

The Buffalo Physician

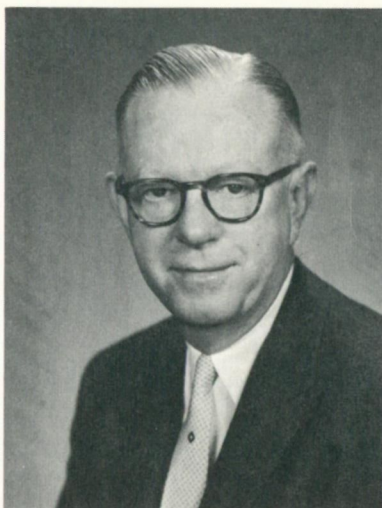
SCHOOL OF MEDICINE STATE UNIVERSITY OF NEW YORK AT BUFFALO



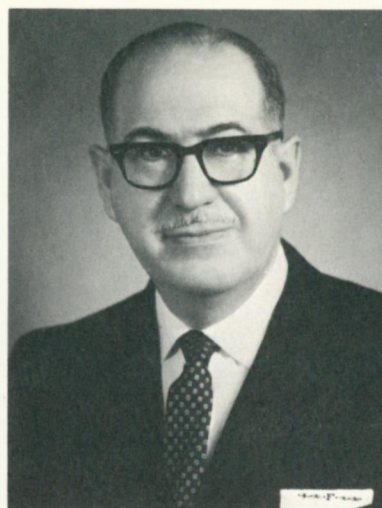
SPRING 1972 VOL. 6, NO. 1



Dr. Carl S. Benson, M'22



Dr. J. Frederick Painton, M'27



Dr. Elmer Friedland, M'32



Dr. John Ambrusko, M'37

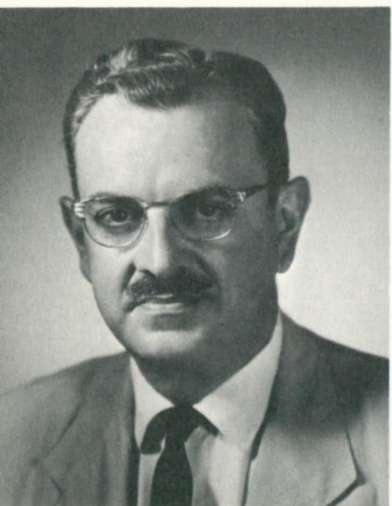
Nine Class Reunions April 7, 8

Pictures were not available for Drs. William C. Baker, William M. Bukowski, Richard J. Kenline, co-chairman, class of 1947, and Dr. R. Ronald Toffolo, class of 1957.

Nine Classes will have reunions during Spring Clinical Days April 7 and 8. Approximately 400 physicians and their wives are expected to attend the reunion dinners. Mr. David Michael, director of medical alumni affairs, is organizing the reunion dinners with the help of reunion chairmen pictured here.

Dr. Carl S. Benson of 109 Murray Avenue, Binghamton, New York is chairman of the 50 year class reunion (1922). Other living members of this class:

Doctors Franklin T. Clark, 4825 Lewiston Road, Niagara Falls, New York; Harry L. Clark, 930 Ocean Avenue, Brooklyn, New York; Thomas P. Moylan, 53 Ardmore Road, West Hartford, Connecticut; Lynn Rumbold, 33 Indian Spring Lane, Rochester, New York; Daniel R. Tronolone, 139 North Ogden Street, Buffalo; and Perry G. Vayo, 1400 East Avenue, Rochester, New York. □



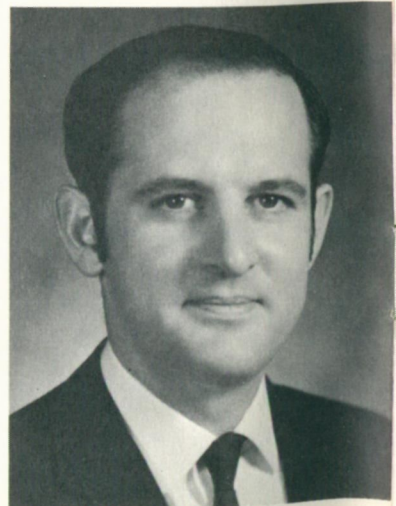
Dr. C. R. Borzilleri, M'37



Dr. Richard Ament, M'42



Dr. Neal W. Fuhr, M'52



Dr. Owen G. Bossman, M'62

Spring 1972

Volume 6, Number 1

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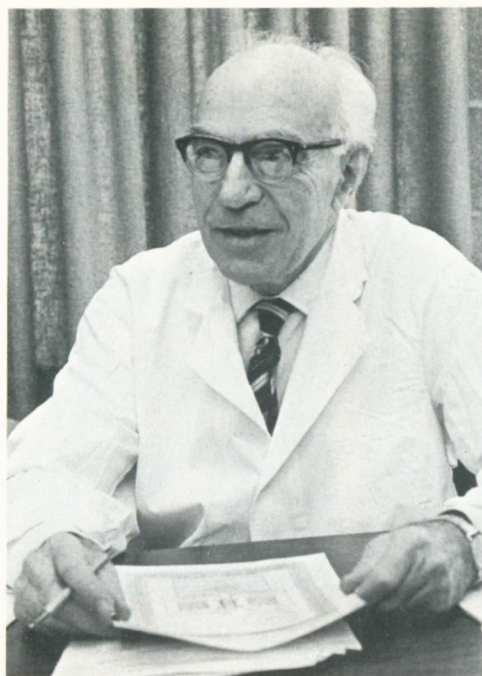
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The Buffalo Physician



The cover design by Richard Macakanja focuses upon Dr. John Eccles' study of the cerebrum (pages 2-6).

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Dr. Eccles

Dr. Eccles Takes a Philosophic Look at the Cerebrum

Man studies the brain because all that matters in his life is a result of its functioning. Not only does it account for his immediate perception — his vision, hearing, memory, emotion, thoughts, ideals, imagination, technical skills — but his creative achievements — his art, philosophy, science — as well.

Investigations, begun after World War II by an Australian neurophysiologist led to his knighthood in 1958 and to a Nobel prize in 1963. Sir John Eccles — “Dr. Eccles” as he prefers to be called in this country — heads the Center for the Study of Neurobiology. He came to Buffalo in July 1968 from the Australian National University in Canberra where he had been professor of physiology for 17 years.

As a Rhodes Scholar from Australia he went to Oxford to work under Sir Charles Sherrington, distinguished physiologist and Nobel Laureate. There he was introduced to the scientific examination of the nervous system and later derived a philosophical approach to the problems of the nervous system from Dr. Sherrington. Sherrington’s philosophy, published in *Man on his Nature*, has guided Dr. Eccles in his efforts to understand the way in which the brain is related to mind.

From analytical studies of individual nerve cells, Dr. Eccles has developed theories of how they function, the means by which impulses are passed from one cell to another, and the manner of their interconnection. New insights into both reflex actions and the formation of thought within the brain by the eminent scientist — he is a philosopher as well — provide a firm base for future progress.

Before man can experience even the simplest sensation, Dr. Eccles explained, millions of cerebral nerve cells must be activated in just a matter of milliseconds. They must then be woven into patterns by both space and time. And the limitless possibilities of connectivity between them provide an infinite variety of patterned operations.

Ten billion cerebral nerve cells — each a living entity — endow man with potentialities adequate for any achievement. He explained that what exemplifies man’s essential uniqueness is his attempt to understand his work through accumulated experiences over a lifetime. In his self consciousness, Dr. Eccles pointed to man’s transcendence over animals. “Man has imagination, a sense of values, and systemization of knowledge stored and transmitted in the coded form of written language, thus permitting progressive development. Man has the power to understand nature and to control it.”

But, for this amazingly young 68-year old scientist, there remains a fundamental mystery of man’s existence that transcends any biological account of the development of his body including his brain with its genetic inheritance and its evolutionary origin. While he accepts the explanation of his own origin — animal ancestry — as well as a well-established biological mechanism of evolution through mutation and natural selection, they provide but a partial explanation.

For the slim, relaxed man with gray eyes and thinning gray hair, "in some way completely beyond my understanding, my thinking changes the operative patterns of neuronal activities in my brain. Thinking thus comes eventually to control discharges of impulses from pyramidal cells of my motor cortex, eventually contracts my muscles, and so gives the behavioral patterns that stem therefrom."

There is general agreement, said the holder of the Royal Society's 1962 Royal Medal, that for every conscious experience there is a counterpart in man's neuronal mechanisms. "We may be on the threshold of understanding the basic principles responsible for memory traces, patterned engrams as they are termed." These engrams, he continued, are available for recall in memory when there is an appropriate input into its circuitry.

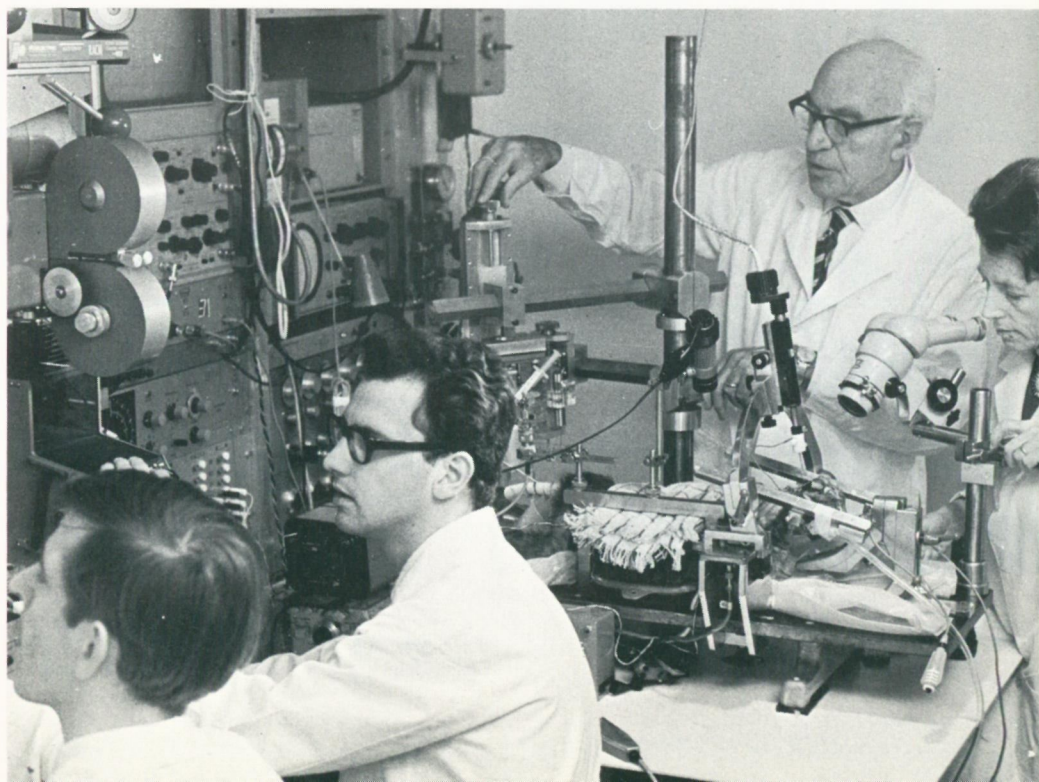
The Nobel Laureate — Dr. Eccles won the prize at age 60 — further explained that a neuronal pathway, activated by a particular sensory input will, on repeated activation, achieve a kind of stabilization through enhanced synaptic functions of its neuronal linkages. While neuronal mechanisms involved in perception are known, there is much less understanding of the neuronal mechanisms underlying conscious experience.

Science, said the distinguished professor of physiology and biophysics, is loaded with "values." It represents the sum total of each scientist's personal performance to explain some aspect of nature. This explanation is then offered for critical judgment and experimental testing by others to eliminate error. Scientists therefore can only develop hypotheses approaching progressively nearer to the truth.

"If only mankind understood that science is a very human endeavor to understand nature, to present in all humility the best of our feeble efforts to do so," the former president of the Australian Academy of Science said, "perhaps it could then be appreciated as a great and noble human achievement rather than as a destructive force, as some great monster to be either feared or worshipped."

This material has been extrapolated from Dr. Eccles book, "FACING REALITY: Philosophical Adventures by a Brain Scientist" published by Springer-Verlag, New York in 1970. In this book Dr. Eccles expresses his efforts to understand a human individual, namely himself, as an experiencing being with an evolutionary origin. The book was published in the hope that it may help man to discover a way out of his alienation and face up to the terrifying and wonderful reality of his existence with courage, faith, and hope. □

Drs. Peter Scheid, Ingmar Rosen, John and Helena Eccles record impulses from nucleus of brain stem in cerebellum (has control of movement) in a decerebrated cat.



For Dr. Eccles, chances that life exists elsewhere in the cosmos are infinitely small. But he points to the immense projects that are planned for Mars to search for forms of life. Says the Melbourne medical graduate (1925) who received his doctorate from Oxford four years later, "we must realize the full negative impact of new knowledge derived from the study of the Moon, Venus, Mars, and the problems of space travel. As physiologists, he explained, "we can predict with complete assurance that man is forever earth-bound. We share this earth as brothers and there will never be anywhere else to live."

Although its mode of operation cannot yet be explained scientifically, Dr. Eccles feels certain that there is freedom of will. For, he said, "we experience, do things, have conscious control of movement." While he feels that scientific activity is an affair of man's rational, conceptual thought with exercise of will, movement, and sensory perception, he cautioned that creative illumination can only come to minds prepared by assimilation and critical evaluation of knowledge in a particular field.

In the subconscious mind, he pointed to evidence for creativeness — enormous development of complex, highly specialized engrams in the neuronal network with its stored memories and critical evaluations, its permanency resulting from increased function in synaptic use. These "plastic" patterns, he said, point to the "know-how" of the brain.

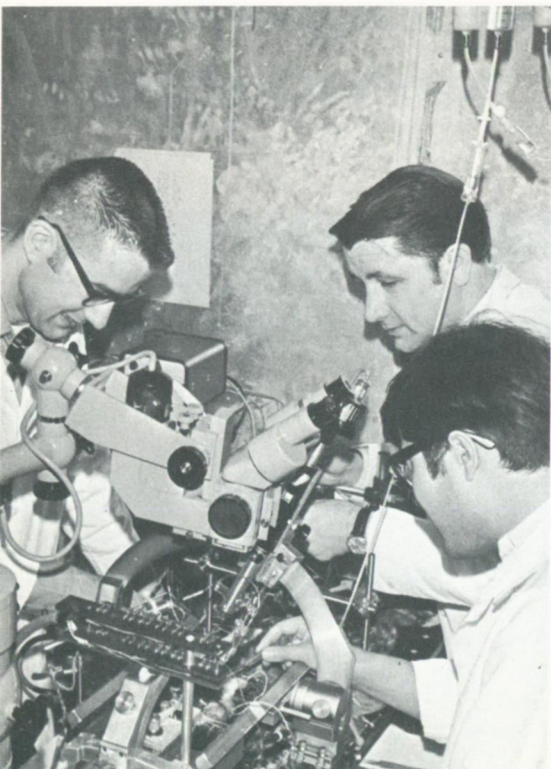
For creative imagination to exist, Dr. Eccles pointed to the need for an adequate number of neurones, and a wealth of synaptic connection between them to build up limitless engrams of highly specific character. If there is potency for unresting activity in engrams so that spatio/temporal patterns continually weave into complex/interacting forms, then the stage is set for creative imagination.

Continuing, he explained that continuous intensive interplay of these patterns of neuronal activation are necessary for the subconscious operation of the mind. New emergent patterns can then be expected and if these patterns have organization to combine and transcend existent ones, "some new idea born of creative imagination will emerge."

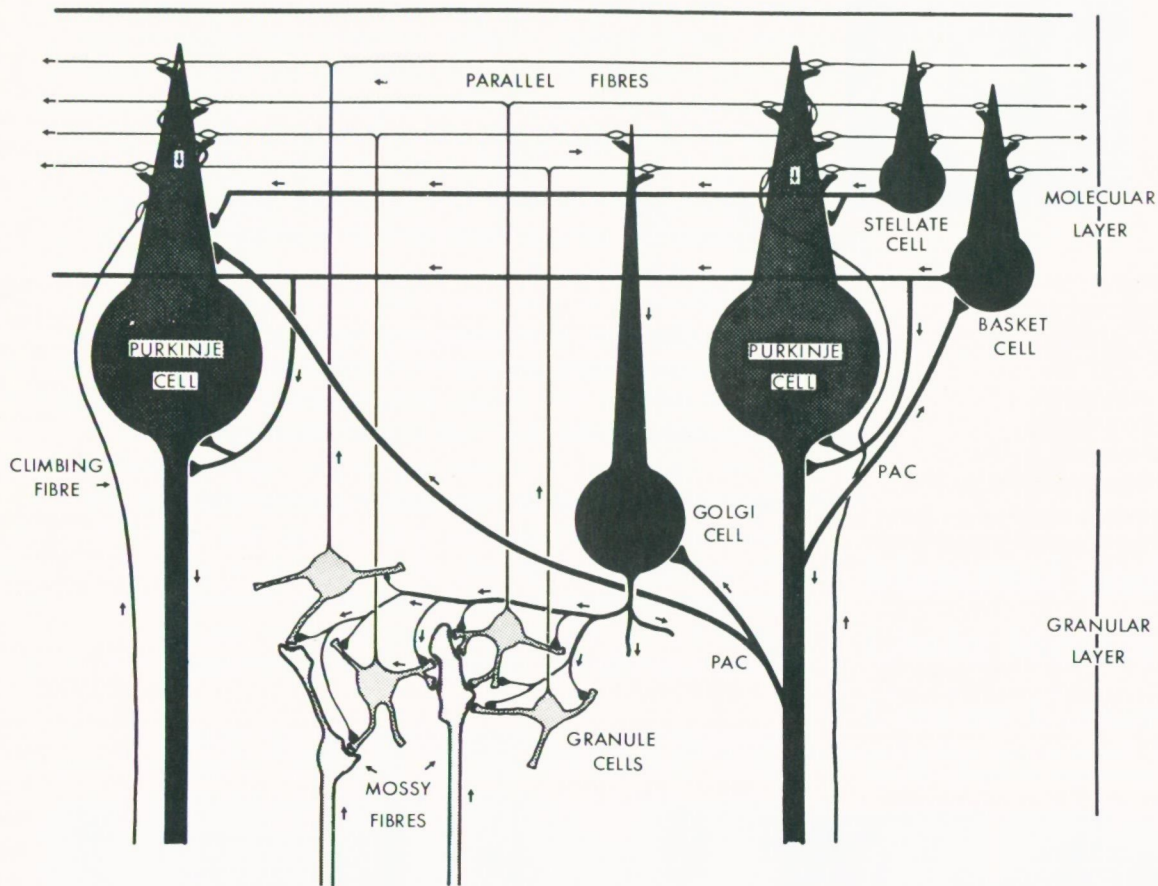
But he cautioned that if creative imagination is to be fruitful "there must be a process of conscious criticism, evaluation to discover flaws in a new idea, a consistency with existing knowledge, the design and carrying out of experimentation to test predictions from this new idea. And," he added, "finally there must be new hypotheses."

Science, says Dr. Eccles, is an art and must therefore be learned in a strange way. What he feels is needed is creative imagination, experimentation, and a good idea of what to expect from past experience. He cautioned that while expectations may be fulfilled it is the "something else coming in that you take no notice of . . . the something that keeps reappearing, that is nature's way of trying to tell me something" that is essentially the way he has made discoveries.

Drs. Gary I. Allen, Gian B. Azzena, Tadao Ono record impulse from motor cortex, relay nuclei to the cerebellum.



CAT CEREBELLUM



The structure of the neuronal network? More complex than a vast telephone exchange says Dr. Eccles. Its 10 billion densely packed nerve cells — within the folded surface sheet of the cerebral cortex — communicate with each other by specified regions of close contact called synapses. While each nerve cell receives many thousands of these synaptic contacts via branches or axons that stem from other nerve cells, each in turn influences hundreds or thousands of others when triggered to discharge an impulse along its own efferent pathway (axon) with its numerous branches.

Each nerve cell receives information from hundreds of others by convergence and in turn gives to hundreds by divergence. While excitatory synapses stimulate, inhibitory ones counteract or silence what otherwise might turn into a convulsion of millions of activated nerve cells.

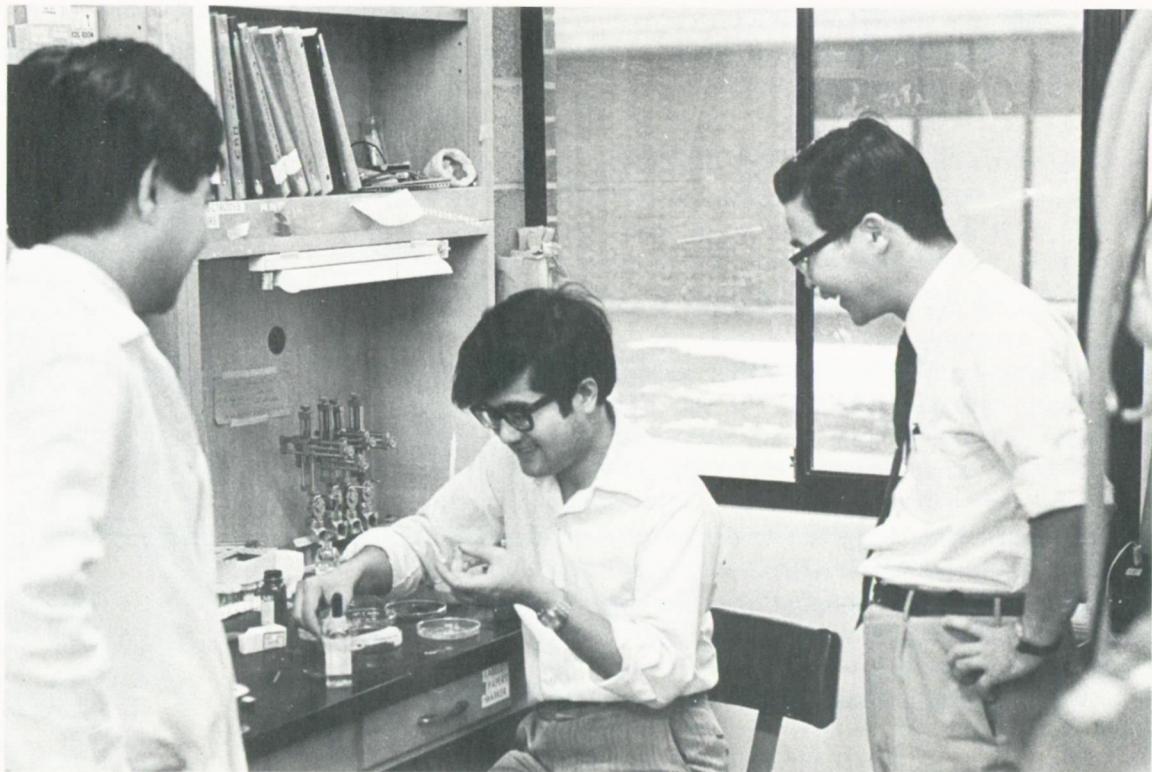
Dr. Eccles recognizes the existence of three worlds. The first is that of matter and energy (World I), the second is conscious experience (World II), and the third is civilization and culture (World III), that is dependent for its continuity on coded information in books and other artefacts. While the subjective world (World II) is dependent on the neuronal mechanisms of the brain — ready for recall — the world of objective knowledge (World III) is where problems, theories, and arguments are coded in some appropriate form to ensure their objectivity and continuing independence.

But knowledge of all three worlds he believes to be a result of human intellectual activity. Science, for example, gives us our knowledge and understanding of World I and also is concerned with World II.

He asks! Does not the mystery and wonder of our origin and nature surpass myths whereby man in the past attempted to explain his origin and destiny? And cannot life be lived as a challenging and wonderful adventure that has meaning to be discovered?

And he responds! "We must appreciate man's greatness, we must regain faith and hope in man and his destiny. Else all is lost."□

Drs. Taketoshi Ono, Saburo Kawaguchi, Tadao Ono prepare some electrodes for stimulation of various structures in the brain.





Dr. Cortner

During the first half of this century, many children's hospitals were built in the United States, most of which were "free-standing," that is, separate from other major medical facilities in the community. This was understandable and even desirable at the time because pediatricians were fighting an uphill battle for independence from the domination of internal medicine. The results were excellent in that pediatricians, surgeons, nurses and other professional and para-professional personnel congregated into specifically and efficiently designed units for the care of children. Laboratory and X-ray procedures more appropriate to the child were developed, and a social and psychological set aimed at understanding and helping the ill child occurred.

Some of the children's hospitals were built in university complexes and many others moved into university or medical complexes in the course of time, but in most cases merely constructing buildings next to each other failed to supply the magic necessary to produce continuous excellent care for the child from conception through adolescence.

The majority of newborns arrive into this world unannounced to the pediatrician and with little or no pertinent past or family history immediately available to him. Perhaps the very fact that we use birth date instead of conception date to mark the beginning of life testifies that we do not recognize that a live child is undergoing his most important period of growth and development *in utero*.

Within the last decade, we have learned how to communicate better with the child *in utero* and, although still severely limited, we can determine in the first trimester of pregnancy if he has certain genetic disorders, such as mongolism or other chromosomal anomalies, or certain biochemical defects, such as Tay Sachs and Lesch-Nyhan disease, thereby giving the parents the option of prevention by abortion.

In the third trimester of pregnancy, we have been able to institute diagnosis and therapy of the child severely affected with erythroblastosis. Also, we can determine fetal age much more accurately and therefore prevent some hyaline membrane disease, about which we have been able to do so little once it occurs. All of this, plus the many neonatal complications that relate directly to maternal health and disease, argues forcefully for better integration of obstetrical and pediatric services.

Dr. William Silverman and other neonatologists have long argued that the mother is the best neonatal transport unit despite man's recent efforts at redesigning trucks. If we are going to make use of this fact and attempt to bridge the abrupt transition of care at birth, high-risk pregnancies must be delivered where both the mother and infant can receive optimal care.

At the other end of the pediatric spectrum, we have the same problem with adolescents. The healthy teenager goes through another of the most important periods of growth and development without an orderly transition of his care from the pediatrician to the internist. The adolescent with a chronic condition has an even worse time, as demonstrated by the diabetic who gets caught be-

Maternal and Child Medical Center Concept

by Dr. Jean A. Cortner

Dr. Cortner is professor and chairman of the department of pediatrics and physician-in-chief at Children's Hospital. He presented this paper at the Pediatric Section of the AMA convention in Atlantic City, June 21, 1971.



Dr. Schoenfeld

A physician, columnist, author will give the annual Harrington Lecture March 17 at 8:30 p.m. in G-22, Capen. He is Dr. Eugene Schoenfeld, who is on the Student Health Service Staff at the University of California at Berkeley. He received his M.D. degree from the University of Miami in 1961. In 1964 he received an M.P.H. degree from Yale University's School of Public Health. Dr. Schoenfeld is famous for his book, "Dear Doctor HIPpocrates — Advice Your Family Doctor Never Gave You." He is also noted for his medical column related to sex, drugs and dieting. In the 1960's Dr. Schoenfeld worked with Dr. Schweitzer at the Schweitzer Hospital in Africa.□

tween two disagreeing physicians, undermining his confidence in both.

A few model adolescent units have already demonstrated that internists and pediatricians can work together and present a united front to the patient, even though they may disagree privately. Under these conditions, the adolescent is properly introduced to the internist who will ultimately take over his complete care, and he receives continuous care in the process.

Of course, all of this can theoretically be provided in a large general hospital, assuming that a critical mass of obstetrical and pediatric patients is attained, and that the various disciplines work together rather than independently within the same walls. Perhaps, however, it can be done even better in a "maternal and child medical center," which attempts to provide a continuum of care from conception into young adulthood.

What then are the major ingredients necessary to convert a free-standing children's hospital into a maternal and child medical center? First of all, a large obstetrical service is required. Ideally, this service should deliver 4000 or 5000 newborns per year in order to attain the critical mass necessary for all of the supporting services, such as obstetrical anesthesia. This obstetrical service should cater to the high-risk mother and infant and, in addition to having its own obstetrical clinic at the medical center, should have outreach clinics in high-risk areas. It has already been shown that these clinics can be run in major part by well trained paraprofessionals with the backup of a single attending obstetrician per clinic. The pediatrician should work with the obstetrician in these clinics, also using paraprofessionals if necessary or desirable, to give well and sick child care.

Gynecologists/obstetricians have already recognized that there are at least three major subdivisions of their specialty: perinatology, endocrinology and fertility, and gynecologic oncology. The maternal and child medical center should be the ideal place for the perinatologist to care for the mother and child. Endocrine and fertility specialists and internists should be available to care for the medical problems associated with the high-risk mother, such as diabetes, hypertension, renal disease, etc. Laboratory services must be expanded to provide the tests pertinent to the care of the mother and the developing fetus, including the techniques for prenatal detection of genetic disorders and fetal monitoring during labor and delivery. A division of perinatal medicine should be administered jointly by the departments of obstetrics and pediatrics and should contain obstetricians, pediatricians, basic scientists and even internists concerned with the intrauterine and immediate postpartum health of the child. At the other end of the spectrum, a division of adolescent medicine should be jointly run by the departments of internal medicine and pediatrics, and at least one full or part-time internist should be a member of each pediatric specialty team, such as hematology, endocrinology, renology, etc., in order to assure continuous care for children with chronic diseases as they emerge into the adult world. The center must also supply rehabilitation for all of those afflicted with a chronic disease, a portion of which

should be supplied by a department of family psychiatry concerned with the individual in his family and social setting.

Pediatricians have long known that "an ounce of prevention is worth a pound of cure." Such a medical center dramatically illustrates this axiom and provides the ideal substrate for medical research aimed at prevention as well as cure or improved quality of life.

The problems in health care recognized here are not new and could legitimately be called "old wine in new bottles" unless, in addition to the changes noted above, the traditional intradisciplinary attitudes of obstetricians, pediatricians and internists yield to patient-oriented concern for interdisciplinary continuous care.

One children's hospital in this country is attempting to establish the type of maternal and child medical center described, and in so doing accepts the responsibility for evaluating the care given in order ultimately to present hard data rather than opinion and anecdote. The Children's Hospital of Buffalo has the good fortune of already having an obstetrical service which currently delivers approximately 2,600 children per year. This is being expanded and oriented toward the delivery of the high-risk mother and infant. Outreach clinics are being established in several so-called high-risk areas in the community. Departments of Internal Medicine and Family Psychiatry and Divisions of Perinatology and Adolescent Medicine are in the planning stages. Perhaps most importantly, frequent discussions of the problems that we conceptualize solving are being held in order to develop the appropriate attitudes among the various professional disciplines. The responsibility for evaluation will be assigned to competent epidemiologists who have no personal ax to grind.

This is the third trimester of the 20th century. We must re-evaluate our potentials and priorities if we are to prevent a retarded 21st century.□

Eight continuing education courses will be offered by the Medical School during the next four months. All are open to practicing physicians and medical students.

March 9 — Kidney Disease, Diagnosis and Treatment: The Role of Kidney Biopsy, Hotel Statler Hilton (with the Kidney Foundation of Western New York).

March 24 — Child Development: On the Importance of Infancy, Statler Hilton Hotel.

April 7 and 8 — Thirty-fifth Annual U/B Alumni Spring Clinical Days, Goodyear Hall, University campus.

April 13 and 14 — Highlights of Current Problems of Clinical Anesthesia and Intensive Care, Treadway Inn, Niagara Falls, N. Y.

May 4 and 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, site to be announced.□

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Medical Alumni Association

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All Alumni and Friends

Wednesday, April 19, 1972

Atlantic City

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Continuing Medical Education Courses



Dr. Ray discusses fetal monitoring of patient with Dr. Dan McMahon as Nurse Syers and husband of patient look on.

New Fetal Care Unit

Delivering a better baby who is at high risk is the major goal of a new fetal care unit that has been opened by the department of obstetrics and gynecology at the Children's Hospital.

Explained its director, Dr. Michael Ray, "it is done through a two-phase approach in evaluating fetal well being. By continuous monitoring of the fetal heart rate from the capillaries of the scalp and automatic recording onto strip charts of the stress of uterine contractions (the physiological phase) the physician can tell at any time during delivery how well the baby is doing.

"But if an abnormality is indicated," said the 32-year old Buffalo born (Children's Hospital) and educated (Canisius High School 1957, SUNYAB medical graduate 1965, internship in mixed medicine 1966, and residency in gyn/ob 1970) "we are equipped to go to the next step to determine the biochemical half or the acid base balance of the unborn child through a sample of its blood from capillaries of the scalp."

While well over 95 percent of pregnancies are normal ones, pointed out the assistant professor of obstetrics and gynecology who divides his time equally between the Children's and E. J. Meyer Memorial Hospitals where a monitoring program is also underway, "we are primarily interested in that small percentage of patients with special problems. They may range from severe toxemia (metabolic disturbances) to diabetes, heart or kidney disease, an rh incompatibility or a postmature baby in need of special care."

There are at least 250,000 babies or about three percent of births a year in this country displaying neurological damage which may be due to a genetic condition such as Mongolism or from a virus infection such as Rubella. But when it is due to either birth asphyxia or perinatal hypoxia — a lack of oxygen at some stage of birth — then Dr. Ray believes that something can be done.

More than 120 babies at high risk, or a little over ten percent of all hospital deliveries at the Children's were monitored during the unit's first half year of operation. Eliminated has been the guesswork on how well a baby is doing during its journey through the birth canal, the most hazardous that any of us will ever undertake. For it is during these 24 hours surrounding delivery when the death rate is higher than at any other period during a lifetime.

Finding a better way to evaluate how well a baby is doing during labor and delivery became a quest for Dr. Ray. For the two parameters used during delivery while he was a resident were listening to a baby's heart beat — valuable only in the most ominous conditions — and looking for meconium staining of the amniotic fluid — a signal of potential problems. Together they lacked reliable predictive value and could not point to the degree of danger that the baby was undergoing.

With encouragement and support through a Buswell Fellowship by the department of obstetrics and gynecology, and funds from the United Health Foundation of Western New York, the young physician over the next year (1970-71) studied continuous fetal heart rate monitoring — stressed in the literature at that time — at the University of Southern California.

As a postresident fellow at Los Angeles County Hospital under Dr. Edward H. Hon, the pioneer in electronic fetal monitoring, Dr. Ray cared for patients in the perinatal intensive care delivery room or more simply the research center where various maternal and fetal parameters were studied with respect to certain methods of anesthesia (such as paracervical blood and its effect on the baby in utero and after birth).

He also worked on a uterine relaxant, for there are times when a physician would prefer to stop labor until the baby recovers in utero and then proceed with the delivery. Explained Dr. Ray, there is nothing better than a uterus as incubator or a normal placenta as an organ of biochemical and blood gas exchange.



Dr. Ray

Drs. Jim Brennan and John Antkowiak check remote monitor while Mesdames Fuhrmann and Rellinger chart the findings.



Returning to Buffalo in 1971, Dr. Ray developed and set up the new fetal care unit at the Children's Hospital where training is also an important feature. Resident physicians and medical students rotate through the unit, and a summer elective is offered to undergraduates.

"We are doing normal things with normal patients in a new way," said Dr. Ray who is happy to be back in Buffalo. "We are utilizing electronics in fetal monitoring. Monitoring has been used in adults," he continued, "but never before in the intrauterine patient."

As an undergraduate, he completed two summers as a Fellow with Dr. David Dean in a cardiopulmonary laboratory working on cardiac problems in adults. A subsequent elective was spent in pediatric cardiology with Drs. Edward Lambert and Arno Hone. But he has taken one step in time backward, to the intrauterine patient.

With funding, Dr. Ray hopes at some future date to start a research delivery room where he again can study multiple maternal/fetal cardioparameters. For it is only through the triad of research, service, and teaching that optimal care for the intra or exo-uterine patient can be assured.□

Dr. Miller Retires

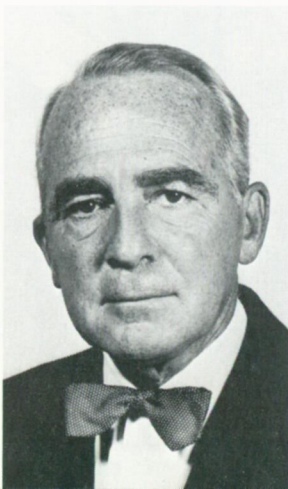
Dr. David K. Miller, who has served both the School of Medicine and the E. J. Meyer Memorial Hospital for more than 34 years, retired last fall. The outstanding teacher, scholar and clinician was professor of medicine and associate director of medicine at the county hospital at the time of his retirement.

Dr. Miller received a bachelor's degree from Illinois Wesleyan College in Bloomington in 1925 followed by a medical degree from Harvard University in 1929. After completing an internship at Boston City Hospital he studied in both Germany and Austria. From 1931 to 1937 he was assistant in medicine and assistant resident physician at the Rockefeller Institute for Medical Research before coming to Buffalo as instructor in medicine.

Two years later he became director of medicine and head of the department of medicine at E. J. Meyer Memorial Hospital (1939-1967) as well as professor of medicine at the University. From 1937 to 1948 he directed the laboratories at Meyer Hospital. In July, 1967 Dr. Miller asked that he be relieved of his hospital duties.

A Fellow in the American College of Physicians, a member of county, state, and national medical societies as well as the Buffalo Academy of Medicine, American Society of Clinical Investigation, Society of Experimental Biology and Medicine, and the Harvey Society, he has also written numerous articles on anemia, blood and bone marrow. The 67-year-old physician was the recipient of a special plaque at the annual 1969 Stockton Kimball Luncheon for "his contributions as outstanding teacher, scholar and clinician."□

Dr. Miller

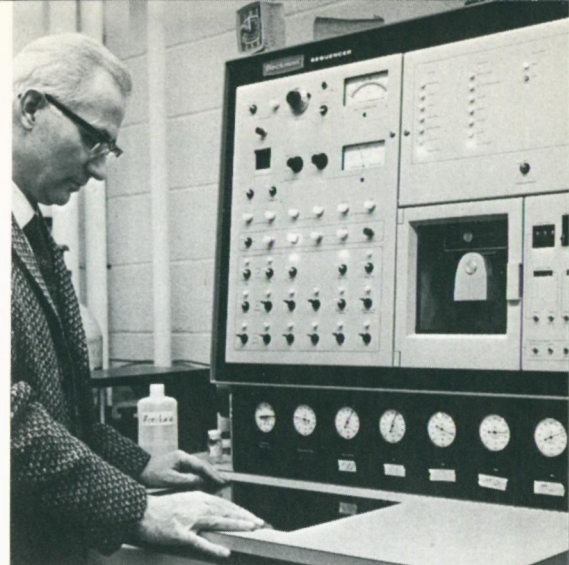


\$39,000 Cummings Foundation Grant to Dr. Barnard

A \$39,000 grant from the Cummings Foundation of Buffalo has been awarded to Dr. Eric A. Barnard, professor and chairman of the biochemistry department to set up a protein-sequencing laboratory. The equipment purchased under the grant will be used in research of muscular dystrophy and other genetic diseases, as well as on the evolution of protein molecules.

According to Dr. Barnard, the new equipment will reduce from years to weeks the time needed to determine the sequential arrangement of amino acids, the building blocks of protein molecules. Changes in these sequences have been linked to genetic diseases.

Dr. Barnard said, "This equipment exists so far in only a few laboratories in the world. Its acquisition puts the University ahead in this field." He added, "It will lead in time to an acceleration of our studies of the differences between protein molecules found in the muscles of animals and children with muscular dystrophy and those found in normal muscles." This research is largely supported by the Muscular Dystrophy Associations of America. Currently four faculty members of the U/B Biochemistry Department are involved in bio-medical research projects on proteins, in which this equipment will be a great aid.□



Dr. Barnard with the new time saving equipment.

Indonesian Research

A young couple will be working on two different projects in Indonesia during the next six months. Dr. Zebulon C. Taintor, an assistant professor of psychiatry, will be working with psychiatric hospitals in the computerization of patients' histories. They will be based in Djakarta. His wife, Mavis, will do research for her doctoral thesis in political science. Her topic: "The Communist Party in Indonesia from 1951 to 1965." This is her second visit to Indonesia. She was there in 1968 to begin her research while her husband was a volunteer physician in Vietnam.

Dr. Taintor said, "there is an effort to get a world-wide reporting system among psychiatric hospitals by having patients' histories computerized. This will enable us to determine the influence of local conditions, culture and other factors on mental illness."

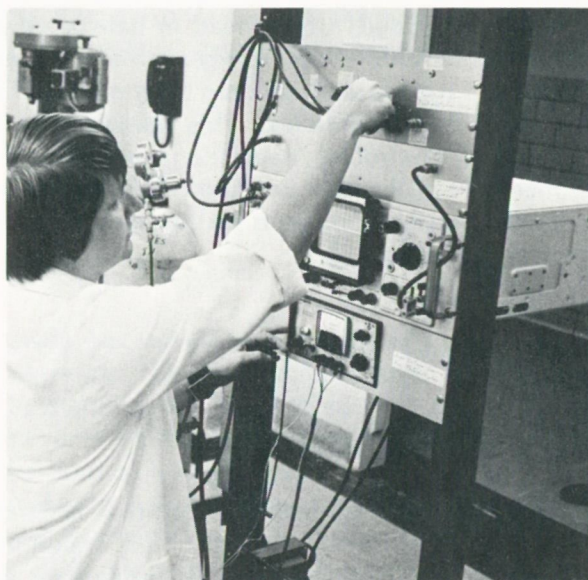
His Indonesian studies are sponsored by the International Committee Against Mental Illness and by the World Health Organization. Dr. Taintor has been head of the Medical School's graduate and resident psychiatry programs centered at the E. J. Meyer Memorial Hospital. He has also helped in establishing the drug emergency program at Meyer Hospital.□

Medical School Research at Veterans Hospital

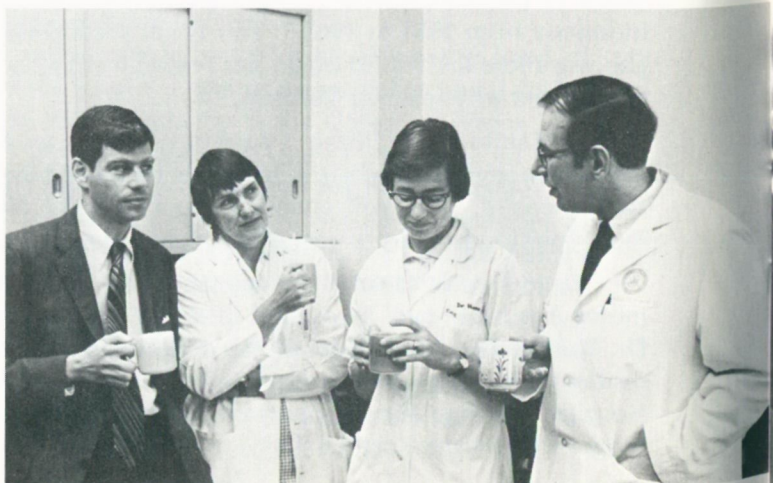
1. A team that is investigating transport processes across biological membranes under Dr. John W. Boylan, professor of medicine and physiology, move into new quarters at Veteran's Hospital.
2. Dr. Stephen Wittenberg, assistant professor of medicine, joined three team members for coffee. Left to right: Dr. Wittenberg; Dr. Judith Van Liew, research assistant professor of medicine; Dr. Daphne Hare, assistant professor of medicine and biophysical sciences; Dr. Theodore Herman, research assistant professor of medicine.
3. Pretty much "at home" in their new laboratories are several of the 15-member immunology unit team. Under Dr. Morris Reichlin, professor of medicine, studies on immunity in health as well as in disease are underway with particular emphasis on the antigenic structure. They are also studying abnormal antibodies in certain connective tissue disease and muscle proteins in certain muscle diseases. Left to right: Mrs. Patricia Dix, graduate student; Miss Bonnie Reid, secretary; Dr. Morris Reichlin; Dr. Martha Mattioli, research assistant instructor in medicine; Miss Nancy Balling, technician.
4. In the hematology unit, under Dr. Robert W. Noble, Jr., assistant professor of medicine and biochemistry, studies on immunology, specifically the chemistry of reaction of hemoglobin with oxygen, are underway. Graduate student Miss Sandy McDonald performing fast kinetics of hemoglobin reactions.
5. In the endocrine unit, studies on the control of carbohydrate incubate tissue and lipid metabolism are underway, particularly the effects of experimental obesity in rats. Under Dr. Jack K. Goldman, assistant professor of medicine, residents rotate through the service while medical students perform their research under his supervision. Discussing some aspects of her project with Dr. Goldman is one of two laboratory technicians, Mrs. Elizabeth Gabel, while Mrs. Marjorie Kodis works at centrifuge.
6. In the rheumatology unit, Dr. Floyd A. Greene, associate professor of medicine, works with red cell membranes, rh factor, and lipid protein interactions. Also performed by the unit is some clinical work in immunoglobulins. At work in the lab is technician Mrs. Doreen Milbrandt.
7. A bit of research on tests related to Hodgkins Disease is underway in the hematology unit under hematology consultant Dr. Ben Fisher along with some work on cell culture to measure phosphatase. At work is technician Mrs. Anna Bordenave.



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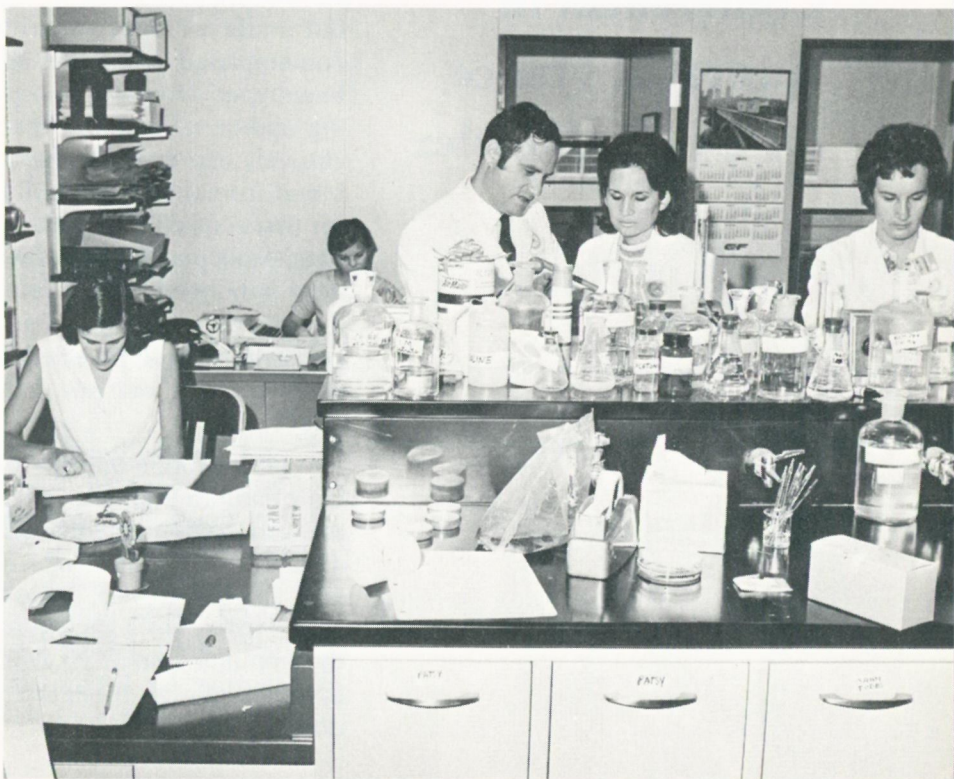
Mr. John R. Rowan
Hospital Director



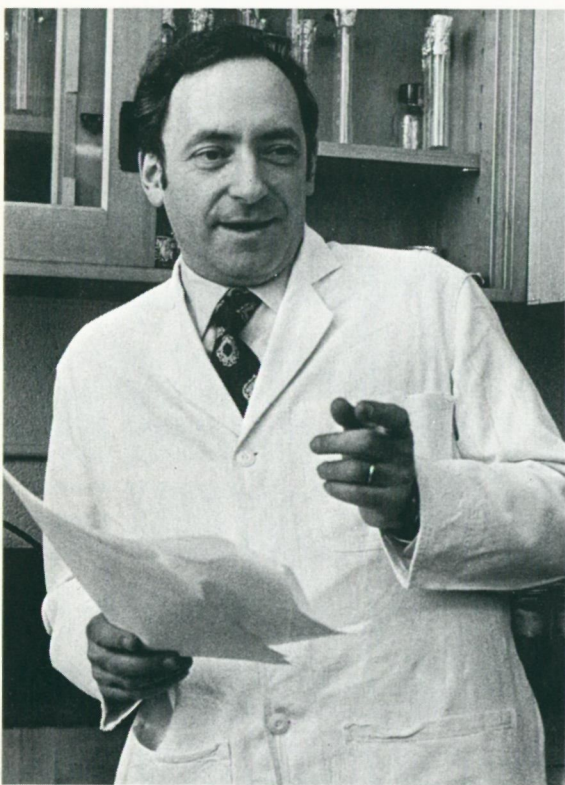
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Dr. Gustavo Cudkowicz

Conferences in Australia, France for Dr. Cudkowicz

DR. GUSTAVO CUDKOWICZ, an internationally renowned professor of pathology and microbiology at the Medical School and a member of the advisory board of its Center for Immunology, has been invited to participate in a joint United States/Australian research thrust on cancer as well as American/French cooperation on human transplantation.

At an international cancer conference to be held in Sydney, Australia March 13-17, world experts in leukemia, melanoma and skin cancer will report on new information in the hope of improving the understanding of its causes and mechanisms. Dr. Cudkowicz will participate in the sessions on leukemia and report results from his own investigations relevant to immunologic rejection of leukemic cells. From there he will join an American/Australian symposium on current cancer research to be held in Melbourne the following week as one of 12 U. S. representatives on cancer research efforts. He has also been invited to present seminars on immunology and transplantation at Melbourne's famed Walter and Eliza Hall Institute of Medical Research.

In response to an invitation from the French Public Health Service (INSERM), Dr. Cudkowicz will also journey to Paris for two weeks as a visiting scholar. He will visit several medical institutions and lecture on the above subjects at the Pasteur Institute, the College de France, and the Institute de Cancerlogie et d' Immunogenetique.

To better predict the outcome of a bone marrow graft by "typing," Dr. Cudkowicz will also formulate plans for future research with Dr. Jean Dausset, one of the pioneers in identifying human transplantation antigens at the Institut de Recherches sur les Maladies du Sang in Paris. These experiments will be carried out under a Franco/American Agreement for Transplantation. The contemplated studies on about a dozen families who have already been typed for major transplantation antigens are aimed at identifying additional antigens that are tissue specific. These may be exclusively expressed on hemopoietic cells which are responsible for blood formation. This will be the first attempt at "typing" humans for tissue-specific transplantation antigens of bone marrow cells. To date, explained Dr. Cudkowicz, studies on hemopoietic cell antigens have only been carried on in Buffalo. They have been confined to the laboratory mouse, a good transplantation model for man. Investigations have revealed that these particular antigens determine whether bone marrow grafts will either "take" or be promptly rejected.

Why is bone marrow transplantation so important? "In a number of inborn immune deficiency diseases and blood disorders (such as agammaglobulinemia and sickle cell anemia) and in acquired diseases (such as bone marrow aplasia due to an overdose of drugs)," said Dr. Cudkowicz, "marrow grafts act as replacement therapy. For not only do such grafts replace the blood-forming system but the immune system as well. Thus, once a foreign marrow graft is accepted, the recipient will also accept other organs from the same donor."

Details of the test systems for the joint collaborative effort with Dr. Dausset and for the shift from laboratory to hospital are presently being worked out in Buffalo's department of pathology. A team has been working with Dr. Cudkowicz over the past few years on identifying, defining, and elucidating the kinds of cells that participate in humoral and cell-mediated immune reactions. In their experiments in the mouse, the current team (Eva Lotzova, Ph.D., instructor of pathology; Domenico Trizio, MD, and Toshiya Kino, MD, both Buswell Fellows and research assistant professors of pathology) has found that hemopoietic specific antigens are controlled by independent genes. The major one, the team discovered, is closely linked to the chromosomal region that is responsible for the usual transplantation antigens. Said Dr. Cudkowicz, "there is a strong possibility that the same holds true in man."

Considerable progress by the team has permitted an insight into cellular events leading to immune response and marrow graft rejection in mice, a natural prelude to work on man. Explained the Italian-educated physician/researcher, "what we are basically after is a better understanding of how the many facets of the immune system are regulated. Armed with this knowledge, we could then intervene more effectively by therapeutic treatment of the patient."

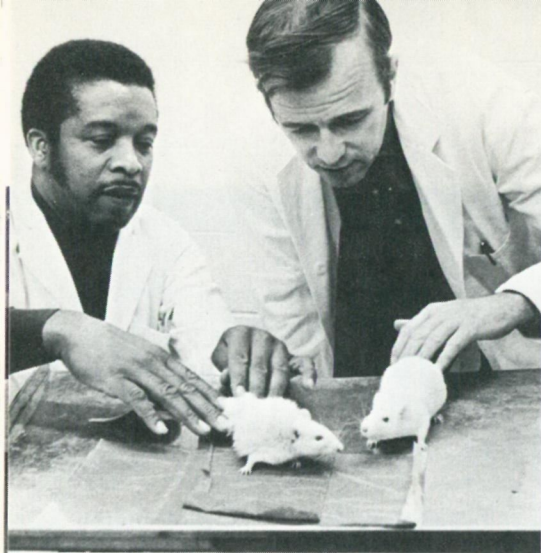
In their unique approach the team has sought the key to the immunobiology of hemopoietic grafts and genetic regulation of immune reactivity. "This last variable," said Dr. Cudkowicz, "is of great importance for the morbidity of the patient and may represent the key to what is known as 'predisposition' for certain diseases. Our research is aimed toward finding a useful tool by which we can select donors for bone marrow grafts on one hand, and for identifying by a simple laboratory test the 'predisposed' on the other."□

Checking data (left to right) are Drs. Cudkowicz, Toshiya Kino, Domenico Trizio and Eva Lotzova.



Immunodermatology Conference, June 28, 29

The department of microbiology at the Medical School will sponsor a "Immunodermatology Work Shop Conference" on June 28 and 29. Dr. Ernst H. Beutner, professor of microbiology, will direct the two day conference. He will be assisted by three of his associates in the department. Dr. Tadeusz Chorzelski of the Academy of Medicine in Warsaw, Poland, and Dr. Robert Jordon of the Mayo Clinic, will be among the distinguished experts participating. The workshop will include reviews and demonstrations of current methods for immunopathologic studies of skin diseases.□



Chief research assistant Luther Joseph and Dr. Brownie compare loss of muscle, fat, etc. on tumor-bearing rat with one that is normal.

Experimental Hypertension

For the one out of every ten in this country who has a hypertensive condition, a multidisciplinary attack by a unique team at the University may have profound effects.

In over eight years of research the team of investigators—biochemists, pathologists—has pinned down the pathogenesis of some forms of experimental hypertension in the rat. Team studies, confirmed by those of others, point to oversecretion of a hormone — 11-deoxycorticosterone or DOC as it is referred to — as the causative agent.

But the studies in experimental hypertension began back in 1962 when a large grant in pathology research, prepared by pathology chairman Floyd Skelton, was funded. He was joined a year later by a young Scottish-born and educated biochemist, Dr. Alexander Brownie, who continued his research into the steroid biochemical aspects of hypertension.

Upon the untimely death of Dr. Skelton in 1967, Dr. Brownie assumed responsibility for the \$1,000,000 research and training grants in the relatively new field of experimental pathology. They were among the largest recorded in Medical School annals. A three-year renewal recently awarded to the 40-year old research associate professor of pathology and professor of biochemistry assures continuation of the team attack into the problem of hypertension.

Headquartered in four thousand square feet of well-planned, well-equipped space in the Old Bell Plant, a satellite of the University, the experimental hypertension team interest centers on its three important aspects — pathology, steroid biochemistry, and electronmicroscopy. "So well do we as investigators cooperate," Dr. Brownie said, "that the same six animal models of experimental hypertension are used for all three purposes."

In the steroid biochemistry effort, Drs. Brownie and Samuel Gallant, a Ph.D. graduate of the training program in experimental pathology, are looking for the mechanism that will explain how hypertension — that is more prone in the male than the female — works. To determine the abnormalities that exist in function, models related to abnormalities in hormone production are being used.

Ultra-structural investigations are the responsibility of Drs. Peter A. Nickerson and Iwao Nakayama. Now in his fifth year of research with the team, Dr. Nickerson — he is a Clark biology alumnus — feels that what will ultimately lead to our complete understanding of the pathogenesis of hypertension and especially the role of the adrenal gland will be knowledge derived from ultra structural studies correlated with the steroid biochemical work of Dr. Brownie.

Dr. Nakayama, who was the first to identify the ACTH-secreting cells in the pituitary by using models of hypertension, joined the team following a two-year absence. He continues studies on the fine structure of hormone-secreting cells of the anterior pituitary.

But these electronmicroscopists are interested in looking at hypertension from other angles as well and have turned their attention to tumors in the pituitary that secrete very large amounts of pituitary hormones. They are now able to develop hypertension in

animals bearing ACTH, growth hormone, and prolactin secreting tumors.

Because of success with animal models, attention has been turned to the human, and to development of micromethods to measure hormones in the blood. Pathology efforts, headed by Dr. Agostino Molteni, center on the effect of hypertensive disease on various organs of the body, but specifically the kidney. Techniques gained in experimental models have been translated by the Milanese physician (he joined Dr. Skelton in 1965, earned a doctorate in experimental pathology in Buffalo two years ago) into a community testing program for the diagnosis of renal vascular hypertension.

In a screening program with Buffalo General Hospital's Drs. David Greene and Ivan Bunnell, DOC in both normal as well as hypertensive individuals is being measured to determine its role in human hypertension.

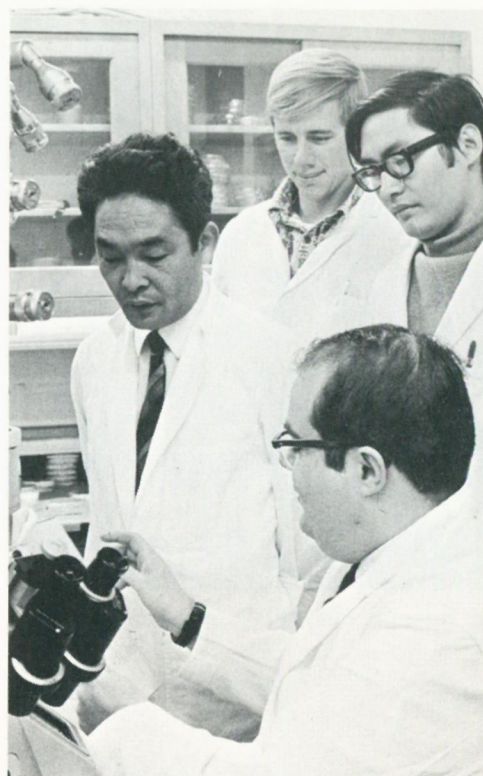
In a study of hypertension in children with Dr. Joseph Rahill, blood levels of renin by radioimmuno and bioassays have revealed some very interesting connections between renin and hypertension.

At the burn treatment center at Emergency Hospital, there is an investigation underway with Drs. Louis Cloutier and L. Molteni on renin and steroid hormone levels in the high percentage of severely burned patients that are hypertensive.

As the development of spontaneous hypertension in animals correlates a bit closer to hypertension in the human, much of Dr. Molteni's present efforts are directed toward the role of salt in this experimental model.

Because of team findings with experimental models, an attempt will be made to *prevent* hypertension. In its approach, an immunological one, Dr. Gallant has achieved some success in preparing antibodies against DOC in the rat. It is hoped that induction of antibodies in animals against DOC will deter the effects of hypersecretion of DOC. An antisera will also be prepared to be used in the radioimmunoassay of these steroid hormones.

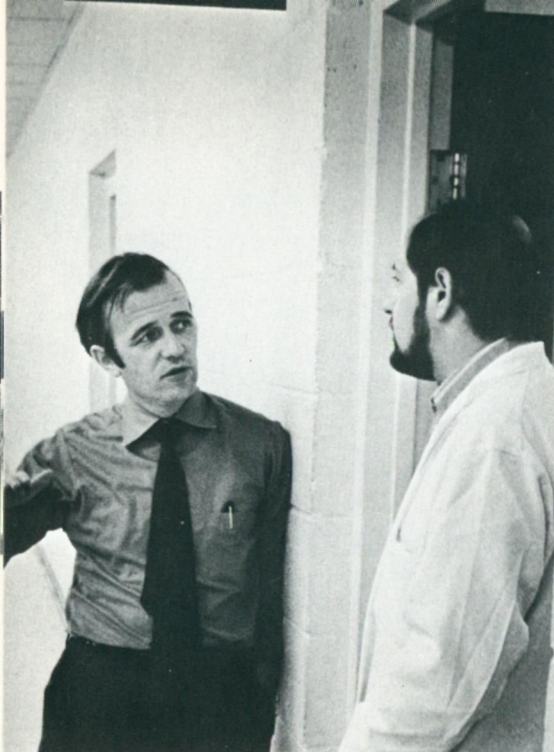
Teaching pathology and biochemistry to both medical and dental students remains an important task for these investigators



Dr. Nakayama and graduate students Carl Porter and Michael Tseng join Dr. Nickerson in a demonstration of material by electronmicroscopy.



At planning session Dr. Brownie illustrates a point to Dr. Nakayama as Drs. Nickerson, Gallant, and Molteni look on.



Dr. Brownie discusses a problem with Dr. Gallant.

while support, through a training grant, assures a future supply of experimental pathology researchers. Over the past two years eight doctorate degrees in this field have been awarded. And at any one time there are about a half-dozen pre- and post-doctoral fellows training under the team.

It is coordinated team effort that has led to its success. And for its ebullient young principal investigator — who has returned from an Edinburgh sabbatical committed to continue collaborative efforts begun there, to lead in the ninth year of research efforts into experimental hypertension, to co-chair the Medical School curriculum committee, to pursue his own research interest in the mechanism of action on ACTH, and whose medical school classes in biochemistry are highly regarded — it is raising the question that DOC may be involved in hypertension that is most satisfying. For “it is something that has not been looked at very seriously in the past.”

In summing up the work of the group, Dr. Brownie feels that “our work with experimental models, where DOC has been constantly involved, makes it absolutely necessary to evaluate its role in human hypertension. While it may not be the causative agent in the human, it must be eliminated. For if it is not DOC then it is probably another adrenal cortical hormone.”□

Immunology International Convocation

The third International Convocation on Immunology will be June 12-15 at the Statler Hilton Hotel. This is the third of a continuing series of biennial convocations sponsored by The Center for Immunology at the Medical School. The Center was established in 1967 to foster training and research in immunology.

The Ernest Witebsky Memorial Lecture will be given at the opening session by Dr. Elvin A. Kabat, professor of microbiology, at Columbia University. His topic: “General Features of Antibody Molecules.” A special feature of the four-day convocation is a banquet in honor of Professor Pierre Grabar, Institut Pasteur, Paris. He has made many important contributions to the study of antigens and antibodies, and has done much to stimulate the development of immunology as a discipline in France and the world.

The purpose of the Convocation is to bring together scientists from all over the world to present and discuss the current status and future trends in various areas of immunologic research. This program will be concerned with the properties of the specific sites on immunoglobulin molecules responsible for their reaction with antigens and with the specific receptors on cells whose interaction with antigen triggers the immune response. The program will probe the relation of the structural features of antigens, antibodies, and cell receptors to the specificity of their interactions.□

The Regional Medical Program of Western New York is changing its priorities to meet the health needs of the people of this region. The three new goals: (1) to stimulate and promote preventive services in health maintenance. (Prevention includes efforts to limit the progression of disease at any stage, reduce the likelihood of its recurrence and to maintain health). (2) To develop and improve primary care services (augmenting availability and distribution of first-stage medical care in under-served rural and inner city areas). (3) To encourage the development, expansion and integration of rehabilitation services into the continuum of medical services (effective home care, social services, patient education and the extension of physical and occupational therapy services out into the community under the direction of the primary physician).□

New Goals for RMP

Dr. Cammer's Career

For 25 years a 1939 Medical School graduate has had a reputation as a distinguished medical practitioner, educator, author, consultant and lecturer. Dr. Leonard Cammer has been a clinical associate professor of psychiatry at the New York Medical College since 1948. He was founder (1959) and first medical director of Gracie Square Hospital, New York City.

In 1962, Dr. Cammer authored a textbook, "Outline in Psychiatry," that has been used in many medical schools throughout the world. In 1969 he authored "Up From Depression" that was originally published by Simon and Schuster. In 1971 it was published by Pocketbooks, New York. *Modern Medicine* in commenting on the book said, "it is a splendid book for the laity which should be very helpful to all those persons who have a close relative who has become depressed."

Dr. Cammer has also authored or co-authored 25 original papers, and has made several presentations at professional meetings in this country and Mexico. Dr. Cammer is a Fellow in the American Psychiatric Association, American College of Psychiatrists and Academy of Psychosomatic Medicine. He holds membership in several other state and national professional organizations. He also has appointments to four New York City area hospitals and serves as a consultant to several state and national agencies.

After graduating from the College of the City of New York in 1933, Dr. Cammer entered UB. In 1937 he received his master's degree in physiology. After graduating from medical school he took a two-year rotating internship at City Hospital, Welfare Island, New York City, 1939-41, and was a commander in the Naval Medical Corps from 1941-1946. From 1944 to 1947 he was in psychiatric training as a Commonwealth Fund Fellow, Institute of Pennsylvania Hospital; the Pennsylvania Hospital for Nervous and Mental Diseases; and the New York State Psychiatric Institute and Hospital. Dr. Cammer appeared on over 50 local and national television and radio broadcasts during 1969-1971.□

Dr. Cammer





Lynda M. Young

Screening Program for Drugs

"Exceptional" was the summer fellowship committee's ranking of an application submitted by Lynda M. Young to explain possible effects of drugs on a mammalian fetus during development. It placed the sophomore medical student in the category reserved for those projects that "in some cases were planned as carefully as senior research programs."

For Lynda the summer fellowship was her opportunity to get back into embryology and to find out what research, that is so closely allied to medicine, is all about. Her screening program for drugs was a continuation of some of the pioneering work in teratology begun by Drs. Sumner Yaffe, Maimon Cohen, and Anil Mukherjee.

A search through the literature revealed little clinical investigation into the effect of drugs on the fetus until the Thalidomide disaster of a decade ago. Subsequent animal studies however show teratogenic effects — its mechanism as yet unknown — of drugs to be both dose- and time-related, with the fetus highly susceptible during the first three months of gestation.

Alarming as a woman takes an average of four to five medications during her pregnancy. And common drugs such as most vitamin preparations, aspirin, antacids, diuretics, cathartics, antihistamines, barbiturates, she discovered, are taken without medical supervision or knowledge.

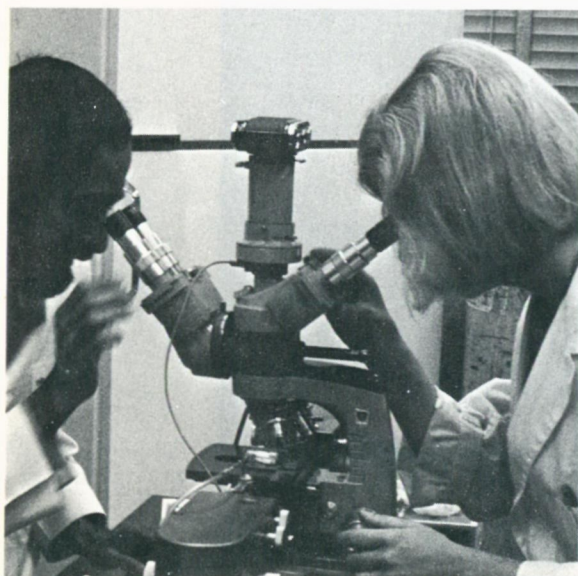
Drugs may affect maternal tissues by reducing oxygen-carrying capacity of blood, altering level of blood glucose, reducing availability of either essential vitamins, hormones, aminoacids or trace elements. Or they may have a direct effect on embryonic cells in structure to cause deformity or may interfere with the passage of oxygen, glucose or other vital substances across the placenta.

Because of inadequate enzyme systems the fetus is unable to metabolize drugs in the same way as mature organisms. Therefore drug administration during pregnancy should be minimal, with benefits to mother carefully weighed against possible harm to fetus. Said Dr. Mukherjee, "one of the things that we are learning is that more and more women are becoming aware that they must not take medicine during pregnancy."

With so little data on drug effect available in the early stages of development, Lynda felt drawn to this type of research. She selected the drug sodium salicylate for use in her experimental model for while it is a popular nonprescription medication taken for a variety of ailments it also causes neonatal bleeding and coagulation defects.

Concentrations of this drug paralleled doses used in treatment schedules. In her attempt to develop an *in vitro* system to serve as a model for screening drugs she hoped that her methods would provide some insight into the problem.

Dr. Anil Mukherjee and Lynda examine plate through double microscope.



Lynda rapidly became adept in growing embryos over the summer. She tested all cell stages up to the blastocyst stage. The embryos, grown *in vitro*, were exposed to different drug concentrations for varying lengths of time. Observations were made over a 24-hour period for gross morphological abnormalities or death of the embryos. Dosage, she discovered, was a more important factor than length of drug exposure in producing teratogenic effects.

Lynda, who is now a junior, will continue her screening program over the academic year. Together with Drs. Mukherjee, Cohen, and Yaffe, she has submitted her work for publication in the journal *Teratology*.□



Denise Bash discusses a point with Lynda.

Dr. Farhi Receives \$1,073,849 Grant

A \$1,073,849 grant was awarded to Dr. Leon Farhi, professor of physiology and project director of the Laboratory of Environmental Physiology. Funding, by the National Heart and Lung Institute over the next five years, will permit expansion of studies into the cardiovascular effects of changes in environmental factors.

"We are proud that at this time of financial squeeze we as a department (physiology) have been found worthy of such an award," Dr. Farhi said. Funding of this comprehensive proposal will allow the department to support not only individual investigators but also the electronic and mechanical facilities of its unique new central laboratory — its human centrifuge, submergence basin, running track and high pressure chamber rated at 170 atmospheres.

With other laboratories opening into its area, this new laboratory provides a focal point for the team of investigators. There is thus maximum efficiency in an enlarged team effort to study the effects of air, water, artificial atmospheres such as pressure and temperature, inspired gas composition, and gravity field on three interrelated areas — cardiovascular, respiration and circulatory physiology.

While fundamentally still interested in the basic processes that affect man under environmental stresses (the Eskimo, etc.), the expert in pulmonary physiology points out that "there is no doubt that we are looking very seriously at things that are important in the everyday life of an urban population," Dr. Farhi said.

Ecological application of one, greater involvement into the effects of carbon monoxide on the population, has already been made. For in a pioneering work on the effects of carbon monoxide in man to which Dr. Farhi has made a major contribution, it was found that there is no level of this gas in our environment that is without effect. It therefore becomes important to minimize man's exposure to it.□

BUFFALO PHYSIOLOGY REUNION AT THE XXV INTERNATIONAL CONGRESS AUGUSTINER GARTEN -- MUNICH, JULY 1971



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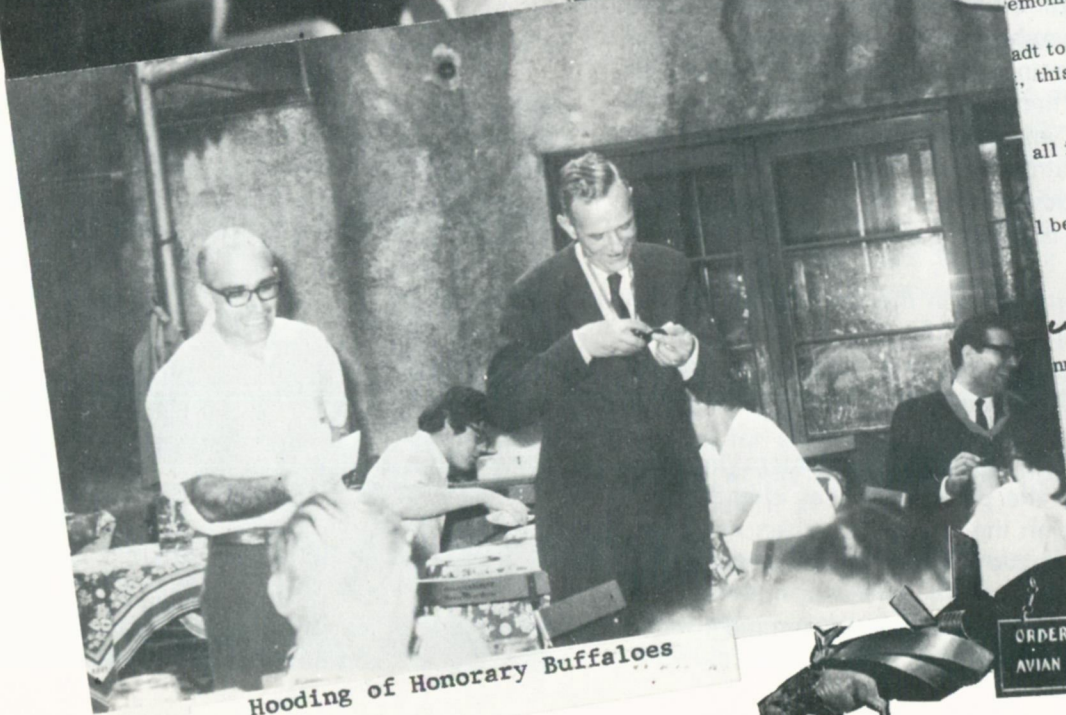
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Hooding of Honorary Buffaloes



It was a chance to see one another, to have a good time following the 25th International Congress of Physiological Sciences held in July in Munich. But to the former Fellows who were trained in their earlier days in Buffalo's department of physiology under Dr. Hermann Rahn, and to current faculty, the Buffalo Reunion was also an opportunity to honor this leading physiologist. It was their way of paying homage to the man who has had such an enormous impact on world health through his teaching. For through the understanding of life processes—he imposed a rigorous discipline for careful work, accumulation of *good* data, and its imaginative interpretation—has come the foundation for good medicine.

In his presentation of an enormously broad overview of science to the more than 70 foreign scholars from 21 countries who have trained in Buffalo over the past dozen years, Dr. Rahn has covered the whole spectrum, from the little one-celled animal to man journeying into outer space. Many of these Fellows are now department heads, leaders in the field in both Europe and South America. They are training hundreds of others.

This international exchange program, initiated in 1957 by Dr. Rahn when he joined the Buffalo faculty as its physiology chairman, features not only a scholar/student/technician/lecture exchange; but cooperative publications and field studies to far-flung corners of the globe. Most of the foreign scholars in residence were originally trained as doctors of medicine. In order to pursue some area of physiology, they later went into basic research.

Not only was there *Gemutlichkeit* (comradeship) at the traditional Bröttest (beer, bread, cheese, radishes) at the Augustiner Garten that afternoon, but there were moments of solemnity as well.

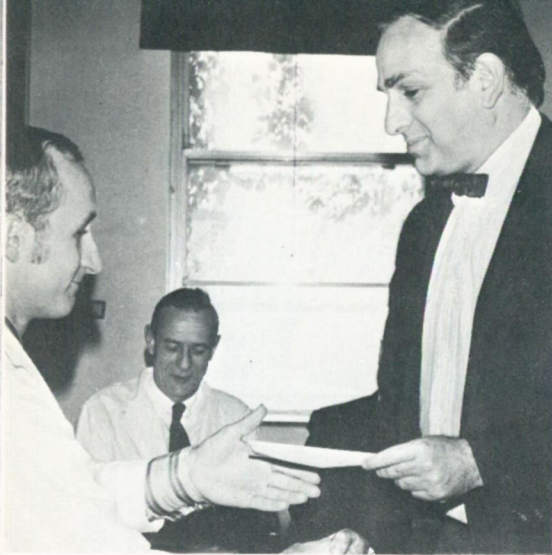
To four eminent physiologists who, through their students, have maintained a long association with Buffalo, were presented Honorary Buffalo Awards by festivities chairman Dr. John Boylan. The "Honorary Buffaloes" are Dr. Kurt Kramer (Munich), Dr. Klaus Thureau (Munich), Dr. Rodolfo Margaria (Milan), and Dr. Pierre Dejours (Strasbourg).

In his presentation of the Order of the Avian Egghead, Dr. Charles Paganelli alluded to the similarities between the work of its recipient, Dr. Rahn (doing physiology studies on the embryo of an unhatched egg) to that of an outer space ship that must also learn to live in its unusual environment. Dr. Rahn proudly wore the medallion the remainder of the day.

What manner of teacher is Dr. Rahn? Said a former student, "he taught me most of what I know. He has always been a great believer in learning through doing. He would always challenge students, not tell them what to do. As a guide rather than a trainer, he would watch us do our own thing."□

Dr. Rahn, Dr. Pierre Dejours, one of Honorary Buffalo's, Dr. Boylan



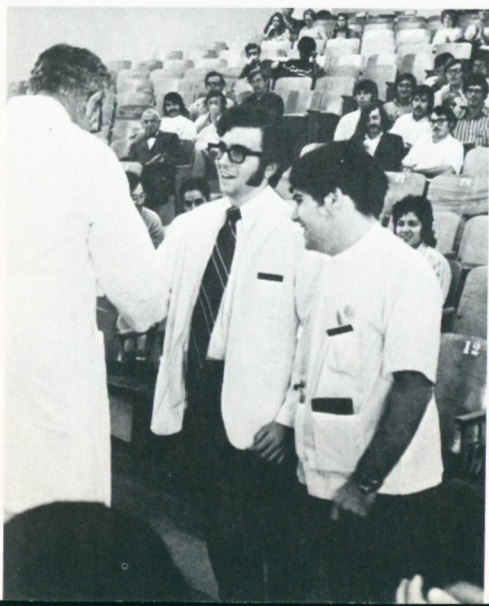


George Newman Jr., Dr. Sumner Yaffe

Dr. Peter Regan, Mary Jane Massie



Dr. Felix Milgrom, Michael R. Savona, Timothy T. Nostrant



Dr. John Sheffer, Barry Sanders

21 Medical Students Honored

Twenty medical students shared 14 awards at the annual fall Medical School Convocation in Butler Auditorium. A senior, George Newman, Jr., received three awards — Lange and Alumni Association, both for outstanding achievement during the third year, and the Children's Hospital prize for ability to understand childhood disease. The other recipients and awards:

Merck and Company Award (for academic excellence during the third year) Patricia K. Duffner and Richard A. Savage;

Mosby Award (for high performance during the previous year) Third Year: Robert DiBianco, Frederick S. Hust; Second Year: Susan J. Hakel, Steven J. Morris; First Year: Barry Kilbourne;

Lange Award (for high performance during the previous year) Third Year: Marc J. Leitner; Second Year: Michael V. Murphy, Timothy T. Nostrant; First Year: Bernard S. Alpert, Susan P. Hammond;

Farny R. Wurlitzer Award (for outstanding work in psychiatry) Mary Jane Massie;

Physiology Award (for outstanding performance in physiology) Donald R. Greene;

Ernest Witebsky Memorial Award (for outstanding performance in microbiology) Timothy T. Nostrant, Michael R. Savona;

James A. Gibson and Wayne J. Atwell Anatomical Award (for highest record of anatomy during first year) George M. Kleinman;

Kornel L. Terplan Award (for demonstration of best knowledge of pathology during second year) Barry Sanders;

Roche Laboratories Award (for highest ranking student during first and second years) Michael R. Savona;

Pfizer Award (for three years of academic excellence) Thomas J. Lawley;

Dr. John Watson Award (for excellence in medicine) John W. Kraus;

Alpha Omega Alpha (honorary society) Robert DiBianco, Frederick S. Hust, Thomas J. Lawley, Marc J. Leitner, Stephen M. Newman, and Richard A. Savage. □

Dr. Joel M. Bernstein, M'61, clinical associate in surgery (otolaryngology), at the University, received a \$10,000 grant from The Deafness Research Foundation of New York City. The money will be used for research to determine if autoimmune disease of the inner ear can be produced experimentally.

"To the best of our knowledge, no American investigator has studied the problem of autoimmune disease of the inner ear," Dr. Bernstein said. "Except for several articles in the German literature and one by a Japanese investigator, there have been no fundamental experiments on autoimmune disease of the cochlea."

Dr. Bernstein went on to say that he hopes this research will shed some light on some inner ear diseases whose causes are unknown. Hopefully we may be able to provide some information on Meniere's Disease, sudden deafness and sensorineural hearing loss, following stapedectomy.

Dr. Bernstein is the principal investigator. He will be assisted by Dr. Noel R. Rose, M'64, director of the Center for Immunology at the University, who is the co-investigator. The Center for Immunology laboratories at the University and the Temporal Bone Pathology Laboratory at the E. J. Meyer Memorial Hospital, along with the Animal Research Laboratory at the hospital will all be used for the project. Dr. Daniel Fahey, M'48, directs the Temporal Bone Pathology Laboratory and is a clinical associate professor of surgery (otolaryngology).

The Deafness Research Foundation carries the endorsement of leading professional bodies in the fields of otology and otolaryngology, and it is the only national, voluntary health agency devoted primarily to furthering research into the causes, treatment and prevention of hearing impairment and other ear disorders. Now in its fourteenth year of operation, it is responsible for having directed more than \$3.7 million to otological research and other related objectives since its establishment.□

Ear Research Grant



Dr. Bernstein

Nobel prize winning Dr. John C. Eccles, Distinguished Professor of physiology and biophysics at the Medical School participated in a symposium on Human Rights, Retardation and Research in Washington, D. C. recently. Professor Eccles participated in a panel discussion of "Why Should People Care."

"What is one of the most serious problems confronting man today?" he asked. "It is not war. It is not pollution. It is essentially that man has lost faith in himself. The alienation of man is my deep concern." Calling retarded persons those who "got a bad deal genetically," Dr. Eccles said science still does not know "how retardation happens" and suggested the key to the mystery may lie with current research into "how human brains are built." The weekend session was sponsored by the Joseph P. Kennedy Jr. Foundation.□

Building Brains

35th Annual State University at Buffalo

Theme: "CURRENT SOCIAL & ETHICAL ISSUES IN MEDICINE"

April 7 and 8, 1972

Program

MAIN CAMPUS — SUNYAB

Goodyear Hall, 10th Floor

FRIDAY, APRIL 7

- 9:00 a.m. Registration
- 9:30 a.m. Welcome: LOUIS CLOUTIER, M.D.'54
President, UB Medical Alumni Association
- 9:45-10:45 a.m. MODERN APPROACHES TO DRUG ADDICTION
(feature film: "What Did You Take?")
- Moderator: NATHANIEL WEBSTER, M.D.
Staff Physician, Masten Park Community Rehabilitation Center
- Panelists: GARY W. HEALEY, Ph.D.
Staff Psychologist, Masten Park Community Rehabilitation Center
OSCAR S. LOPEZ, M.D.
Masten Park Community Rehabilitation Center
- 10:45-11:15 a.m. Intermission
- 11:15-12:15 p.m. DELIVERING HEALTH SERVICES IN THE FORM OF PROFESSIONAL CORPORATIONS
- Moderator: CASPER FERRARO, D.D.S.
Consultant, Professional Services, Marine Midland Bank of Western New York
- Panelists: RAYMOND ROLL, JR., J.D.
Senior Partner, Lipsitz, Green, Fahringer, Roll, Shuller, & James, Attorneys
JACK GELLER, J.D.
Attorney, Lipsitz, Green, Fahringer, Roll, Shuller, & James
- 12:15-12:45 p.m. Business Meeting, Election of Officers
- 12:45-1:45 p.m. Luncheon
- 1:45-3:15 p.m. ABORTION IN NEW YORK STATE ONE YEAR AFTER THE LAW
- Moderator: JACK LIPPES, M.D.'47
*Associate Professor of Gynecology-Obstetrics
Medical Director of Planned Parenthood, Buffalo*
- Panelists: LISE FORTIER, M.D., F.R.C.S. (C)
*Gynecologist, University of Montreal, School of Medicine,
Montreal, Quebec, Canada*
EMMA HARROD, M.D.
Director of Maternal and Child Health, The Erie County Health Department
CHRISTOPHER TIETZE, M.D.
Director of the Bio-Medical Division, The Population Council, New York City
- 3:15-3:45 p.m. Intermission

Buffalo Medical Spring Clinical Days

3:45-4:45 p.m.

CANCER OF THE FACE

Moderator: JOHN QUINLIVAN, M.D.'45

*Plastic and Reconstructive Surgeon, Buffalo Mercy Hospital
Clinical Instructor in Surgery*

Panelists: GORDON H. BURGESS, M.D.'63

Dermatologist, Roswell Park Memorial Institute

JOSEPH R. CONNELLY, M.D.

Plastic and Reconstructive Surgeon, Buffalo Mercy Hospital

JOHN T. PHELAN, M.D.

*General Surgeon of Oncology, Buffalo General, St. Jerome (Batavia) Hospitals
Clinical Instructor in Surgery*

6:30 p.m.

Fiftieth Class Reunion—Plaza Suite, Reception and Dinner

SATURDAY, APRIL 8

9:00 a.m.

Registration

9:30-10:30 a.m.

MEDICAL AND LEGAL RAMIFICATIONS OF PATIENTS SUBJECTED TO NEW AND EXPERIMENTAL DRUGS AND TREATMENT

Moderator: RALPH HALPERN, J.D.

Partner, Raichle, Banning, Weiss and Halpern, Attorneys

Panelists: WILLIAM A. CARNAHAN, J.D.

Partner, Carnahan, DiGiulio, LaFalce, Moriarty, and Hill, Attorneys

DANIEL T. ROACH, J.D.

Partner, Adams, Brown, Starrett, and Maloney, Attorneys

JOHN H. WEBSTER, M.D.

Chief Therapeutic Radiologist, Roswell Park Memorial Institute

JACK ZUSMAN, M.D.

Director of the Division of Community Psychiatry, School of Medicine, SUNYAB

10:30-11:00 a.m.

Intermission

11:00-12 noon

NEW DEVELOPMENTS IN HEALTH CARE DELIVERY

Moderator: ERNEST HAYNES, M.D.

*Director, Family Practice Center, Deaconess Hospital
Clinical Professor of Family Practice*

Panelists: HIRAM B. CURRY, M.D.

*Professor and Chairman, Department of Family Practice,
The Medical College of South Carolina*

KENNETH ECKHERT, SR., M.D.'35

*Chairman, Comprehensive Health Planning Council of Western New York
Clinical Instructor in Legal, Social, Preventive Medicine*

J. WARREN PERRY, Ph.D.

Dean, School of Health Related Professions, SUNYAB

12:30 p.m.

Medical Alumni Annual Luncheon and Stockton Kimball Memorial Lecture, Main Dining Room

Guest Lecturer: ROBERT J. GLASER, M.D.

Vice President

Commonwealth Fund, New York City

Dr. Harry L. Metcalf, M'60, (left) president of the Erie County Chapter of the New York State Academy of Family Physicians and Dr. Max Cheplove, M'26, congratulate Dr. John Schoff Millis, winner of the organization's 1971 Dr. Max Cheplove Award for "significant advancement of the cause of family medicine." Dr. Millis is chancellor emeritus at Case Western Reserve University, Cleveland. Both Drs. Cheplove and Metcalf are on the clinical faculty of the Medical School. □



Buffalo Evening News

Ecology of Health

Dr. Edward M. Cordasco, clinical assistant professor of medicine, is one of the founders of the Niagara Frontier Environmental Health Research Foundation. It will conduct a three-year pilot study of the "ecology of health" in Erie and Niagara Counties, including the environmental aspects of lung disease. The foundation was conceived about 15 months ago when Mrs. Florence Briggs of Niagara Falls approached area physicians and the UB Research Institute with financial backing for environmental health studies. The project became a reality in early December with the election of a board of directors and board of advisers, according to Dr. Cordasco.

Utilizing Niagara County health personnel, the foundation is canvassing area residents to determine individual health histories of respiratory processes as well as testing healthy persons and those with a history of respiratory ailments. More than 20,000 persons will be tested in the next three years to determine the related factors leading to lung disease such as smoking, allergies, air pollution and heredity. Erie County will also be included in studies and the foundation's long range plans include a "multi-county" operation. Other studies will deal with the effects of water and land pollution on health. This is the first environmental health group in New York State and one of the first in the nation, according to Dr. Cordasco. □

Immunology Center in Jeopardy

Buffalo, which is known all over the world as a mecca for immunology, is in danger of losing that reputation. For, without an endowment of its own, the Center for Immunology can no longer keep or for that matter even attract the brightest young scientists who must look to other institutions for security and a chance to build a solid medical career.

The Center was established at the State University at Buffalo in December 1967 as an integral part of the School of Medicine and the Health Sciences Center where a wide scope of immunological research and teaching could continue to advance.

Would it not be tragic to see the goals and dreams of one of our most illustrious faculty, the late Dr. Ernest Witebsky, distinguished professor and past chairman of the department of bacteriology and immunology who served as The Center's first director, also die?

For he envisioned Buffalo as the focus for immunology and helped to build it into one of the few institutions in the world to include the most important fields of immunology as it applied to human health and disease. It would be here, at The Center, where teaching and training of future bright young scientists would continue to add lustre to Buffalo's reputation.

Will you help to keep The Center open through a contribution to the Ernest Witebsky Fund for Immunology — U.B. Foundation, 250 Winspear Avenue, Buffalo 14215? □

Dr. Beck Honored

Dr. Edgar C. Beck was honored at a retirement dinner in November. Many of the guests were colleagues and patients. The 1919 Medical School graduate was a specialist in the treatment of diabetes. He was on the clinical faculty 45 years and retired in 1966 as clinical professor of medicine. In 1923 he was one of the first Buffalo physicians to treat diabetic coma with insulin. In the 1950's he promoted administering the simple painless diabetes detection test on a mass scale in such places as department stores.

Dr. Beck recalled that many doctors treated patients in their homes, day and night. House calls led the doctor to an intimate knowledge of his patient's family and financial, emotional and social problems. "Often this had to serve in the diagnosis in lieu of a battery of laboratory tests."

Dr. Beck said, "he was often able to relieve mental and physical pain because of his experience, his sympathetic understanding and his closeness to the family. This was known as the art of medicine and I hope that it will not be completely lost because it can greatly supplement the scientific approach."

Dr. Beck believes his hopes will be fulfilled. He bases his optimism on the eagerness of today's medical students to serve the underprivileged. In 1953 Dr. Beck won UB's Samuel P. Capen Award for instituting the Annual Participating Fund for Medical Education. □



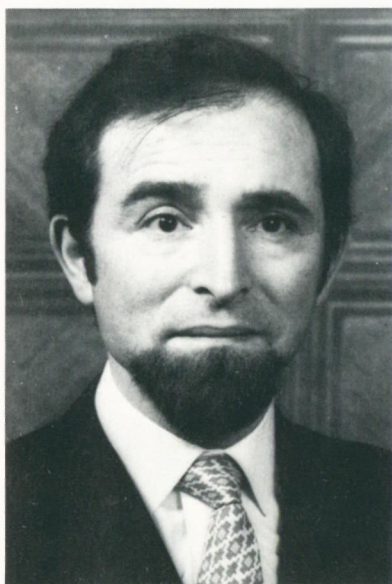
Dr. Fortier started practicing in 1957 and since 1960 has been a very active protagonist of Family Planning and went on to defend abortion on demand even in a very Catholic, French Quebec which is already changing rapidly in its position on the subject. In fact the birth rate in Quebec which, many years ago was the highest in Canada, is now the lowest. Dr. Fortier will appear on the abortion panel Friday afternoon at Spring Clinical Days. □

Dr. Beck



Mental Health Center Director

Dr. Stanley R. Platman, deputy director of the South Beach Psychiatric Center in Brooklyn, N. Y., is the new executive director of The Buffalo General Hospital Community Mental Health Center. The appointment was announced by Dr. Theodore T. Jacobs, director of Buffalo General. At the same time, Dr. S. Mouchly Small, chairman of the department of psychiatry in the School of Medicine announced Dr. Platman's appointment as a clinical professor in the department of psychiatry. The 37-year-old Dr. Platman is presently an associate professor in the department of psychiatry at the Downstate Medical Center, SUNYAB, in Brooklyn.



Dr. Platman

Construction of Buffalo General's Community Mental Health Center was completed late last year, but the opening of \$4.8-million facility has been delayed, largely because of the search for a director. Dr. Jacobs said BGH was "very pleased to obtain a man of Dr. Platman's stature to assume direction of our Community Mental Health Center. We have great confidence that he can bring this fine facility to its fullest potential in providing a vitally needed service to our community." Dr. Platman's appointment as director of the center was confirmed by the Mental Health Department of the Erie County Health Department and by the Community Board of the Community Mental Health Center. Dr. Platman will strive to staff the BGH CMHC as quickly as possible and begin its psychiatric services to one-sixth of Erie County. The BGH CMHC has 60 inpatient beds for adult patients and outpatient facilities for both adults and children.

Dr. Platman was born in London, England. He received his bachelor of medicine and bachelor of surgery degrees from Queens University in Belfast, Ireland, in 1959. He became a member of the Royal College of Physicians in London in 1963, and completed his American Boards in Psychiatry in 1970. He served his internship as a physician in Belfast City Hospital and, as a surgeon, at Whittington Hospital in London. Dr. Platman was a Medical Officer with the British Medical Service in Swaziland from October, 1960, to October, 1961. He was a resident in psychiatry and neurology at Tara Hospital and the University of Witwatersrand in Johannesburg, South Africa, from October, 1961, to May, 1963, before beginning general practice in London.

Dr. Platman came to the United States in November of 1963 as a research scientist at the Bureau of Research in Neurology and Psychiatry, Princeton, N. J. In June of 1964, he joined the Department of Medicine at Presbyterian Hospital, Columbia University, New York City, where he did research in endocrinology. In June of 1966, he went to the New York State Psychiatric Institute, Columbia University, as the head of a metabolic research unit. Dr. Platman then moved on to the South Beach Psychiatric Center and the Downstate Medical Center in May, 1969. At the psychiatric center, he began as chief of clinical service and advanced to his present position as deputy director in November, 1969.

Dr. Platman is the author of approximately 50 papers in psychiatry. In 1969 he received the Aesculapius Award from Rome University, Rome, Italy, "for work with the use of cations in psychiatry." In addition to being a member of the Royal College of Physicians, Dr. Platman is a member of the American Association for the Advancement of Science, the American Medical Association, the American Psychiatric Association, the Association for Research in Nervous and Mental Disease, Inc., the Association of New York State Mental Hygiene Physicians, the American Public Health Association, the British Medical Association, the Canadian Psychiatric Association and Sigma Xi.□

Dr. George Thorn Honored

The annual report of the Peter Bent Brigham Hospital in Boston has been dedicated by Dr. George W. Thorn, a 1929 graduate of the Medical School. Dr. Thorn is physician-in-chief and the Hersey Professor at the Harvard Medical School. He was cited for bringing a new era of biological chemistry to the hospital.

"The scope of his knowledge seemed almost limitless and to each problem he added a new dimension or direction of investigation. This intellectually facile and imaginative teacher knew no peer in his generation. Equally distinguished are his scientific contributions — too many to set forth at this time but which encompassed original and fundamental contributions not only in endocrinology but also in the wide field of medicine," said the annual report author, Dr. Eugene C. Eppinger.

Dr. Thorn delved into the study of adrenal cortex diseases when the function of this organ was almost obscure and its diseases poorly understood and fatal. Effective treatment today is based on the fundamental knowledge of structure and function provided by George Thorn's work.

The doctor was praised for his virtues of loyalty to his associates, for his teaching success which is personified by more than 200 former students holding professional positions in medical schools throughout the world, and for his "... Herculean efforts in the 'dark days' of the hospital which were important and probably crucial in maintaining the integrity of the hospital," said the dedication.

"George Thorn should also be cited for his remarkable foresight in establishing fundamental sciences as an integral part of the hospital. His efforts in this regard which are now so widely copied were indeed pioneering two decades ago. Without doubt the impact of his contribution has served to bring the proceeds of the biological science to medicine on a scale far exceeding that of the Brigham itself."□



Dr. Thorn

Educators Meet Health Care Challenge

THE NATION'S MEDICAL EDUCATORS grappled with ways to improve the system by which their physician graduates prescribe medical care for Americans at the 82nd annual meeting of the Association of American Medical Colleges in Washington, D. C., Oct. 28-Nov. 2. They hope to meet the challenge that has resulted from pressures and criticisms that politicians, the public, commissions, students, faculty and physicians have leveled against medical education.

The chairman of the Association of American Medical Colleges, declaring an end to what he called "the days of ivory tower isolation" in academic medicine, prescribed a 12-point program "to accomplish our task of bringing the nation's health system to an optimal level by 1985." In his address to the 82nd AAMC annual meeting, Dr. William G. Anlyan, vice president for health affairs at Duke University proposed:

- Development of a time-availability health-care system in which no one in the nation would be beyond one hour's time of a doctor's care.
- Building into the system equal care for all under a non-voluntary insurance program, but with the options of pre-payment or fee-for-service financing.
- Establishment of a peer review system for recertification of physicians every five years and making continuing education mandatory.
- Instilling a greater awareness among physicians that, in the health-cost spiral, "the doctor's order in the hospital or office is far costlier than any other trigger mechanism."
- Increasing medical school admissions to a level of 25,000 by 1985—double the current number of medical freshmen.
- Creation of a separate, cabinet-level rank of Secretary of Health, and coordination of all health programs of the present Department of Health, Education and Welfare, the Veterans Administration and the Department of Defense under a Federal Health Council reporting directly to the President.

Dr. Anlyan also called for sustaining a "first-rate national effort in bio-medical research," noting that "a thriving research and development program is a vital component of every industry, and the health industry is no exception." He said that in addition to increasing the numbers of specialists in medicine, schools should make a major effort to train primary care physicians based in general internal medicine or general pediatrics, and that selected community hospitals should serve as their educational laboratories. Among his other points, Dr. Anlyan called for greater flexibility within medical curriculums; educational programs for upgrading the quality of management in academic health centers; restructuring their organizational charts to fit administrative responsibilities; and acceptance by academic medical centers of "the total continuum of medical education" and assumption of "new roles tailored to the health-care needs of society."

Congressman Paul G. Rogers also called for a Federal Department of Health headed by a cabinet officer. The Florida Democrat who is Chairman of the House Subcommittee on Public Health and the Environment exploded several myths including the myth that there is a coherent system of Federal health programs under governmental leadership; that the priority of health in HEW comes first (not welfare). And the greatest myth is the mythical 22.2 billion dollar health figure (for the 12 months ending June 30, 1972) created by the Office of Management and Budget. The figure in truth covers a wide range of services bearing little relationship to health maintenance of the American people.

The 92nd Congress is already an activist in health legislation and major decisions are being made. "The production of men of medicine by universities and colleges constitutes the production of a national resource. Inventory has been taken of existing manpower resources and comparison of needs examined and for the first time a goal set. We are gearing legislation to meet that goal," Congressman Rogers said.

The Congressman challenged the medical educators to extend themselves beyond the confines of teaching. "We need your expertise, your leadership to guide us to excellence in methods of service past the walls of your institutions to the point that you become a resource for your entire region. Leadership must come from you and your institutions and not the state if the institution is to maintain its integrity. I know Congress will try to give health the priority it deserves. We can give it support and help build the structure, but you must give it life and vitality. The genius of medical knowledge and manpower is in the university teaching college and hospital."

The president of the National Academy of Sciences said the government will no longer support research that is vague even though this type of research has done much in the last two decades. Dr. Philip Handler reminded the educators that today's medical student comes to our medical school much better prepared.

"We must revise the content of our basic science courses. We have overtrained physicians in science. Our bio-medical courses must be more clinically oriented.

"Scientific medicine has overtaken and bypassed most of us in this room," Dr. Handler said.

Senator Warren G. Magnuson proposed that many experts in a variety of medical specialties be sent abroad for brief periods to study health-care systems of foreign countries. He is chairman of the Senate Commerce Committee and the HEW Subcommittee, and one of the Senate's leaders on health affairs.

Mr. Magnuson's idea is aimed at exposing more American medical professionals to the good and bad points of existing health plans and at stimulating discussion among their peers and the public when they return to their every-day jobs in research, teaching and practice. "Such a program could have considerable impact on the problem of understanding the difficulties of providing better health care for Americans."

"The Federal health establishment is entitled to have a full-time Secretary of Health who can be heard in the White House over the guillotine of the Office of Management and Budget." — Congressman Paul G. Rogers

Medical school deans and faculty members are encouraged to come to Washington—to write letters and visit with their congressmen often so they can have some input into federal health bills that are in the planning stage. Faculty members must also talk to lay groups in their respective communities. The public wants to meet, see and hear from the scientist, the physician—so they can have a better understanding of medicine.□

Such trips, for about three months each, would be for the purpose of studying the foreign systems, not for research or treating exotic diseases, the Washington Democrat said. "I would like to get 100 or so biomedical representatives—medical professors, researchers, private practitioners, nurses and other allied health workers—to learn first hand about other systems."

"Through NIH we have brought foreign nationals, outstanding in some phase of health, to the United States. We must make that a two-way street. This will help us understand our own health-care system and differences in others," Senator Magnuson said.

"Today American doctors have reached the point where they are technologically the best trained physicians in the world. But we are not providing optimal medical care. We must seek to solve today's problems in ways that do not create bigger new problems for tomorrow.

"I have often thought that we need new and different types of trained health manpower—different than you and I have even thought about. We need people who can do new things in health care. I am an optimist. With your help and leadership we can affect change. We must narrow the gap in health between what is and what should be," Senator Magnuson concluded.

HEW Secretary Elliot L. Richardson told the educators that "we all want a healthier nation. A nation where the right to health care is protected but freedom of choice is preserved. Where our doctors stand on the frontiers of research but are also present in the inner city and rural America. Where we train the finest specialists in the world but provide every American with access to primary care. Where we build a profession on scientific excellence but insure that all peoples in our pluralistic society are participants. The letter of the law may soon be on the books, but the spirit depends upon your perceptions of the need and your commitment to fulfilling it.

"The burden falls primarily on you. For it is in the medical schools that the attitudes and aspirations of your profession are formulated. The potential of a new Federal role in health manpower is not that it provides greater financial security for the preservation of the status quo, but rather that it challenges you to prevent as well as cure, to replace the arrogance of knowledge with the humility of service and to open up the ivory towers of medical research and reach out to the people in need," Secretary Richardson said.

"We reach for the stars and our expectations outrun our achievements. There is a limit somewhere to the productivity of a society and consequently on how much can be done, by how many in all the realms for which we hold limitless ambitions, including health."

—Chancellor Alexander Heard

The Alan Gregg Memorial lecturer reminded his audience of the "limitless scope of health concerns today." The Chancellor of Vanderbilt University, Alexander Heard, pointed out that health is affected by poverty, diet, as well as air and water pollution. "The scope of health concerns is all-embracing. All health is now public health. Neither public nor private hospitals, nor medical schools, nor their universities, nor combinations of institutions, can address the intricate problems they face except through and with the aid

of government (local, state, regional, national). Government, after all, is the vehicle for comprehensive common action in our country," the Alan Gregg Memorial lecturer said.

"All health professionals will find that what they do and want to do are matters of public policy. The relationships with the rest of society of those concerned with health care will increase in intricacy, frequency, and importance. The full health education of physicians and other types of health personnel will not be complete in the future without attention to the social and political context within which they must function. They are participants in the political process, whether they desire to be or not. Their effective participation will be greatly influenced by their breadth of viewpoint, their understanding of the full society within which they function, and of the processes of decision-making that will ultimately determine what they and their institutions are asked to do, permitted to do, forced to do."

Mr. Heard outlined four conspicuous needs: (1) Increased labor and financial efficiency is a necessity because health expenditures have been growing faster than the gross national product. (2) The role of the physician as the uniquely central, dominant figure in health care is changing and will change more. (3) There is no cost-free benefit. We can improve our environment if we increase productivity. But we can do it then only if we use the proceeds that flow from increased productivity to restore the environment, rather than to purchase additional amenities of life. That is the type of choice to be made. (4) The goals we expect from a health system require searching, ethically oriented scrutiny. The society and its health professionals need more closely defined and limited objectives in the competition for social priorities and the resources to reach them.

Senator Edward M. Kennedy outlined his views on the issue of Federal health policy. He expanded upon three areas — health manpower, conquest of cancer, and health maintenance organizations. He is Chairman of the Senate Health Subcommittee.

"If the American people are going to underwrite a substantial and growing proportion of the costs of educating this nation's health manpower, then they have a right to know what those costs are. I believe Congress will provide significantly greater resources for health manpower than it ever has in the past. And I believe it will do so because of the growing recognition that adequate numbers of the appropriate types of health manpower is one of the keys that can unlock the health crisis which confronts this nation.

"The basic philosophy of the Senate Health Manpower bill was to encourage the medical schools to accelerate their efforts to produce more of the right kinds of health manpower. And to do it as rapidly as possible. It is painfully obvious that the research grant is a woefully inadequate mechanism for assuring the stability of high quality educational programs addressed to national health care needs.

"The future of hospitals, of medical schools, of university-based medical centers, of health care generally, very directly depends on the quality of the governments of our country, in all their forms and operations."—Chancellor Alexander Heard

The Chancellor reminded the medical educators of the World Health Organization's 1946 definition which has become famous: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity."

"Biomedical research is the only aspect of America's health care industry that can fairly be evaluated as excellent."

"We must refashion our health delivery system. And we must harness the enormous leverage of the public financing of health care. For, properly harnessed, that leverage can turn the rhetoric of reform into reality." — Senator Kennedy.

"We must develop a new kind of 'multi-hospital teaching institution'." — Dean Rogers

(Dr. Rogers assumed the presidency of the Robert Wood Johnson Foundation on January 15, 1972).

"For too long the financing tail has wagged the health care dog. The time has come to change that sorry situation. For, if we do not, we will only compound the very serious policy mistakes we have already made. Comprehensive HMO legislation can and should become the cutting edge of reform of the health delivery system. To view it otherwise is to diminish the opportunity that now exists.

"If comprehensive HMO legislation is the cutting edge of reform, national health insurance is its essential companion. If we really mean business when we talk of a delivery system which renders quality services on an equitable basis, then we must face the fact that no program of project grants or loans guarantees can suffice. HMO's can only prime the pump. Continuity of care, quality care, economical care, and equity of access to that care demands equitable national health insurance. That, ladies and gentlemen, is what national health insurance is all about.

"The debate on national health insurance is far from over and I firmly believe the public's interest is best served by the most searching, critical, and strenuous debate possible. I favor the Health Security Act because it is the best answer I see to this crisis," Senator Kennedy said.

Dean David E. Rogers of the Johns Hopkins School of Medicine stressed the importance of making our medical schools more adaptable and more responsive to the needs of our students and society. "Unless we do it immediately, medical educators will be supplanted by others who might do it even worse."

Dean Rogers continued, "Although I don't see much evidence in our teaching medical centers for a change, we must assume a leadership role. We must join with others in society to create a real unit of health. Unless we do we will find ourselves an unimportant force in the health care picture. We must be excited by and be willing to experiment with new methods and new objectives. But time is running out, and we must get about it.

"We should continue to be deeply involved in the advancement of biomedical science. Society will be sold short if we are not. On the other hand, it is time that we owned up to the fact that our compelling interests in science do not necessarily educate physicians properly for their roles in society and the delivery of medical care.

"Our programs for teaching health professionals are in need of dramatic overhaul. We should design programs which would recognize the commonality of certain kinds of learning for doctors, nurses, physician assistants, psychologists, and other health professionals so that they would get acquainted earlier with one another and their individual professional aspirations. If the physician is indeed to be the captain of a health care team, would it not be reasonable to train him as a member of the crew as well as the captain so that he understands and appreciates the areas of responsibility which will fall to his other health colleagues? Training the physician in splendid isolation does not make sense to me if we are designing for the future. How can one be an effective captain of a team that one has never played on?

"We should redesignate what is meant by a 'university' hospital or teaching service . . . University teaching centers should accept full responsibility for the differentiation period of education of the physician now labelled the 'residency' program. Let's place all postgraduate residency training programs directly under university auspices. If we truly believe we have responsibilities for educating physicians — not untried young men and women labelled M.D.'s — let's take it on.

"Acceptance of full responsibility for all of the postgraduate residencies would bring more realism into our medical teaching centers without disabling them, would encourage the development of university based multi-track programs for physicians which were responsive to the actual health of our country, and might do much to eliminate the disunity between those who 'practice' and those who 'teach' in our profession," Dean Rogers said.

An intern at the Duke University Medical Center, Dr. Douglas S. Lloyd, said "house staff members are a new force in medicine and they intend to make the 1970's a decade of transition to new health care delivery and an educational system. They are seeking new approaches to medical education, and then want a chance to help design them. Specifically house officers want to serve on policy committees at departmental and institutional levels. They want a voice in matters which involve patient care and allocation of resources. Often they are closer to the problems of patient care than the senior staff, and so they want the opportunity to effect change in the management of these problems."

The dean of the UCLA School of Medicine, Dr. Sherman Melinkoff, urged his colleagues to keep an open mind to new ideas, but cautioned not to stampede. "If one school decides to try an experimental approach to family medicine, well and good. Let's see how it turns out. But let us not encourage legislators to make the funding of all medical schools dependent upon the creation of Departments of Family Practice. If one school decides to try class experimental techniques, again let us keep an open mind. But let us not at once hail this trial as the revealed advent of a better era and promptly legislate fiscal penalties for not toeing the line."□

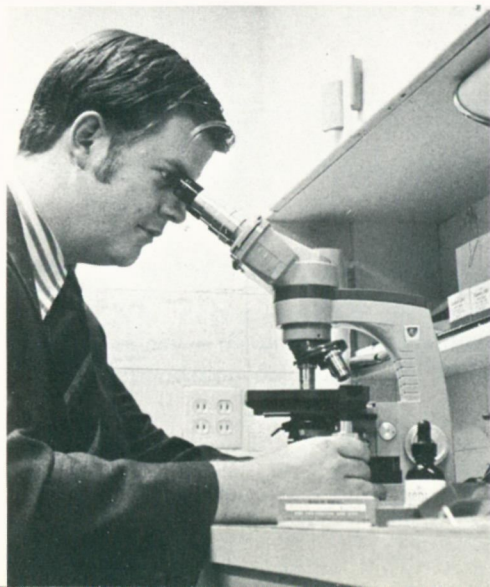
"We in universities cannot promote any unity in the health system if a full time faculty are the 'white hats' who run the super-specialty hospital, while the 'other guys' run primary care, community hospitals or ambulatory programs."

—Dean Rogers



Deaconess Hospital's Family Practice Center

Third year resident Dr. Michael Smallwood at work in the laboratory.



"TO CREATE FAMILY PHYSICIANS by intent — not by default." That is the motto at the Family Practice Center of Deaconess Hospital, 840 Humboldt Parkway in Buffalo. The Center became fully operational in October of 1970 and is the home of the only fully approved Residency Program in Family Practice in this area. There are now 73 approved Residency Programs in Family Practice in this country.

At the present time there are eight residents in the program. This will increase to 14 in July and ultimately to 24 — eight in each of the three years. Three 1969 Medical School graduates will complete the program in June — Dr. Robert Gibson, Dr. Timothy Harrington, and Dr. Michael Smallwood — all eligible for board certification in Family Practice.

Dr. E. R. Haynes is Director of the Program in Family Practice. He is also Clinical Professor of Family Practice in the Department of Social and Preventive Medicine in the Medical School. "The main objective of our program" said Dr. Haynes, "is to provide realistic graduate educational experiences in Family Practice equal to those which have hitherto been only available in the established disciplines."

In February of 1969, the AMA formally recognized the new specialty of Family Practice — the 20th specialty and the first to appear in more than 20 years. It also recognized board certification in Family Practice. Board certification is now open to practicing Family Physicians who can meet basic study requirements and satisfactorily pass the examinations. Board certification in Family Practice is by examination only. Already, almost 4,000 physicians have become board certified in this new specialty. After 1978, certification will be open only to graduates of approved programs.

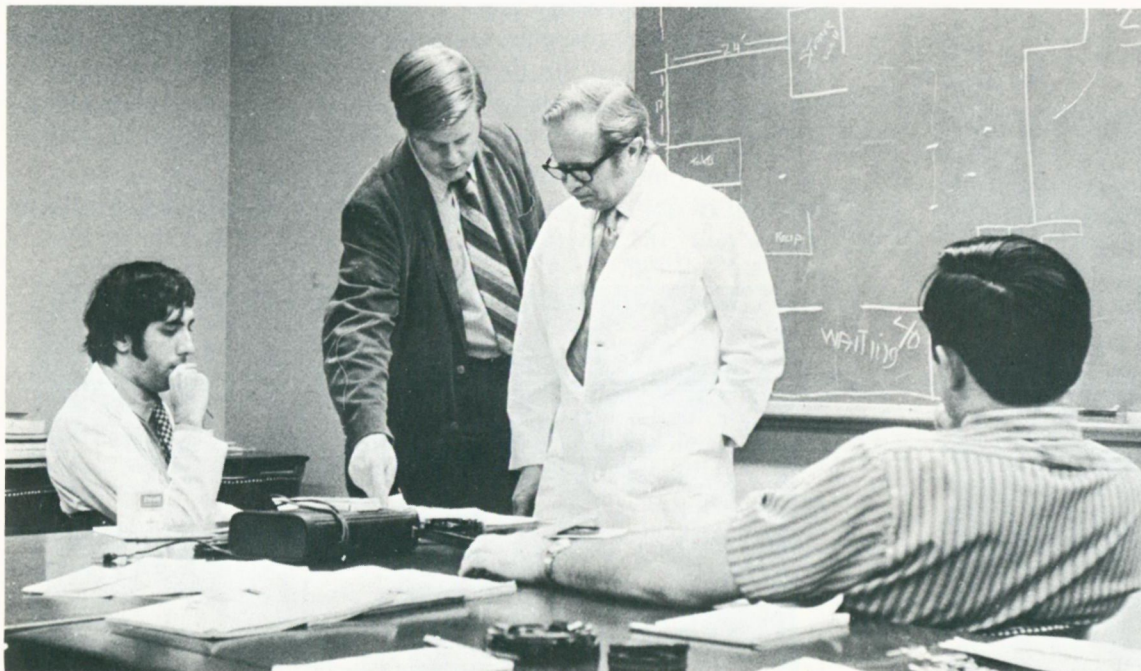
The patients attending the Family Practice Center are treated as individuals against the background of their family and of their society, e.g. as family units. When the family first comes to the Center, it is assigned to one of the young physicians, and from that point on the Center takes 100 percent responsibility for meeting or arranging for that family's health care needs. The physician to whom the family is assigned sees them by appointment in his office at the Family Practice Center. If a consultation or referral is indicated then patients are referred to appropriate specialists. The majority of patients who need hospitalization are admitted to Deaconess Hospital under the care of members of the Center Staff and appropriate consultants.

The major emphasis in the Program is on practical experience with a representative cross-section of ambulatory patients. Families registered with the Center receive continuing comprehensive care with the help of the allied health professionals and appropriate community resources. The accent is on the "team approach" to health care and reflects anticipated future patterns of practice. Approximately 35 per cent of the Center's patients are on medicaid and 6 per cent on medicare. The remainder pay fees personally on a fee for service basis or are covered by insurance plans. Patients unable to pay their bills in full may make arrangements to pay their bills on a monthly basis.



Dr. Timothy Harrington, chief resident, checks laboratory tests with head nurse Miss Denyse Wade.

Dr. Neal Meade, first year resident, Dr. Michael Smallwood, third year resident, Dr. Ernest R. Haynes, and Dr. Frederick Downs, second year resident, discuss ideal office layouts.





Dr. Haynes and Mrs. Elizabeth Harvey, associate professor of social work, discuss a problem.



Dr. Gregory Swift, first year resident, checks fundi.

The majority of residents in this program start as rotating Interns at Deaconess Hospital. At the end of this program, the resident obtains his license to practice in New York State and is qualified to participate in the care of patients outside the hospital setting. There are three main aspects to the program in the last two years of the residency. The first of these has already been mentioned — the continuing care of a representative cross-section of patients. The second is a series of electives — many on a preceptorship or one-to-one basis — which allows the resident to obtain additional in-depth experience in all the disciplines of medicine appropriate to future family physicians. These include such areas as medicine, pediatrics, gynecology, psychiatry, E.N.T., dermatology, and many more. A master's degree course in epidemiology is also a popular choice. The third aspect of the program is a continuing series of seminars and conferences on a daily basis. The topics discussed range widely and involve specialists from many fields.

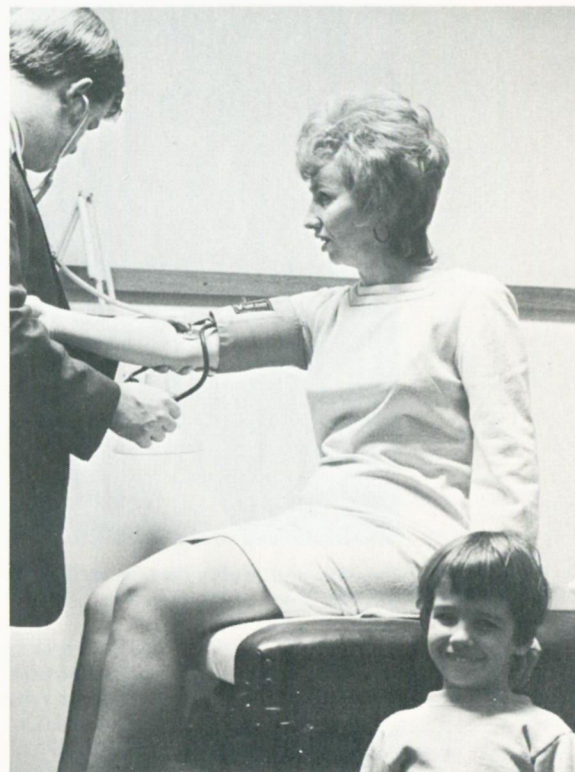
Drs. Haynes and Wm. Fiden, a second year resident, with a patient.





The children's area in the reception room.

Third year resident Dr. Michael Smallwood with one of his patients and daughter.



In 1970, Dr. Haynes stated that he saw four major challenges to be met if the new programs in Family Practice were to be successful. These were: student interest; development of faculty; adequate funding; and the understanding and cooperation of those in the established disciplines.

Now, in 1972, student interest is so great as almost to be an embarrassment, and the understanding and cooperation in those in established disciplines has been demonstrated. The two major problems that remain are the development of faculty and of adequate funding. Only time and the interest of dedicated men will solve the former. The latter—adequate funding—is now recognized as a problem at the federal level and funding is now being developed for both undergraduate and graduate programs in Family Practice. Such a development is essential as the capital cost of such Programs is high and their continuing expense significant.

"Our Program is one of 73 in this country responding to society's need for an adequate number of well educated Family Physicians. At this time there are 550 residents in Family Practice. This number will increase to over 1,000 in July. I am glad that most of our graduates intend to practice Family Medicine in rural Western New York communities and in the Buffalo area" Dr. Haynes said. □

Mrs. Joyce Gais, a nurse, prepares for an EKG.

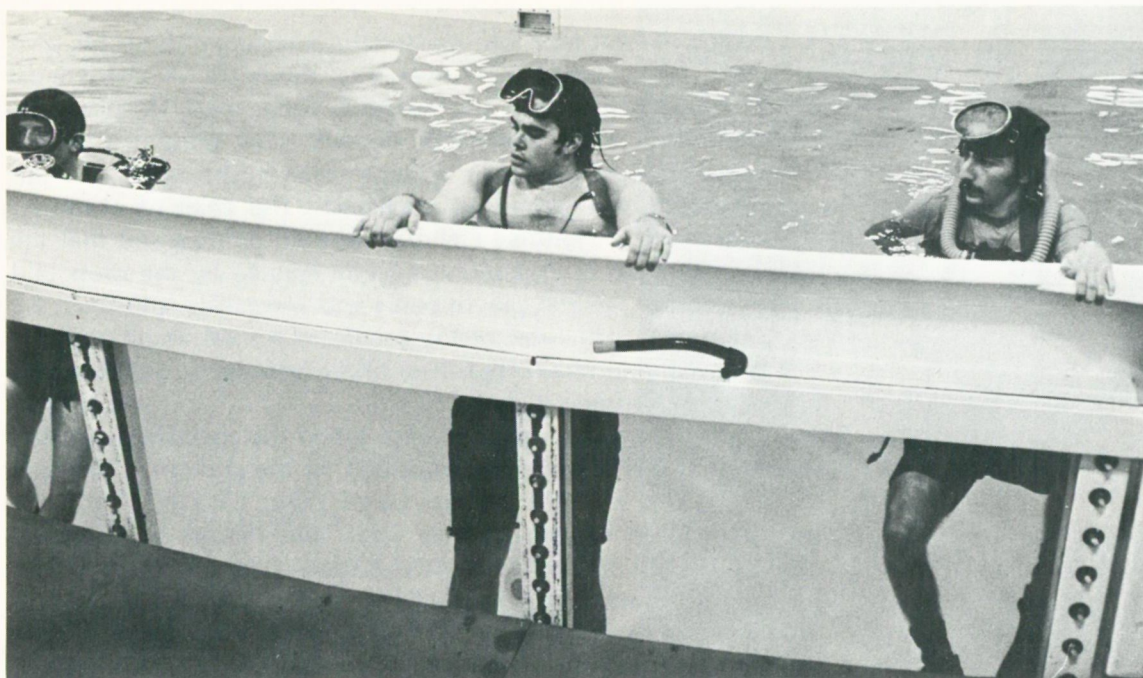




The skin and scuba class in action. The submergence basin is 8 feet deep and 8 feet wide and 198 feet in circumference.

Scuba instructor Joseph Cunningham visits with Dr. Edward Flynn, postdoctoral fellow (also scuba instructor), Mrs. Nancy Ledger, a secretary, Miss Sally England, a technician, Nancy Urbscheit, a graduate student. Dr. Amos Ar, post doctoral fellow, is standing in back with arms folded and Dr. Alan Saltzman, postdoctoral fellow, is working with two colleagues (backs to camera).





Climbing out of the submergence basin are Dr. James Vorosmarti, postdoctoral fellow, Dean Markey, technician, and Robert Mazzone, a graduate student who is also a qualified diver and scuba instructor.

The Scuba Class

Watermanship was a family affair for 15 members of the physiology department recently. All of the swimmers learned the art of scuba and skin diving during an 8-week after hours class in the new Laboratory for Environmental Physiology facility. The class was a mix of men and women—faculty, students, secretaries and technicians, all members of the physiology department. The scuba instructors were qualified professional divers, who were also members of the department.

The participants donned fins, masks, snorkels and mouth pieces and plunged in to learn the techniques of underwater swimming and breath holding along with other water techniques.

"We want a nucleus of people in our department trained in working effectively under water. They will serve as subjects when our laboratory becomes operational," Dr. Hermann Rahn, chairman of the department said. □

Dr. James Vorosmarti, postdoctoral fellow.



Canadian Medicare

A QUEBEC PHYSICIAN told his Buffalo colleagues about his own province's stormy controversy over total medicare. At the annual W. Herbert Burwig lecture sponsored by Deaconess Hospital, Dr. Robert A. Kinch said, "American doctors must present a united front and have the best public relations man in the States on your side in debates over socialized medicine." The chief of obstetrics and gynecology at Montreal General Hospital pointed out that the medical profession in Quebec was badly mauled by the press and public when the general practitioners and specialists split over the "tarif unique," a provision of the medicare system mandating the same fee for an operation regardless of the training or qualifications of the one performing it.

The government threatened fines when the specialists decided to withhold their services in opposition to the provision. But the strike coincided with the kidnappings of Labor Minister Pierre Laporte and British diplomat James Cross and rumors of a general FLQ uprising and massive casualties persuaded the doctors to relent.

"The government feared that the most highly paid, and presumably the best, doctors would not participate in medicare. The well-off could conceivably get a better quality of medical care than the poor," Dr. Kinch said.

Since the plan took effect in January 1971, it has become very difficult to see a physician on short notice and some patients have complained about "a mass production type of practice" instituted by doctors unwilling to spend much time with any patient because of the lower fees. "Despite the controversy and initial computer problems, every medical act that the physician carries out is paid for and physicians' incomes in general have increased," Dr. Kinch said. □

Dr. Norman Courey (left), Dr. W. Herbert Burwig (center) and Dr. Robert A. Kinch of Montreal, who gave the Deaconess Hospital's annual W. Herbert Burwig lecture at the Statler Hilton. Dr. Kinch also received an award as an outstanding gynecologist.



Buffalo Evening News

Dr. Feinstein Honored



Buffalo Evening News

Dr. Samuel Feinstein, retired director of the West Seneca State School, was honored recently by the state's top mental hygiene officials and 250 of his colleagues. The 1931 Medical School graduate is a clinical associate professor of psychiatry at the University.

State Mental Hygiene Commissioner Alan D. Miller and deputy commissioner Frederic Grunberg headed the well-wishers who paid tribute to Dr. Feinstein. He became director of the West Seneca School in July 1961 and retired October 31, 1971.

In his tribute Dr. Miller said, "I think of him as I would a superb artist or athlete who knows his craft so well that others say of him 'it looks so easy'. I don't know of anyone in the department who is so universally esteemed as Sam."

Dr. Feinstein served his internship at Deaconess Hospital and his residency in psychiatry at St. Lawrence. Later he became staff psychiatrist and through a series of promotions rose to become its clinical director in 1949. He was appointed to a similar post at Buffalo State Hospital in 1954. In 1960 Dr. Feinstein drew the task of converting the J. N. Adam Memorial Hospital in Perrysburg, then a tuberculosis center, to a facility for the mentally retarded.

The Erie County Association for Retarded Children cited Dr. Feinstein in 1967 for "distinguished service to the mentally retarded" and in June 1969 Commissioner Miller presented him with the state's distinguished service citation as "a master planner and organizer of treatment and habilitation for the retarded."

Dr. Feinstein is a Diplomate of the American Board of Psychiatry and Neurology, a Fellow of the American Psychiatric Association and a member of the American Association of Mental Deficiency, as well as the AMA and the Erie County Medical Society. He is a past president of the Western New York District Branch of the American Psychiatric Association and the Buffalo Neuropsychiatry Society. □

Dr. Samuel Feinstein (left) retired director of the West Seneca State School with two top officials of the State Department of Mental Hygiene — Dr. Alan D. Miller, the commissioner (center) and Dr. Frederic Grunberg, his deputy commissioner for mental retardation.

The Class of 1904

One of the Medical School's oldest alumni is Dr. Julius Richter, who will be 96 in December. He moved to Buffalo in 1880 from Allegheny, Pennsylvania. Dr. Richter received his medical degree in 1904 and attended the New York Post Graduate School for a course in General Surgery. In 1913 he returned to Buffalo, entered private practice and was appointed to the Medical School faculty. When he resigned in 1928 he was an assistant professor of surgery and associate professor of anatomy. He was also a Consulting Surgeon at Millard Fillmore, the E. J. Meyer Memorial and Lafayette General Hospitals. He was also an associate member of the Lafayette General staff.

Dr. Richter is a well known artist. He has exhibited at the Albright-Knox Art Gallery and in national exhibitions, winning many prizes. He is a member of the Buffalo Society of Artists and served on its council for many years. He was also a member of the Buffalo Print Club.

Dr. Richter was a founder and past president of the Buffalo Surgical Society and a founding member of the National Board of Surgery. He also served on the Board of Directors of the Lafayette General Hospital, the Erie County Medical Society and the Buffalo Academy of Medicine. Dr. Richter's first wife died in 1958, and in 1969 he married Elizabeth T. Sinclair. The couple is living at 916 Delaware Avenue (Apt. 1-C), Buffalo.□

The Class of 1919

Dr. Joseph R. LaPaglia, M'19, of 50 Lincoln Avenue, Dunkirk, New York, is a general practitioner who has been on the Board of Education there for 16 years and president of the board for 8 years.□

Dr. Frank H. Valone, M'19, an ear, nose and throat specialist in Rome, New York lives at 1409 North George Street, Rome.□

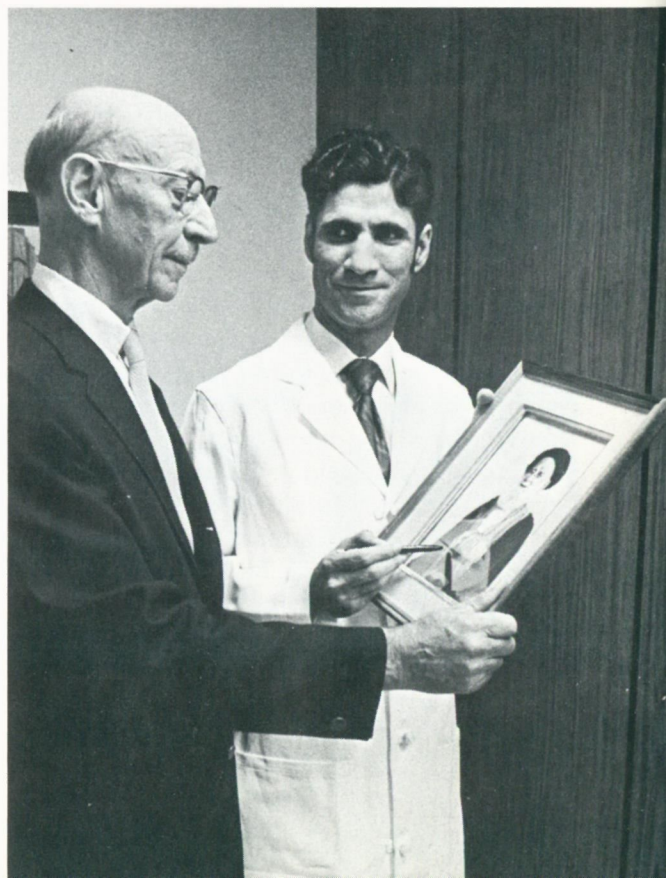
The Classes of the 1920's

Dr. Allen E. Richter, M'20, a retired surgeon, lives at 201 N. Ocean Boulevard, Apartment 1203, Pompano Beach, Florida.□

Two members of the 1921 class—Drs. Antonio F. Bellanca and Gaetano P. Runfola—were honored by the Baccelli Medical Club of Buffalo on their 50th anniversaries of graduation from the Medical School. Dr. Bellanca, chief of medicine at Columbus Hospital since 1948, is a past president of both the Erie County Medical Society and the medical and dental staff. Dr. Runfola, a school physician for 35 years, is a member of the Erie County School Boards Association.□

Dr. Caryl A. Koch, M'23, family practitioner, lives at 6435 W. Quaker Street, Orchard Park, New York. He is a school physician at Orchard Park Central School and president of Ismailia Temple A.A.O.N.M.S. Medical Unit.□

Dr. Hobart Reimann, (left) a 1921 Medical School graduate, discusses a portrait, "Moslem Mullah" that he painted with Dr. Saied Hojat. The water color was made from a photograph Dr. Reimann took in 1960 when he taught at the University of Shiraz (Iran). Dr. Hojat recognized the subject in an exhibit on display in the library. The Iranian religious leader was his grandfather. Dr. Reimann is associate director of medical affairs at The Hahnemann Medical College and Hospital of Philadelphia.□



Dr. Milton A. Palmer, M'27, an ophthalmologist, has been re-elected president of the Buffalo Eye Bank and Research Society, Inc. (his 15th consecutive term). He holds the past president's plaque (1951-53) from Buffalo Ophthalmologic Club. Dr. Palmer practices and lives at 18 Park Boulevard in Lancaster.□

The Classes of the 1930's

Dr. Arthur W. Glick, M'31, has been appointed acting chairman of the departments of dermatology of the Mount Sinai School of Medicine and the Mount Sinai Hospital. He succeeds Dr. Samuel M. Pack, who has retired. Dr. Glick came to the hospital in 1938 as a research assistant in dermatology. In 1962 he became attending dermatologist, and in 1966 he was appointed clinical professor of dermatology at the School of Medicine. Prior to coming to New York, Dr. Glick was affiliated with the Montefiore Hospital, Allegheny General Hospital and the Falk Clinic of the University of Pittsburgh School of Medicine.□

Dr. Louis A. Vendetti, M'33, a general practitioner, is chairman of the Cheektowaga Air Pollution Board and police surgeon. He lives at 225 George Urban Blvd., Cheektowaga.□

Dr. Paul A. Burgeson, M'36, an internist, resigned as chief of staff and of medical service at Wyoming County Community Hospital in August, 1971 to direct SUNY College at Geneseo's Student Health Service. Dr. Burgeson was a Fellow, American College of Physicians, and was recently awarded honorary life membership, Wyoming County Medical Society. He is a consultant, internal medicine, Wyoming County Community Hospital. Dr. Burgeson lives at 141 West Court Street, Warsaw, New York.□

Dr. Ruth C. Burton, M'39, recently assumed a post as psychiatrist, Student Health Service, Syracuse University. She is also an assistant clinical professor at Upstate Medical Center. Previously, Dr. Burton had been supervising psychiatrist, Onondaga County Department of Mental Health, acting as a consultant to social agencies and courts. Her address is 770 James Street, Syracuse, New York.□

The Classes of the 1940's

Dr. Francis J. Audin, M'41, is Director of the Department of Anesthesiology, New England Deaconess Hospital, Boston. He is also senior partner of Audin Anesthesiology Associates and is active in state, county and city medical societies. His address is 54 Lowell Road, Wellesley Hills, Massachusetts.□

Dr. Richard Ament, M'42, of 22 Lake Ledge Drive, Williamsville, New York, is a clinical professor in anesthesiology at the University. He is on the board of directors and chairman, of the American Society of Anesthesiologists' Committee on Manpower, and on the panel of consultants for the American Medical Association's Advisory Committee on Allied Health Professions.□

Colonel Ralph R. Chapman, M'42, a surgeon with the U. S. Army Medical Corps has returned from duty as deputy commander of the Medical Command of the U. S. Army in Vietnam. Since his return in May, he has been serving in the Office of Secretary of Army as medical member of Army Council of Review Boards at the Pentagon. Dr. Chapman was certified by the American Board of Surgery in 1957. He and his family (wife and four children) live at 7704 Hemlock Street in Bethesda.□

Dr. Thomas R. Humphrey, M'43, a pathologist on the staffs of Lancaster Community and Antelope Valley Hospitals, California, was medical missionary to the Belgian Congo from 1946-1961. His article on "Plegmorphic Carcinoma of Larynx Archives of Pathology" was published in the ARCHIVES OF PATHOLOGY (1967). Dr. Humphrey lives at 43828 Gadsden Avenue in Lancaster.□

Dr. Edmund M. Collins, M'44, a surgeon (maxillofacial), is clinical associate at the University of Illinois. A member of the Board of Trustees, American Association of Medical Clinics, he is also president of the Champaign Chamber of Commerce. He lives at 9 Greencroft, Champaign, Illinois.□

Dr. John G. Allen, M'46, an obstetrician/gynecologist, has been nominated to receive the 33rd degree, the highest honor of Scottish Rite Freemasonry at a meeting of the Supreme Council of Scottish Rite in Boston. Dr. Allen, who is a former Captain in the Army Medical Corps, has provided leadership in sex education programs for young people in Corning. He lives at 31 Forest Hills Drive.□

Dr. Eugene M. Marks, M'46, who was certified last summer by the American Board of Preventive Medicine in field of occupational medicine, is associated with Bridgeport's Remington Arms Company in that field. A Fellow of the American Academy of Occupational Medicine, American College of Preventive Medicine, Royal Society of Health, he lives at 22 Grand Place, Newton, Connecticut.□

Dr. Raphael S. Good, M'48, is a clinical associate professor of obstetrics-gynecology at the University of Miami School of Medicine. After 15 years of ob-gyn private practice in Miami, Dr. Good began a residency in psychiatry in April, 1971 at Jackson Memorial Hospital, Miami. His address is 3431 Poinciana Avenue, Miami, Florida.□

Dr. Myron (Mike) Gordon, M'48, an obstetrician/gynecologist, is an associate professor at New York Medical College, director of Family Planning Service, and a Fellow of the American College of Surgeons. He has also been appointed consultant in perinatal research branch of National Institute of Neurological Disease and Stroke. Dr. Gordon, who was married in December to Karol B. Tucker in Valley Stream, Long Island, lives at 530 East 90th Street, New York.□

Dr. Paul C. Weinberg, M'48, of 1307 Mount Vieja Street, San Antonio, Texas, is an associate professor in obstetrics-gynecology at the University of Texas (San Antonio).□

Dr. Percy W. Bailey, Jr., M'49, a psychiatrist, is chairman of the Governor's Advisory Council for children with Language and Learning Disabilities in Texas. He also received the 1971

Golden Key Award at Dallas meeting of Texas Association for Children with Learning Disabilities. He lives at 1285 Thomas Drive, Beaumont, Texas.□

Dr. Irving R. Lang, M'49, of Newark has been elected president of the American Cancer Society, New York State Division.□

The Classes of the 1950's

Dr. Allen L. Goldfarb, M'51, is the new director of the Millard Fillmore Hospital's Acute Coronary Care Unit. He is a clinical associate in medicine at the Medical School. Dr. Goldfarb interned and took his residency at Millard Fillmore. He succeeds Dr. Chavalit Svetilas, who joined a new cardiac surgery team at Arnot-Ogden Memorial Hospital, Elmira, New York.□

Dr. Milton Robinson, M'51, has joined the Niagara Falls Memorial Medical Center as full-time director of the new Community Mental Health Center. The Buffalo State Hospital (Niagara Unit) "After Care Program" is located in the Center. The Center is also associated with the West Seneca Psychiatric Center for Children. Dr. Robinson served his psychiatric residency at Buffalo State Hospital and did post graduate work at the Syracuse Psychopathic Hospital. Dr. Robinson has headed Memorial's Division of Psychiatry since 1960. In 1971 the Division was given full departmental status. Before coming to Niagara Falls, Dr. Robinson was a senior psychiatrist and supervising psychiatrist at Buffalo State Hospital.□

Dr. Jerome J. Maurizi, M'52, director of the respiratory therapy department at Deaconess Hospital, has been appointed a member of the Board of Trustees of the American Registry of Inhalation Therapists. He is one of eight physicians in the nation named to this board. Dr. Maurizi is a clinical associate professor of medicine at the Medical School and professor and chairman of the Erie Community College Inhalation Therapy Program.□

Dr. Julian Kivowitz, M'58, a child psychiatrist, is an assistant professor in psychiatry at UCLA. He lives at 2473 La Condesa Drive in Los Angeles.□

Dr. Donald Lewis Cohen, M'59, clinical and anatomical pathologist, lives at 539 Boyd Drive, Sharon, Pennsylvania. He is Director of Laboratories at Sharon General Hospital.□

Dr. Elton M. Rock, M'59, a gastroenterologist, is a clinical instructor in medicine at the University, and gastroenterologist and member of department of internal medicine at Sisters Hospital. He lives at 56 Old Orchard Drive in Williamsville.□

The Classes of the 1960's

Dr. Harris C. Faigel, M'60, is a clinical instructor in pediatrics at Boston University, and directs Adolescent Medicine at the Kennedy Memorial Hospital in Brighton. He is on the editorial board of *Clinical Pediatrics*, board of directors of Mass. Planned Parenthood, acting chief of pediatrics at Kennedy Memorial Hospital, vice president of medical staff at Kennedy Memorial Hospital and is doing research on anemia in adolescents, postdental bacteremia, and computer-administered health questionnaires in adolescents. He is also active in two treatment programs for adolescent drug abusers. He lives at 123 Sewell Ave., Brookline, Massachusetts.□

Dr. Joseph A. Cimino, M'62, has recently been appointed Deputy Commissioner of Health, New York City Department of Health. He is also an instructor of environmental medicine at New York University Medical School. Dr. Cimino acquired Master's degrees in Public Health and in Industrial Health from Harvard after leaving UB Medical School and went on to positions in New York City as Medical Director of Poison Control Center; Chief Medical Officer New York City Civil Service Commission, and was the first Director of Health and Safety for the Environmental Protection Administration. He lives at 6 Ilana Lane, Thornwood, New York.□

Dr. Rae R. Jacobs, M'62, will move in July to the University of Kansas Medical Center as assistant professor of surgery, from the Augusta, Georgia Veterans Administration Hospital.□

Dr. David T. Carboy, M'63, an ophthalmologist, lives at 118 Leedsville Drive, Lincroft, New Jersey and is on the American Board of Ophthalmology (1969).□

Dr. Leonard Jacobson, M'64, an ophthalmologist, lives at 7752 Montgomery Road, Apt. 4, Cincinnati.□

Dr. Sheldon Rothfleisch, M'64, who lives at 32 Argyle Terrace, Irvington, New Jersey, specializes in plastic reconstructive and hand surgery. He is an instructor in plastic surgery at the New Jersey College of Medicine.□

Dr. David C. Ziegler, M'64, is Head, Division of Neurology, Department of Neuropsychiatry, U. S. Naval Hospital, Oakland, California. He is also director of the Electrodiagnostic Laboratory and clinical director of neurology at the Everett A. Gladman Memorial Hospital of Oakland. His home address is 121 St. Francis Court, Danville.□

Dr. Ralph D. D'Amore, M'65, writes that he is "in solo Family Practice in Hamilton, New York and enjoying every minute of this 'new' enriched specialty." Dr. D'Amore lives on West Lake Road, Hamilton.□

Dr. Michael S. Feinberg, M'65, specializing in surgery of the hand, is in private practice at 50 High Street. He completed an orthopedic residency at the Buffalo General Hospital and a year as preceptee in hand surgery with Los Angeles' Dr. Joseph H. Boyes. He lives at 20 Old Spring Lake, Williamsville.□

Dr. Ira Hinden, M'65, a family practitioner, lives at 1508 Hawthorne Drive, Wooster, Ohio. He is president of the B'nai B'rith Wooster Lodge. Dr. Hinden served two years in the U. S. Air Force at Clark AFB Hospital, Philippines (1968-1970).□

Dr. Calvin Marantz, M'65, a pathologist, has completed four and one-half years of active duty with the U. S. Navy and is now practicing general pathology at the Turtin Community Hospital in Turtin, California. He lives at 13691 Tea House, Santa Ana.□

Dr. Harry D. Verby, M'65, a pediatrician, lives at 651 Columbia Drive, San Mateo, California. He is a clinical instructor at the University of California at San Francisco; a Fellow, American Academy of Pediatrics; and a Diplomate, American Board of Pediatrics.□

Dr. James D. Felsen, M'66, has recently moved from Tulsa, Oklahoma to Suite 307, 33 Lancaster Terrace, Brookline, Massachusetts. He is studying for a M.P.H. at Harvard School of Public Health, probably in the field of International Health.□

Dr. Deming L. Payne, M'66, is a resident surgeon at the Medical College of Virginia following three years at the Eglin Air Force Base in Florida and the Air Force Base in Thailand. He lives at the Hampshire Place, Apt. 623A, Westover Hills Boulevard, Richmond.□

Dr. John M. Pifer, M'66, is in the State of Bihar in India where he will be working the next two years in smallpox eradication. He worked in this same field the last three years with the United States Public Health Service in Nigeria. "Our goal is to eradicate smallpox from the world by 1975. It is gone now except for the Sudan and Ethiopia in East Africa and the Indian subcontinent including parts of India, Pakistan and Afghanistan." Accompanying Dr. Pifer is his English bride, Sue, who he met in Nigeria.□

Dr. Cary Presant, M'66, an instructor in medicine at Washington University (St. Louis), has been appointed to the staff of John Cochran Veterans Hospital. The hematologist/oncologist is collaborating on research in phytohemagglutinin receptor sites on red, white and cancer cells with Dr. Stuart Kornfeld. Dr. Presant lives at 8914 Eager Road, Brentwood, Missouri.□

Dr. John R. Anderson, M'67, is a U. S. Navy Flight Surgeon, Advanced Jet Training Squadron 26, Chase Field, Beeville, Texas. In 1968-69, Dr. Anderson completed his anesthesiology residency at Philadelphia Naval Hospital. From September, 1969 to April, 1970, he was at the Naval Aerospace Medical Institute, Pensacola, Florida. He expects to leave Texas in May or June of 1972 to begin a radiology residency,

probably at Bethesda Naval Hospital. Dr. Anderson received AMA's Physician's Recognition Award in Continuing Medical Education in 1970.□

Dr. William M. Burleigh, M'67, who lives at 102 W. Rampart Drive, #P211, San Antonio, Texas, is a pathologist at the Fifth U. S. Army Medical Laboratory at Fort Sam Houston.□

Dr. John C. Bivona, Jr., M'68, is now at the U. S. Army Hospital, Department of Surgery, West Point Military Academy, after completing two years of general surgery residency at Kings County Hospital Center. He lives at 1-31 Thayer Road, West Point, New York.□

Dr. Gilbert B. Green, M'67, a psychiatrist, graduated from the Menninger School of Psychiatry last June and has been with the U. S. Navy at the Marine Corps Recruiting Depot in San Diego. He lives at 8511 Porter Hill Terrace in La Mesa, California.□

Dr. Kenneth L. Jewel, M'68, is a radiologist, who lives at 800 Victory Boulevard, Staten Island, New York. Upon completion of his residency in diagnostic radiology in June, 1972, he will join the radiology staff at Columbia Presbyterian Medical Center. His article "Primary Carcinoma of The Liver: Clinical and Radiologic Manifestations" has been published in *The American Journal of Roentgenology, Radium Therapy and Nuclear Medicine*, Vol. CXIII, No. 1, September, 1971.□

Dr. Roger B. Perry, M'68, returned in July from active duty with the U. S. Army and is now a radiology resident at Michael Reese Hospital. He lives at 2801 S. King Drive, Apt. 1805, Chicago.□

Dr. John E. Shields, Jr., M'68, who lives at 200 Carman Avenue, Apt. 12-J, East Meadow, New York, is a resident at Nassau County Medical Center.□

Dr. Jeffrey S. Stoff, M'68, an internist, is a staff research associate at the National Institutes of Health. He will begin an assistant medical residency at Boston City Hospital—Harvard Medical Service in July 1972. Dr. Stoff lives at 7553 Springlake Drive, Bethesda.□

People

Drs. Stephen T. Joyce, M'63, and David M. Richards, M'62, were inducted as Fellows of the American Academy of Orthopaedic Surgeons at the group's annual meeting in Washington, D. C. in January.□

Dr. Thomas B. Tomasi, professor of medicine, is the author of a book, "The Secretory Immunologic System," the only one of its kind. It is the official proceedings on a Conference on Secretory Immunologic System of December 1969 at Vero Beach, Florida. The book is sponsored by the U. S. Department of Health, Education and Welfare, National Institute of Child Care and Human Development.□

Dr. Barbara G. Steinbach, clinical instructor, has been elected a candidate member of the American Academy of Pediatrics. She is a member of the pediatric attending staff at the E. J. Meyer Memorial Hospital.□

Seven Buffalo physicians were inducted as new Fellows of the American College of Surgeons in Atlantic City during the 57th annual Clinical Congress. They are: Drs. Robert M. Barone, M'66; John L. Butsch, clinical instructor in surgery; Roger S. Dayer, M'60; James F. Mumma, clinical assistant professor of surgery (proctology); Gerald P. Murphy, research associate professor of surgery (urology); Hertz Rotenberg, assistant professor of surgery (otolaryngology) and James F. Upson, clinical assistant professor of surgery.□

Miss Edna L. Habicht received the New York State Award for Distinguished Service from the Easter Seal Society in November. She was cited for 10 years of voluntary effort as publicity chairman in Erie County for the annual drive to support the New York State Society for Crippled Children and Adults. Miss Habicht is public relations director for Children's Hospital.□

Dr. Charles F. Nicol, clinical assistant professor of neurology, is the new president of the Buffalo Catholic Physicians Guild. Dr. Richard R. Romanowski, M'58, was named vice president, and Dr. Eugene T. Partridge, M'60, is the new treasurer. Dr. Cornelius J. O'Connor, clinical instructor in family practice, is the newly elected secretary. Dr. Hubbard K. Meyers, M'36, was named a delegate to the National Federation.□

Dr. Carel Jan van Oss, associate professor of microbiology, has been invited to serve as a consultant to NASA via the Universities Space Research Association for the evaluation of experiments on "Electrophoresis and other Chemical Separation Processes," planned for Skylab I to be launched in 1973.□

Dr. Noel R. Rose, professor of microbiology and director of the Center for Immunology, is the new secretary-treasurer of the Academic Clinical Laboratory of Physicians and Scientists. He is also president of the Buffalo Health Sciences Chapter of the Senate Professional Association, chairman of the Faculty Senate Committee on Academic Freedom and Responsibility, and councillor of the new Western New York Branch of the American Society for Microbiology.□

Dr. Erwin Neter, professor of microbiology, is president of the Western New York Branch of the American Society for Microbiology. He is also a member of the Clinical Laboratories Advisory Committee of the New York State Department of Health, and was appointed chairman of the Committee on Proficiency Testing Materials by Assistant Surgeon General David J. Sencer.□

Dr. Felix Milgrom, professor and chairman of the department of microbiology, has been appointed to the Advisory Committee on Immunology and Chemotherapy of the American Cancer Society; and to the Arthritis and Metabolic Disease Program Project Committee of the National Institutes of Health.□

While attending the American Society of Hematology meetings in San Francisco in December, Dr. Oliver P. Jones, distinguished professor of anatomy who retired as department chairman last June after 28 years, met 14 of his former students. They are: Doctors Marvin Bloom, Flossie Cohen, Cary Presant, Morton Spivack, Samuel Armstrong, Paul Archambeau, Marshall Lichtman, May Leong, Louis Wertalik, Spencer Raab, Glenn Tisman, Ed Shanbron, O. Odujinrin, Alvin Volkman.□

Dr. Marguerite T. Hays, associate professor of medicine, has been elected secretary of the Eastern Great Lakes Chapter of the Society of Nuclear Medicine. The assistant professor of biophysical sciences is also a member of the President's Committee to study educational and academic attachments of the Western New York Nuclear Research Center.□

A research professor of medicine, Dr. Julian L. Ambrus, received the annual scientific award of the Hungarian Medical Association of America, Inc. Dr. Ambrus is also director of the Springville Laboratory, a facility of the Roswell Park Memorial Institute.□

Three alumni have been elected officers of the medical staff at Mercy Hospital. A general surgeon, Dr. Charles J. Tanner, M'43, is the new president, succeeding Dr. Milford Maloney, M'53. Dr. Joseph Griffin, M'49, is the new vice president and Dr. Henry Petzing, M'46, is the new secretary. Dr. Joseph Prezio, clinical assistant professor of medicine, is the new treasurer.□

Dr. Thomas F. Anders is first director of the division of child psychiatry at Children's Hospital. He comes to Buffalo from the Albert Einstein College of Medicine at Montefiore Hospital, New York City. He is serving on a part time basis until June. Dr. Anders will also head the pediatric division of behavioral science at Children's Hospital.□

At the annual meeting of the American College of Chest Physicians, Dr. Edward M. Cordasco, assistant clinical professor, was appointed a member of the executive committee of the air pollution section of the National Environmental Committee.□

Three alumni are officers of the Mt. View Hospital in Lockport, N. Y. Dr. Thomas C. Regan, M'48 is the new president and chief of staff. Dr. J. Revitt Oldham, M'38, is the newly elected vice president and Dr. David Denzel, M'59, is the new chief of surgery. Other officers are: Dr. Consan Dy is the chief of medicine and Dr. Fidelis Camorotta, secretary.□

Dr. John R. F. Ingall, director of the Regional Medical Program of Western New York, is the new chairman of the national steering committee for all 56 regional medical programs. Dr. Ingall is an assistant professor of surgery and associate dean for planning and program development.□

Dr. Pasquale R. Greco, M'41, a clinical assistant professor of surgery (urology) has been named to the Kidney Disease Institute Advisory Committee by Governor Nelson Rockefeller. Dr. William E. Mosher, Erie County Commissioner of Health and clinical professor of social and preventive medicine, was also named to the committee along with Mildred D. Spencer, medical writer, Buffalo Evening News.□

Dr. Michael L. Boucher is a clinical instructor of psychology in the department of psychiatry at the University. Dr. Boucher, who received his doctorate from Syracuse University in 1970, is headquartered at the E. J. Meyer Memorial Hospital. He lives at 61 Lorfield Drive, Amherst, N. Y.□

Dr. Fred M. Snell, professor of biophysics, has written a computer program to randomize test procedures for patients of the methadone maintenance clinic at Sister's Hospital.□

Dr. William J. Staubitz, professor of surgery and head of the division of urology, is the first American to be elected vice-president of the Canadian Urological Association. He will be president-elect in 1973 and he will be the president at the Ottawa meeting in 1974. Dr. Staubitz is also president-elect of the Northeastern Section of the American Urological Association and he will be president in 1973 at the Toronto meeting.□



Dr. Edward L. Valentine, M'45, director of the Buffalo Red Cross regional blood program with Drs. Eckhert and Surgenor.

A professor of biochemistry, Dr. Douglas M. Surgenor, was named chairman of a committee of medical and scientific personnel formed to advise the Buffalo Regional Red Cross Blood Program on scientific developments in blood services. This new group, the Blood Program Scientific Advisory Committee, was formed by Dr. Kenneth H. Eckhert, M'35, chairman of the Greater Buffalo Regional Chapter of the American Red Cross. The duties of the committee will include advising blood program personnel of new developments in blood research. Currently Dr. Surgenor is studying and examining options for the National Blood Resources program. □

A research assistant professor of surgery, Dr. Thomas L. Dao, has received a second grant of \$53,876 for research seeking development of a cure for breast cancer by the Mary Flagler Cary Charitable Trust. Dr. Dao is also chief of the department of breast surgery at the Roswell Park Memorial Institute. The original grant of \$197,300 provided for an annual expenditure over a five-year period. □

Dr. Henry E. Black of 803 E. Fillmore Avenue, East Aurora, N. Y. is a clinical instructor of medicine at the University. He received his degree in cardiology from the University of Birmingham Medical School, England in 1958. □

Dr. Franz E. Glasauer, associate professor in neurosurgery, lives at 87 Bridle Path, Williamsville. This 1955 University of Heidelberg (Germany) medical school graduate has contributed 20 publications in various national and international journals. Following the presentation of two papers on cisternography and on echoencephalography at the Third Pan-American Congress in Sao Paulo, Brazil this fall, he visited Buenos Aires as a representative of the Capital Foundation for International Education in Neurosurgery to evaluate a former neurosurgical resident. Among his numerous professional memberships is temporary director and representative of Western New York to the newly-founded New York State Neurosurgical Society.

Dr. Jimmie Holland, psychiatrist, who is a graduate (1952) of Baylor, is director of psychiatry at the E. J. Meyer Memorial Hospital. She is a Diplomate of the American Boards of Neurology and Psychiatry and has held offices in the Western N. Y. District Branch of the American Psychiatric Association since 1959. Dr. Holland directs two grants, one that supports teaching of psychosomatic principles to medical house staff and a fellowship in psychosomatic medicine and the other, teaching depression and suicide in a general hospital. She and her family live at 137 Depew Avenue, Buffalo. □

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In Memoriam

Dr. Faye H. Palmer, M'12, died December 26 after a long illness. He had been a general practitioner in Erie County for 50 years. He retired in 1962. Dr. Palmer was a first lieutenant in the Army Medical Corps during World War I and was an examining physician for a local draft board during World War II. He was active in local, regional and national professional organizations.□

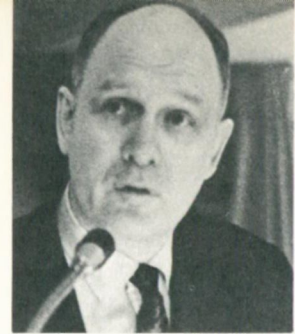
Dr. Theodore C. Krauss, clinical assistant professor of medicine, died November 16 in Millard Fillmore Hospital. He had been on the faculty since 1957, and was a pioneer in the field of geriatrics. He was on the staffs of Millard Fillmore and Meyer Memorial Hospitals, and medical director of the Rosa Coplon Jewish Home and Infirmary. He was a consultant on the aging and served on many county, state and national committees. In 1961 Dr. Krauss was a member of the state delegation to the White House Conference on the Aging. The same year the Buffalo Evening News recognized him as one of Buffalo's 10 "Outstanding Citizens." The Czechoslovakian native was graduated from the Royal University of Bologna School of Medicine and the Royal University of Franz Joseph. He interned in Budapest and New York City.□

The General Alumni Board Executive Committee — DR. EDMOND J. GICEWICZ, M'56, *President*; MORLEY C. TOWNSEND, '45, *President-elect*; JOHN G. ROMBOUGH, '41, *Vice-President for Activities*; FRANK NOTARO, '57, *Vice-President for Administration*; MRS. CONSTANCE MARX GICEWICZ, *Vice-President for Alumnae*; JAMES J. O'BRIEN, '55, *Vice-President for Athletics*; DR. FRANK GRAZIANO, D.D.S., '65, *Vice-President for Constituent Alumni Groups*; JEROME A. CONNOLLY, '63, *Vice-President for Development and Membership*; G. HENRY OWEN, '59, *Vice-President for Public Relations*; DR. HAROLD J. LEVY, M'46, *Treasurer*; *Past Presidents*: ROBERT E. LIPP, '51; M. ROBERT KOREN, '44; WELLS E. KNIBLOE, '47; DR. STUART L. VAUGHAN, M'24; RICHARD C. SHEPARD, '48; HOWARD H. KOHLER, '22; DR. JAMES J. AILINGER, '25.

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A MESSAGE FROM
LOUIS C. CLOUTIER, MD'54
PRESIDENT
MEDICAL ALUMNI ASSOCIATION



One finds it difficult these days to consider change as synonymous with improvement, but your Alumni Executive Committee looks forward enthusiastically to the 35th Annual Spring Clinical Days.

This year will find us on campus again but in new surroundings. The school's spring recess provides the time and Goodyear Hall, the place. The 10th floor suite provides a better view and we have the traditional listening in store for us. Again, the five year class reunions will fill out the weekend of April 7 and 8. Remember, too, the scholarship needs have steadily mounted and our aim is to increase, if possible, our aid to medical students. Your contributions are our only source of this aid.□

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