, persons who are medically indigent) who find that they cannot exercise this right.

The third symptom is related to inefficiency: there are a large number of individuals using hospital services who do not need to be there, there is an oversupply of physicians in certain specialties, our insurance system provides benefits for procedures taking place in a hospital instead of a physician's office, large numbers of physicians spend major proportions of their time doing things which do not require their skill. There is much additional evidence of waste, waste that leads to higher costs and maldistribution.

Excerpts from The Fenton Lecture
State University of New York
at Buffalo

delivered by
Professor Rashi Fein
Harvard Center for Community
Health and Medical Care
Boston, Massachusetts

October 1971

Diagnosis:

In my view, the various symptoms — rising costs, inequitable sharing, lack of access, and inefficiency — are interrelated. They are part of the same disease, and relate to a basic problem. That problem is that, in spite of the fact that many of us agree that medical care is a right, that medical care should be treated as a public good, that it should be taken outside of the normal market, we have failed to take the necessary actions. We continue to behave as if medical care were like television sets to be rationed to those who can afford them and as if the availability of and accessibility to medical services should depend on normal economic forces.

The medical market place has characteristics quite unlike those of other markets: consumer knowledge is less, risks are greater, competition is less, the price elasticity of demand is low, there are few substitutes, licensing restrictions play their role, supply response is sluggish, and so forth. Furthermore, all of this is overlaid with the mystique of the physician and with government dollars which affect the industry even if there be those who feel that they are simply sprinkled around in some neutral fashion. The root problem relates to the fact that medical care operates in a different market, that it should be viewed from a different perspective and as a public good, and that in spite of this we behave as if there is little public responsibility. Our failure to recognize that we are dealing with a $70 billion industry that affects all Americans and that the therapy involves more than small actions is disappointing.

Therapy:

I assume we would all agree that we should avoid using more potent therapy than is required, but we also dare not prescribe treatment which is less powerful than is necessary. There are those who argue that we have taken the necessary action and all we need is a little time for the therapy to take effect. They argue that the problems in the health sector can be attacked through existing federal-funding mechanisms. I believe, however, that they fail to take into account that fact that part of our difficulty is related to the problem of leverage and to the fragmentation in and multiplicity of payment mechanism.

To those who advocate use of the existing federal-funding mechanisms I would point out that only 23 percent of total personal health care expenditures of fiscal 1970 were federal dollars and, of these, only $2.7 billion went for professional services, accounting for about 15 percent of total expenditures for such services. Thus, 85 percent of the leverage lies elsewhere — in the private sector.

Nor, it seems to me, are the small and modest approaches to the problem of maldistribution sufficient unto the problem. In the President's budget for fiscal 1972, partnership for health centers, maternal and child health centers, and O.E.O. centers will be serving only 2 million people. This is insufficent to treat the problem.

The difficulty with piecemeal legislation and piecemeal change is not that it may not represent some improvement. It may. Nevertheless, less than a comprehensive approach is not likely to alter the health care delivery system, will not remove inequities, will not contain costs.

A summary and pictures of the 35th annual Spring Clinical Days will appear in the next issue of the Buffalo Physician.□

The Medical Alumni Association and the School of Medicine will co-host a reception during the AMA meeting in San Francisco Monday, June 19, 1972. Mr. David K. Michael, director of medical alumni affairs, will announce the time and place at a later date.□

What therapy do I believe is required? What would I recommend so that the projections for 1980 do not become a reality? There is, in my view, an alternative to piecemeal action, a way to assume public responsibility, a way to finance care equitably, and to provide stimulus for organizational and system change. This alternative lies in national health insurance. Only if the financing patterns are linked to the delivery system can we address the various symptoms that affect the medical care system.

Let me focus on a few basic considerations that are involved in a national health insurance program. One consideration is that national health insurance must be structured in a manner that would be responsible, that would exercise restraints on rising expenditures, that would stimulate changes in the organization of the delivery system, and that would develop mechanisms to stimulate efficiency. In health, as in other fields, it is necessary to decide how much to spend and to learn to live within that total budget.

The payment mechanism must permit diversity even while striving for efficiency. This, it seems to me, requires that the dollars — budgeted, not open-ended dollars — flow from Washington to regional levels and from the regional levels to various communities, permitting each community to develop that combination of mechanisms that seem to be appropriate to its situation.

A second consideration involves universality in coverage and equity both in health expenditures and in collection of tax revenues. National health insurance should collect revenues on the basis of ability to pay and should finance as much of the health expenditures as possible — also in order to achieve equity. What is required is that the total costs of health care be distributed in relation to income. This means that the coverage must be comprehensive even as it is universal.

We have developed a variety of mechanisms that are designed to change consumer behavior, but this has failed to recognize the critical role of the physician. We must develop incentives that help the physician reach responsible decisions and that remove economic incentives for him to hospitalize the patient. This is a very different issue than making it expensive for the consumer to purchase hospital care.

Equity in financing, provision of incentives, development of new organizations, changing the structure of the delivery system: these are among the criteria that can be used to assess suggested solutions to the health crisis. I would urge that each of you develop your own more specific criteria and examine the proposals to see how they measure up. We will be told that a national health insurance program is too expensive. The question is: who shall bear the cost and what would the program do to future costs. A national health insurance program that is comprehensive in scope and universal in coverage and addresses the delivery system does not represent new dollars but a transfer of dollars. It does not increase the percent of our gross national product going for health services but is a substitution of public dollars for private dollars.

To provide the therapy that is required for the problem will necessitate educating many people. It will require a willingness

to recognize that the problems will not solve themselves and will not be solved by the disparate actions of individuals, however motivated they may be. Individuals, as individuals, cannot solve a national problem. Structured as the medical marketplace is, they cannot deliver that which we have come to believe all Americans should have: the right to good quality medical care — delivered in an efficent way — without regard to income.

The education that I refer to has begun. We can all hope that the debates proceed in a thoughtful fashion. We can also hope that the day is not far off when the medical care system in the United States will be healthy and will be doing the job for all of us that we would like to see done.□

Ophthalmology Acting Head

Dr. John V. Armenia is the new acting head of the division of ophthalmology. The 1958 Medical School graduate is a clinical professor of surgery (ophthalmology). He is Buffalo born and educated. Dr. Armenia interned at Sisters of Charity and Emergency Hospitals. He completed his residency at the E. J. Meyer Memorial Hospital in 1962. He has been on the faculty of the School of Medicine since 1965, and on the Meyer Hospital staff since 1963.

Dr. Armenia has certifications and fellowships in the American Board of Ophthalmology, American Academy of Ophthalmology and Otolaryngology, Society of Eye Surgeons, and American College of Surgeons. He has consulting appointments at St. Mary's Hospital, Lewiston, and Batavia School of the Blind. He is active in several regional and national professional organizations.□

Dr. Armenia

Continuing Medical Education

Seven continuing education courses will be offered by the Medical School during May, June and August. All are open to practicing physicians and medical students.

May 4, 5—Surgical Aspects of Gastroenterology, Parkway Inn, Niagara Falls, N. Y.

May 17—Pediatric Cardiology, Children's Hospital.

May 19—Community Psychiatry in the General Hospital, E. J. Meyer Memorial Hospital.

June 5-9—Refresher Seminar in Pediatrics, Hotel Lenox.

June 12-15—Immunology International Convocation, Statler Hilton Hotel.

June 28, 29—Immunodermatology, E. J. Meyer Memorial Hospital.

August 14-18—School Health (site to be announced).□

Measuring Intrapulmonary Shunts

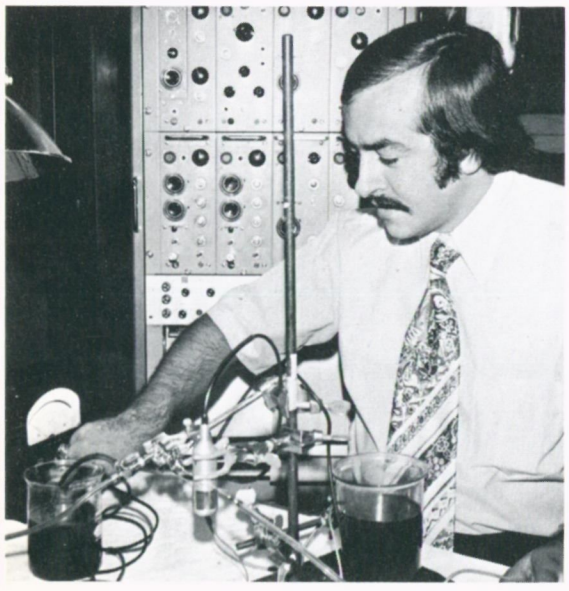
THE SUMMER FELLOWSHIP request submitted by junior medical student, John P. Visco, to measure intrapulmonary shunts was so outstanding that it earned a $1,000 stipend.

It was preceded by five years of research investigations under Dr. Francis J. Klocke (professor of medicine and assistant professor of physiology) where he was helped to approach basic research problems experimentally and his desire to pursue a career in cardiology was strengthened.

To measure intrapulmonary shunts, a hydrogen detector device, developed in Dr. Klocke's research laboratories, was used. The indicator selected was hydrogen gas. For, not only does its low solubility in plasma permit elimination by the lungs after just one circuit but, as it is biologically inert, there is no involvement in metabolism and it is therefore not lost in transit. But it also has the essential characteristic of adsorption into a platinum surface, oxidizing and giving off electrons to generate a current. Thus, it permits its quantification in solution with a platinum detector. The simultaneous use of indocyanine green bolus injection permits the measurement of shunted blood rather than a purely qualitative determination.

John's summer assignment was a refinement of earlier work to design and develop an external cuvette system that would house a platinum sensor through which blood is withdrawn by using a pump. Thus, rather than the conventional insertion of a platinum tipped catheter intravascularly which requires some minor surgery as well as fluoroscopy only arterial puncture is necessary to determine cardiac output and intrapulmonary shunt at bedside.

John Visco prepares the apparatus for in vivo use.



Said John, who is also a dental school graduate (SUNYAB 1970), "our initial cuvette design was a cylindrical lucite chamber where a platinum rod centered in a stream of blood flow. However, by injecting boluses of hydrogenated saline, the resulting curves revealed some distortion, a "hangup" of hydrogen in the washout phase. Therefore, it was felt there must be a geometric problem in the design.

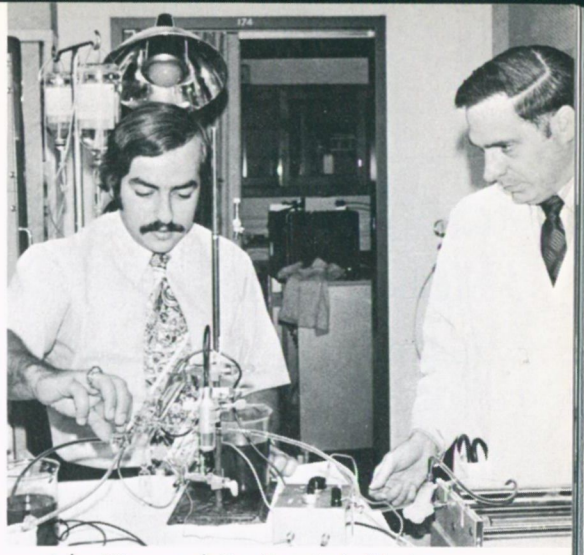
Through modification, dead space was eliminated. And sufficient turbulence minimized any surface/boundary phenomenon.

Following many tests, it was found that optimum conditions for making hydrogen measurements fell in the range of a polarographic "plateau," where any current produced by change in potential on the platinum tip is relatively insignificant.

Therefore, any current produced, it was felt, must be due to hydrogen concentration around surface of platinum detector. And by changing hydrogen concentration of resistance characteristics of measuring circuit, the size and relative position of the "plateau" could be altered.

Results, in their experimental model, matched their predictions. And shunts in animals representing from 5 to 25 percent of cardiac output have been successfully measured. What is now hoped is utilization of this device in patient studies with measurements of alveolar-arterial oxygen gradients during 100 percent oxygen breathing. Also, simultaneous measurement of arterial nitrogen pressure will differentiate true intrapulmonary shunts from ventilation-perfusion imbalances.

Summed up John, "these studies should provide a distinction between intrapulmonary arterial-venous shunts and alveolar with low ventilation-perfusion ratios that was not previously possible. Our proposed approach is ideal for identifying and measuring small as well as large intrapulmonary shunts. And observations made at the bedside require only a few minutes thereby making this apt for pre- and post-therapeutic interventions."□



John Visco and Dr. Francis J. Klocke are doing some in vitro testing of the system.

New Surgery Chairman

Dr. Worthington G. Schenk, Jr. is the new chairman of the department of surgery at the School of Medicine. Dr. Schenk joined the Medical School faculty May 11, 1954 as an instructor in surgery. He has been a professor of surgery since July 1, 1966, and acting chairman of the department of surgery since July 1, 1969.

Dr. Schenk received his M.D. degree from the Harvard Medical School in 1945; his B.A. from Williams College in 1942. He was a surgical intern at Massachusetts General Hospital, 1945-46 and served in the United States Navy from 1946 to 1948. He came to the E. J. Meyer Memorial Hospital, Buffalo, in 1948 as a surgical resident. He was appointed associate attending surgeon in 1959; attending surgeon in 1960; and director of surgery in 1966.

The surgeon has authored 85 scientific papers for professional journals. He is a Fellow in the American College of Surgeons and a Diplomate, American Board of Surgery. In 1966 he held office in two national societies — secretary, Society of Clinical Surgery; and treasurer, Society for Vascular Surgery. Dr. Schenk has served on several University committees, been active in civic affairs, and local, state and regional professional organizations.

Dr. Schenk is listed in American Men of Medicine, 1961; Who's Who in Science, 1969; Who's Who in the East, 1970; and Who's Who (national volume), 1971.□

Dr. Schenk

Computerized Medical Records

Within the next two years a computerized medical records system may be in use according to Dr. Elemer R. Gabrieli, director of the Clinical Information Center at the E. J. Meyer Memorial Hospital. Dr. Gabrieli, who is also a clinical assistant professor of pathology, believes this new system will begin in Buffalo and spread across the country. Meyer Hospital has been a local and national pioneer in the development of computerized medical records. Dr. Gabrieli has been involved in research on computer medicine for the last seven years and is one of the nation's top experts in this field. He has been chosen to represent the United States at an international conference on computerized records in Sydney, Australia in May. He is also a national board member of the Society for Computer Medicine.

"Computerization of medical records will force physicians to produce good records which can be used to help deliver better health care, to control costs and provide valuable statistics. Computerized medical records will be most helpful in providing a comparison of treatment offered by various physicians because today no one really knows how complicated diseases are treated by different physicians," Dr. Gabrieli said.

"Without a national medical records system doctors work as individuals and communication is poor and records are fragmented. A patient is a very poor carrier of information and serious consequences can result if a doctor is unaware of the patient's history.

"One of the most difficult hurdles in the development of a computerized record system is the necessity for the creation of a universal language of all medical terms," Dr. Gabrieli said. He is currently involved in a national project to develop a standard language and expects to have this project completed by the end of the year.

Dr. Leonard Katz, assistant professor of medicine, has been working with Dr. Gabrieli to develop a chart which will include all necessary information about a patient with the minimal number of words.

Dr. Gabrieli

"Medicine is very suspicious about any more forms because 30 per cent of the average doctor's overhead goes toward paperwork. We have to convince the medical profession that a computerized system will result in less paperwork at less cost and with better results."

All of the Buffalo physicians involved in the project believe that medical data systems must be developed and run by independent advisory boards without federal support. "We feel that the system must pay for itself. As soon as there is government money there is a tendency for the government to want to control the system," Dr. Gabrieli said.

The clinical professor believes that everyone's privacy can best be protected through careful supervision of records and a policy of a patient's ownership of the records. "There will be a new profession — the computer supervisor — who will decide who can use the records and for what purpose. The patient, however, will have the final decision."

With a computer system we would have a day-to-day monitoring of the health care system in this country which would prove extremely valuable in both the prevention of disease and cost control, he said. "The computer system is a vital necessity. The alternative will be that the country will rapidly go into bankruptcy because of the increasing medical and welfare costs. We must have a computerized medical records system before we can adopt any form of national health insurance. The AMA agrees that unless we have an automated system that will tell us exactly how much we are spending for each service we cannot have any program of cost control," Dr. Gabrieli said.

The computer expert anticipates that both state and federal governments will set up data centers and make use of data from regional centers. The data supplied to government centers would be without names except in cases where local advisory boards determine that it is in the national interest for certain information to be released.□

Capitation Grant

The Medical School will probably receive about $1.39 million through the Comprehensive Health Manpower Training Act of 1971. President Nixon signed this bill and the Nurse Training Act of 1971 into Law November 18. The two health bills are designed to encourage and help finance the training of more doctors, dentists, nurses and other professionals.

If the programs are fully funded, schools of medicine, osteopathy and dentistry will be allowed per capita grants of $2,500 a year for the first three years of a student's training and $4,000 in the fourth year for graduating students. There will be an incentive of $6,000 additional per student in the third year for schools who allow students to graduate in three years instead of four. To be eligible for the grants, the medical schools must pledge to increase their enrollments. The UB Medical School plans to enroll 135 students in the first year class in September. This is 15 more than were enrolled in the 1971 freshman class.

Dr. Merlin K. Duval Jr., the assistant secretary of Health, Education and Welfare for Health and Scientific Affairs said the program should spur an additional enrollment of 1,200 students in medical schools in 1972 and "wipe out" a shortage of physicians that otherwise might reach 50,000 by 1980. The objectives are to increase the number of practicing physicians to about 436,000 by 1978 and the number of nurses to roughly 1,100,000 by 1980. There are now about 332,000 physicians in active practice and about 700,000 nurses.

The manpower bill also offers incentives to medical schools to train more doctors who will go into family practice. It offers inducements to attract students from minority and disadvantaged groups and to provide more health professionals who will practice in places where manpower shortages are acute. That means primarily the urban slums and sparsely populated rural areas.□

National Health Insurance

Senator Jacob K. Javits called the establishment of a national health care insurance plan among the country's greatest reforms of the century. "We will have a national health care system within the next three years," he said. The New York Republican was the last speaker on the annual James Fenton Lecture Series on "Comprehensive Health Care" at the University. Javits, ranking Republican member of the Senate Labor and Public Welfare Committee, is author of the National Health Insurance and Health Services Improvement Act of 1971.

"For decades, this country has lagged behind Russia and other European countries in closing the disparity in the type of health care available to the rich and the poor. The poor suffer three times as much heart disease, seven times as many eye defects and five times as much mental retardation. These are dreadful things,'" the Senator said.

Javits called "a depressing fact" the increasing number of Americans for whom "the cost of decent medical care has become prohibitive." He pegged that number at "about 15 per cent" of Americans and said health care cost is "one of the large factors" on the escalating cost of living. America is short 50,000-150,000 doctors and five per cent of the counties in America don't have a doctor. In one New York county, the Senator related, the only physician within a reasonable area was drafted, leaving the people without a doctor for a 50-mile radius. In other areas, people face health problems which are just as serious. The Senator told of children in New York City who have become mentally retarded because of lead poisoning and of a retired man in Queens who ran out of the funds necessary for kidney dialysis. He is facing death. "All of these crises exist even though America spends seven per cent of its Gross National Product on Health Care. Our objective for the seventies must be to overcome the health crisis which threatens to deny adequate care to millions of Americans; and no economic reason should prevent our providing every man, woman, and child in the United States with accessible, quality, and comprehensive health care. We cannot shrink from the magnitude of the effort required to improve improper and inadequate allocations of health resources, as evidenced by marked shortages and maldistribution of health manpower and by obsolete and outmoded health facilities. This situation has seriously impaired America's ability to deliver basic health protection for all Americans who need it."

To solve the problems, five health care bills have been introduced in the Congress. The Javits bill would use the present Medicare and Medicaid package as an "absolute minimum base criterion of health care." The package's combination of hospitalization coverage and supplementary physician benefits would be extended to the population at large. All existing institutions in both the public and private sectors would be used to provide this coverage. These institutions would be under strict supervision and would have to meet exacting standards, but if the hospital performed more effectively or efficiently than the standard, it would be given a bonus. Funding for the system would come from a tax shared by both employer and employee, similar to the current Social Security tax.

If a company has its own plan that meets or exceeds the Federal standard, however it would be excluded from the national program, the Senator explained.

In addition to the system of health care, Javits' bill also sets up an extensive system of HMO's across the country that would supply dental care and "at least" one physical a year to those covered. Emphasis would be on "diagnostic care." Other parts of the bill would establish a drug co-payment plan under which people would pay only $1 per perscription for long term medication, and provide additional money for training health care personnel. Setting up the Javits system would take "at least three to five years."

"Whatever the final form of national health insurance the public must realize it can only be implemented as the personnel are trained and the facilities built to provide the vastly increased services," Javits concluded.□

Protect Abused Children

A clinical associate in pediatrics hopes to establish a national network to protect children who have been abused. Dr. Theodore I. Putnam also wants to provide counseling for the parents at the 50 children's hospitals throughout the nation. He hopes to initiate this nationwide program at Children's Hospital in Buffalo and have it connected with other hospitals, through a federal center.

Dr. Putnam said, "there is no consistent medical followup after a child has been placed in his home or a foster home. One of the best ways to prevent abuse would be to require regular routine physical exams of the child every month for two or three years. The physician would be able to see that the child is thriving and well, that he doesn't have scars or fractures. It would give social workers a chance to have continuity with the family."

In 1968 Dr. Putnam joined Children's Hospital as a resident. He became interested in child abuse when he read a three-year study made by the Children's Aid & Society for Prevention of Cruelty to Children. He has proposed the creation of a hospital-based unit with a part-time physician director, three full-time social workers and three full-time public health nurses. The other specialists on hospital staffs including psychologist and psychiatrists would be available if needed. Dr. Putnam is willing to be the part-time physician to be sure the program is started properly.

Dr. Putnam's studies and examinations have convinced him that families that abuse children do so repeatedly. "The abused girls and boys that I saw included children who had been scalded, starved, kicked in the stomach. Most frequent were bruises and cuts, but there were some broken bones. The 11 cases of severe malnutrition were so bad that the pictures were things you might have seen out of Biafra."

Foster parents as well as parents have been at times known to abuse children, the pediatrician said. "If parents who felt they wanted to batter their kids could call up and get some help with their feelings, it would be just tremendous. The persons who batter the child need help. This is not a punitive program."□

Dr. Schoenfeld visits with students — Michael Koren (left) and Martin Kilgore (far right).

Dr. Schoenfeld chats with medical students — Sus Robert Penn and Donald Greene.

The University radio station, WBFO, interviews Dr. Schoenfeld.

The Harrington Lecture

an Henke, traveling secretary; Virginia Sybert,

Dr. Thomas G. Cummiskey, assistant dean, Mrs. Carole Levine, wife of a medical student, Dr. Schoenfeld at the coffee hour.

SEX, DRUGS, TREASON. All three were explored in depth by Dr. Eugene Schoenfeld — physician, syndicated medical columnist and author of two books, *"Dear Doctor HIPpocrates—Advice Your Family Doctor Never Gave you"* and the soon to be published *"Drugs, Sex, and Treason"*—at this year's annual Harrington Lecture, sponsored by medical students and created through the will of the late Dr. Deville W. Harrington, professor of genital and urinary diseases at the School of Medicine.

"The biggest failure," pointed out Dr. Schoenfeld — he received his medical degree from the University of Miami in 1961, a Master's in Public Health from Yale in 1964 following several years of extensive research into hallucinogenic drugs at the Albert Schweitzer Hospital in Africa, and a stint at Berkeley's Student Health Clinic — "is not teaching about the normal functions of the human body. This lack of emphasis on preventive medicine, on human physiology, should be basic to any education. For we could eliminate about 60 percent of visits to doctors that are due to functional reasons — headaches, etc.

"If people knew more about their bodies," the young physician reemphasized, "fewer would be harming themselves through the use of drugs." There is no completely harmless drug, he cautioned, and he cited aspirin that kills more children than any other kind.

While LSD has more adverse reactions than marihuana — it gets into the unconscious — he believes that mature people should be able to make their own decisions about using drugs, etc. "The more freedom a person has, the better off he is and he shouldn't have to go to jail for using drugs." But he cautioned that enlightenment is not to be found in the pill. "It is in our minds."

Sarah Lain, second year medical student, gets a satisfactory answer during the informal coffee hour.

About sex? Even in the most enlightened families, it is still difficult to talk about. "More and more," the volunteer one afternoon a week at a student treatment clinic in California who reads and writes the remainder of the time said, "society must depend on the schools for sex education."

The new frontier of medicine? It will be nutrition for "we are still in the dark ages concerning it." He pointed to the cultures of the world where people survive on many diets.

Treason? He referred to the mockery of the free enterprise system and the sacred confidentiality between patient and healer. He pointed to the American Medical Association "wanted notice" placed in its weekly newspaper and two specialty journals, one in dermatology, to help capture a young (chronic severe acne) woman indicted for conspiracy to transport illegal explosives across state lines. And to the "deep sense of revulsion" in the ITT case where a woman's alleged medical history was used in an attempt to explain an incident causing great embarrassment to the administration in power.

Not only did he cite ITT, where antitrust laws, designed to prevent diminution of competition, had failed, but the government guaranteed funds to Lockheed Corporation, a giant corporation.

In his afternoon talk to medical students, he pointed to the mistake of specializing too early. "Interests may change," he said. Dr. Schoenfeld's did. He started with an interest in psychiatry and while he still is involved in mental processes he hopes that what he is now doing, health education, is of more importance. "By taking a period of time off from medical school and following your own interests, you sacrifice nothing. And you gain a great deal."

Dr. Schoenfeld's travels to Europe and Africa were subsidized by short stints of employment at various medical establishments. But he pointed to a quarter of his medical class who never completed their education. They were driven by an irrational and unjustified fear, of pressure imposed by peers and faculty.

In his standing room only public lecture he reviewed many of the questions and answers on sex, drugs, nutrition, and now environment that first appeared in the underground Berkeley Barb, a student newspaper and is now a syndicated column.

Why write when you are a physician? "I like both," he replied. "And there is a need for this type of information."□

Rural Externship Program

For the second consecutive year 50 health sciences students will participate this summer in a rural health care "externship" program. Last summer 22 students representing the Schools of Dentistry, Health Related Professions, Medicine, Nursing and Pharmacy were placed with preceptors in 11 Western New York rural communities for nine weeks. Mr. Carl Anderson is the project coordinator. The program is funded by the Lakes Area Regional Medical Program and by local contributions from hospitals, physicians, and counties throughout the region.

"The 1972 program will again be a cooperative service and educational program between rural health care practitioners and health science students in the delivery of health care. The students will spend the summer living and working in the communities where they are assigned," Mr. Anderson said.

All participating students will receive a $100 per week stipend. The students are assigned to a preceptor — either a physician, nurse, dentist, pharmacist, or allied health professional — in the rural area who will be responsible for the general professional supervision of the student. The students will keep a diary of their experiences and will develop a profile of health care in their respective communities based on their interactions with patients, local health professionals and other externs.

Arrangements have been made in these 8 Western New York health facilities for the program. Several more facilities will be added.

Jamestown, N. Y. — W.C.A. Hospital — Gregory Thorsell, M.D.; Eleanor Edman, R.N.; George Lawn, D.M.; Bert Klein, D.Pod.

Warsaw, N. Y. — Wyoming County Hospital—James MacCallum, M.D. (M'37); Fred Heller, L.P.T.

Warsaw, N. Y. — Wyoming County Public Health Department — Patricia Stopen, R.N.

Portville, N. Y. — Duncan C. Woermer, M.D.

Olean, N. Y. – Olean Medical Group—Arthur L. Beck, M.D. (M'57).

Newfane, N. Y. – Newfane Intercommunity Hospital—Lee Vermeulin (Pharmacy).

Dunkirk, N. Y. — Brooks Memorial Hospital — William Kunz, M.D. (M'53); Wes Sly, L.P.T.; Ray Hunt (Pharmacy).

Salamanca, N. Y. — Salamanca District Hospital — Ruth Knoblock, M.D.; David Widger, M.D.□

Two technicians from the Erie County Health Department (Rath Building), Ted Franciszkiewicz and Bernice Walker, take a chest X-ray.

Community Health Center

THE DREAM of providing better health care in the Buffalo inner city is becoming a reality for at least five medical students, a dental student, and a dental hygienist. They are all actively involved in the new Allentown-Lakeview Community Health Center at 273 Maryland Street. The Center opened at this location February 1, 1972, after nine months at the Shaw Memorial African Methodist Episcopal Zion Church, 453 Porter Avenue.

A fourth-year medical student, Steve Levine, is the man behind the project. He is ably assisted by Alan Calhoun, first-year student, and three second-year students, Diane Matuszak, Susan Hammond, and Carmen Ramos. Miss Sharon Gardner, a dental hygienist, and Daniel Martinez, a fourth-year dental student, are involved in the preventive dentistry program at the Center. The Center has a dental chair, a light and other equipment. Dr. Daniel C. Dudley, a practicing dentist, supervises the program. All of the students average one night a week on the project, plus a few odd daytime hours.

"Our primary thrust is preventive medicine," Steve said. Miss Matuszak and three other female medical students are having weekly classes (8 to 11 p.m.) at the Health Center for women (under 40) in the area. They discuss a wide range of topics from first aid and hygiene to prenatal care, infant mortality, family planning, TB, and VD, drugs and alcoholism. Mr. Calhoun is developing a special program in nutrition for area residents. Other students are urged to develop other programs that will improve the health of citizens.

Steve was among the 12 medical students who had the idea in 1969 to establish a community health center in this area. They were assisted by two faculty members — Drs. Christopher D'Amanda, clinical professor of medicine, and John R. F. Ingall, assistant professor of surgery and director of the Lakes Area Regional Medical Program, Inc.

Two interested visitors.

Steve is the first to admit that they have had a lot of help from several agencies and many individuals who have volunteered their services. "The Erie County Department of Health and the American Red Cross and three physicians — Drs. Errol Daniels, an optometrist; E. Peter Isacson, associate professor of social and preventive medicine; and Robert Wallace, clinical instructor of social and preventive medicine — all have been most helpful," Steve said.

The services that are offered are:

—transportation of patients to clinics, hospitals, doctors' or dentists' offices;

—educational classes on health topics;

—medical programs in eye screening and immunization to prevent disease;

—referral—getting patients in contact with hospitals, agencies and health professionals;

—interpreters—who will go with patients to various agencies and act as translators (many patients are Spanish speaking).

The overall objective is to improve the quality of health care in the Allentown-Lakeview community with a meaningful input by the community in decision making and provision of services. A 25-member committee — residents of the area, that includes a diverse population of blacks, Spanish speaking Puerto Ricans, Indians, Italian-Americans (old and young) — have been active in the planning and development of the Center.

Most of the operating budget — $28,000 for the current year — is from the American Freedom from Hunger March. Over the last two years the Center has received $1,500 from the medical student activity budget and another $1,500 from SAMA, the national organization of medical students. The rent for the quarters is $80 per month. There are four paid staff aides — Ira Stohl, project coordinator, and his assistants, Paul Martinez, Gladys Marrero, and Ann Beutner. Two of the aides are bilingual.

The transportation program — taking people from their homes to the doctor, dentist or welfare office — is one of the most used services. The station wagon purchased for this service is on the go 12 to 15 hours daily. Many volunteers in the community also provide rides.

"Our long range goals will cost more money. We want to enlarge our staff to include physicians and other health professionals so we can have a more comprehensive health program. We hope to be able to do more things right here at the Center — such as first aid, examinations, and therapy. We want to provide personal human continuing medical care for the people of the area," Steve said.

"We want this community project to be flexible enough to allow for a variety of forms in the delivery of health services. We want the cooperation of hospitals, private practitioners, and other health professionals so that we can improve the delivery of health care in this area."

Steve hopes to have a volunteer Medical Advisory Board available for advice and counsel on the Center's health education and disease prevention programs within a few weeks.□

Miss Gladys Marrero, community aide, checks the appointment schedule with Mrs. Carole Levine, wife of Steve.

The project co-ordinator, Ira Stohl, chats with a friend.

Health Resources Reservoir

THE HOSPITAL is and will continue to be the major reservoir of a community's health resources, according to a prominent physician-educator. Dr. Edmund D. Pellegrino, vice president for health sciences and director of the health sciences center at the State University at Stony Brook, pointed out that hospitals will have to make community and preventive medicine part of their spectrum of departmental services. "They must add personnel and facilities suitable for public education in health. If it expands its functions to become a community health center, the hospital can be the most effective integrating force in the health of most communities."

Dr. Pellegrino defined three elements in health maintenance: (1) The containment and amelioration of established chronic diseases; (2) The detection of unsuspected disease by screening methods; (3) Forestalling the development of new diseases — that is primary prevention through immunization, environmental control and modification of personal behavior.

"Non-physicians of several types are ideally suited to provide the various services that constitute health maintenance. It has already been demonstrated that non-physicians can handle most of the personal and technical aspects of screening and detection. Application of health maintenance on a national basis is probably most dependent upon the rapid training of non-physician personnel — some in existing professions, others anew.

"A national health maintenance program should include varying emphasis on disease containment, detection, and primary prevention. The first essential of organization is the location of responsibility and authority for health maintenance in some agency or body, private or public. The major deterrent to effective change in the health care system today is the failure to assign this responsibility and authority. I personally favor the creation of local health authorities, organized as quasi-public utilities composed of consumers and producers and constituting the policy-making authority for all health matters in the region. Policy-making would be distinct from the managerial level and the professional-technical experts. Integration of all three levels is essential in arriving at policy decisions and implementing them," Dr. Pellegrino said.

"The task of educating personnel for the major roles in health maintenance will fall to the schools of allied health in collaboration with medical schools. Medical schools will have the responsibility of devising health maintenance services as models in which to educate those physicians with a particular interest in this specialty as supervisors, as applied epidemiologists, as evaluators and devisors of the new modalities of maintenance. These models should also be the training ground of non-physicians in health maintenance.

"I favor a program of health maintenance directed to certain clear and accessible goals that will become the lever for making our health care system more responsive to the other major unmet needs of our people — primary, preventive and emergency medical care."

Dr. Pellegrino suggested two approaches to effect the character of the total care system and to advance the cause of preventive health care.

This is a summary of Dr. Edmund D. Pellegrino's address "Health Maintenance: An Idea in Search of an Organization" that was delivered October 20. The School of Health Related Professions co-sponsored his appearance with the annual James Fenton Distinguished Lecture Series for 1971.

— Provide incentives for establishment of centers for health maintenance integrated with the present system of crisis medicine. Such centers should be located in communities and neighborhoods and linked to hospitals.

— At these centers, the major emphasis in health maintenance would be on those preventive and maintenance measures known to be effective.

"The key feature is to establish a complementary segment of the health care system that provides the public with a readily accessible means for health maintenance, as well as crisis medicine. Another way we can weave health maintenance into the fabric of the health care system is to redirect large scale programs like medicare, medicaid and veterans' care in this direction. Funds for these or similar programs could be contingent on the provision of maintenance services by the agency or facility receiving such funds. Physicians and institutions could satisfy the requirement by providing such services themselves, if equipped to do so, or by establishing linkages with systematized health maintenance services in their communities. This is another way to tie maintenance and curative medicine together and establish some semblance of a continuum of health services."

In conclusion Dr. Pellegrino pointed out that we are poised for a national effort to establish Health Maintenance Organizations, with large expenditures and much human effort in the offing. "It would be salubrious if for once we could clearly define our goals before setting out in pursuit of another salvation theme in health which will lead only part way or even be self-defeating."□

Dr. Pellegrino

Practicing Attorney

A third year medical student is a practicing attorney evenings and weekends. He is Jon Rubach, who has a degree from the Notre Dame University Law School. While at Notre Dame Jon did personal injury work for an attorney in South Bend. "I had to read so many medical books that it all caught on. After taking the bar examinations in July of 1969, I started medical school the following September (with the consent of my wife)."

Jon admits that law school helped prepare me for medical school. "I already knew how to study and study hard, in an organized way. Medical school is a lot harder. It also has something that law school doesn't — and this is first-hand experience. The fact that I'm actually working in a hospital (Buffalo General) is worth everything to my medical studies. In law you don't get that practical application, not till you've got that Doctor of Jurisprudence Degree and you are out in the field ready to use it."

Currently Jon is an attorney for the law firm of Moot, Sprague, March, Landy & Fernbach. Jon works full time for the law firm during the summer. The rest of his activities revolve around his wife, Peggy, and their 20-month-old daughter, Kristin.

"Someday I'll have to decide between law and medicine. But today I just can't tell. All my lawyer friends say, 'pick medicine.' All my doctor friends say, 'be a lawyer.' It's easy for them, though, the grass is always greener."□

Health Education Center

The School of Medicine along with the four other University health sciences schools — Dentistry, Health Related Professions, Nursing, and Pharmacy — are participating in the development of the Lake Area Education Center (LAHEC) at the Veterans Administration Hospital in Erie, Pennsylvania.

The purpose of the Center is to provide basic and continuing education for medical and allied health personnel and to provide better health services to the surrounding communities in northwestern Pennsylvania, southwestern New York and northeastern Ohio. Mr. Michael C. J. Carey, executive director of the Center, said, "this tri-state health care watershed has an estimated population of 500,000."

The Center at Erie is one of eight sponsored by the Veterans Administration in Washington and the first to be funded for a one-year planning stage. The Carnegie Commission has suggested the development of 126 new area health education centers. The Regional Medical Program of Western New York provides the liaison between the university level health sciences and the Lake Erie Health Education Center.

The Center will evaluate health care delivery systems in the area and survey health care manpower and its utilization. LAHEC will also collaborate with Erie County's several colleges and secondary school systems to coordinate current training programs for health care professionals and develop new programs.

"The emphasis is upon developing a health care delivery system that is more effective, efficient, economical, accessible and acceptable to all levels of society. We will cooperate with all area hospitals and all other health care facilities and clinics, and any health related community agencies to make LAHEC a viable, pragmatic reality," Mr. Carey said.

Mr. Carey

The development of this and other area health education centers may be a significant factor in overcoming some of the uneven distribution of physicians in relation to population clustering. It has been found that more than half of those doctors in residency training tend to remain and practice in the locale where they received that training. The Lake Area Center will hopefully attract practicing physicians to the area, who will find an atmosphere conducive to continuing competence and progressive medical practice. LAHEC will also provide a broad based and community level clinical experience for students in nursing, dentistry, and allied health care professions.

"We are strategically located some 100 miles from three cities—Buffalo, Cleveland, Pittsburgh — that have medical schools. LAHEC can be affiliated with all three. Special arrangements will be made for residents to rotate from these teaching centers to obtain experience in community medicine alongside that of the highly specialized cases available in university communities," Mr. Carey concluded.□

Diagnostic X-rays

A man who has frequent diagnostic X-rays may be increasing his chances of getting one of two common types of leukemia, according to Dr. Saxon L. Graham, clinical professor of medical sociology in the department of social and preventive medicine. The study is based on 1,414 adult leukemia cases and 1,370 adult "controls" in Upstate New York, Minneapolis and Baltimore. The study shows that a man who has had 11 or more X-rays to any part of his body has a 60 per cent greater chance of getting chronic myelocytic leukemia than a man who has had none. The risk is nearly tripled for men who have had 41 or more films.

The risk noted in the study group was greatest when the X-rays were taken of the trunk of the body. Here the man who had had 11 or more films had double the chance of getting leukemia and the one who had 41 had seven times the chance. The relationship between irradiation and the acute form of myelocytic leukemia is just as striking, according to Dr. Graham. The study revealed no significant association between irradiation and leukemia in women, only in men.

Dr. Graham emphasized that the study does not prove that irradiation is the only, or even the major cause of leukemia. "Only a small proportion of the irradiated population develops leukemia, and irradiation accounts for only a small proportion of leukemia cases. Only approximately 8.8 per cent of the chronic myelocytic leukemia in men in our study may be due to exposure to 11 or more X-ray films. Therefore factors other than irradiation definitely play a part in the cause of the disease. These may include viruses, heredity, sex or susceptibility factors."□

$17 Million in Sponsored Research

University expenditures on sponsored research and training amounted to $17,202,022 during fiscal 1970-71, an increase of 6.5 per cent over 1969-70. The Faculty of Health Sciences accounted for 65.5 per cent or $10.7 million of the total. Dr. Saxon Graham, clinical professor of medical sociology in the department of social and preventive medicine, received the largest grant, $1,510,855 for three years in support of an Afghanistan Population Study. The second largest, $300,000, was continued support for the Laboratory for Environmental Physiology. The Regional Medical Program, directed by Dr. John R. F. Ingall, continued to be the largest single program supported by an outside agency, expending $1.3 million in Federal funds last year.□

Today's Medical Students

Change is the name of the game. Even among medical students at the University. The current crop of medical students have more social consciousness. They are changing just like society — more social justice, equality — especially in the delivery of health care. Medical students are concerned about the health care crisis in this country. They are looking to themselves for the solution, not necessarily the government.

Steve Levine, a fourth year medical student, pointed out that many people don't have a doctor. "They go to the emergency room of hospitals for care that the emergency rooms are not equipped for. What these people are seeking is a patient clinic. If community-run neighborhood clinics can fulfill a person's need for preventive medicine, and can run spot screening programs and provide emergency service, then a load will be taken off existing, overloaded medical services." Steve plans to practice medicine as an internist in indigent communities. He will work from a neighborhood center with a hospital base where cases would be referred. Currently he is working at the Allentown-Lakeview Community Center, a store-front facility, at 273 Maryland Avenue. This student-initiated center is now involved in special health programs under the auspices of the American Freedom from Hunger Foundation. It stresses preventive education and spot screening.

Steve Levine

Another similar health center in Buffalo has been set up by the Student Black Health Association at the Student University Urban Center at 220 Delaware Avenue. Kenneth Gayles, a third year medical student, has been working at the center where screening and referral programs are being conducted, with complete physical examinations and laboratory tests. The Center operates on weekends and is financed through donation only. Some Buffalo physicians are working with some 20 black students who are contributing their time to the center. "One of the things in the black community has been the lack of preventive medicine. The only time they go to a doctor is when something acute happens. Visits for a routine check-up are not a reality for them," Gayles said.

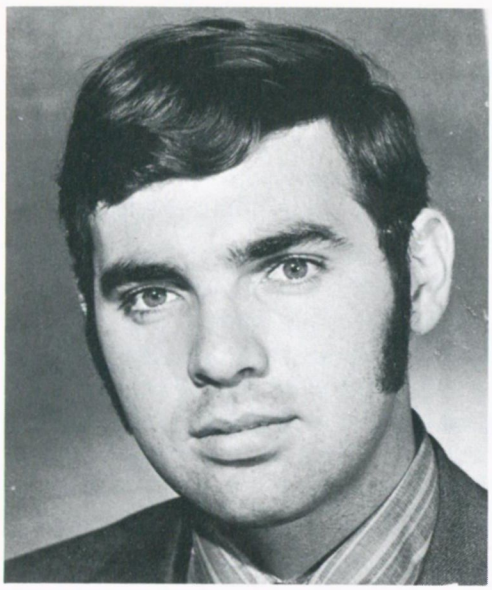
Kenneth Gayles

For Miss Louise Stomierowski, a second-year medical student, her dedication to service takes another direction. She wants to practice family medicine in a small town or rural area. "There is such a shortage of doctors in the rural areas," she said.

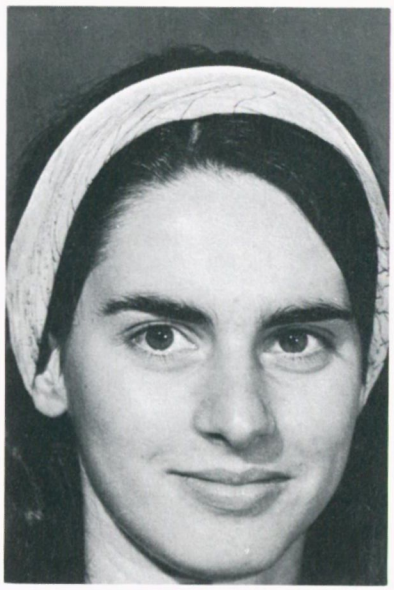
Another second year medical student, Miss Elaine Wilt, plans to take up family practice or pediatrics in a rural area. She feels that high school guidance counselors are not aware enough of the possibilities for women in medicine. "They don't encourage girls in that direction. When a girl is interested in the health field she is likely to be steered toward nursing or some other allied health profession."

Girls in medical school thoroughly revolutionize the traditional idea of the family doctor — who is supposed to be about 55 years old, with overshoes and spectacles. "It's a cultural-patterned thing. In Russia, 75 per cent of all doctors are women, with an average salary of $200 per month."

Todd Wallens



Thomas Varecka



Elaine Wilt

The problem of keeping up with medical advances will be solved by attending periodic workshops and continuing education programs. "One of the solutions to that is group practice," said Thomas Varecka, a second-year student. "Every man realizes he can't do everything. We'll try to solve problems together." Through specialization, too, a doctor can keep up with at least one area of medicine.

The several medical students agreed that financing a medical education is no problem. "There is money available." From Mr. Gayles' point of view, the problems of attending medical school for a poor black student is less financial than psychological. "If you are a black student and you don't see blacks in medical school, you figure you won't be there either." Kenneth has always wanted to be a doctor. "I said it to an MD and he helped me."

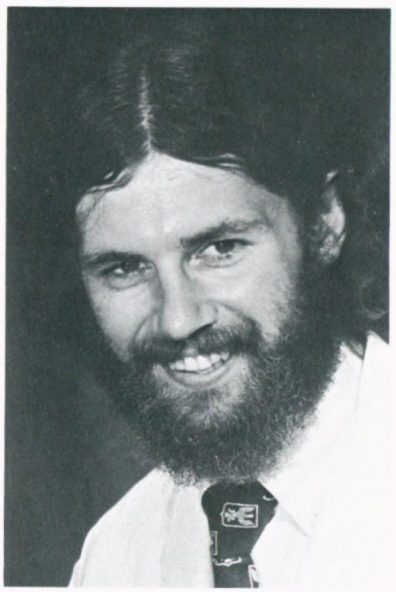
A fourth-year student, Todd Wallens, said "we should not close our eyes to the good things going on today."

Tom Dwyer, another third year student, says that many concepts advanced are extreme — just short of revolutionary. "These changes have been initiated by dissatisfied people." Tom will concentrate on 'primary health care' after graduation.

The medical students are serious about seeking workable solutions to alleviate the health care crisis. One of these is shorter training periods for "medical specialists." Many medical schools are training physicians' assistants. Both the physician and the general public must realize that the physician is not the only one who can give medical care.

The medical students agreed that they weren't interested in earning $75,000 or more a year. They just want enough money to live comfortably and educate their children.

Today's medical student has come out of hibernation. He is participating in health care and talking about current issues. He is asking questions that a student did not dare to ask a few years ago. But the real test will come after he graduates.□



Tom Dwyer

Louise Stomierowski

Sperm, Egg Handbook

It started as an independent project in Medical School and grew until Bruce and Wayne Middendorf found themselves authors of a 30-page booklet on birth control. The fruit of their labors *"A Sperm and Egg Handbook"* is a down-to-earth pamphlet covering the ground from conception to abortion to venereal disease. Written in a very readable manner, the text spells out everything and, whenever possible, uses humor to get the point across.

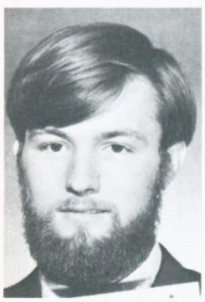
The authors, twin brothers who are both second year medical students, became interested in population control during their undergraduate days. When they started medical school a year ago last fall, Wayne and Bruce decided to write a birth control pamphlet to help educate other medical students. Their professors liked it and they had the material reviewed by local gynecologists. After their OK, the 23-year-old twins took it to Jean Hutchinson at Planned Parenthood. She thought it was pretty good but needed "something to liven it up."

This is where Bruce took over. By then it was April, 1971. Wayne was getting married and leaving for the midwest, so Bruce worked on it solo all summer. After eight drafts, the booklet finally came out in August, 1971.

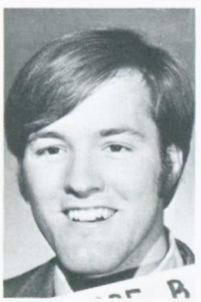
The pair is satisfied with the result. "We made it to the point as much as possible," Bruce explains, "and laid everything out on the line." He defends the corny humor — "it makes it easier for people to read." And his work at Meyer Memorial Hospital in counseling unwed mothers convinced him of the necessity of defining every term. At "The Meyer," he worked with 11, 12, and 13-year-old unwed mothers who didn't know why they were pregnant. "They didn't know that intercourse caused babies; they just thought it sort of grew inside them," he remembers. As a result, words such as sexual intercourse, conception and contraception are completely explained. In another effort to make everything easily understood, the Middendorfs organized subjects so they are complete on one page or at the most on a two-page spread. As a result, venereal disease is explained on two facing pages, while there's one page on "Getting It Straight about Myths."

Tables, lists and illustrations are also included. A seven-item list of signs of pregnancy is divided into possible and probable signs and a full explanation of pregnancy tests follows. Melford Diedrick, director of medical illustrations for the Medical School, did eight drawings showing not only the male and female reproductive systems but also the sites of placement for various methods of birth control. He also designed the cover which depicts a sperm fertilizing an egg.

The explanation of birth control methods is divided into sections headed effective, fairly good, less effective and not recommended. The authors go through 11 different categories of methods, fully explaining and listing the advantages, disadvantages and effectiveness of each. Following this is a table listing the cost of each method. Another chart goes over the average clinical failure rate — a measure of the effectiveness of the method when it is used under average conditions by average people.



Wayne Middendorf



Bruce Middendorf

Throughout the book, the theme of partners sharing the responsibility is stressed. It doesn't matter who takes the precautions, the book contends, just as long as someone does. As the authors point out, "taking a chance 'just this once' may be once too often." The brothers feel strongly that it is "ignorance that causes unwanted pregnancies and spreads venereal disease."

In order to get the booklet printed and make it widely available, the brothers worked through the Community Action Corps (CAC). CAC is now distributing free copies at Norton Union. Copies will also be distributed at the Birth Control Clinic in Michael Hall.

The handbook has been well received in the community and by Planned Parenthood centers across the country. Dr. Jack Lippes, developer of the Lippes Loop (one of the first IUD's available), says it is "one of the best college books on the subject." Other area gynecologists are also backing it.

So far, 6,000 copies have been distributed and another 5,000 were just printed.

Bruce intends to keep working on the pamphlet, up-dating it when necessary. He viewed the project as part of both his medical training and the responsibility doctors have. Both of the Middendorfs firmly believe that "healthy understanding of human sexuality goes hand in hand with a healthy mind and body . . . and that sexual responsibility entails a full knowledge of your human sexuality."□

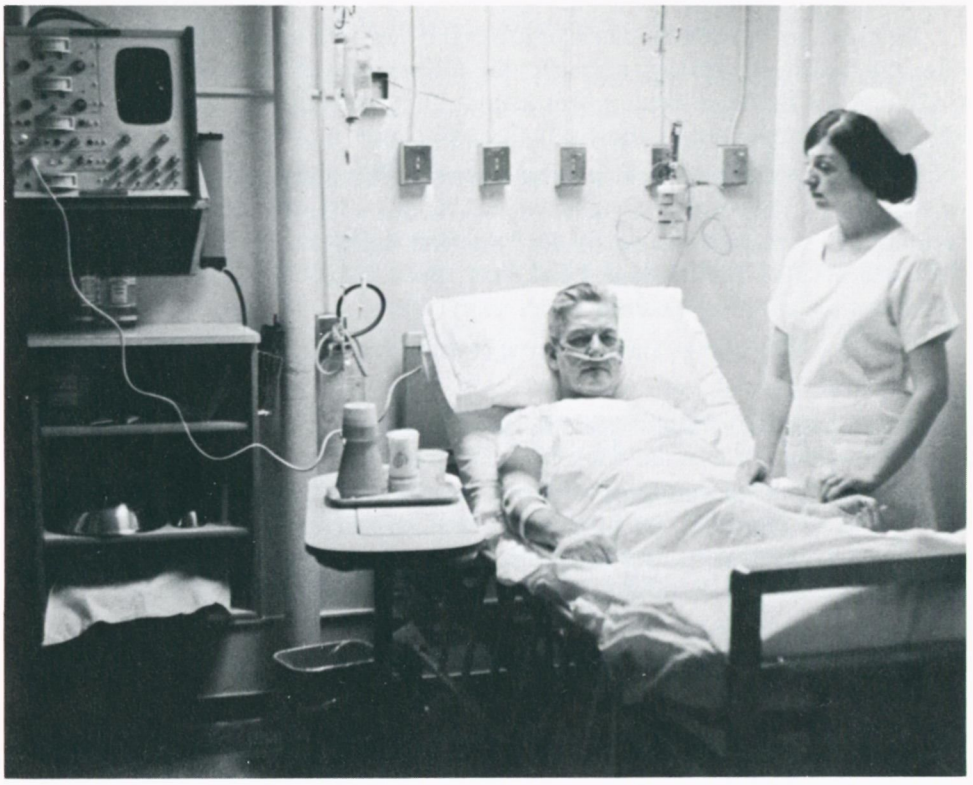
Intensive, Emergency Care Program

Two Buffalo physicians and a nurse have developed an intensive emergency care program with emphasis on heart resuscitation skills. Mrs. Betty Lawson, assistant professor of nursing, and director of the coronary care unit of the Lakes Area Regional Medical Program, Inc., Dr. David Dean, assistant professor of medicine and Dr. Louis Young have worked out a "first aid plus" course with Mr. Robert B. Howard, Buffalo Commissioner of Fire.

Rescue Squad 9, which serves the downtown Buffalo area, was the first group to be trained. The 30 men in Squad 9 attended three weeks of eight hour classes and are now certified to use defibrillators. "The men were eager and quick to pick up the complicated information needed to pass the course," Mrs. Lawson said. "There isn't one of these men I wouldn't let take care of me. I have confidence in their abilities."

The training program is only a beginning. Eight squads remain to be trained and it is hoped that after seeing Squad 9 in action improvements in the training program can be made.□

Respiratory Intensive Care Unit



The Millard Fillmore Hospital opened a new Respiratory Intensive Care Unit in March. Dr. John W. Vance, clinical associate professor of medicine at the Medical School, is the director of the new unit. It was funded by a $197,000 grant from the Lakes Area Regional Medical Program (formerly RMP of Western New York).

"It will be as completely equipped a unit as we can devise," Dr. Vance said. The unit includes an isolation room for one patient and a complete air conditioning system. "Filtered air is of crucial importance to these patients. The unit will be the center for team care by the nursing staff, the attending and house staff, respiratory therapists and pulmonary therapists."

Dr. Vance will have three consultants on rotating call duty, Drs. Frederick R. Beerel, associate director of the Chronic Respiratory Disease Program; Joseph E. Fracasso, clinical assistant, and H. Paul Longstreth, attending physician. They are all members of the Medical School faculty.□

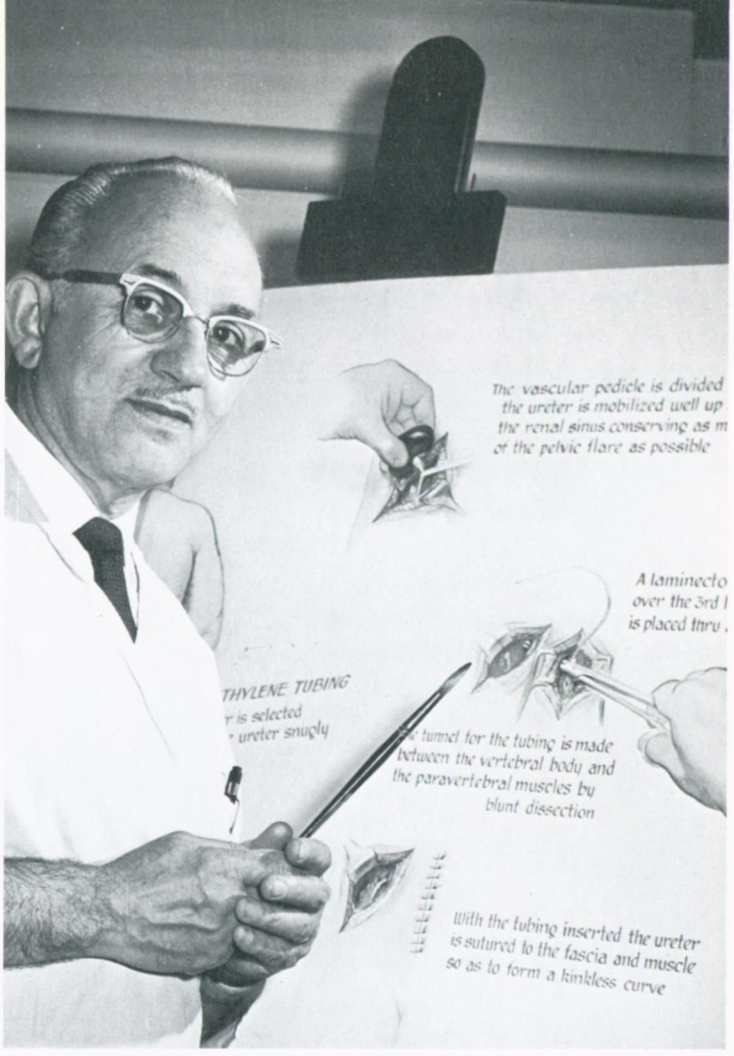
$5,000 Gift For Arm Paralysis

A research project at the University that promises help to arm paralysis cases received financial aid recently. Gifts totalling $5,000 were given by the Buffalo Community Relations Committee of the Ford Motor Company ($3,000), the Thomas J. Connors Foundation ($1,500) and Servotronics, Inc. ($500). The announcement of the grants was made by Mr. J. Sam Miller and Dr. William P. Walsh, directors of the Rehabilitation Medicine Engineering Laboratory at the University. These funds will be used for further research studies using the "Buffalo Arm," a power brace for use in paralysis cases.

"We have shown that arm paralysis following stroke may be reduced by therapy sessions in this brace," Mr. Miller said. Within four weeks of daily exercise in the devise, much of the normal arm motions had returned in two stroke patients. Dr. Walsh cautioned that this is still a research project, but indications are that this may be a real break-through in stroke rehabilitation. The Rehabilitation Medicine Engineering Laboratory was started in 1970. It is in the School of Medicine at the University and is clinically affiliated with the E. J. Meyer Memorial Hospital.□

Dr. William P. Walsh demonstrates the "Buffalo Arm" brace for Mr. J. Sam Miller and Mr. James F. Terry, chairman, Buffalo Community Relations Committee, Ford Motor Company. Mr. Terry presented a $5,000 check to Dr. Walsh and Mr. Miller.

Medical Artist



Mr. Diedrick

A unique combination of artistic talent and medical knowledge best describes Melford D. Diedrick. The medical illustrator has been on the faculty since 1947. He is a talented, successful artist, who has considerable knowledge of biology, anatomy, histology and many other things. His three staff members — photographer, graphic artist, secretary — are also very knowledgeable.

"I've learned my profession the hard way — through clinical observation, study and research. The first step is acquiring information — usually verbal communication with the physician-author. No one can make a good medical drawing without knowing his subject. Often I search the scientific literature of the last 10 or 20 years. Sometimes I spend several hours in a hospital viewing a procedure. Then I apply a scientific approach to my illustration.

"Anything visual is a means of communication. No task is too small. A graceful letter is very demanding and contributes to the efficiency for the highest level of illustration," Diedrick said.

Most of his illustrations are for the printed page — periodicals, journals and books. On any given day one or more of the 1,000 Buffalo physicians might ask Diedrick to create a picture of a patched heart, show a prepyloric ulcer or illustrate the latest technique for pinning a fractured hip. Whatever the project, the artist has one objective, depict the subject clearly and truthfully. He works mostly with pencil for preliminary sketching, and wash or print ink for the finished rendering.

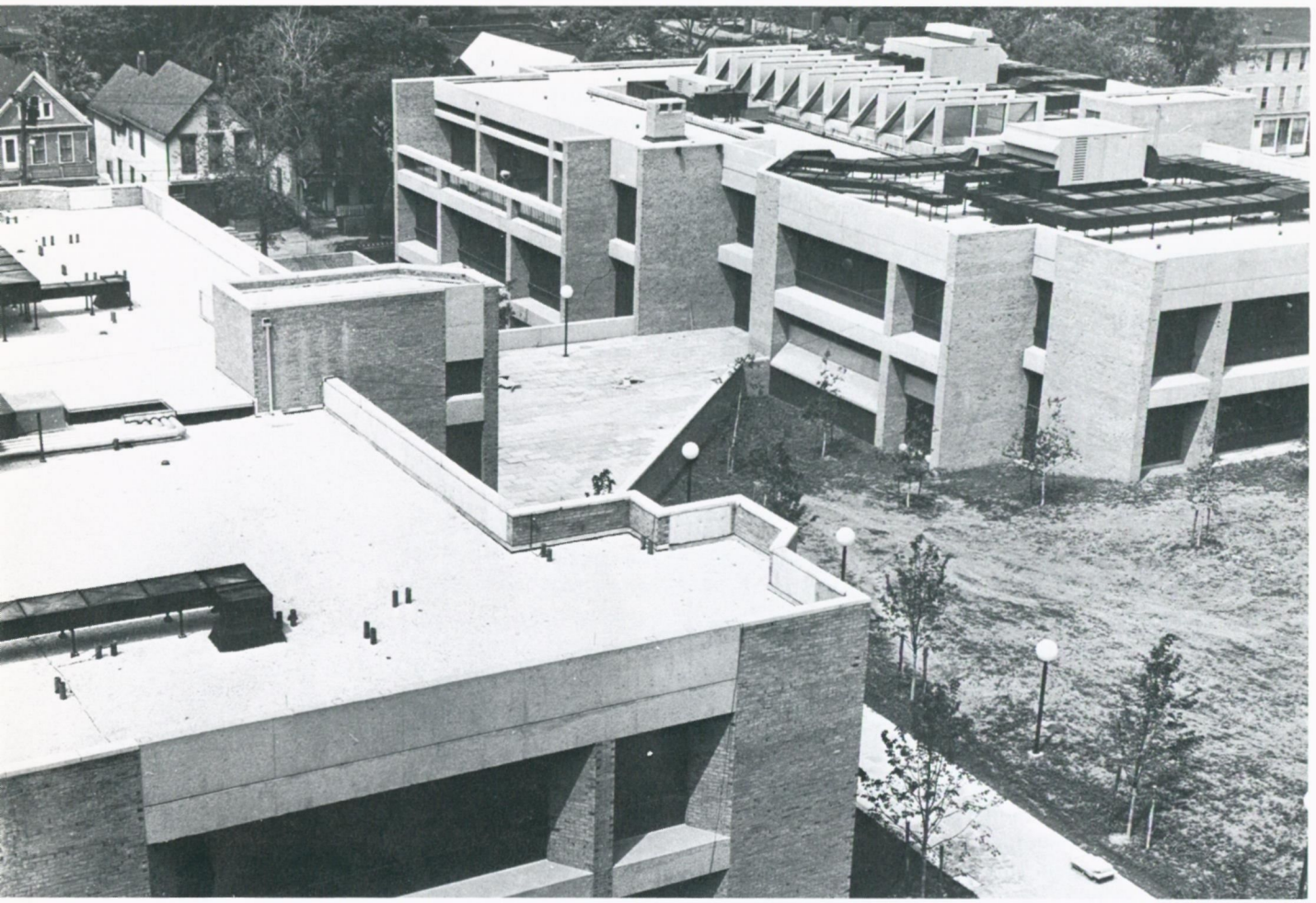
But he also uses a camera. "Often a camera will show too much or two little. Drawings can eliminate the non-essential details and focus more dramatically on the main element. It is also difficult to show the differences in tissue with photography, but in a drawing this can be accomplished by contrasting colors and stylized surface characteristics."

Mr. Diedrick was a student (1932-34) of the late Max Broedel, who taught the world's first formal class of medical illustrators at Johns Hopkins Medical School. Mr. Diedrick then returned to his native Buffalo to become its first medical illustrator in 1935. He worked with faculty and other physicians at the Buffalo General Hospital, and at the same time was assistant curator of the Medical School's pathology museum, before joining the faculty.

The medical illustrator is proud of his many achievements — especially the principal illustrator of three widely used specialty books — "Atlas of Operative Teaching Anus Rectum and Colon" by Drs. Harry E. Bacon and Stuart T. Ross in 1954; "An Atlas of Surgical Exposures of the Extremities" by Drs. Banks and Laufman in 1953; and "An Atlas of Neurosurgical Techniques" by Dr. James Poppen in 1960.

"Today there are so many demands on my time that it would be impossible for me to spend several months on illustrations for one book," Diedrick said.

His thousands of illustrations over the last 37 years have been a potent teaching tool for students, professors and physicians.□



Community Mental Health Center

If all goes well financially the Buffalo General Hospital Community Mental Health Center may open sometime in 1973. That is the goal of Dr. Stanley R. Platman, executive director. He hopes his $2,603,649 federal staffing grant application will be approved. If Washington approves it, the federal government will be underwriting the 1973 salaries for 256 of the center's personnel whose work brings them in direct contact with patients. Then, for seven years, there will be additional funds for staff salaries, but in decreasing amounts. After that, support of the center will be up to the state and county.

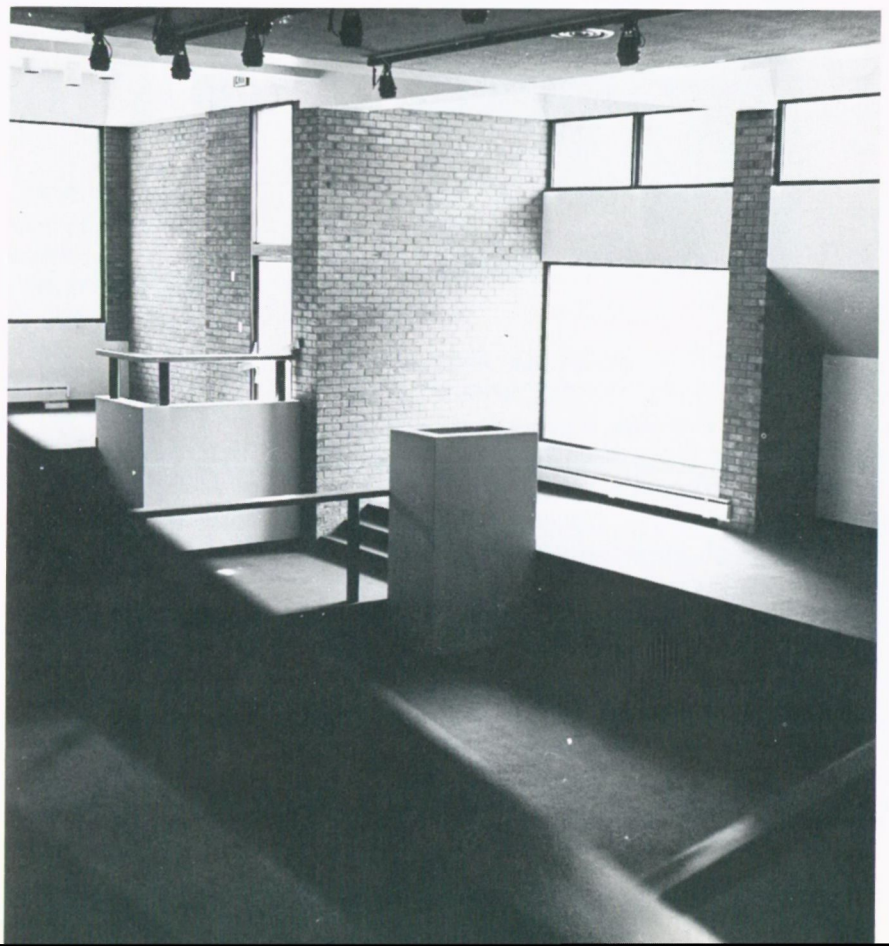
Under Dr. Platman's direction the new center will reach out into the community it serves — a large section of the east side, parts of Cheektowaga and Amherst, and all of Clarence and Newstead. It will establish three neighborhood counseling services with bases in buildings at Jefferson and Best, Genesee and Bailey, and in Akron. They will be staffed from 8 a.m. to 12 midnight seven days a week. The Center itself will be open around the clock, and its emergency facilities will be available during the hours the neighborhood counseling services are closed—from midnight until 8 a.m.

Three-fourths of the persons staffing the neighborhood counseling services and the center will be paraprofessionals — men and women from the areas served who have an education below the level of a master's degree. All will have six months of on-the-job orientation in working with persons with mental and emotional problems. The Center will establish a "career ladder," so that the paraprofessional who does a good job can progress to more and more responsibility and higher salary brackets.

"Paraprofessional workers, who know the people of their areas and the problems that confront them are more helpful in solving those problems, many times, than trained professional psychiatrists, psychologists, social workers and psychiatric nurses," Dr. Platman said.

Approximately one-third of the cost of building the $4.8 million Center came from the federal government. The Center at 80 Goodrich Street consists of two buildings. One will house three in-patient units of 20 beds each, one of which will be used as an alcohol and drug detoxification unit. Emergency facilities, educational and play areas for children also will be located in this building. The second building houses an auditorium, a gymnasium, a shop, activity suites, out-patient facilities, and offices. It is these facilities that Dr. Platman hopes will be used by other community agencies as well as patients of the Center.□

Multi-purpose auditorium.



The Classes

The Classes of the 1930's

Dr. Thomas S. Bumbalo, M'31, has been elected to a one-year term as vice president of the Medical Society of the State of New York. He is a clinical professor of pediatrics at the Medical School and is associate medical director at the E. J. Meyer Memorial Hospital. Dr. Bumbalo is a past president of the Erie County Medical Society. He will be a delegate from the state society to the AMA along with Dr. Walter Scott Walls, M'31.□

Dr. Frank J. Gazzo, M'35, is a clinical associate in gynecology-obstetrics at the Medical School. Recently he was featured in The Courier Express (Buffalo) as a young man, who worked his way through college delivering newspapers. Dr. Gazzo has been practicing medicine for nine years. He and his wife and four children live at 11 Hancock Terrace.□

Dr. Willner

Dr. Philip Willner, M'35, has been elected Chief of Staff of the United Hospitals Orthopedic Center, Hospital for Crippled Children and Adults. He most recently held the post of Director of Orthopedic Surgery and Director of Medical Education. The new chief of staff is attending orthopedic surgeon at St. Barnabas Medical Center, associate clinical professor of New Jersey College of Medicine and Dentistry, consulting orthopedic surgeon of West Hudson Hospital and Memorial General Hospital, and adjunct orthopedic attending at Newark Beth Israel Hospital. He is a member of the American Academy of Orthopedic Surgeons, Diplomate of the American Board of Orthopedic Surgeons, and Fellow of the American College of Surgeons. Dr. Willner lives at 40 Union Avenue, Irvington, New Jersey.□

The Classes of the 1940's

Dr. Anthony S. Merlino, M'47, is the new chief of medicine at the Buffalo Columbus Hospital. He is a specialist in internal medicine and a clinical assistant professor of medicine at the Medical School. He is also on the staffs of Buffalo General and Sisters Hospitals.□

Dr. Josephine A. W. Richardson, M'48, is associate director of the Rehabilitation Center, Louisville, Kentucky. She is an Adjunct Assistant Professor of Medicine at the University of Louisville School of Medicine. Among her professional membership affiliations are American Academy of Physical Medicine and Rehabilitation; American Academy for Cerebral Palsy; American Academy of Family Physicians; American Medical Women's Association; American Association of Academic Physiatrists; and the Pan-Am Medical Association. Dr. Richardson lives at 501 Quail's Run, Louisville.□

The Classes of the 1950's

Dr. Peter S. Battaglia, M'55, is the new president of the Niagara Falls Area Chamber of Commerce. He is a clinical instructor in medicine at the Medical School.

Dr. Philip Brunell, M'59, associate professor of pediatrics at New York University Medical Center, is on sabbatical for a year at the Clinical Research Centre in London, England. His home address is 81 Carolina Drive, New York City.□

The Classes of the 1960's

Dr. Rae R. Jacobs, M'62, assistant professor of surgery, University of Kansas Medical Center (effective 7/1/72) has been awarded the North American Traveling Fellowship by the American and Canadian Orthopedic Association, April-May, 1972. Dr. Jacobs presented a paper on "Pressure-Flow Catheter" for cardiac work and vascular resistance studies to the annual meeting at Association for Advance of Medical Instrumentation, Las Vegas, in April.□

Dr. Alan L. Pohl, M'62, is a resident in plastic and reconstructive surgery at the University of Texas Medical Branch in Galveston. He completed his surgical residency in 1968 at Tufts University New England Medical Center, Boston, and was a U. S. Naval Surgeon at U. S. Naval Hospitals in Key West, Florida; Yokosuka, Japan; and 3rd Medical Battalion Viet Nam (Chief of Surgery) until 1970. His present research (in press) is "Effect of Primary Pharyngeal Flaps on Speech and Facial Development in Cleft Palate Children." Dr. Pohl lives at 314 Mackeral Avenue, Galveston.☐

Dr. Frank Ehrlich, M'63, is a teaching fellow in pediatric surgery (University of Pittsburgh) and chief resident surgical service at Pittsburgh Children's Hospital. In July he will return to full time active duty in the U. S. Navy as the first trained pediatric surgeon utilized as such. This will be the first pediatric surgical service headed by a trained specialist in the U. S. Military. Dr. Ehrlich completed his general surgery residency in 1970 at Boston Naval Hospital.☐

Dr. Harvey Liebeskind, M'63, is a clinical instructor (psychiatry) at the University of Miami School of Medicine. He lives at 2441 NE 200 Street, North Miami Beach, Florida.☐

Dr. Paul Sussman, M'64, is a clinical instructor in medicine (rheumatology) at UCLA. He is a Diplomate in Internal Medicine and lives at 15600 Woodfield Place, Sherman Oaks, California.☐

Dr. Vincent P. Frantz, M'64, completed his residency in General and Vascular Surgery under Dr. Michael E. Debakey in June, 1971. He entered private practice in Houston at a large suburban medical complex, where he is also director of emergency room services. He is also a teaching affiliate at Baylor College of Medicine affiliated hospitals. His home address is 13734 Camara Lane, Houston, Texas.☐

Dr. J. Richard Gunderman, M'65, is an assistant professor of pediatrics and neurology at Indiana University School of Medicine. His home address is 7356 Bentley Drive, Indianapolis.☐

Dr. David Fugazzotto, M'67, will finish his pediatric residency in August and enter private practice with a group in Birmingham, Alabama. He is now affiliated with University of Missouri School of Medicine at Children's Mercy Hospital, Kansas City, Missouri. Send congratulations to 7233 Belinder (Kansas City) on the birth of daughter, Dana Helene, in December, 1971.☐

Dr. John W. Gibbs, Jr., M'67, is an anesthetist in Santa Barbara, California. He lives at 255-B Elise Place.☐

Dr. John C. Bivona, Jr., M'68, is at the United States Army Hospital, West Point Military Academy (New York), after a two-year general surgery residency at Kings County Hospital Center.☐

Dr. Bruce N. Bogard, M'68, is a clinical instructor of pediatrics at SUNY's Downstate Medical School. He was chief resident (1971-72) at Long Island Jewish Medical Center, New Hyde Park, New York and in 1971 received the AMA Physician Recognition Award. Dr. Bogard writes that he and Mrs. Bogard have a two-year old son and expect another child in July, and live at 163-02 Booth Memorial Avenue, Fresh Meadows.☐

Dr. Brian S. Joseph, M'68, is directing a drug rehabilitation and education center in Vietnam. The program is a three-week affair that involves some isolation and involvement with games, and classes and therapy sessions. Dr. Joseph admits that there is no real good way of treating heroin addicts. "We must do everything we can to warn soldiers before they get hooked."☐

The Classes of the 1970's

Dr. Neil W. Garroway, M'70, is a resident in medicine at Barnes Hospital, St. Louis, Missouri. He lives at 4355 Maryland Avenue #118, St. Louis.☐

Dr. Jeffrey Rothman, M'70, is currently a resident in medicine at the Hospital of the University of Pennsylvania, Philadelphia. He and Mrs. Rothman are pleased to announce the birth of Joshua Daniel, on September 10, 1971. The Rothmans live at 312 East Baltimore Avenue, Clifton Heights.☐

People

Dr. John H. Talbott has joined the University of Miami Medical School faculty as a clinical professor of medicine. From 1946-59 he was professor of medicine at UB and chief of medicine at the Buffalo General Hospital. He is editor-emeritus of the *Journal of the American Medical Association.*□

Three alumni have been elected to the board of directors of the New York State Society of Surgeons Incorporated. They are Drs. Louis C. Cloutier, M'54, Alfred F. Luhr Jr., M'43, and Everett W. Woodworth, M'27, Dr. Irving Cramer of Utica is the new president succeeding Dr. Paul M. Walczak, M'46.□

Two alumni have been granted membership in the American College of Physicians. They are Drs. Anthony C. Borgese, M'64 of Niagara Falls, and Alf M. Tannenberg, M'59, of Buffalo. Dr. Tannenberg is a clinical assistant professor of medicine at the Medical School.□

Dr. Denton A. Cooley (left), surgeon-in-chief of the Texas Heart Center in Houston, receives the Roswell Park Memorial Medal from Dr. Florian M. Zaepfel (right), president of the Buffalo Surgical Society. Dr. W. G. Schenk Jr. (center) is past president of the society and professor and chairman of the department of surgery at the Medical School.□

Buffalo Evening News photo

One of the nation's oldest awards in medicine, the Gold Headed Cane, went to Dr. Sidney Farber, a Harvard pathologist, for his work in the treatment of leukemia and other forms of cancer in children. The award, presented in Cincinnati by the American Association of Pathologists and Bacteriologists, is a reproduction of a cane used from 1689 to 1825 by physicians to the British royal family. Dr. Farber's best-known achievement was the discovery, in 1947, of two drugs that bring temporary remission of acute leukemia in children. Dr. Farber did his undergraduate work at UB.□

Parents can reduce allergies in some children and help prevent their development in others, even without medical help, according to a newly published book by Dr. Doris J. Rapp, clinical associate in pediatrics at the Medical School. She is on the staff of Children's Hospital where she took her internship and residency. In her book, *"Allergies and Your Child,"* published by Holt, Rinehart and Winston, Dr. Rapp suggests that parents who have a history of allergies can prevent or delay the development of symptoms in their children. They can decrease dust in bedrooms and stop smoking. They can keep houses free of pets and wool carpeting and make sure that furniture, pillows, and mattresses are not stuffed with kapok, cotton, feathers or horse hair. "It required a detectivelike imagination to deduce the causes of allergies."□

A Children's Hospital research team, who are also Medical School faculty members, have fertilized mice eggs in the laboratory, grown them to the blastocyst stage, implanted them in substitute mothers and produced normal male and female mice. The Buffalo team of Dr. Anil B. Mukherjee, resident assistant professor of pediatrics, and Dr. Maimon M. Cohen, associate professor of genetics in the department of pediatrics, is the first to show that the egg cell of an animal can be fertilized in the laboratory, grown in a chemical culture, transplanted into a female animal, and carried to full-term to produce a normal offspring. Similar studies have been done elsewhere, on both rabbits and mice.□

In Memoriam

Dr. Duncan Whitehead, who was a clinical associate professor of psychiatry for 17 years, died February 3 in Tucson, Arizona. He was 66 years old. He was also director of Buffalo State Hospital (1952-62) and co-ordinator of graduate education in the psychiatry department of the Medical School. Dr. Whitehead was a Diplomate of the American Board of Psychiatry and Neurology and a Fellow of the American Psychiatric Association and the American College of Physicians. He was also a past president of the Buffalo Neuropsychiatric Society, chairman of the subcommitttee on mental health of the Erie County Medical Society, and a member of the Mental Hygiene Subcommittee of the State Medical Society. In 1965 the Mental Health Association gave him its first Dr. Hyman L. Levin Award in recognition of his contributions to the association.□

Dr. Samuel Bleichfeld, M'28, died February 18 in Millard Fillmore Hospital. He was 68 years old and had been a general practitioner 44 years. He had been on the staff of Veterans Administration, and Millard Fillmore Hospitals. He was a past president of the medical staff of Rosa Copeland Jewish Home and Infirmary and a past member of its board of directors. For several years he was medical examiner for the Buffalo Jewish Boy Scout Council Camp.

Dr. Bleichfeld did post graduate work in Vienna in radiology and internal medicine. He was a distinguished Army Medical Corps officer during World War II, serving in the North African campaign, the European Theater and was a veteran of the Battle of the Bulge. He was awarded the Legion of Merit, Bronze Star with cluster, Silver Star, and the Purple Heart for the invasions of North Africa, Sicily and Normandy. Dr. Bleichfeld was one of the first medical officers ashore in Normandy on D-Day June 1944. Although wounded, he directed the establishment of a beach-head hospital. He was a Colonel when discharged from the Army in 1945.□

Dr. Stuart Vaughan, M'24, died April 3 after a short illness. The 71-year-old physician headed the Buffalo General Hospital Division of Clinical Pathology from 1938 to 1966. He was a member of the Medical School faculty for 43 years. He retired in 1970 as clinical professor of medicine and head of the Division of Clinical Pathology. Dr. Vaughan was a specialist in internal medicine and hematology and president of the UB General Alumni Board in 1962 and 1966. He also was a member of the UB Foundation Board of Trustees.

Dr. Vaughan

In 1971 the UB Alumni Association presented Dr. Vaughan with a Distinguished Alumni Award "for notable and meritorious contributions to the university." He was a past president of the Buffalo Academy of Medicine, the Medical Historical Society of Western New York, the Buffalo General Hospital's Medical Board, Medical Union of Buffalo and Nu Sigma Nu Fraternity. Dr. Vaughan was a Fellow in the American College of Physicians and a Diplomate of the American Board of International Medicine and Pathology (Hematology). He was active in the New York State Medical Society, the AMA and the Erie County Medical Society. He was a charter member of the International Society of Hematology.

After graduating from the School of Medicine Dr. Vaughan interned in clinical pathology at the Buffalo General. In 1928 he was appointed pathologist of Wesley Memorial Hospital, Chicago. Before returning to Buffalo in 1931 he received his doctor of philosophy degree from Northwestern University. His hobbies were athletics, travel and the Buffalo Audubon Society.□

Dr. Vincent M. Recktenwalt, M'48, died March 22 at his home. He was 45 years old, and had practiced for 15 years in Buffalo until his retirement in 1970. He was a specialist in internal medicine. Dr. Recktenwalt served his internship and residency at Millard Fillmore Hospital and was a member of the courtesy staff. He was also an associate member of the attending medical staff at Kenmore Mercy Hospital. From 1952 to 1955 he served in the Army Medical Corps in Salzburg, Austria. Dr. Recktenwalt, a former member of the Medical School faculty, was a Fellow of the American College of Physicians and a member of several other professional organizations.□

Dr. Paine Dies

The man who was chairman (or co-chairman) of the department of surgery at the Medical School for 20 years is dead. Dr. John R. Paine died in his sleep at his home in Jekyll Island, Georgia February 29. He was 65 years old. From 1949 to 1966, Dr. Paine was co-chairman of the surgical department with Dr. John Stewart, who headed the E. J. Meyer Memorial Hospital's surgical department. When Dr. Stewart retired in 1966, Dr. Paine was named chairman.

Dr. Paine was the first surgeon to perform heart surgery in Buffalo. That was August 1947, two months after he came to Buffalo from the University of Minnesota. His patient was a 24-year-old bellboy at the Statler Hilton, who had been a "blue baby' as a result of an inborn heart defect.

Dr. Paine joined the faculty as professor of surgery July 1, 1947, and headed the department of surgery at the Buffalo General Hospital since that date. He retired November 18, 1971, but had been on leave since January 1, 1970.

In 1967 Dr. Paine was awarded the fifth Stockton Kimball Award of the Medical School for teaching, service and research. In February 1970 he received the Roswell Park Medal of the Buffalo Surgical Society for "his eminent service to his profession and humanity." He received his bachelor's and medical degrees from Harvard in 1927 and 1931. In 1936 he received his master's from the University of Minnesota and his Ph.D. in 1938. During World War II he served for three and one-half years with the 25th General Hospital in Europe, retiring as a Lieutenant Colonel.

Dr. Paine

Dr. Paine was the author or co-author of more than 30 scientific papers. He was a Diplomate of the American Board of Surgery and the Board of Thoracic Surgery and a Fellow of the American College of Surgeons. He was also an active member of several state and national professional associations. His son, Dr. Jonathan Paine, is a 1969 Medical School graduate. He is a resident in orthopedic surgery at the University of Utah, Salt Lake City.□

A MESSAGE FROM
JOHN J. O'BRIEN, M'41
PRESIDENT
MEDICAL ALUMNI ASSOCIATION

The University of Buffalo Medical Alumni Association needs your dues contribution more than ever before. It helps provide much needed School of Medicine-community interplay, such as:

1. SCHOLARSHIPS for medical students.
2. CONTINUING EDUCATION. The Spring Clinical Days.
3. REUNIONS of your graduating class.
4. RECEPTIONS at selected medical conventions.
5. CLUBS on a national basis.
6. TOURS. Vacations highlighted by scientific sessions.
7. MISCELLANEOUS. Office Expenses and other services focused at making ours a complete alumni program.

We invite you to join the physicians who gave last year. Please use the envelope below and make your check payable to the "Medical Alumni Association."

Your gift will add new meaning and flexibility to our program.

First Class
Permit No. 5670
Buffalo, N. Y.

BUSINESS REPLY MAIL
NO POSTAGE STAMP NECESSARY IF MAILED IN THE UNITED STATES

POSTAGE WILL BE PAID BY —

Medical Alumni Association
2211 Main Street
Buffalo, New York 14214

Att.: David K. Michael

THE BUFFALO PHYSICIAN
STATE UNIVERSITY OF NEW YORK AT BUFFALO
3435 MAIN STREET, BUFFALO, NEW YORK 14214

THE HAPPY MEDIUM
Fill out this card; spread some happiness;
spread some news; no postage needed.
(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.