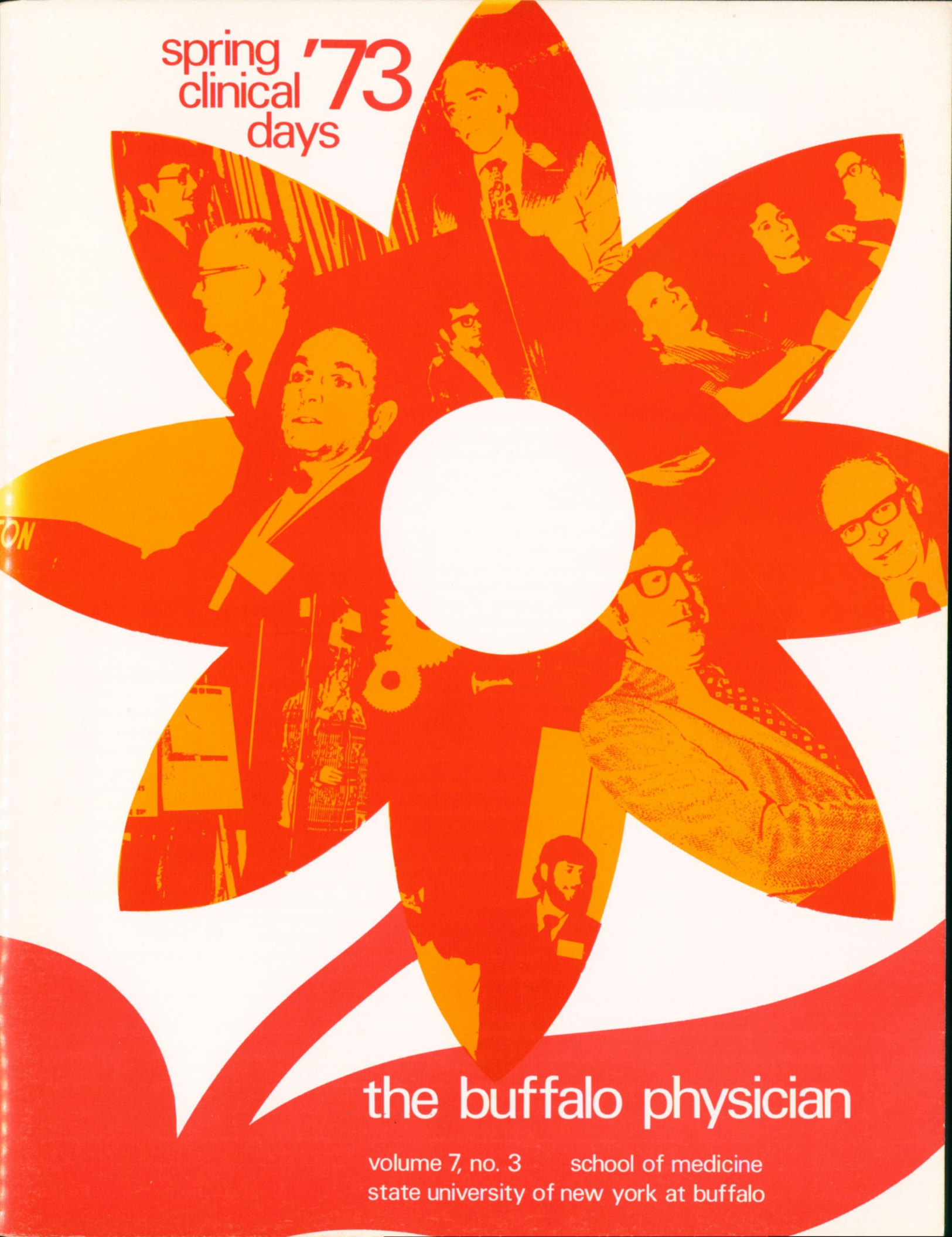
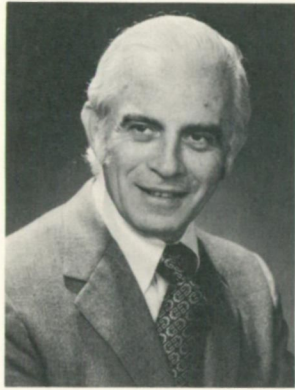


spring
clinical
days



the buffalo physician

volume 7, no. 3 school of medicine
state university of new york at buffalo



From the desk of —

Lawrence H. Golden, M.D. '46

President, Medical Alumni Association

Are Alumni Really Necessary?

THE MAJOR STUDENT role is primarily to learn. The faculty have clear cut assignments in areas of instruction, investigation and administration. Do alumni have a genuine function? Hopefully, we are more than the source of potential financial support in a time of tight governmental funds. Other organizations have tried this approach and after initial enthusiasm, faltered. Many are committed to active teaching of students particularly in the clinical years that require hospital assignments. Recently there has been an even greater involvement of alumni in policy making in various departments as well as in the administrative aspects of the School of Medicine. As important as all these functions are — are they enough? I suggest that they are not. What is needed is a concept that implies tenure, a feeling of belonging. Although the student graduates, he *remains* an integral part of the University the rest of his professional life. His activities reflect on the University just as the status of the University reflects on his own personal evaluation. The alumnus must therefore respect this University and be concerned about its welfare. The University like every institution in this country has strengths and weaknesses; problems that are obvious and many that are unrecognized.

The University needs its alumni now more than ever and I suggest that we become more aware of the University for the single reason that we are a part of the University, as vital a part of it as its students and its faculty. Our special strength lies in the fact that we have moved from its walls and this permits mature surveillance and the opportunity for wise counsel and guidance. With this concept of alumni — the problems may not be all solved immediately, but a spirit that lends itself to grappling with them will be nurtured. □

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The Stockton Kimball luncheon.

Problem Oriented Record Keeping

A SYSTEMS TYPE APPROACH to caring for the patient was described by Dr. Robert L. Dickman, M'68, at the opening session of 36th annual Spring Clinical Days. The director of ambulatory services at the Buffalo General Hospital said "the use of computerized, problem-oriented medical record is now widely accepted." It was designed by Dr. Lawrence Weed in Cleveland several years ago.

"This is no gimmick. I have seen it work and I am a believer," Dr. Dickman said.

Its four components — paralleling the four phases of medicine — were described by Dr. Dickman. The first is gathering of a data base (physical, history, profile, lab data). This leads to its second component, defining the patient's problem(s), — social, psychiatric and demographic. This problem list then allows the physician to make plans, the third part of the record, to diagnose and set priorities in treating the patient. And to plan for patient education. In the fourth component, the physician notes the progress on patient problems. This is done subjectively, objectively, through an assessment where you have what "you think is going on." And finally, plans for the patient are noted.

Use of this tool all but eliminates one of the greatest problems in treating a patient, the error of omission where material buried in the back of the medical record is irretrievably lost. But its advantages are numerous, Dr. Dickman pointed out. Once the problem list is defined, care becomes more directed. "To have a summary or index before you helps you make the decisions as 'total problems' you will deal with on that particular day, and to set priorities," he continued. "There are no set rules on the work sheet. Take a piece of paper and make your own problem list — anyway you

want to. The data base will differ for different situations but once it is decided upon, it must be obtained consistently and reliably on everyone in that group. Never neglect to note a problem simply because you have no good explanation for it. Always update and alter the problem list as new data is obtained."

It is a reflection of where you are, where you came from and perhaps where you are going."

It also has potential as a medical education tool in teaching students, and house officers. It is a handle by which to audit performance, to determine whether care planned has done any good by consults and review. No longer need there be a standardized hospital workup for each patient readmitted. One need only refer back to the problem list "in front of you and staring you in the face." Dr. Dickman also pointed to the written record that holds up in a court of law, the saving of time for the physician when a patient fills out an automated questionnaire and returns it. Now the physician can practice what he has been trained to do — to diagnose and to treat.

"The Problem Oriented Medical Record is an invaluable tool which allows us to deliver more comprehensive patient care. By using the problem list both for inpatient and outpatient care we insure continuity and avoid obtaining data in one setting and neglecting it in another.

"By using this record comprehensive care is insured by forcing the physician to at least consider all of the patient's problems every time he sees him," Dr. Dickman concluded.

Spring Clinical Days

"Allergic reactions to drugs continue to be a major medical problem. And the effects of a combination of drugs on a patient is complicated and unpredictable. Many times there are serious complications." That was the unanimous agreement of the four-man panel on Drug Reactions, Interactions and Toxicity.

Drug dosages needed for optimal therapeutic effects differ widely among patients. The 'usual dose' of most potent drugs accomplishes little in some persons, causes serious toxicity in others, and is fully satisfactory in few. The inability of standard dosage schedules to exert a sufficiently intense pharmacologic effect in many patients is often misinterpreted as therapeutic ineffectiveness of drugs. Conversely, drug toxicity is often caused by the failure to reduce the usual dosage appropriate in other patients, according to Dr. Jan Koch-Weser, associate professor of pharmacology and chief of the clinical pharmacology unit, Massachusetts General Hospital.

How can we determine the optimal dose of a drug for each patient? Dosage adjustments are easy when the intensity of a drug's pharmacologic effects can be accurately and simply quantitated during its clinical use. For example, dosage requirements for guanethidine or warfarin can vary by a factor of 50 from one patient to another. Nevertheless, the drugs are useful therapeutic agents. With many drugs, the best dosage for individual patients is difficult because the pharmacologic response is not quantifiable in the usual clinical situation. The physician may not even know whether the

Drug Reactions



Drs. Maloney, Yaffe, Reisman, Koch-Weser, Hurwitz

Spring Clinical Days

prescribed dosage is producing the expected therapeutic benefit, particularly when the drug is given for prophylactic purposes.

"Hypersensitivity reactions to drugs can be defined as those adverse reactions mediated by immune mechanisms, involving either humoral antibodies or sensitized lymphocytes," Dr. Robert E. Reisman said. Understanding of these hypersensitivity reactions and appropriate diagnostic tests require identification of the antigen and type of antibody involved. Most drugs such as penicillin are of small molecular weight and by themselves are generally unable to stimulate antibody formation. They act as haptens, combining with body proteins to become antigenic and this leads to antibody formation.

"The multiplicity of allergic reactions which can occur from one drug such as penicillin is due to differences in the participating antigen and antibody. Appropriate therapy for a drug reaction is at least partially dependent upon the immunopathogenesis. From a clinical viewpoint factors affecting allergic drug reactions include presence of atopy, prior drug reactions, age, type of drug administered, prior drug exposure, and route of drug administration."

Dr. Sumner J. Yaffe told the physicians that administration of a drug to a pregnant woman presents a unique problem to the physician. "Not only must the physician consider maternal pharmacologic mechanisms, but he must also be aware of the fetus as a potential recipient of the drug. It is estimated that a pregnant woman takes an average of four or five medications during her pregnancy. In some of these therapeutic endeavors directed toward maternal disease, consequences of such drug usage have often been unexpected, with tragic results in the developing fetus for who the drug was not intended.

"The teratogenic effects of drugs are dose and time-related. The fetus is highly susceptible during the first three months of gestation. It is possible for teratogenic drugs to exert their effects on a fetus

Drs. Edward Eschner, Yerby Jones

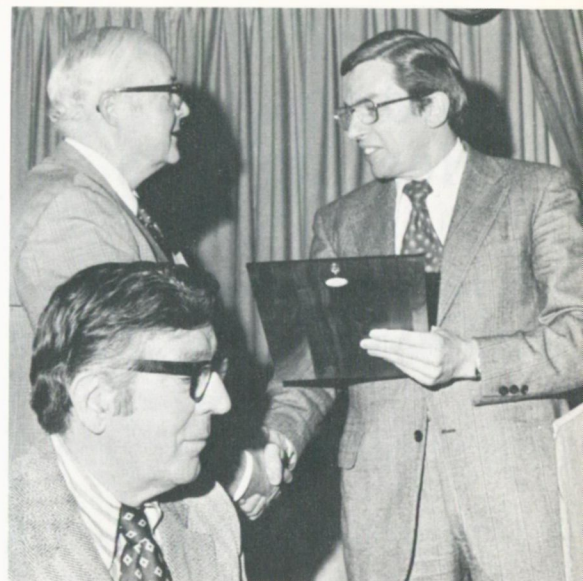


within 11 days of conception — before the woman suspects her pregnancy. The mechanisms of teratogenic agents are little understood, particularly in the human.

"The inadequate enzyme systems of the fetus prohibit them from metabolizing drugs in the way mature organisms do. The effects of this inability are not known. Given the present lack of scientific knowledge, it is felt that throughout the entire period of pregnancy, administration of any drug should be held to the minimum. The benefits to the mother must be carefully weighted against the possible harm to the fetus.

Be aware of the problems connected with drug interactions, warned Dr. Aryeh Hurwitz, a University of Kansas assistant professor of medicine and pharmacology. "Be able to pinpoint what is happening if you see an unexpected presence. The combination of drugs is complicated. We may be unable to predict when an undesired reaction may occur."

The effect of a drug, he continued, is related to its time duration. If it is somehow bound in the gut, it prevents absorption. But if a drug is 99 percent protein bound, its free fraction unbound, it becomes an active drug — increasing five fold in its activity. Acetic drug use, he pointed out, replaces other potent drugs from protein bindings. "And there will be predictable hemorrhaging," Dr. Hurwitz said. And he emphasized that "if you forget everything else that I say, don't forget about my caution against the use of Doriden. Don't use it."



The Medical Alumni Association Award of Appreciation went to Dr. Clyde L. Randall, acting dean and vice president for the Health Sciences "for his outstanding leadership and years of dedicated service to the School of Medicine and the medical community." In his very brief remarks Dr. Randall said "he was thrilled to be a part of developing outstanding medical students in this community. Although we are lacking in new, modern facilities we have a medical school in the city where the problems are." Dr. Maloney made the presentation. Mr. Woodcock is also pictured. □

A general session



Health Security and the Healing Arts

by

Leonard Woodcock, President
International Union,
United Auto Workers

As I travel about the country I am asked from time to time why I as a union leader take a major interest in reforming our nation's health care system. My response is that the safeguarding of health is of the greatest importance to the worker and his family. He recognizes that without good health the hard fought gains in his economic situation, won at the collective bargaining table, are almost without meaning. If his health becomes poor and he can't work, he knows he and his family can barely live.

The disability rate for families below the poverty level is at least 50 percent higher than for middle and upper income families. Our members almost all grew up in poor families. They are all too aware that a child born in poverty has twice the chance of dying before age 35 as a child born into a middle income family.

And so union members feel an urgent need to have ready access to decent, comprehensive health services at prices they can afford. For some thirty years the UAW has negotiated with employers to provide funds to make possible this access to good health care. But despite rapidly escalating expenditures our efforts in this area are becoming less and less productive.

Our members have been ready and willing to give up wages for health protection. Today it costs them one month's wages to pay for private health insurance that does not provide full and needed coverage. According to HEW, in seven years it will cost them two month's wages to pay for the same partial protection.

In recent years we have come to recognize that the problems of fragmentation of health services, disorganization in the delivery system and shortages of professional personnel, with the resultant skyrocketing costs will not be solved by our diverting more and more money from wages to buy private health insurance. The problems in health care are problems of the society. So we in the labor movement are making a major effort to bring about needed change through social reform.

This is the primary reason why I am here today. I have the greatest respect and admiration for the tremendous advances made in medicine and science in the last forty years, and for you, the splendidly trained practitioners who have added to this knowledge, and who apply it. I am well aware that you are much more interested in your program subjects like "Nuclear Medicine" and "Drug Reac-

Drs. O'Brien, Randall, Mr. Woodcock, Drs. Golden, Maloney, President Ketter



Spring Clinical Days



The registration desk

tions and Toxicity” than in an address on health care by a union president. But you, like we in labor, have no choice. You must concern yourselves with the major problems of health care organization, delivery and costs, if your valued services are to reach fully those who require them.

So I have come to Buffalo with the sincere hope that as a result of meetings such as this, clarifications of viewpoints on the major issue of national health insurance will emerge.

I must also say that I take some pleasure in noting from your program, that in part because you are willing to listen to me, the AMA Council on Medical Education and the Academy of General Practice will approve ten credit hours for you.

The other day two physicians who are also Congressmen offered a diagnosis of the current state of health care legislation. One a Democrat, the other a Republican, they agreed that a national health insurance law is coming soon. They agreed that physicians will lose control over their own profession if organized medicine continues to fight against public demands for real improvements in health insurance and against more consumer influence in shaping the delivery of health care. And they agreed that physician self-interest demands that they cast off their negative approach.

I think that many physicians recognize that the AMA’s Med-credit proposal is a negative approach. It sets the course of medical care in a hard and fixed frame when it should invite innovation. It assures higher costs when it should reduce waste and duplication. It encourages unnecessary surgery when it should promote preventive medicine and quality controls. It is insurance industry oriented when it should be patient oriented.

To illustrate one of its many serious deficiencies, look at the dental benefits. The AMA was criticized by the American Dental Association for excluding dental benefits from the previous Med-credit bill. This year, the AMA representatives are boasting of the inclusion of dental benefits. But they fail to make clear that the

Spring Clinical Days

benefits are limited to children age 2 to 6. They don't broadcast the fact that there is a \$100 deductible per child, per year.

This is the tooth fairy in reverse: the parent will leave \$100 under the pillow before the dentist provides any services.

The dental benefit, really, is consistent with the rest of the Medicare bill in that it completely ignores the needs of both patients and physicians. Reforms are conspicuous by their absence.

The lure of tax credits would theoretically result in better and broader health insurance coverage for all. But the facts are that only the working poor with incomes below about \$6,000 annually would have any real incentive to buy the policies proposed by the AMA. And they would be encouraged to buy the worst kind — individual policies that return only 50 cents on the dollar to the health system. The other 50 cents stays with the insurers.

The whole Medicare plan is really a sellout to the insurance industry. As practicing physicians, you should tell the AMA you won't buy it. But to date, I wonder how many physicians have had the time, or taken the time, even to read the national health insurance plan that is being presented in your behalf to Congress. You ought to read it and understand it because 200 Congressmen and Senators have signed their names to it on the word of AMA lobbyists that you, the physicians of America, are solidly behind it.

Few people have read and fully digested the 17 different national health insurance bills before the Congress. It's too much to ask of doctors. So I'm here today to talk about just two of them — the Health Security bill and the AMA's Medicare bill. And I'm here to tell you that, according to your own principles and standards, the Health Security bill rather than the AMA bill has the doctors' interest at heart.

There's a high level game being played by the AMA. They are using your dues to promote the interests of the insurance industry. You'd think that Mutual of Omaha and Aetna would spend their own money to lobby Congress for favors to the private insurance companies. But the AMA is spending your money for that purpose. The Medicare bill does not serve doctors well. It does not serve the interests of patients. But it certainly will create billions of dollars in new business and profits for the insurance companies.

It has been said a thousand times by the AMA hierarchy that we who support the Health Security bill don't care about you. I'm here to tell you we care a great deal about you. It is time we had a sensible dialogue to explore and expand the wide areas of agreement that we share. No such dialogue has been possible with an intransigent organization purporting to represent you that is responsive only to its most conservative constituents. But I say to you that if you or any other group of physicians has suggestions about improving the Health Security bill, within its broad principles, then we are eager to hear from you and to sit down and talk with you. We have done this with the 26 physicians who are members of our Committee for National Health Insurance and with literally hundreds of others. We can't talk with the medico-politicians in Chicago. They tell you that Health Security will come between patient and doctor. Show us where that is, and we'll change it.

To my knowledge, the AMA has never released any poll of its membership on the subject of national health insurance but the

Mrs. Stockton Kimball





An honor guard table

magazine, *Modern Medicine*, reported the reactions of 17,000 physicians last year. Understandably, because they do not like change, most physicians were against any form of national health insurance. But, those who saw any merit in national health insurance proposals, by a slightly higher percentage, preferred the Health Security program to those of the AMA or the Nixon Administration. A later poll, conducted by the Gallup Organization, found 51 percent of physicians favorable to some form of national health insurance. Numerous national and state polls show that about two-thirds of all patients want governmental health insurance to replace private insurance, which most find ineffective or defective, or both.

Doctors and patients may differ on what are the most pressing problems in American health care. But they agree on many things. They agree that our present health insurance programs aren't working well and ought to be changed. They agree that we ought to expand medical education and produce more doctors and also physicians' assistants. They agree that hospital facilities ought to be expanded and improved and that both basic and applied research in health science and health care should be well-funded.

These are matters on which both patients and doctors are in firm agreement. But to date in Washington, we find that representatives of patients are struggling to stop the budget-cutters at the OMB from axing health programs that ought to be strengthened, while the AMA, in line with its consistent policy that health care for all Americans should be the responsibility of no one in particular, has raised no audible objection or concurred with most of what's going on.

Meanwhile, Federal Administration engages in prolonged flights of fancy about its accomplishments, but the President's health budget reveals a harsh insensitivity to the needs of both patients and doctors. President Nixon wants to cut into health services research and development and cut out entirely the regional medical program. He gives no additional support to biomedical research and proposes

On June 18 President Nixon signed a major bill that would extend through the fiscal year health programs totaling \$1.2 billion. Included were several programs the Administration had planned to eliminate — Hill-Burton hospital construction at \$197-million, regional medical programs at \$159-million, public health and other training program at \$68-million and new mental health programs at \$174-million. □



A class reunion dinner

to phase out all NIH fellowship and training grants. Who will provide for biomedical research which is essential to your clinical practice when the government support stops? The Administration says it will come from the normal economic forces of the private marketplace. The faculty and governing body of your Medical School here will tell you such a statement at best derives from ignorance and at worst deceit.

Because Community Mental Health Centers have demonstrated great success, Mr. Nixon and Mr. Weinberger want to stop supporting them. But what does this mean to your patient: the adolescent who needs the counselling you are unable to provide in a busy practice, the addict, the alcoholic, the emotionally disturbed? Within this troubled society many look to the Community Mental Health Center as a vital, and often only resource. But of the 2,000 centers planned throughout the nation, only 560 have been established. They have relieved the overcrowding and stress in state mental hospitals and the pressures on the family physician. Mr. Nixon wants the Community Mental Health Center legislation to expire this June 30th.

Even though the OMB has developed ingenious devices for obscuring their intentions, the facts are that no health program entirely escapes the budget cutter's axe. Not health manpower education, nor preventive health services, nor disease control. Not allied health training nor population research and family planning, nor medical libraries. Instead of proposing innovation for the Hill-Burton program, they propose interment. They would replace Public Health Service hospitals and clinics with vacant lots. They would cut back on Medicare.

It is not surprising that the AMA benignly watches as these cuts occur. Nobody has ever accused the AMA of any leadership in protecting the patient's rights or improving his lot. But everyone knows that the practicing physician is deeply concerned about his patient. And if he does not have the time to crusade for the rights and needs of other doctors' patients, he is still concerned.

Spring Clinical Days

I say now is the time to express your concern. But let your Congressman know that you support good governmental health activities and oppose budget cuts that rank health low in national priorities. And let Mr. Nixon know, too.

Last year I had the privilege of addressing the annual meeting of the American Society of Internal Medicine at Atlantic City. I made the point then that of all the proposals before the Congress for national health insurance, only the Health Security bill measured up to that Society's own standards.

It was and is the only bill meeting their first principle — "that every American should have comprehensive health insurance coverage." The AMA plan, the Administration plan and each of the others fails to provide comprehensive coverage. Even though so-called "catastrophic insurance" is being promoted in these plans this year, their enactment would only result in a delay of comprehensive coverage. The prospect of catastrophic insurance already is encouraging promoters and entrepreneurs both within and outside the medical profession to "go public" with exotic and esoteric machinery and treatment, some of it bordering on quackery and little of it geared to the needs of the physician and his patient.

Catastrophic insurance says to the consumer: "If you get real sick, we'll start paying your bills. But don't get too sick because we'll stop paying them."

That isn't what you need to practice good medical care. It isn't what your patient needs. The primary physician is the forgotten man in that equation, and so is his patient. The philosophy that holds that a patient's serious illness should be a financial disaster for his family is inconsistent with the professional motivation of the physician.

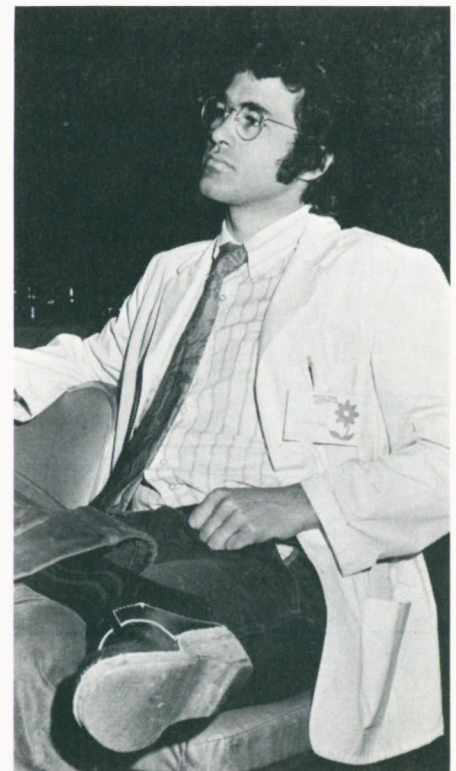
In the Health Security program, which emphasizes early diagnosis and treatment, the primary physician has a special place. If he is a solo practitioner, he is offered alternatives in the payment methods which are not available to other specialties. He can elect to be paid by fee-for-service or by a capitation method, with fair and reasonable sums paid him for each patient. If he selects the capitation method, he is encouraged through financial incentives to establish formal linkages for his patients with other health care providers and institutions, including hospitals, nursing homes and home health services.

In other words, he will be able to write an order for his patient *outside the hospital* just as he now does in the hospital, and thereby activate a system providing needed services for his patient.

And in selecting capitation, he is assured not only of economic parity with the fee-for-service practitioner, but funds from a separate account for personnel to run a good office.

If he is in a prepaid group practice involving other specialties, the primary physician practicing under the Health Security program will receive special financial and professional recognition of his primary role as the provider and manager of comprehensive personal health care. And he will have his own "Professional Standards Review Organization" to give practical effect to the art and science of quality controls.

I think the public is becoming more acutely aware of the need for better quality controls in the medical care system. Particularly





President Robert L. Ketter told the alumni that pre-eminence in medical education is our goal. "We want to develop a strong link between the Medical School and the University. We have just hired an extremely able vice president for the Health Sciences (Dr. Pannill), and we are searching for a new dean for the School of Medicine. We want a nationally prominent man. Your alumni president, Dr. Golden, is a member of the search committee." □

the stream of reports of unnecessary surgery and its effects on friends and neighbors is causing consternation. I know many of our five million UAW members and their families are shocked by these reports.

We also agree that a well trained physician is in an excellent position to evaluate the quality of care. We have some trouble in understanding why he must be from the local group and subjected to the social, organizational and referral pressures that come from having to pass judgment on one's neighbors and friends. We wonder if a physician is any less competent to review a surgical report or a tissue analysis if his practice is four hundred miles removed from the site of the surgery, than if it is four miles removed.

Is it unreasonable to expect that patients may have meaningful views about how they are handled by physicians, the ways in which they are referred, the information they are given or not given about their conditions, and the instructions which are passed on to them during the following treatment? Our experience in the UAW leads me to believe that these are important aspects to quality which require consumer input.

The overwhelming majority of consumers have no knowledge as to whether they have had too many procedures inflicted upon them or not enough. They have no assurance that the care they receive is, in fact, consistent with the best modern medical knowledge. They must look to you and the control procedures you set up to give them this assurance.

Most encounters with physicians and health services take place not in hospitals, but behind the closed doors of physicians' offices. In this setting there are exceedingly few if any checks on what happens.

We therefore are in agreement about the need for effective quality safeguards. If you will broaden your view to take into account the quality considerations as seen by consumers, it seems to me it is quite possible for us to work out with you an appropriate mechanism.

The AMA has spread a myth about the Health Security program that it is "monolithic". It has become their favorite scare word. I want to dispel that myth right now, if I can.

We believe there ought to be a Social Security-type trust fund to pay for health services, instead of an army of insurance company claims clerks. There are presently 1800 insurance companies selling thousands of different kinds of health insurance policies. But we do not believe in a monolithic structure for the delivery of services. We believe in pluralism. We believe that many types of organizational arrangements should be encouraged and evaluated. Contrary to what doctors are being told, we do not reject solo practice, fee-for-service medicine. We favor flexibility, not rigidity. And we don't favor socialized medicine. It is not our position that doctors should become civil servants or that hospitals should be taken over by the government. The people who are making these allegations about a "monolithic" Health Security bill know full well that the bill encourages pluralism in the delivery system. Any who takes the time to read it knows it, too.

Your society and our union agree there is a great need to increase the availability of medical services, and that increasing physician productivity should receive equal emphasis with increasing the number of physicians.



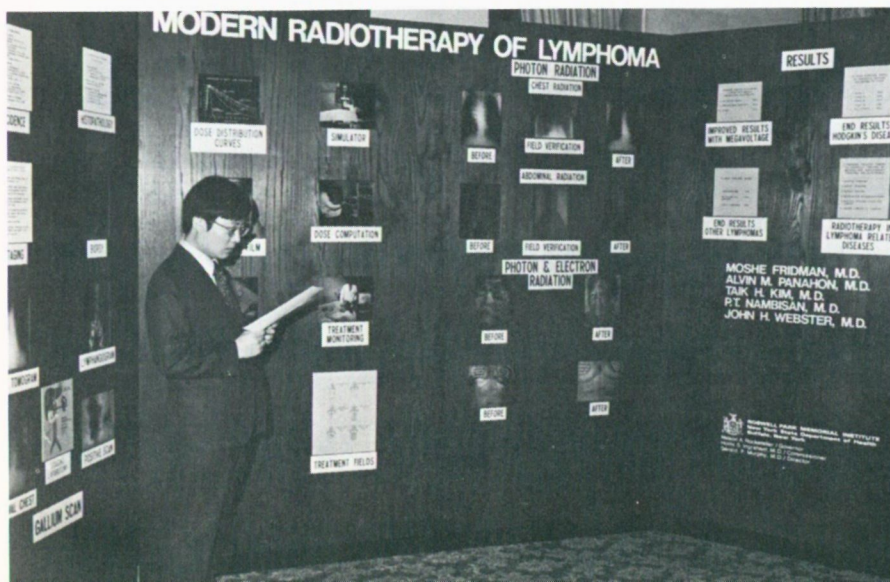
Dr. Edward Zimmerman entertains the 1923 class.

Obviously, we cannot project needs for future physician manpower without assessing possible productivity gains through new organizational arrangements. This should be based on reasonable, practical planning. But once there is identification of goals, we should move realistically toward their attainment.

In 1931, there were 1,097 persons in the United States for every general practitioner. In 1970, as you well know, there were almost four times that many persons per general practitioner and an increasing number of them were foreign nationals and graduates of foreign medical schools. Furthermore, the shortages of health personnel in the urban ghettos and the rural areas have reached the desperate stage. Not only are they statistically far worse off than other areas, but as you well know, the majority of these physicians are elderly, often past the retirement age. It is therefore of little value to make funds available to consumers when with those funds they cannot obtain the needed services.

The Health Security Act implements the principle of increasing the availability of medical services and increasing physician productivity. There is a substantial Resources Development Fund to provide new support for the education and training of new health profession-

Spring Clinical Days



The winning exhibit.



Dr. Oscar Oberkircher

als, with priorities for groups which have been disadvantaged in the past. There is technical assistance and the start-up support for new health plans. There is a way to pay for all the services provided by these plans. There are incentives for primary physicians to utilize ancillary services for their patients, including physician assistants as appropriate.

Health Security is a program providing universal coverage for patients and incentives for doctors to better organize themselves to deliver care, and with cost containment and quality safeguards.

The doctor will remain the key and essential figure. Only he will prescribe for his patient and the financial barrier between them will be removed.

I am here today to suggest that a new spirit of cooperation between the physician and the representatives of his patients is possible and desirable. Cooperatively, we can deal with all of the problems which currently plague the delivery of health care in this country. We can work together toward the goal of a health care system appropriate to the needs and desires of our advanced nation. Such a system is possible only in a society which has its priorities straight — a society that puts the health and well-being of its people at the top of its agenda.

Nuclear Medicine

"Ninety-five per cent of nuclear medical procedures are diagnostic in character. These studies have reached their present level of importance in the practice of medicine because they provide vital diagnostic information with little or no discomfort to the patient." Dr. Merrill A. Bender, clinical professor of nuclear medicine also said "the radiation dose to the patient is very modest and in most instances comparable to that received from diagnostic X-ray studies.

"In the early days of nuclear medicine it was hoped that radioisotopes would provide an effective tool for the treatment of a significant number of malignant and benign diseases. Unfortunately this hope has not been realized, and only two or three disease states have been successfully treated with these materials. These include hyperthyroidism and selected cases of cancer of the thyroid and advanced heart disease treated with radioactive iodine, and certain blood disorders."

Dr. Bender told the physicians that "imaging" of radioisotope distributions has allowed us to detect pathological processes in many different organs — the brain, thyroid, liver, pancreas, kidneys, bone as well as circulating ailments involving lungs, heart, great vessels and spleen.

"Of equal importance in the field of nuclear medicine is the evaluation of function and the measurement of the size of various 'spaces' in the body — blood volume. In just 10 minutes the circulatory condition of a patient undergoing major surgery can be evaluated. The most common function study is that of the thyroid gland where a radiation detecting technique determines the percent trapped there. By measuring concentration/excretion through the kidney, one can diagnose and evaluate nephritis, hypertension, renal transplant and for those concentrations that localize in the liver, evaluation of cirrhosis and hepatitis.

Dr. Steinbach



"The quantitative scintillation camera gives us a new diagnostic procedure. Not only does it visualize radioisotope distribution but quantifies the amount of compound in a specific location as a function of time. We can also evaluate the degree of cardiac disability in acquired heart disease and measure renal and cerebral blood flow. The latter is proving very useful in the evaluation of strokes."

The thyroid scan or "scintigram" is a pictorial representation of the regional activity of the thyroid gland. "The scan is most frequently helpful in situations where the thyroid gland is palpably enlarged. In patients with normal or slightly reduced thyroid function, the thyroid scan may be useful in evaluation of palpable nodules. These nodules are classified as 'hot, warm or cold', by whether they concentrate more, the same or less radioactivity than does the surrounding tissue. When the nodule is 'warm or cold', the value of the scan depends largely upon the morphology which it demonstrates."

Another panelist Dr. Jehuda J. Steinbach pointed out that the field of competitive radioassays is the most rapidly expanding field in nuclear medicine today. "A few years ago only a few selected laboratories could perform only one or two selected tests. By contrast today the available procedures and laboratories that can perform them are almost too numerous to count."

Brain scanning has become widely available during the past 10 years, according to Dr. George J. Alker. "Today most hospitals are equipped to perform this examination and in most nuclear medicine departments it is the single most frequently performed imaging procedure. Although originally intended to be a means of localizing brain tumors, it was soon recognized that a number of non-tumorous diseases of the central nervous system can also be diagnosed and localized by this technique. Today brain scanning is firmly established as an important part of the workup of patients with a wide variety of neurological diseases."

Dr. R. Ronald Toffolo reviewed the 205 placental scans carried out in the nuclear medicine department at Millard Fillmore Hospital from April 1965 to March 1973. "Approximately three per cent of patients show vaginal bleeding in the last trimester of pregnancy; of these placenta previa is the cause in less than one per cent. A standard five inch crystal rectilinear scanner and flat field collimator are used."

Dr. Yehuda G. Laor pointed out that liver scanning is rather simple and does not involve any patient preparation. "Spleen scanning has become easier and simpler in recent years with the introduction of Technetium 99m Sulfur Colloid, and Indium-113m colloid for liver scanning. Because of the short half-life of these isotopes, larger doses can be injected for routine studies. Pancreas scanning has not progressed in recent years. And because of the difficulty of performing and interpretation of pancreas scans as well as the high cost, these studies are not as widely performed as liver and spleen scans."

Dr. Joseph Prezio discussed pulmonary emboli and the lung scan; Dr. Monte Blau, nuclear medicine overview; Dr. Suraj P. Bakshim, bone scanning; Dr. Marguerite Hays, thyroid scan, and Dr. Eugene V. Leslie, clinical professor of radiology, chairman of the radiology department and acting chairman of the nuclear medicine department, moderated the panel. □

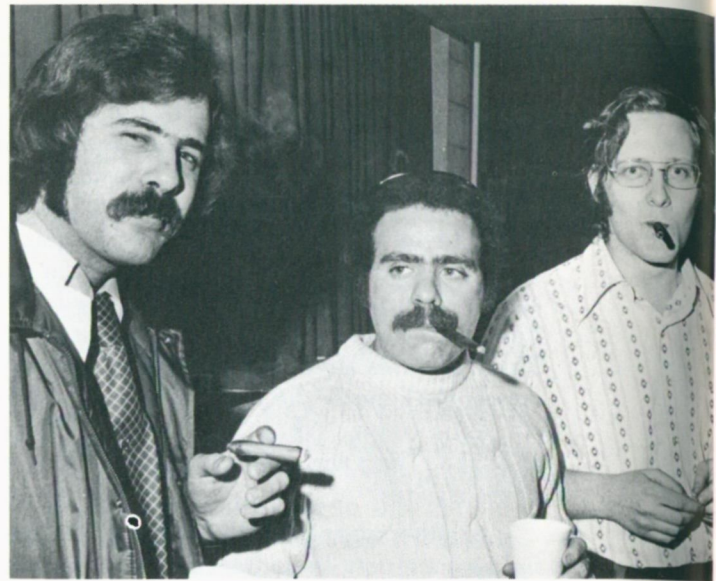


Dr. Hays

Spring Clinical Days



Relaxing in the student lounge.



Michael Haberman, Louis Zibelli, Mark Heller

Intern Matching

After announcing the "matchings" Dr. Cummiskey said he was leaving the University to join the department of radiology at the Meyer Hospital as a resident.



"Two thirds of you were 'matched' with your first choice of hospital and 85 percent ranked with a hospital listed among your first three choices." That's what Dr. Thomas G. Cummiskey, assistant dean at the School of Medicine told the 115 members of the graduating class. To further point out the high calibre of this class he pointed to the "matches" with the prestigious Johns Hopkins Hospital, Los Angeles Harbor Hospital, Vanderbilt, Michael Reese and Columbia Presbyterian Hospitals.

Under the National Internship Matching Plan, which attempts to match the preferences of the students with those of the hospitals throughout the country, 44 will remain in Buffalo and 22 others will continue their training in other parts of New York State. The remainder will go to 20 other states, with California receiving the largest number of 10. One will go into the Public Health Service in New York City.

Fourteen members of the class did not participate in the matching plan electing to make their own arrangements.

Eighty-two of the seniors chose to continue their training at University-affiliated hospitals. Twenty-nine others will go directly into specialty residencies, bypassing the internship which appears to be phasing out throughout the country. Of this group, six have selected the specialty of family practice, previously known as general practice. Four will complete their training at the Deaconess Hospital's Family Practice Program.

The University Program at Buffalo General and Meyer Memorial Hospitals received all 20 of the interns it requested in straight medicine and 14 of the 15 asked for as general rotating interns. Children's Hospital received eight of the 14 pediatric residents it requested. Two of the three psychiatry residencies were filled at the Meyer and one of five surgery interns requested there was filled.

Four of 12 surgery residents were filled at the combined Buffalo General/Meyer Hospitals program as well as two of four rotating general.

BRUCE M. ABRAMOWITZ, St. Elizabeth, Boston, straight medicine
 WILLIAM J. ACKERMAN, University of California (San Diego), Affiliated Hospitals, rotating
 CHARLES L. ANDERSON, Deaconess Hospital, Buffalo, family practice residency

FREDERICK K. BECK, Bridgeport Hospital, Connecticut, rotating
 WILLIAM S. BIKOFF, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 DONALD R. BLOWERS, Hennepin County General, Minnesota, rotating
 LAWRENCE B. BONE, E.J. Meyer Memorial Hospital, Buffalo, straight surgery
 DAVID H. BREEN, Cedars Sinai Medical Center, Los Angeles, straight medicine
 FREDERIC R. BUCHWALD, Public Health Service, New York City, rotating

FERNANDO J. CAMACHO, Montefiore Hospital, New York City, straight medicine
 JACK R. CAVALCANT, Meadowbrook Hospital, East Meadow, N.Y., rotating medicine
 YUNG CHEUNG CHAN, Henry Ford Hospital, Detroit, surgery residency
 ABBY COHEN, Herrick Memorial Hospital, Berkeley, rotating
 JEREMY COLE, University of California (Los Angeles), straight medicine

RAYMOND DATTWYLER, University Hospital, Madison, Wisconsin, straight medicine
 MARK M. DECHTER, University of Virginia Hospital, Charlottesville, family practice
 RICHARD DUNDY, Detroit General Hospital, Michigan, rotating
 THOMAS DWYER, Buffalo General/Meyer Hospitals, Buffalo, rotating

DEMETRIUS ELLIS, Children's Hospital, Pittsburgh, Pa., straight pediatrics
 LEE A. EVSLIN, Maine Medical Center, Portland, rotating

RETA D. FLOYD, Huntington Memorial Hospital, Pasadena, California, rotating
 ROBERT G. FUGITT, Deaconess Hospital, Buffalo, straight surgery
 VINCENT FUSELLI, University Hospital, Columbus, Ohio, straight pediatrics

KENNETH L. GAYLES, Michael Reese Hospital, Chicago, straight medicine
 THOMAS E. GILLETTE, Washington Hospital, D.C., rotating
 JOSEPH M. GRECO, Millard Fillmore Hospital, Buffalo, surgery residency
 RICHARD GREEN, St. Joseph's Hospital, Phoenix, Arizona, straight medicine

MICHAEL A. HABERMAN, E.J. Meyer Memorial Hospital, Buffalo, psychiatry residency
 THOMAS E. HAGUE, Deaconess Hospital, Buffalo, general rotating
 RALPH R. HALLAC, Buffalo General/Meyer Hospital, Buffalo, straight medicine
 MAXINE D. HAYES, Vanderbilt University, Affiliated Hospitals, Tennessee, straight pediatrics
 MARC E. HELLER, Mary Imogene Bassett Hospital, Cooperstown, N.Y., rotating
 JEFFREY P. HERRMAN, Montefiore Hospital, New York City, straight pediatrics
 FREDERIC M. HIRSH, Deaconess Hospital, Buffalo, family practice residency
 DONNA HRUSHESKY, Baltimore City Hospitals, Maryland, straight medicine
 WILLIAM HRUSHESKY, Baltimore City Hospitals, Maryland, straight medicine
 ROBERT HUDDLE, Rochester General Hospital, New York, straight surgery

ISRAEL J. JACOBOWITZ, Bellevue Hospital Center, New York City, surgery residency
 BRUCE R. JAVORS, N.Y. Med. College/Metropolitan, New York City, radiology/diagram
 residency
 DANA E. JOCK, Mary Imogene Bassett Hospital, Cooperstown, N.Y., rotating
 LEELAND JONES, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine

BARRY A. KASSEL, Hartford Hospital, Connecticut, surgery residency
 DOUGLAS L. KIBLER, Buffalo General/Meyer Hospitals, Buffalo, rotating
 JOSEPH T. KING, Cleveland Clinics, Ohio, general rotating
 MICHAEL KLEIN, Syracuse Medical Center, New York, ob/gyn residency
 JOHN T. KLIMAS, Johns Hopkins Hospital, Baltimore, pediatrics residency
 PAUL KURITZKY, Millard Fillmore Hospital, Buffalo, rotating medicine
 SHARON KURITZKY, Millard Fillmore Hospital, Buffalo, rotating medicine

A prank.





The Art Mruczek

ROBERT S. LaMANTIA, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 DANA P. LAUNER, North Shore/Memorial Hospital, New York City, surgery residency
 DEXTER S. LEVY JR., Santa Barbara Cottage Hospital, California, rotating
 NANCY L. LIEBERMAN, New England Medical Center (Tufts), straight pediatrics
 JEFFREY LIGHT, Cedars Sinai Medical Center, Los Angeles, straight medicine
 JOHN I. LOWENSTEIN, Washington Hospital, D.C., rotating general
 THOMAS A. LOMBARDO JR., Millard Fillmore Hospital, Buffalo, surgery residency

JAMES S. MARKS, University of California (San Francisco), pediatrics residency
 MARY JANE MASSIE, E.J. Meyer Memorial Hospital, Buffalo, psychiatry residency
 CHARLES J. McALLISTER, Meadowbrook Hospital, East Meadow, N.Y., straight medicine
 RICHARD B. McCORMICK, Charity Hospital, Louisiana, straight surgery
 DANIEL J. McMAHON, Deaconess Hospital, Buffalo, family practice residency
 STEVEN J. MORRIS, Grady Memorial Hospital, Atlanta, straight medicine
 ARTHUR W. MRUCZEK, Buffalo General/Meyer Hospitals, Buffalo, straight medicine
 MICHAEL V. MURPHY, Millard Fillmore Hospital, Buffalo, rotating general
 JOSEPH M. MYLOTT, Deaconess Hospital, Buffalo, straight surgery

STEPHEN A. NASH, Maricopa County General, Phoenix, rotating general
 VINCENT NATALI
 TIMOTHY NOSTRANT, University of Michigan, Affiliated Hospitals, Ann Arbor,
 straight medicine

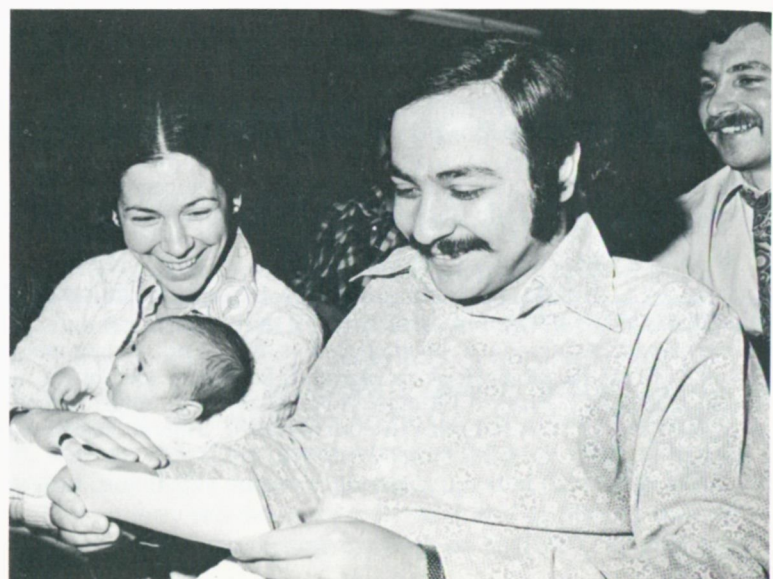
PATRICK L. O'CONNOR, Millard Fillmore Hospital, rotating surgery
 PAUL A. ORENS, St. Peters Hospital, Albany, radiology/general residency
 RONALD D. OSGOOD, Mercy Hospital, Buffalo, rotating general
 EUGENE OSTROFF, Buffalo General/Meyer Hospitals, Buffalo, rotating general

PAUL A. PALMA, Presbyterian Hospital, New York City, straight pediatrics
 GARSUTIS K. PALYS, Hershey Medical Center, Pennsylvania, family practice residency
 ROBERT L. PENN, N.C. Memorial, Chapel Hill, N.C., straight medicine
 DANIEL A., PIETRO JR., Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 IRA H. PORES, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 MELVIN R. PRATTER, Albany Hospital, New York, straight medicine
 JOHN E. PRZYLUCKI, Millard Fillmore Hospital, Buffalo, surgery residency
 STEVEN T. PUGH, Medical College of Virginia, Richmond

The Dan Wistrans



The Ralph Hallacs





Reta Floyd (right) and friend



The babies stole the show

ANDRE RASZYNSKI, Children's Hospital, Buffalo, pediatrics residency
 SCOTT G. READER, Buffalo General/Meyer Hospitals, Buffalo, rotating general
 MICHAEL A. RIOZZI JR., St. Mary's Hospital, Long Beach, California, rotating
 LYNNE S. ROSANSKY, Maimonides Hospital, Brooklyn, rotating medicine
 JUDITH ROUSSO, E.J. Meyer Memorial Hospital, psychiatry residency
 JACOB D. ROZBRUCH, New York/Memorial Hospital, pediatrics residency
 JON P. RUBACH, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine

BARRY SANDERS, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 MICHAEL A. SANSONE, Buffalo General/Meyer Hospitals, Buffalo, straight medicine
 MICHAEL R. SAVONA, Presbyterian Hospital, New York City, straight medicine
 MARK N. SCHEINBERG, Charity Hospital, Louisiana, straight ob/gyn
 ARNOLD W. SCHERZ, Bronx Municipal Hospital Center, Bronx, pediatrics residency
 ROBERT SCHULMAN, Children's Hospital, Buffalo, pediatrics residency
 DENNIS SCHUSTER, University of Kentucky Medical Center, Lexington, straight surgery
 ARTHUR SGALIA, Buffalo General/Meyer Hospitals, Buffalo, straight medicine
 ROGER SIMON, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 ROY W. SLAUNWHITE III, Children's Hospital, Buffalo, pediatrics residency
 STEPHEN A. SMILES, Bellevue Hospital Center, New York City, straight medicine
 RICHARD A. SPECTOR, Charity Hospital, Louisiana, rotating
 DENNIS E. STEMPIEN, University of Minnesota, Minneapolis, straight medicine

DARLENE THORINGTON, Deaconess Hospital, Buffalo, family practice residency

JOHN P. VISCO, E.J. Meyer Memorial Hospital, Buffalo, straight medicine

RONALD L. WASHBURN, University of Michigan, Ann Arbor, radiology/diag. residency
 THOMAS D. WASSER, Rochester General Hospital, New York, rotating general
 MATTHEW H. WEBER, E.J. Meyer Memorial Hospital, Buffalo, rotating surgery
 RICHARD L. WIGLE, Keesler Air Force Base, Biloxi, Miss., straight medicine
 GARY J. WILCOX, Los Angeles County Harbor General, California, straight pathology
 CHARLES E. WILES III, E.J. Meyer Memorial Hospital, Buffalo, surgical residency
 EDWARD L. WILSON, Millard Fillmore Hospital, Buffalo, rotating medicine
 JONATHAN WISE, Memorial Hospital, New York City, pediatrics residency
 DANIEL C. WISTRAN, Rhode Island Hospital, Providence, straight medicine
 ROBERT A. WOOLHANDLER, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 HENRY M. WYMBBS, Buffalo General/Meyer Hospitals, Buffalo, rotating medicine
 LYNDA M. YOUNG, Children's Memorial Hospital, Chicago, straight pediatrics
 LAWRENCE ZEMEL, Children's Hospital, Buffalo, pediatrics residency
 LOUIS R. ZIBELLI, Montefiore Hospital, New York City, straight medicine

The Barry Sanders





In cold room working with electrophoresis are Mrs. Eddy and Drs. Gillman, Bigazzi and Van Oss.

Separating Living Cells in Outer Space

INCREASING THE DEFENSE MECHANISMS of those who suffer from immunological disease may be a step closer to reality through pioneering investigations underway by a team of immunologists at the Medical School. Headed by Dr. Pierluigi E. Bigazzi, the team is devising a way to separate living cells through their electrical charge, something that has always been hard to do because of interference from the force of gravity.

Their proposal, to study this phenomenon where there is no problem — in outer space where at zero gravity there is no cell sedimentation and therefore separations can be performed easily with simple devices — was awarded a major NASA contract.

The group who is working with the research associate professor of microbiology are Dr. Cetewayo Gillman, research associate; Mrs. Martha Eddy, research technician, the staff of the department of microbiology's immunochemistry laboratory directed by Dr. Carel J. van Oss. Consultants are Drs. Noel R. Rose and Stanley Cohen of The Center for Immunology at the University.

"The most important cell for immunologic reactivity," said Dr. Bigazzi who is a graduate of the University of Florence (Italy), "is the lymphocyte." Subdivided into at least two populations, they are T (thymus-dependent) and B (bone marrow-derived) cells. T cells, involved in cell-mediated immunity, make up a variety of substances known as "lymphokines." B cells, on the other hand, are involved in antibody formation.

Deficiencies in T and/or B cells cause severe human diseases such as agammaglobulinemias, Di George's syndrome, etc. Or they may occur in patients with various malignancies such as Hodgkin's disease and chronic lymphatic leukemia. "It is clear," Dr. Bigazzi said, "that if we want to restore immunological competence to a deficient individual we must be sure that we are giving the right kind of lymphocytes or their products to the patient. If we can do so, we can specifically strengthen the protective defenses of those who suffer from certain types of tumors, chronic infections or who need to undergo organ transplantations."

Electrophoretic separations are done by allowing the negatively charged cells — in suspension in water — to migrate in an electric field toward the positive electrode. T cells, more negatively charged than B ones, must migrate faster. But during the time it takes for T cells to run significantly ahead of B cells, *all* of the cells will have settled to the bottom of the vessel at one (1.0) gravity on earth.

Until now the only way that T and B cells have been separated is through microanalytic methods that have produced minute quantities and with the help of very complicated steady state fluid flow electrophoresis contrivances. The Buffalo team hopes to find a simple method to separate them in larger amounts for later use in clinical situations.

But to do this they must find ways to simulate by different densities something close to the zero gravity that is found in outer space. Explained Dr. van Oss, "we must be able to simulate on earth what we hope to accomplish in outer space." And the team has already begun to get results.



Dr. Gillman and Mrs. Heide count the number of lymphocytes in fraction separated preparation by electrophoresis.



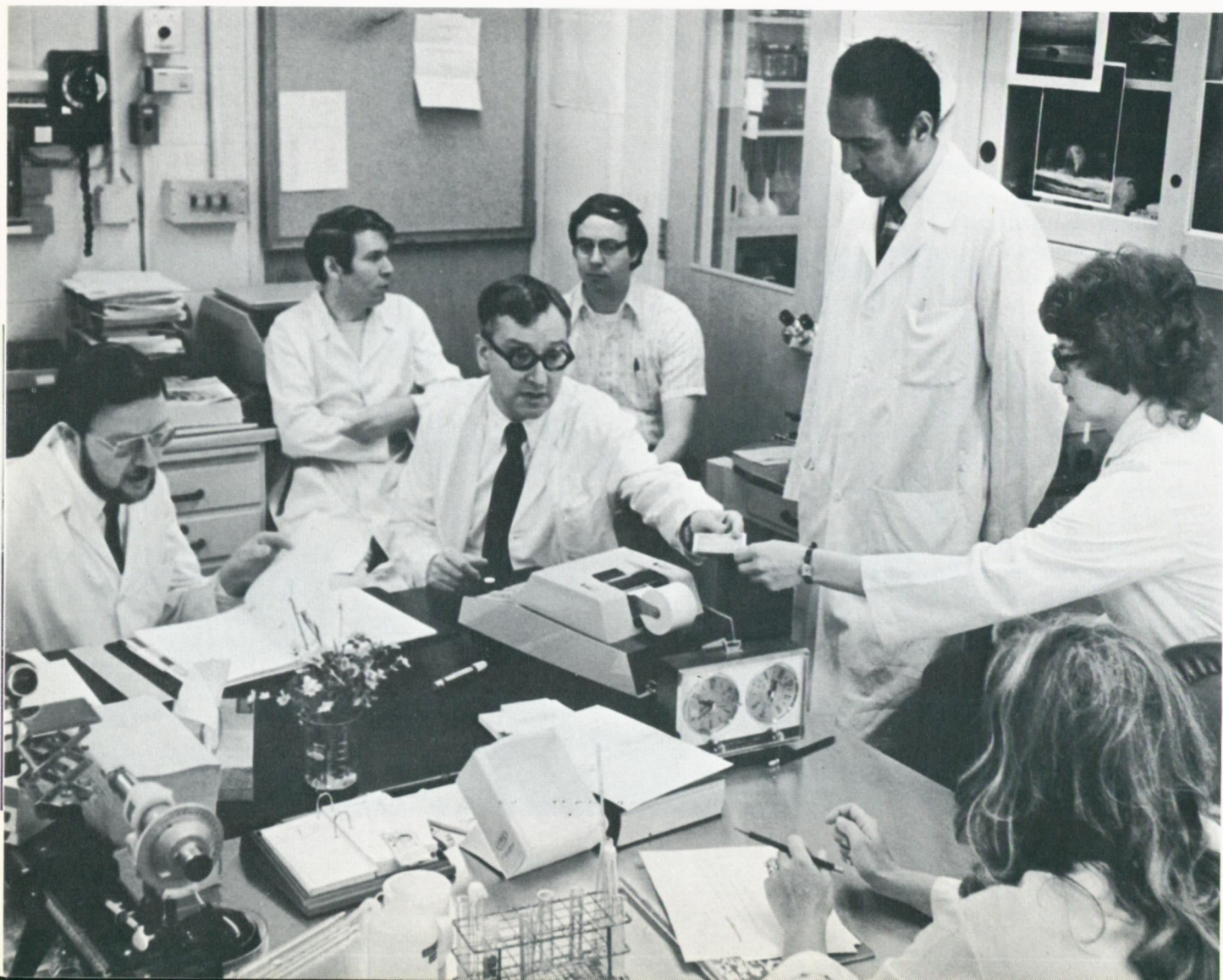
"With the aid of heavy water at one gravity," the professor of microbiology continued, "we have been able to fool lymphocytes into thinking for a short time that they are at zero gravity. And by using electrophoretic migration from the bottom to the top of a tube, we have recently succeeded in having the most negatively charged (T) cells overcome gravity and rise to the top before the B cells."

While separations are now being achieved with quantities of cells running about several hundred thousand per fraction, the team hopes to separate millions to billions of cells. When enough data are collected in their laboratory on earth, experiments for Skylab and its continuous Shuttle will be planned. But first priority of the team is to devise a method to freeze

lymphocytes for their trip to Skylab and immediate return to earth following separation. On the trip of Apollo 16 to the Moon an electrophoretic separation of different inert latex particles was achieved at zero gravity. This demonstrated the feasibility of doing electrophoresis at zero gravity.

Work is now underway in Buffalo's immunochemistry laboratory as well as at NASA to prepare the way for more sophisticated zero gravity cell electrophoresis experiments. Explained Dr. van Oss, "Although this approach awaits the development of continuously operating space laboratories to be applied routinely to clinical problems, these pioneering investigations should open the way for such applications. □

The "team" discuss progress on electrophoresis of lymphocytes.



Life Science Resources

President Robert L. Ketter has appointed a five-member Task Force to study the utilization of University staff, facilities and funds now devoted to teaching and research in the life sciences. Einstein Professor Jui H. Wang will chair the Task Force on the Utilization of Life Science Resources which has been charged with determining whether the present organizational structure contributes "in an optimal fashion to the accomplishment of our teaching, research and service missions."

Two Medical School faculty members — Sir John C. Eccles, Nobel Laureate and distinguished professor of physiology and biophysics, and Dr. Om P. Bahl, professor biochemistry — are on the task force. The other members are Dr. Peter T. Lansbury, professor of chemistry and Dr. Frank A. Loewus, professor of biology.

Dr. Ketter, in a letter to the Task Force, noted that "The University's organizational chart suggests, at first glance, a possible duplication or overlap" of resources. He noted that there are eight departments involved in the study of biology or specialized areas of biology. There are five departments concerned with chemistry. Pharmacology is offered in departments located in the Schools of Medicine and Pharmacy and at Roswell Park Memorial Institute.

Dr. Ketter asked the Task Force to examine the present organizational structure and answer the question "Are there alternative modes of organization which might lead to a better utilization of University resources and a more efficient accomplishment of our objectives?" No deadline was set for the group, but Dr. Ketter said he wishes to impress upon its members "the primary importance and urgency of the problem" and that he hopes the Task Force will present a report to him as soon as possible. □

Medical School Executive Officer

Dr. Clyde L. Randall, vice president for health sciences at the University since 1970 and acting dean of the School of Medicine since 1971, has been appointed executive officer of the School of Medicine.

Dr. Robert L. Ketter, president, made the appointment on the recommendation of Dr. F. Carter Pannill, who became vice president for health sciences on July 1. Dr. Randall will hold the post until a permanent dean is appointed. An 11-member search committee, chaired by Dr. Alan J. Drinnan, was appointed in March to find and recommend candidates for the deanship. No deadline for the committee has been set, although Vice President Pannill has said that he would like to have the new dean appointed as soon as possible.

Referring to Dr. Randall's new assignment, President Ketter said, "We are deeply indebted to Dr. Randall for accepting this interim assignment with the same dedication he has shown in his key position as vice president for health sciences during the past three years. We are most fortunate to have his experience and ability as we launch a new era for health sciences at this University." □



Dr. Edward F. Marra gives final instructions to the graduates.

127th Annual Commencement

It was traditional. There was the procession of cap-and-gown clad Doctor of Medicine candidates and faculty, the Invocation, and oath-taking (Maimonides as well as Hippocratic). There was the hooding and signing of the Book of Physicians where family and friends individually acknowledged their loved ones. There was the dedication of the medical/dental school yearbook, MEDENTIAN by the class to Dr. Jules Constant and his eloquent response. There was the class president's moving charge to the graduates, as well as recognition for outstanding work through awarding of prizes.

But, added was the graduates' plea to support Dr. Mohamed Megahed denied tenure and promotion — and the conferring of Masters and doctor of philosophy degrees to basic sciences candidates at the School of Medicine ceremonies. □

The Medical School had its own commencement for the first time in recent years. It was combined with the annual class day awards. The University had 15 separate Commencement Ceremonies in May for the first time. □

The processional.



18 Seniors Honored

Eighteen senior medical students shared 15 awards at commencement exercises of the School of Medicine, May 20 at Kleinhans Music Hall. One, Michael R. Savona, earned three while three others, William J. Ackerman, Robert L. Penn, and Michael A. Sansone, earned two each.

The awards were presented to the following by Dr. Clyde L. Randall, acting dean of the School of Medicine and vice president for Health Sciences who also conferred 115 MD degrees to the seniors. To basic sciences graduate students 43 PhD degrees, 24 Master of Arts degrees, and four Master of Science degrees were awarded. *Alpha Omega Alpha* (National Honorary Society) — William J. Ackerman, Dana E. Jock, Nancy L. Lieberman, Charles J. McAllister, Robert L. Penn, Melvin R. Pratter, Michael R. Savona, Stephen A. Smiles, Richard A. Spector, Dennis E. Stempien.

Thesis Honors — Daniel C. Wistran

Upjohn Award (zeal, diligence, application in study of medicine) — Maxine D. Hayes

Buffalo Surgical Society Prize in Surgery (academic excellence) — Dana P. Launer

David K. Miller Prize in Medicine (demonstration of Dr. Miller's approach to caring for the sick — competence, humility, humanity) — Michael A. Sansone

Gilbert M. Beck Memorial Prize in Psychiatry (academic excellence) — James S. Marks

Philip P. Sang Memorial Award (efficiency in practice of medicine, dedication to human values) — Michael R. Savona

Morris Stein Neural Anatomy Award (excellence in neural anatomy) — Michael V. Murphy

Maimonides Medical Society Award (application of basic science principles to practice of medicine) — William J. Ackerman

Hans J. Lowenstein Award in Obstetrics (academic excellence) — Michael R. Savona

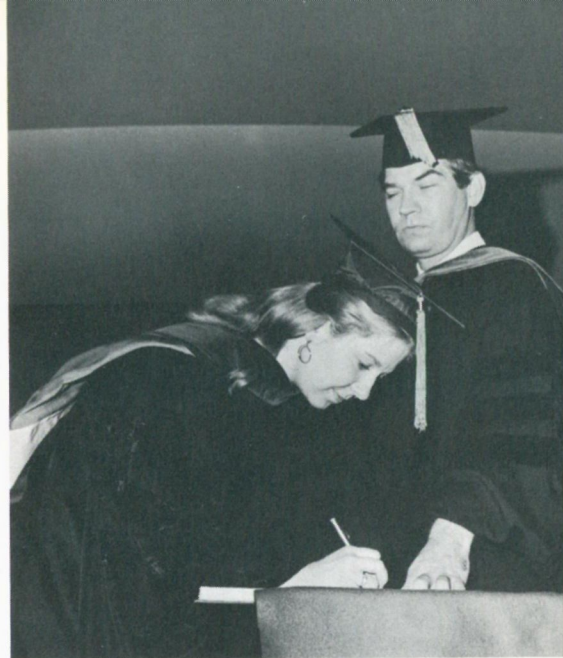
Bernhardt and Sophie B. Gottlieb Award (combination of learning, living, serving) — Michael A. Sansone

Mark A. Petrino Award (demonstrated interest, aptitude for general practice of medicine) — Daniel J. McMahon

Lieberman Award (interest, aptitude in study of anesthesiology) — Steven T. Pugh

Emilie David Rodenberg Memorial Fund (academic excellence in study of diabetes, its complications) — Kenneth L. Gayles

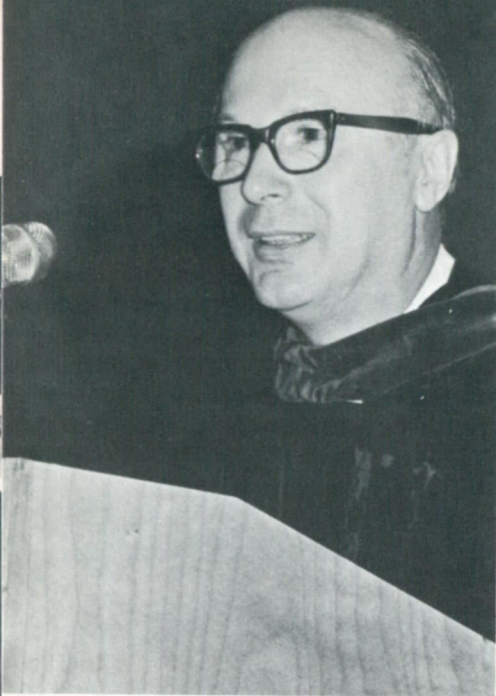
Dr. Heinrich Leonhardt Prize in Surgery (academic excellence) — Robert L. Penn □



Linda Young, Dr. Cumiskey

Michael Sansone, class president all four years, said "complete and competent medical care is our prime motivation . . . that he (Dr. Megahed) has literally devoted mind/soul to educating students, caring for patients."





"I have always used teaching as a way to make learning easier for myself . . . I have learned much from teaching you," Dr. Jules Constant said. He was honored in the Medentian.



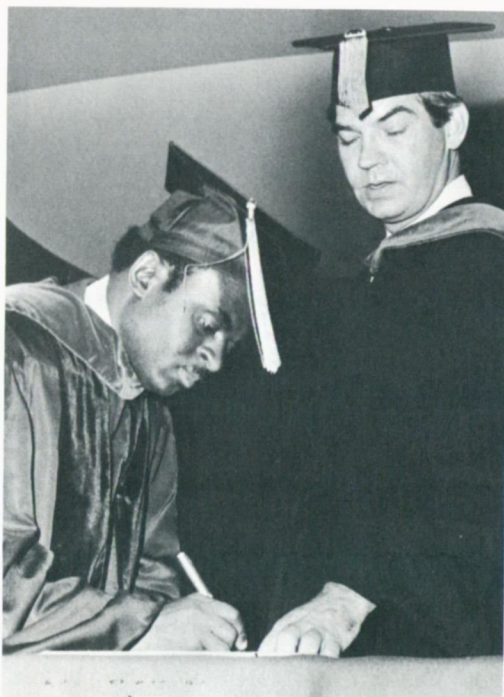
Graduate students receive their master's and Ph.D. degrees.

Five black students were among the 115 medical graduates. Only six black physicians graduated from the Medical School before 1967.

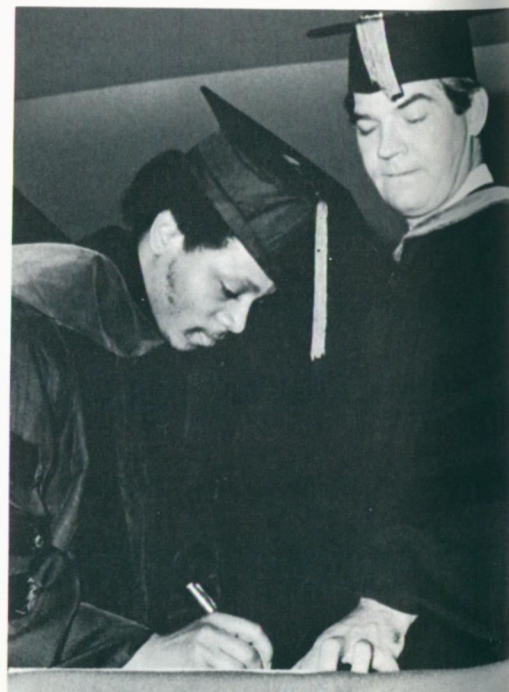
Roger Simon receives congratulations from William C. Baird, chairman of the University council.



Charles Anderson, Dr. Thomas Cummiskey



Kenneth Gayles, Dr. Cummiskey



5,853 Graduates

In a commencement luncheon address on the tenth floor of Goodyear Hall, President Robert L. Ketter said that the 1973 graduating class of 5,853 students is the largest in the school's history and brings to a total of 71,928 the number of graduates of the school since it was founded in 1846. More than half of that total, 38,767, have graduated in the eleven years U/B has been a member of the State University of New York. As a private institution, the University graduated only 33,161 in the 116 years from 1846 to 1962.

Dr. Ketter made special note of the 97 Equal Opportunity Program students receiving their degrees, 23 of whom have achieved honors. 16 were graduated cum laude, 5 magna cum laude and 2 summa cum laude. One of the summa cum laude students maintained an academic average of 3.8 of a possible 4.0. The Equal Opportunity Program was initiated at U/B for underprivileged students following the assassination of Martin Luther King in 1968. This year's class is the program's second full graduating class.

In analyzing the total number of 1973 U/B graduates, Dr. Ketter said that 484 doctorates, 1,290 masters, 3,664 bachelors and 45 associate degrees are being awarded. 115 medical doctors and 75 dentists were graduated, while the School of Law awarded 180 Juris Doctor degrees. The graduates came from 49 New York State counties, 18 states, and 35 foreign counties.

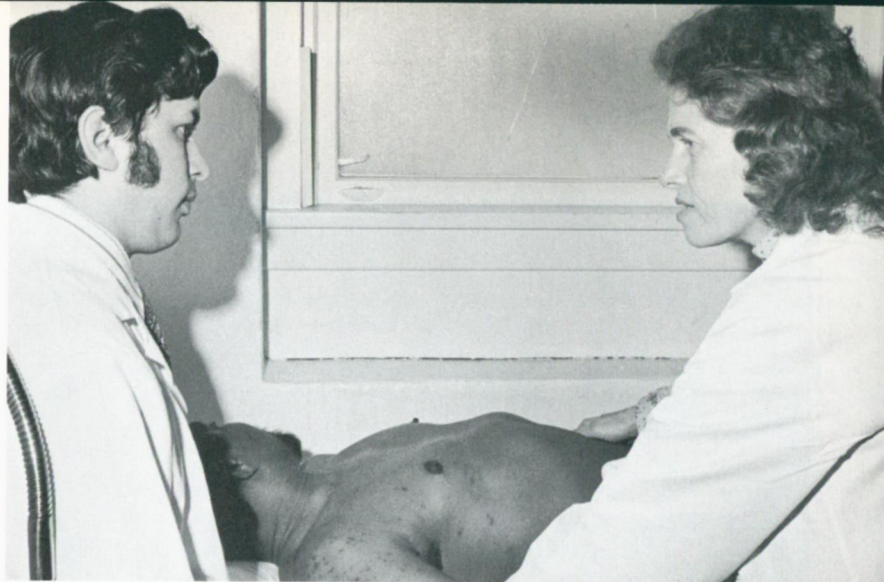
Commenting on U/B's decentralized commencement ceremonies initiated this year, Dr. Ketter described "preliminary opinions" as "favorable." He said that the 15 separate ceremonies attracted more than 13,000 friends or members of the families of graduates and a higher proportion of graduates than participated last year.

Dr. Ketter concluded his remarks by citing seven members of the U/B faculty and staff retiring this year after a combined University service of 225 years. They are: Dr. Gregory Breit, distinguished professor of physics; Dr. Raymond Ewell, former vice president for research; Miss Dorothy M. Haas, former director of Norton Hall; Dr. John Horton, professor of American history and former department chairman; Dr. A. Margaret Larsen, former chairman of functional nursing; Dr. Harriet F. Montague, professor of mathematics, and Dr. Oscar A. Silverman, director emeritus of university libraries and former English Department chairman. □

Drs. S. Mouchly Small, Cedric Smith, Edward Marra.



Drs. Ellison and Ronald Rohe, a Fellow in oncology and hematology, examine a patient.



TREATMENT, TEACHING AND RESEARCH are the main thrusts of the first Medical Oncology unit at the E. J. Meyer Memorial Hospital. Here, Dr. Rose Ruth Ellison and a team of oncologists, fellows, and residents will study and treat the gamut of neoplastic diseases seen in the outpatient service and in the hospital. They will also provide consultation and work with physicians and surgeons treating patients who have neoplastic diseases.

"Our group," says Dr. Ellison who is an associate professor of medicine, "will be particularly involved with patients who have recurrent disease and those with neoplastic problems who are no longer amenable to surgical or irradiation treatment."

The investigator, who has over 20 years of experience in clinical cancer research, drug trials, clinical pharmacology in leukemias, lymphomas, and solid tumors, is planning a joint medical oncology/hematology training program where medical house staff and fellows will study the natural history of these diseases. "We want them to learn about methods of specific and supportive care for these patients," Dr. Ellison, who is also the hospital's associate director of medicine, said. The fellows will also participate in clinical pharmacologic studies that must precede the therapeutic evaluation of new drugs in patients with cancer.

For medical students, there will be a joint medical oncology/surgery approach to their cancer teaching program. The medical oncology team will join the surgical group headed by Dr. Gerard Burns, who is associate professor of surgery, in clinical conferences, discussion of patient care and didactic lectures for the student who will have access to cancer teaching materials. For those seniors who want a more concentrated approach, there will be the opportunity of an elective in the medical oncology unit.

Says Dr. Ellison, "Before we give any drug to a patient, we want to complete a wide range of clinical and laboratory studies to arrive at a profile of a tumor in that patient. We then treat according to protocols that take advantage of the chemical structure and biochemical activity of the drugs involved. Such protocols standardize the routes and schedules of drug administration, the measurement of the effects of a compound on the tumor in a particular disease, the kinds of patients to be treated, and the methods for analyzing the effects. We have developed a standardized type of record keeping that involves an enormous amount of cooperation among national investigators as a means to learning more about clinical cancer and improving available treatment."

A New Medical Oncology Unit

Dr. Ellison, a graduate of Columbia University College of Physicians and Surgeons, will continue as executive officer of an international cooperative group, Acute Leukemia Group B, which is active in evaluation of new chemotherapeutic methods in leukemias, lymphomas, and solid tumors. In this research group, funded by the National Cancer Institute and headed by Dr. James F. Holland, research professor of medicine and chief of Medicine A at Roswell Park Memorial Institute, are clinical and laboratory scientists from over 50 hospitals and six countries who study the results of treatment in more than 1500 patients a year. Such patients, are treated under formal controlled protocols with standardized methods of treatment, record keeping and evaluation. Clinical research in such cooperative studies, points out Dr. Ellison, has already led to development of markedly improved treatment for acute leukemia in children. Less marked, but definite improvement in available treatment for acute leukemia in adults, is now being seen.

"While chemotherapy alone is curative only in some patients with choriocarcinoma, Wilm's tumor and Burkitt's lymphoma (and hopefully in some children with lymphocytic leukemia), it is palliative in numerous other situations," says the former associate chief of Medicine A at Roswell Park Memorial Institute and staff member at Memorial Hospital and Sloan-Kettering Institute in New York City.

"It is expected that large-scale study of combinations of drugs — alone or in combination with other modalities of therapy — will lead to considerable improvement in the treatment of other cancer," she said.

Dr. Ellison is a member of the Advisory Committee on Clinical Investigation of the American Cancer Society, The Cancer Clinical Investigation Review Committee of the National Cancer Institute, and the National Board of Trustees and the Medical and Scientific Advisory Committee of the Leukemia Society of America, Incorporated. She is also secretary-treasurer of the American Society of Clinical Oncology, and will continue to be a consultant at Roswell Park. Dr. Ellison's husband, Dr. Solon A. Ellison, is professor and chairman of the Oral Biology Department in the Dental School at the University. □

Dr. Edward S. Henderson is the new chief of Medicine A at Roswell Memorial Institute. He served as head of the Leukemia Service Department, National Cancer Institute, Bethesda, Md., since 1965. Dr. Henderson replaces Dr. James F. Holland who joined the staff of Mt. Sinai Hospital, New York City.

Dr. Stephen Alpert, Dr. Ronald Rohe, Dr. Ellison, Stephen Yerkovich, 3rd year medical student, Donald Younkin, 3rd year medical student, and Dr. Richard Bettigole, associate professor of medicine, examine a patient.



Summer Fellowships

For 49 medical students, studies were not over when the spring session ended in May. Through the unique opportunity of \$750 to \$1000 fellowships, 30 freshmen, 16 sophomores, and 3 juniors are spending a ten-week period in a new or continuing clinical or research experience.

In reviewing applications received from medical students that outlined proposed research or clinical projects under specific preceptors, the six member summer fellowship committee (three from basic sciences, an equal number representing clinical departments) under chairman Dr. Carl J. Bentzel awarded nine \$1000 fellowships to continue outstanding projects begun earlier. Through this program, the associate professor of medicine hopes to encourage medical students to continue project-oriented research on their own time during their four years of medical school.

Pointed out Dr. Bentzel, "some of these projects are as carefully planned and pursued as research projects by senior faculty." Receiving these special stipends were Jack Cukierman, John Hedger, Lynne Hochberg, Michael Nakao, Mary Roembolt, Ian S. Brown, James Burdick, Nina Kostraba, and Robert Weiss.

Over half of the students (31) are working on projects involving basic medical sciences, clinical research as well as in the study of health care services. The remaining 18 are furthering their education through preceptorships in the clinical field.

Most (43) remain in Buffalo to work in University research laboratories and at Roswell Park Memorial Institute, in local hospitals or in health clinics located in the county. Two traveled to Ecuador and Colombia (South America) to gain insight into medical practices there while one is spending the summer at a Brooklyn Medical Center, another at the University of Rochester.

\$1,000 Continuing Fellowship

Local	Project
Cukierman, Jack '75	Testing implanted device for peritoneal dialysis
Hedger, John '75	Effect of antiarrhythmic drugs on digitalis-induced atrial arrhythmias
Hochberg, Lynne '75	Morphological study of two neurosecretory systems related to salt/water balance in <i>Lebistes Reticulatus</i>
Nakao, Michael '75	Perception/processing of stimuli alternating between receptive surfaces in audition/somesthesia
Roemboldt, Mary '75	AC current response to altering epithelial morphology
Brown, Ian S. '74	Sensitization of human lymphocytes to autologous malignant cells
Burdick, James '75	Induction/treatment of Wilm's tumor in Wistar/Firth rats
Kostraba, Nina '75	Nonhistone proteins/gene regulation
Weiss, Robert '76	Enhanced sensitization of cultured human lymphocytes to autologous malignant cells

CLINICAL

Bishop, William C. '76	Experience in a mental health emergency clinic
Gitterman, Benjamin '76	Community medicine
Goldfield, Norbert '76	Societal response to managing drug abuse

Jewish Hospital/Medical Ctr.,
Brooklyn, Dr. B. Levowitz
E.J. Meyer Hospital, Dr. S.
Wittenberg
Anatomical Sciences, Capen Hall,
Dr. E.R. Hayes
Psychiatry, 2211 Main Street,
Dr. S. Axelrod
Veterans Hospital, Dr. C. Bentzel
Roswell Park Mem. Institute,
Dr. J. Mitchen
Roswell Park Mem. Institute,
Dr. G. Murphy
Biology dept., Dr. T. Wang
Roswell Park Mem. Institute,
Dr. J. Mitchen

E.J. Meyer Hospital,
Dr. M. Gerstenzang
Jesse Nash Health Center,
Dr. A. Goshin
E.J. Meyer Hospital, Dr. C.
D'Amanda

Kramer, Stanley J. '76	General preceptorship in a state school
Krawczyk, Justine A. '76	Experience in treatment of alcoholism
Krypel, Geraldine '76	Community health care/delivery
Lichtenstein, Howard '76	Preceptorship in geriatrics
Pohl, Melvin I. '76	Child psychiatry
Ritter, Thomas L. '76	Rural clinic/hospital experience
Russell, Keith '74	Evaluating infants born to methadone dependent mothers
Shriro, Linda '76	Child psychiatry
Tardino, John A. '76	Rehab. approach to physically handicapped/retarded children
Weiss, Barry D. '76	Rehab. approach to physically handicapped/retarded children

RESEARCH

Local

Anderson, Serafin C. '76	Project Compare blood pressure measurements in low birth weight infants by three different methods
Bartkowski, Henry '74	Electron microscopic studies of human ependymal linings in hydrocephalus
Cohen, William I. '75	Idiopathic hypopituitarism
Bowe-Anders, Constance '76	Postnatal dev/funct. differential of mammalian retina
Ferraras, Richard '75	Antibody response to specific bacterial infections
Friedes, Francine E. '76	Relating ob/gyn patient's sex edu/attitudes on menstruation/ovulation/pregnancy to socio/econ status
Fogel, Marshall A. '76	Estrogen antagonism of activating effect of androgens on prostatic membrane ATPase
George, Donald E. '76	Isolate/characterize hexoseaminidase A; invest. Tay-Sachs disease
Horner, Douglas '76	Factors affecting cadmium distr/excretion in rat
King, Janet '76	Evaluate psychiatric problems in patients undergoing radical surgery for cancer therapy
King, Peter '76	Specimen preparation for gross human anatomy
Kulick, Kevin B. '76	
Lazoritz, Stephen '76	Study knowledge/attitudes on pre/postabortion counseling of male
Neander, Michael J. '76	Investigate relationship between pharmacokinetics of antibacterial agents/clinical success of drug therapy in urinary tract infection of pediatric patient
Nocek, Marie A. '76	Prepare prosected specimen for gross anatomy
Rowland, Michael C. '75	Study ligation of intestinal lymphocytes; effect on serum lipids
Samuel, Agnes L. '76	DNA content of normal/abnormal cells in retina of rat
Schenk, Carlos '76	Failure of prenatal masculinization
Szfler, Hanley J. '75	Renal clearance of digoxin used as guide to drug therapy
Wagman, Bernard '76	Anesthesia procedures, respiratory physiology
Warner, Natalie '75	Effect of 6-aminonicotinamide on dev. nervous system/rat
Zak, Thaddeus A. '76	Physiologic function of superoxide dismutase; a "new" enzyme

FAMILY PRACTICE (arranged by Dr. James R. Nunn)

Cassiano, Coley J. '75	Dr. Robert Haines, 3435 Bailey Avenue
Franklin, Hall A. II '75	Dr. Herbert E. Joyce, 3435 Bailey Avenue
Zinn, Steven '75	Drs. E.R. Haines, J. Nunn, Deaconess Hospital

INTERNATIONAL

Burke, Alan M. '76	Medical practice in Ecuador
Trautman, Paul D. '75	Clinical preceptorship in a Colombian hospital

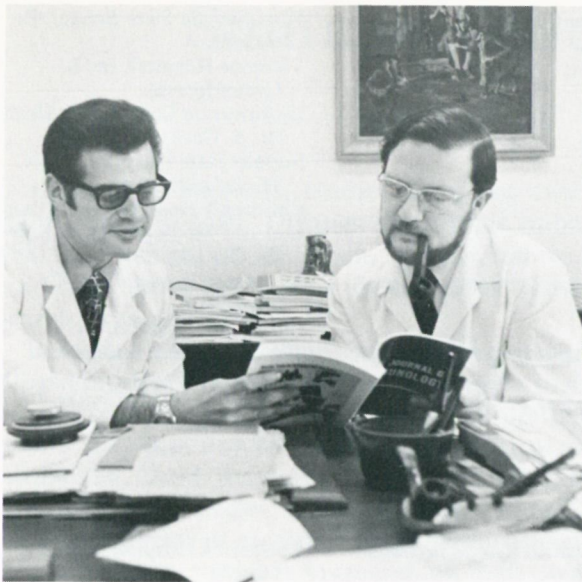
West Seneca State School, Dr. L. Huzella
Veterans Hospital, Dr. L. Lewandowski
Lackawanna Community Health Ctr., Dr. A. Goshin
Buffalo State Hospital, Dr. N. Winkelstein
Children's Hospital, Dr. T. Anders
Concord Medical Grp, Springville, Dr. C. Rodgers
E.J. Meyer Hospital, Dr. C. D'Amanda
Children's Hospital, Dr. T. Anders
Children's Rehab. Center, Dr. E. Warner
Children's Rehab. Center, Dr. D. Kerr-Grant

Children's Hospital, Dr. G. Ciacoia
Anatomical Sciences (Capen Hall) Neurosurgery (Meyer), Drs. J.C. Lee, L. Bakay
Children's Hospital, Dr. T. Aceto
Neurosensory Lab., Dr. W. Noell
Children's Hospital, Dr. E. Neter
E.J. Meyer Hospital, Dr. L. Hevivy

Veterans Hospital, Dr. W.E. Farnsworth
Children's Hospital, Dr. R. Davidson
U. of Rochester, Dr. J.C. Smith
Roswell Park Mem. Institute, Dr. M. Plumb
Anatomic Sciences (Capen Hall), Dr. J.C. Lee
Erie County Medical Group, Mrs. E. Kaiser, C. Lechner
Children's Hospital, Dr. T. Aceto

Anatomical Sciences (Capen Hall), Dr. J.C. Lee
Veterans Hospital, Drs. D. Dean, A. Gage
Neurosensory Lab., Dr. W. Noell
Children's Hospital, Dr. H. Meyer-Bahlburg
Millard Filmore Hospital, Dr. F. Kauffman
E.J. Meyer Hospital, Dr. R. Markello
Pharmacology Dept., (Capen Hall), Dr. F. Kauffman
Biochemistry Dept., (Capen Hall), Dr. M. Ettinger

Clinical Urdess, Guayaquil (arranged by Dr. E. Beutner)
Ibaque, Columbia



Drs. Cohen and Bigazzi go over research results.

Cellular Immunity

Dr. Cohen has contributed over 50 scientific articles and is editor of three journals in his field. He has co-authored a book with Dr. Robert T. McCluskey of Harvard University, who served as chairman of pathology at UB from August 1968 to September 1971 on Mechanisms of Cell-Mediated Immunity. It details various areas of immunology mentioned in this story. □

There is a diverse approach in Buffalo to the study of a rapidly-growing field of immunologic research called cellular immunity. A team of investigators with Drs. Stanley Cohen and Takeshi Yoshida, are looking at a specific class of immune reaction that is mediated by living cells called lymphocytes rather than by antibodies. This immunologic response functions as an enhancing system. For it makes inflammatory cells work more effectively at sites where antigen is present in the body.

Responsible for this activity are factors known as lymphokines. Soluble substances produced by sensitized lymphocytes, they also produce profound effects on many other kinds of cells. The first lymphokine to be discovered, migration inhibition factor (MIF) by Dr. John David of New York University and Dr. Barry Bloom of Albert Einstein University, is now under study in the laboratories of Dr. Cohen.

What the professor of pathology and former acting director of The Center for Immunology basically wants to do "is to identify new lymphokines, characterize them in relation to one another, and explore the range of their biological activity."

This approach was pursued in his studies with Dr. Hidekichi Sonozaki on the effects of lymphokines on inflammatory exudate cells within the peritoneal cavity of guinea pigs. Not only did they show that MIF (previously defined only *in vitro*) could function within the intact animal but that a specific kind of lymphocyte, called a T-cell, was responsible for the reaction. Also pinpointed in some lymphokines was another important property known as chemotaxis. These are chemical agents which attract living cells.

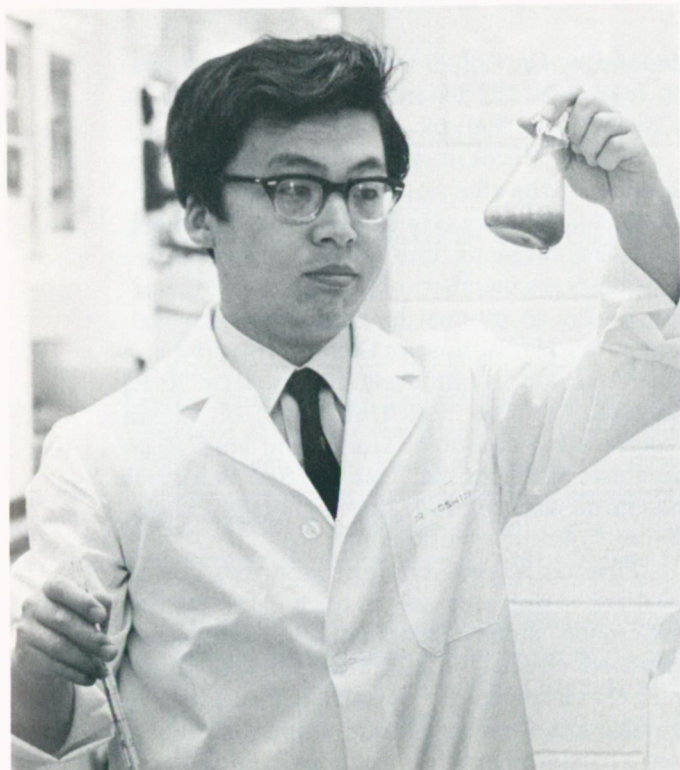
These findings led to a series of experiments on chemotaxis of various inflammatory cells with Dr. Motomichi Torisu and University of Connecticut's acting pathology chairman Dr. Peter Ward. The investigators were the first to

discover the mechanism by which eosinophils are attracted to immunologic reactions in certain allergies and autoimmune diseases. This mechanism involves the formation of a substance called ECF by sensitized lymphocytes.

Said Dr. Cohen who is a Columbia College of Physicians and Surgeons graduate (1961), "during our investigations we continually ask whether substances under study have any real significance inside the body. While it is obviously worthwhile to describe a factor affecting cells in a test tube or tissue culture system, until we know that it functions *in vivo* we have no proof that it is useful in protection against disease."

He cited a lymphokine discovered through a biophysical technique pioneered by microbiologist Dr. Carel J. van Oss that affects the surface tension of inflammatory cells. However it awaits the defining of an *in vivo* system to prove whether it may play an important role in modifying inflammatory cells by making them more efficient scavengers.

Dr. Yoshida checks a lymphocyte culture.



Dr. Cohen "asks" the results of a computer program.

Because of continued concern with human applications, the investigators, joined by Dr. Takeshi Yoshida, turned to studies of mediator substances which could be directly extracted from immunologic reactions. They showed that many factors previously found only in cultures of sensitized lymphocytes could be detected in tissue extracts as well. "We seem to have established a link in the chain of events," said Dr. Cohen, "which begins with the 'switching on' of a specific lymphocyte and ends with an immunologically-induced inflammatory reaction."

The lymphokines provide one route by which the immune system serves a protective function. It is especially important in diseases involving viruses, fungi, and certain intracellular parasites. However the 36-year old immunopathologist is quick to point to similar factors made by other kinds of cells in the body that also play a role in resistance to disease. Their production is not dependent upon the immune system. He pointed to interferon production as an example.

Could cells infected by viruses be induced to produce substances which function like lymphokines as well as interferon? asked Drs. Cohen and microbiologist Dr. Tom Flanagan. With Drs. Peter Ward and Takeshi Yoshida they showed that mumps virus and Newcastle disease virus could induce nonlymphoid cells in tissue culture to produce MIF as well as chemotactic substances.



A group of investigators check a radioactive immunologic assay.

Further investigations with oral biologist Dr. Robert Genco showed that mumps infection of monkey parotid glands led to the release of similar factors within the glands themselves. Extracts of these glands, when injected into normal tissues, produced identical inflammatory reaction to those in infected glands.

Encouraged by results in infectious diseases, the Buffalo team turned to a study of various malignant states. With Dr. Pierluigi Bigazzi, they showed that certain oncogenic (tumor-producing) viruses could induce infected cells to make lymphokine-like substances. Moreover, in a series of experiments with Dr. Richard Zeschke lymphokines themselves were found able to modify the behavior of tumor cells.

In cooperative studies with Drs. Ben Fisher of the Veterans and Richard Bettigole of the Meyer Hospitals, patients with lymphoma and leukemia are being studied for similar effects. Already demonstrated is the appearance of MIF in the sera of some of these patients at certain stages of their disease. Future studies are

planned by Dr. Cohen to correlate this promising lead with the extent of malignant disease or response to therapy.

These diverse multidisciplinary approaches to the study of mechanisms of inflammation and immunity involve pathologists, internists, surgeons, and microbiologists. Even computers are members of this informal "team." Continuing an interest he developed as a resident at the Massachusetts General Hospital and while training in immunology under Dr. Baruj Benacerraf at New York University, Dr. Cohen is performing computer simulation studies on the above phenomena. Much of the work has been done with Martin Milgrom, a medical student at Columbia University.

This collaborative approach extends to training programs in which Dr. Cohen participates such as basic pathology course, an advanced elective in computer programming, W.H.O.-sponsored immunomethodology courses, and a series of international convocations sponsored by The Center for Immunology.

□

Mr. Marshall G. Ause, director of management and planning for the Chicago-based American Hospital Association (since 1968) is the new director of the E.J. Meyer Memorial Hospital. He assumed his new duties August 1.

A native of Minnesota, Mr. Ause has 27 years of experience in hospital administration. He holds a master's degree in hospital administration from the University of Minnesota and received his bachelor's degree from St. Olaf College, Northfield, Minnesota. He has held top level administrative posts at military hospitals in North Little Rock, Arkansas and St. Cloud, Minn., at civilian hospitals in Orange, Calif., Brooklyn, N.Y. and Milwaukee, Wisconsin.

Mr. Ause has served on the advisory council for the Hospital Administration course at the University of Minnesota's School of Public Health and has lectured at several West Coast colleges and universities. His responsibilities in Buffalo will include planning the operation of the county's new \$87.5 million Comprehensive Health Center, under construction adjacent to the Meyer.

"I was attracted to this position by the high quality of medical care, the dedicated hospital advisory board, the new facility under construction and the hospital's affiliation with the University Medical School. Also I think Buffalo will be a very attractive place to live." □

Ause Heads Meyer Hospital

Dr. Donald Larson Joins Faculty

Dr. Donald A. Larson has been named associate vice president for health sciences and professor of biology. Since 1959 he has been professor of botany and director of education for health professions at the University of Texas at Austin.

Dr. Larson, a native of Chicago, received his bachelor of science degree (1953) from Wheaton College and master of science (1955) and doctor of philosophy (1959) degrees from the University of Illinois.

He received a Teaching Excellence Award from the University of Texas Students' Association in 1966. He is a member of the Botanical Society of America, American Society of Cell Biology and Sigma Xi. He has authored more than 30 papers published in professional journals. □

Dr. Larson





Dr. Constant

Medentian Honors Two Professors

Dr. Wiecekowsky



Two Health Sciences faculty members were cited for their dedication to teaching and concern for students in the Medical/Dental schools' student yearbook, *Medentian*. Dr. Gerard Wiecekowsky, Jr. was honored by the dental students and Dr. Jules Constant by the medical students.

Dr. Wiecekowsky, 31, is assistant professor of operative and public health dentistry. He joined the dental faculty in July 1969 as a teaching fellow following graduation from SUNYAB dental school. While a dental student he served as senior class president, editor-in-chief, *Medentian*, was a member of the Med/Dent Student Council, on the dean's search committee, faculty conference on education, and received the senior class alumni award. As a faculty member he has lectured extensively throughout the state on preventive medicine among other subjects, and has been deeply involved in both student/faculty relations. His current research centers on developing a protocol to study anterior restorations and a staff study of pit/fissure sealants.

Dr. Constant, 51, is clinical associate professor of medicine who has been on the faculty since 1962 when he was instructor in medicine. The Canadian-born cardiologist received his MD degree from the University of Toronto in 1953, interned at Washington, D.C.'s Central Dispensary and Emergency Hospital, followed by a residency in general practice in Arizona and a year of general practice in Canada before resuming his training in the field of internal medicine in San Diego's Mercy Hospital. A year in private practice there preceded a fellowship in cardiology in London with Dr. Paul Wood. He returned to Buffalo in 1960 to spend the next four years as a research fellow in cardiology at Buffalo General Hospital. He authored several articles and two books, *Bedside Cardiology* and *Learning Electrocardiography*, (a complete course).

In their dedication to Dr. Wiecekowsky, the dental students said "in the four short years that Dr. Wiecekowsky has been on our clinical staff he has shown a talent for teaching that has gained him the respect and admiration of those he has guided. Only when concern for the student and concern for the design of his educational experience are held primary, can the teacher most effectively achieve his goals. Dr. Wiecekowsky is always available and approachable whether in or out of the clinic. He has taken active part in committees of faculty-student interaction where his unique background as recent graduate and instructor make him sensitive to the positions of both parties. In appreciation for his work and desire to serve us, we the Class of 1973, make this dedication."

In their dedication to Dr. Constant, the medical students said "it is with great pleasure that the Class of 1973 dedicates this yearbook to Dr. Jules Constant . . . represents a very rare breed of medical educator — one who literally spends all his time with medical students. There are very few members of the Class of 1973 who did not attend and thereby profit from his weekly sessions in cardiac physical diagnosis and electrocardiography during our sophomore year. And during any month of the school year at the Buffalo General Hospital one can see several senior students trailing behind him as they head for the coffee shop and a discussion or to one of the floors for a consult. It is his enthusiasm as a teacher and his never-ending willingness to inconvenience himself and his family for the sake of students that has earned our deepest respect and gratitude."

A 1921 honor graduate of the Medical School was among eight leaders in education, business and politics honored in June at the 34th annual installation and awards dinner of the University's Alumni Association. Dr. Bernhardt S. Gottlieb received the Distinguished Alumni Award. He is still in psychiatric practice in New York City and teaches at the State University Downstate Medical Center and New York University.

Dr. Gottlieb interrupted his long practice for a three-year residency at the New York State Psychiatric Institute. He has also earned a bachelor's degree in social sciences from City College of New York, and a doctor of medical science in psychiatry from Columbia University College of Physicians and Surgeons.

Bernhardt Gottlieb has been president of Metropolitan New York City Medical Alumni of U/B, a member of the General Alumni Board and donor of an award which is given annually to a U/B medical graduate who combines living in the community and academic ability. He maintains a lively interest in alumni affairs and in particular, the Bernhardt S. and Sophie B. Gottlieb Psychiatric Library Fund.

Mr. Gerald C. Saltarelli, chairman and president of Houdaille Industries, Inc., and Mr. Charles K. Bassett, businessman and philanthropist, received the Capen and Cooke Awards. Mr. Morley C. Townsend, immediate past president of the alumni association, received the President's Award from Dr. Robert L. Ketter. Four others — Hon. Earl W. Brydges, Hon. Charles S. Desmond, Dr. Anthony S. Gugino, and Dr. Olive P. Lester — received Distinguished Alumni Awards. □

Dr. Gottlieb Honored



Dr. Gottlieb

Future Alumni Receptions

Since its inception in July' 1969 as a part of the annual alumni program, 611 alumni have attended cocktail receptions hosted by the Medical Alumni Association. Mr. David Michael, director of medical alumni affairs, said that the following receptions planned for 1973-74 are open to all alumni, faculty and friends of the Medical School.

American College of Surgeons

October 15-19, 1973 — Chicago, Illinois (Alumni Reception

October 16, 1973 at Conrad Hilton)

Medical Society of the State of New York

February 24-28, 1974 — New York City Americana Hotel

American College of Physicians

April 1-5, 1974 — New York City

American Medical Association

June 22-27, 1974 — Chicago, Illinois

American College of Surgeons

October 21-25, 1974 — Miami, Florida, Fountainbleau Hotel □



For Steven Yerkovich who visits a patient in the home, "the home setting benefits both patient and physician. At least psychologically the patient is much better off."

New Experience for Juniors

JUNIOR MEDICAL STUDENTS are now coming face-to-face with some of the major social problems that medicine is up against in health care for the poor outside of the hospital setting. As part of their medicine elective, students may now spend a full week getting indepth exposure in the E.J. Meyer Memorial Hospital's alcoholism program, hemophilia or drug addiction centers (one is at the Sisters Hospital also). Or they may be assigned to either the Lackawanna or Allentown clinics or to the University Health Center.

"Some students," pointed out Dr. Leonard Katz who is coordinator of third year medicine and heads this new learning experience for juniors, "are even selecting their own rural practitioners in order to become familiar with a different set of social problems."

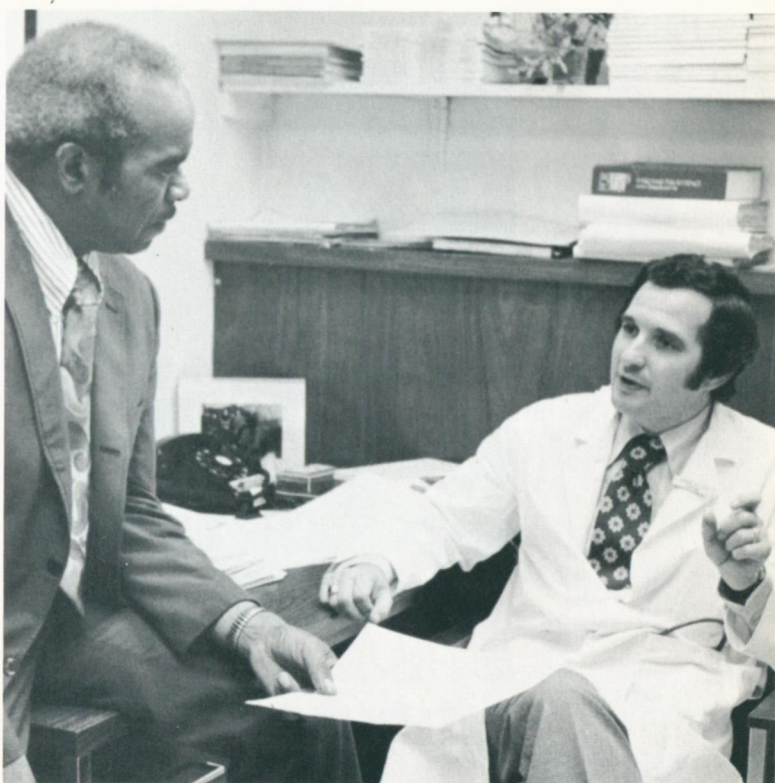
For students assigned to the Lackawanna Clinic, there is not only an opportunity to help care for patients but to learn something of their socio/economic backgrounds during home visits arranged by a family health worker. Agreed assigned students "the home setting benefits both patient and physician. At least psychologically the patient is better off." But they debated whether better health care can be provided in the home.

One student saw this type of medical experience as the "up and coming form of medicine," and the Lackawanna Clinic as one of the "few places where we as students can get this more personal kind of experience" that he would have liked to last longer than a week. Others felt a week to be sufficient during the junior year.

Some students enjoyed dealing with the younger population "not sick enough to be in the hospital but too ill to remain in their rooms." At the University Health Service they witness a "real change from the wheelchair or bedridden hospital patient."

Pointing to greater student responsibility was Dr. Luther Musselman who heads the Service program for "illness here is not so serious." Students often make the decision as to what to prescribe. He felt the experience of all 13 students rotating through the service last year to be satisfactory to all concerned.

Starting in the fall, each new week's group of students will hear a seminar arranged by Frank Corbett, Director of Urban Affairs at the University who has helped Dr. Katz plan this learning experience on health care for the poor. □



Frank Corbett and Dr. Katz review plans for the fall program.

John Pinnella examines a patient's foot during a home visit with family health worker Rosie Reves watching.

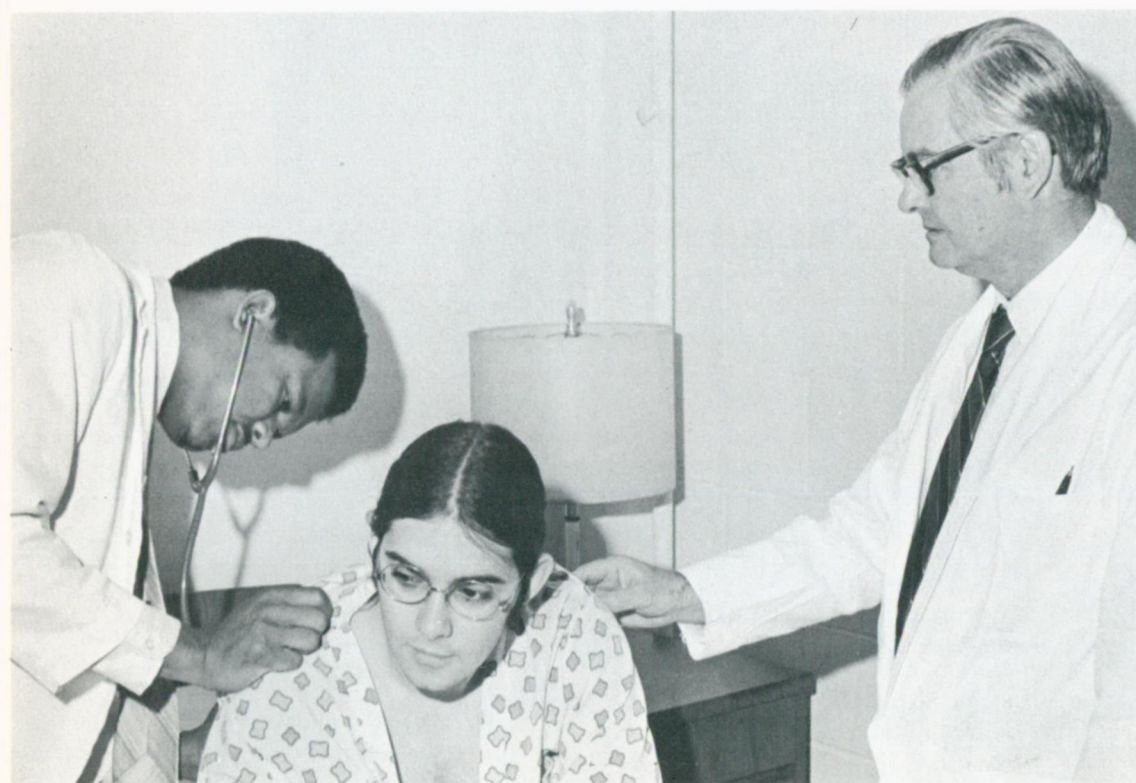


JUNIORS



Dr. Carol Segal who runs Lackawanna Clinic program and Michael Sdao see patient during clinic hours.

Keith Russell examines a student in the University Health Center as Dr. John B. Benny looks on.



Continuing Medical Education

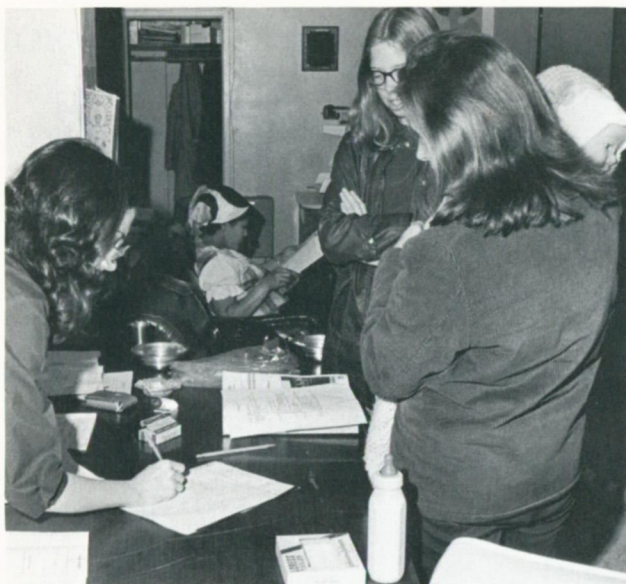
Nine Continuing Medical Education Programs are scheduled during Fall, 1973, according to Mr. Charles Hall, director of continuing medical education. Dates, titles and chairmen of the programs are:

- September 6 — *Arrhythmias*, Dr. Jules Constant, clinical associate professor of medicine.
- October 2-3 — *Human Sexuality*, Dr. Norman Courey, clinical assistant professor of Ob/Gyn.
- October 11-12 — *The Future Role of the State Hospital* (sponsored by Division of Community Psychiatry, CME assisting), Dr. Jack Zusman, professor of psychiatry.
- October 25 — *Hypertension* (with Ciba Pharmaceutical), Dr. Charles M. Elwood, clinical associate professor of medicine.
- October 29-31 — *Computers in Clinical Practice* (sponsored by Journal of Clinical Computing, CME assisting), Dr. Elemer Gabrieli, clinical assistant professor of pathology.
- November 15 — *Evolving Patterns in Community Health*, Dr. Henry P. Staub, associate professor of pediatrics.
- October 30 — *Today's Management in Pulmonary Disease*, Dr. John W. Vance, clinical associate professor of medicine.
- November 6 (Evening)
- December 4-5 — *Gynecological Surgical Techniques*, Dr. David Nichols, clinical professor of Ob/Gyn and Dr. Vincent J. Capraro, clinical professor of Ob/gyn. □

Twenty-three alumni, wives, residents, faculty and guests attended the American College of Physicians alumni reception at the Conrad Hilton Hotel, Chicago, April 10. Mr. David Michaels, director of medical alumni affairs, was the host for the reception.

Those attending from Buffalo were: Doctors George and Mrs. Bauemiller, M'59; Ron Boersma, resident; Marshall and Mrs. Clinton, M'40; John McConville, resident; Thomas G. Cummiskey, M'48; Sattar Farzan, faculty; Merrick Fisher, resident; Mahendra Mirani, faculty; James Morris, resident; Bernard Norcross, M'38; Raymond and Mrs. Partridge, faculty; Sheldon Schwartz, resident; Kamal Tourbaf, faculty. Also — Paul A. Burgeons, M'36, Warsaw, New York; D. King, Philadelphia, Pennsylvania, guest; Michael and Mrs. Lippmann, M'70, Morgantown, West Virginia; James F. Stagg, M'47, Tucson, Arizona; Jack and Mrs. Sternberg, M'72, Cleveland, Ohio. □

Chicago Reception



Mothers sign in with their children.

West Side Health Center

Rosemary McCarthy, a public health nurse, visits with a mother at the baby clinic.



Adequate health care for every person living on Buffalo's West Side. That is the motto of the West Side Health Center at 17 Pennsylvania Street, according to Mr. Ira Stohl, program coordinator. Mothers with their children flock to this outpatient clinic, located in an apartment house development area.

It is here that a group of spirited health professionals (physicians, dentists, nurses, medical students and other volunteers) are working to bring better health care to residents of the area. The Center started as the Allentown-Lakeview Community Health Center on 273 Maryland Street on February 1, 1972.

The Center's main source of income is the annual March on Hunger. In 1972 the Center's share was \$6,700; in 1973 \$5,000 (estimated).

There are three free clinics twice a week — well-baby, maternity and dental. There are other programs to combat lead poisoning, provide immunization and test for tuberculosis. The free dental clinic is available twice a week in the Rath Building. The Erie County Health Department provides the dentists.

The children entertain themselves.





Helen Stephenson, a public health nurse, makes a few notes.



Dr. J. Bhattacharyya examines a youngster.

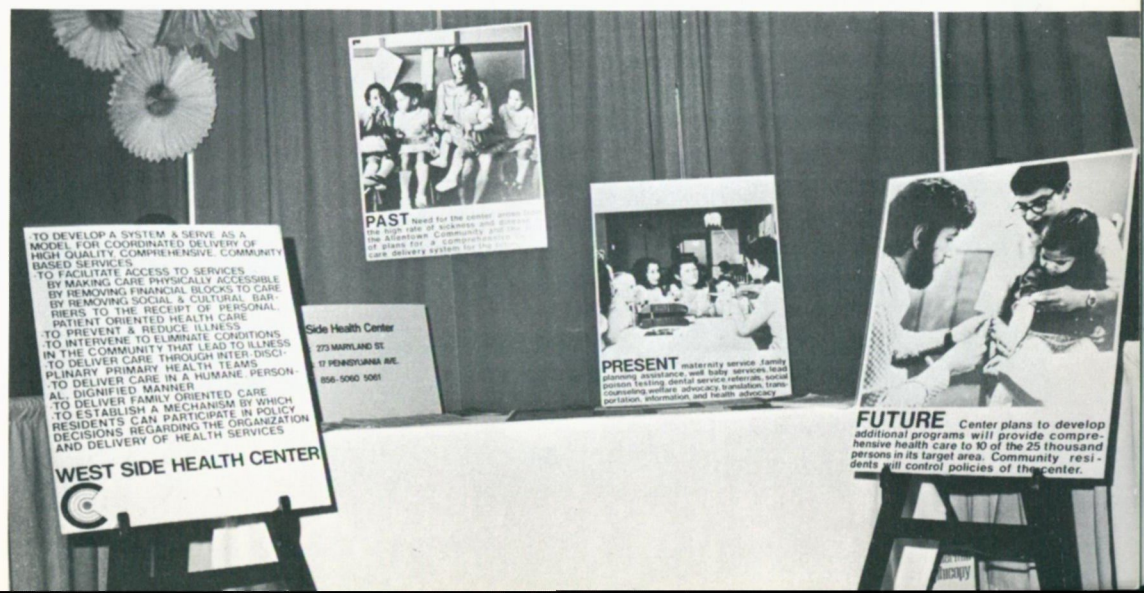
Perhaps more important, the center is willing to take on any number of problems that confront individual residents of the area. If the Center can't provide a certain health service, it has a list of hospitals and clinics that can. This means providing transportation for neighborhood residents who can't get to the hospitals or physicians' offices. Sometimes it means providing interpreters in Spanish and Italian to go along to hospitals and clinics with people who don't speak English well, to help them fill out forms, to stay with them if necessary until they receive the help they need. It even means dealing with health-related problems — negotiating with the gas company about an unpaid bill. ↴

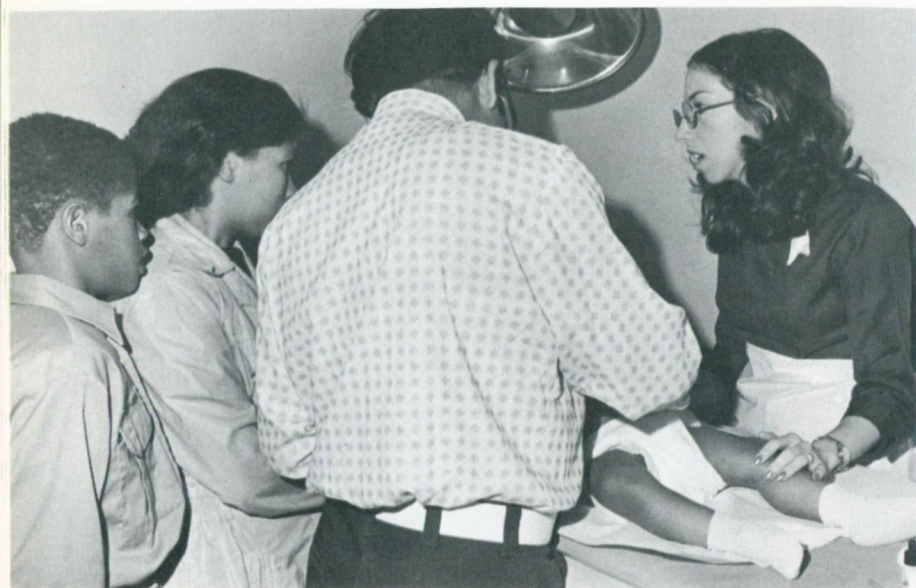


Dorothy Hodges, R.N. of the Erie County Health Department chats with several youngsters.

The West Side Health Center's exhibit won third place at Spring Clinical Days.

FALL, 1973





Ira Stohl

In the fall of 1969 a group of medical students at the University conceived the health center. The Medical School students were reacting to what they felt was a failure on the part of the profession to recognize and respond to the need of the communities for community-based health services. Now the original Center on Maryland Street is used as an administration office and for referral services.

Currently there are about 40 Medical School students involved with the Health Center. There are six regular volunteers and about 15 other University students (not medical students) on the staff.

The Pennsylvania Street clinic cost only about \$400 to equip. There were many donations from private physicians and the Medical School, and Buffalo General Hospital. One pediatrician, about to retire from practice, donated all his office equipment to the clinic. There are five examining rooms, a waiting room, a lab and counseling space in the clinic.

The Erie County Health Department has assigned one full-time county nurse to the clinic as well as physicians who conduct the well-baby clinic every Tuesday morning and the maternity clinic on Wednesday mornings. □

The reception room.



Betty Coggins with mother and baby.



141 Residents, Interns Honored

Certificates were granted to 141 residents and interns who completed all or part of their specialty training at University participating hospitals — Buffalo General, Deaconess, Children's, E.J. Meyer Memorial, Millard Fillmore, Veterans, and Roswell Park Memorial Institute. Chairing the University Residency Program Committee is Dr. William J. Staubitz; professor of surgery and chairman of urology.

ANESTHESIOLOGY

Residency — Drs. E. Wan Kyo, Yik-Shyang Liauw, Jacob Remple

GYNECOLOGY-OBSTETRICS

Residency — Drs. Elyas Bonrouhi, Norman Kenneth DeFoe, Said Dounel, Louis Hevzy, Eduardo N. Madambo

GYNECOLOGY-OBSTETRICS and MEDICINE

Rotating Internship — Dr. Paul S. Kruger

GYNECOLOGY-OBSTETRICS and ANESTHESIOLOGY

Rotating Internship — Dr. Edwardo Moreno

MEDICINE

Residency — Drs. Hassan Amjad, Joseph Badros, Vankataraman Balu, Cecelia Bautista, Ronald Boersma, James Brennen, Anthony Buscaglia, Kenneth J. Clark, Mary Clemens, Joann Data, Merrick S. Fisher, Romesh Kohli, Stanley Lewin, Russell Massaro, John McConville, John McDevitt, Stanley Michalski, James B. Morris, Thomas O'Callaghan, Deolindo Ocampos; Kanubhal M. Patel, Jeffery Pine, Sheldon Schwartz, Uma Shukla, Daniel Yellon

Cardiology — Drs. Raymond Aronson; Andrew Ang, P.M. Ignatius, Rene Oliveros

Gastroenterology — Drs. Luis Maas, David Vastola

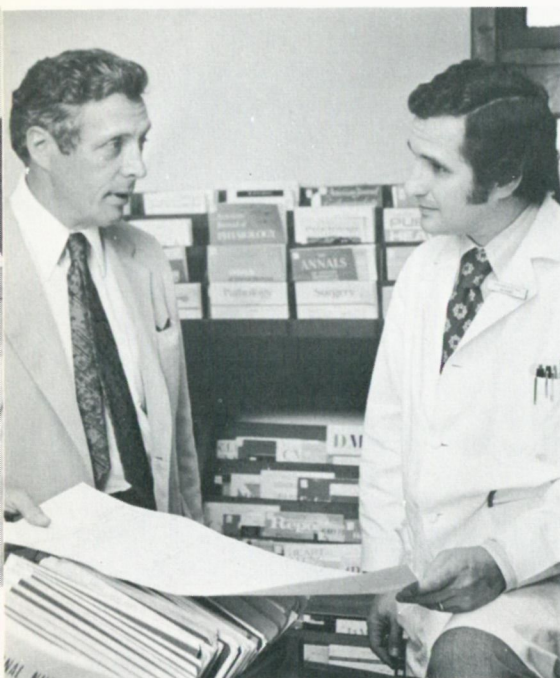
Immunology — Dr. Michael Liebling

Nephrology — Dr. Arshad M. Saeed

Pulmonary — Dr. Richard T. Milazzo

Rheumatology — Dr. Alberto Gentiletti

(continued on page 47)



Dr. Eugene Mindell, who heads the library committee at the Meyer Hospital, shows some of the resource material to Dr. Leonard Katz.

A learning resources center, to aid students as well as housestaff acquire clinical skills through self learning is now underway in the E.J. Meyer Memorial Hospital's department of medicine. A satellite has opened at the Buffalo General Hospital.

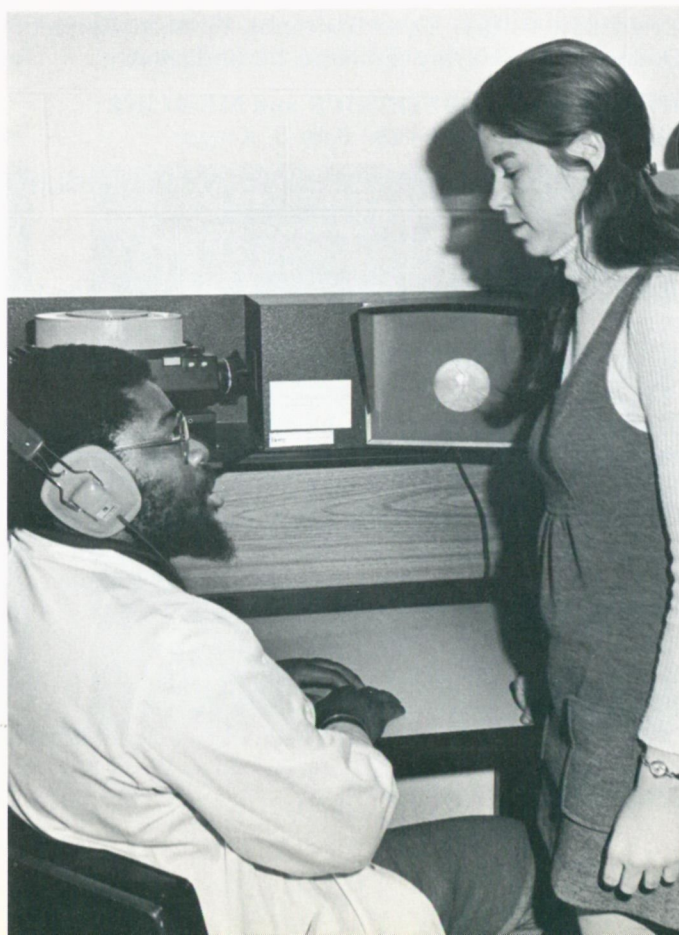
And, says Dr. Leonard Katz who coordinates third year medicine, "the centers have proved a stimulus to continuous self learning. They also serve as means of self assessment."

Located in the hospitals' medical libraries (at Meyer under Anthony Ciko; at Buffalo General under Rita Winer) they have been open daily from 9 a.m. to 8 p.m. and Saturdays from 1 to 3 p.m. over the past year under National Fund for Medical Education support and capitation funds.

In its study carrels are tape decks, slide projectors, videocassette playback decks, and TV monitors. "One can choose from 80 different multimedia programs with slide tape lectures and slide sets," says Dr. Katz. "And with the aid of our xerox machine, material from a core collection of reference texts or reprint files can be duplicated."

But, points out Meyer's GI Unit head, "our materials, carefully selected by faculty and reviewed by students, are also used for group instruction." Dr. Katz looks forward to the broader interdisciplinary look to the program as orthopedic and nursing materials are added to its multimedia collection. □

Librarian Nancy Fabrizio reviews some of the audio/visual material with Jerry Banks, Class of 1974.



Resource Learning Center

Internships — Drs. Thomas R. Beam; Leonard Berkowitz, Richard A. Berkson; William J. Bommer, Robert DiBianco, Robert S. Folman, Alan G. Gasner, Richard Goldman, Ellie J. Goldstein, Robert M. Hoffman, Ismil Ismael, Leslie R. Jaffe, George Kotlewski, Lester Lifton, Ronald Liteplo, William T. Murray, Arthur E. Orlick, Richard J. Rivers, Paul A. Seligman, Henry T. Shenfield; James A. Singer, Laurie B. Tolin, Richard Tolin, Kenneth J. Tomecki, Steven B. Tucker, William T. Wallens, Robert B. Whitney, John W. Zamarra

Rotating Internships — Drs. Mary Clemens, Richard O. Dolinar, Leslie R. Jaffe, Paul Kruger, Thomas J. Lawley, Stephen J. Levine, George Lundgren, Alan Mandelberg, Philip C. Moudy, David Silverstein, Stephen Welk, Bennett G. Zier

NUCLEAR MEDICINE

Residency — Dr. K. L. Parthosarthy

NEUROSURGERY

Residency — Dr. Anthony Avellanoso

ORTHOPEDICS

Residency — Drs. Richard C. Burnside, Joseph G. Cardamone, Jeffrey L. Kahler, Richard M. Stamile

OTOLARYNGOLOGY

Residency — Drs. Mohamad Amhad Afify, Homer Uy Bunag, George Robert Cohen, Arden Merrill Kane

PATHOLOGY

Residency — Drs. Saeed Ahmad, Robert Genovese, Mehroojan Kianian

PEDIATRICS

Residency — Drs. Chiaw-Charn Charavejasarn, Gerald E. Daigler, Francis Jeyaraj, John P. Menchini, John P. Sauer, Arthur W. Simington
Internships — Drs. Richard E. Madison, Robert S. Smith
Internship-Residency — Drs. Kenneth A. Burling, Seth C. Craig, III, John D. Foley, Roger A. Forden, Theodore J. Hajek, Roswitha Moehring, Carol F. Reddy, John A. Rider, Thomas S. Svensson

PSYCHIATRY

Residency — Drs. Richard Joseph Fischer, Jong Sung Lee

REHABILITATION MEDICINE

Residency — Dr. Shash Kala Sethi

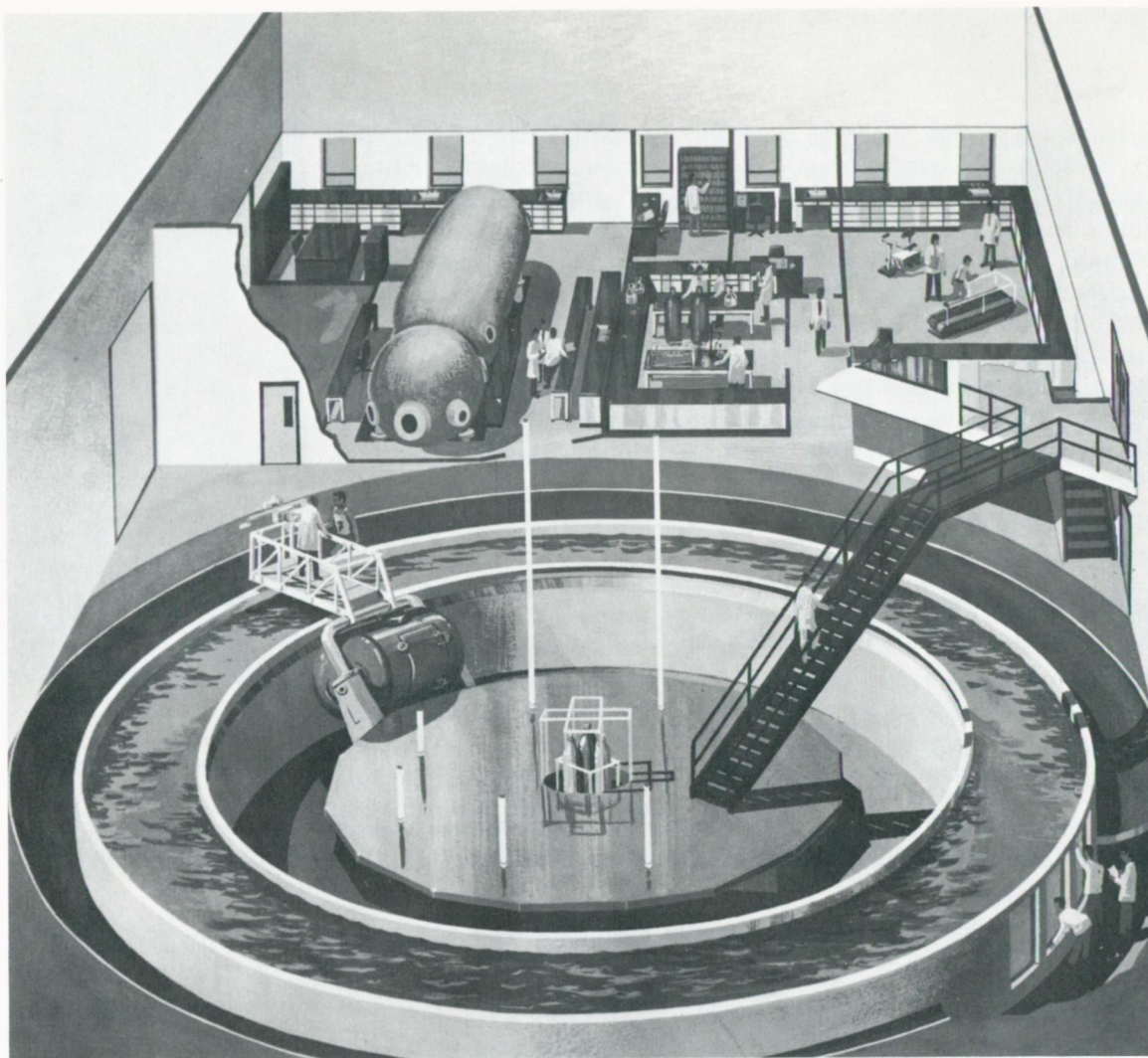
SURGERY

General - Residency — Drs. Boonsong Anantalabhochai, Alan Bullock, Mario Caniza, Victorino Cumagun, Janak Desai, Ernesto Figueroa, Ross Guarino, Shaikat Hayst, Richard Helffrich, Hanley Horwitz, Israel Kue, Jorge Melendez, Robert Milch, Roger W. Seibel, J. Myron Stern, Catherine Vlastou, Tzu-Lang Wu

Thoracic and Cardiovascular residency — Dr. Victor N. Ambruso

UROLOGY

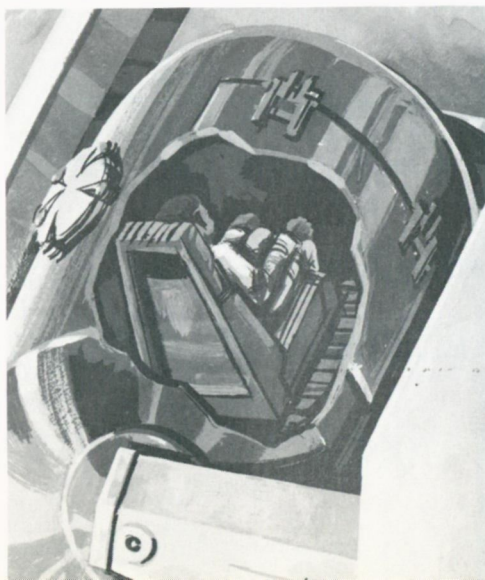
Residency — Drs. Harvey E. Butler, James F. Conway, Jr., Howard A. Rottenberg, Chang-Tsung Tsai □



Cutaway drawing shows centrifuge with monitoring platform attached (left center), the circular "submergence basin" to study swimmers, and banked track around outside. Windows under the track (lower right) permit observation of swimmers, and the control room is to left of the platform on top of the stairs.

The Environmental Physiology Laboratory

The centrifuge.



(The following article was written by Phil Gunby, communications division, AMA. It appeared in the medical news section of JAMA (p-1341) on June 4, 1973).

The world's newest—and perhaps most unusual—centrifuge starts spinning for science this month.

Besides being the latest of a handful of biomedical centrifuges around the world, it is unique in that it is:

- one of the few in a university environment—

THE BUFFALO PHYSICIAN



Testing the oxygen consumption, efficiency and proficiency of swimmers on the monitoring platform.



A runner is being tested for efficiency, proficiency and oxygen consumption.

the Buffalo medical campus of the State University of New York (SUNY);

- surrounded by an 0-shaped "submergence basin"—a swimming facility 2.4 meters deep, 2.4 meters wide, and 60.4 meters in circumference;
- further encircled by a banked running track just outside the circular pool, and
- designed to permit attachment of a platform on which researchers can circle above the water (and along the inside perimeter of the track) to monitor and take measurements on swimmers or runners.

The device is a human centrifuge, large enough to accommodate both an experimental subject and an observer—usually a physician—for the subject's protection. There is room for the subject to work, such as pedaling an ergometer.

Additional monitoring of the subject is handled in the control room (which has an unobstructed view of the centrifuge from above) by closed-circuit television and continuous electrocardio-

gram recording. The control room also has two-way radio contact with the centrifuge cab.

Other safety aspects of the Buffalo centrifuge include rapid emergency stop ability (10 seconds from 30 revolutions per minute to complete halt), a secondary hatch for access to the cab, presence of a safety officer and emergency life support equipment 5 meters from the centrifuge in the center area around which the cab revolves, and crawl space for technicians to reach the two electric motors while the centrifuge is in operation.

Until now, all the new centrifuge's whirling has been in test runs for engineers of Rocker Corp., Oakland, Calif, who designed, built, and have been installing it. This has been literally under the eye of Leon E. Farhi, MD, whose office overlooks the 930-square-meter Department of Physiology addition that houses the centrifuge.

Dr. Farhi, professor of physiology at the SUNY-Buffalo School of Medicine, is project director for the Environmental Physiology Laboratory, a

facility for which the total price tag, including centrifuge, building, related laboratories, and computer system is \$1.5 million.

The physiology department at SUNY-Buffalo has a strong record of scientific study of man and his environment. Hermann Rahn, PhD, professor and chairman, was one of the first to study physiological problems of high-altitude flight. Dr. Rahn and Donald W. Rennie, MD, also professor of physiology, also have studied the *ama*, Korean woman sponge-seekers who regularly dive to considerable depths in icy waters without protective equipment. Other faculty members have carried out a variety of studies on altitude, gravity, temperature, and pressure.

Dr. Farhi believes this record may have persuaded the Office of Naval Research more than five years ago to choose SUNY-Buffalo as the centrifuge site. Present funding comes from the National Institutes of Health.

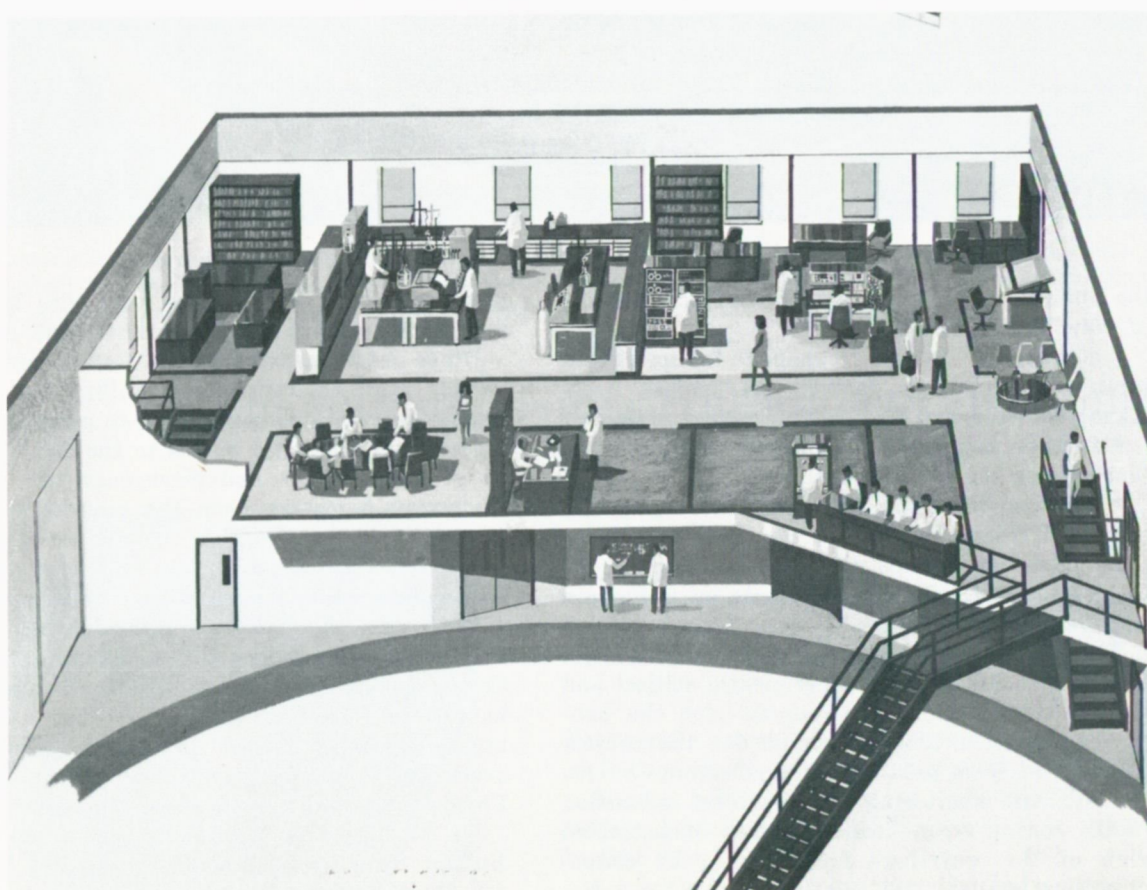
Although the new centrifuge is designed for people, most of its early riders will be dogs. "We are planning bona fide experiments with these

animals," Dr. Farhi says, "but we also want to be thoroughly experienced and have good baseline data before working with humans."

This is part of the centers-of-excellence concept, the Buffalo researchers point out, emphasizing: "We are working on valid physiological inquiries, not research dictated by the military." One of the studies under way now deals with locomotion in water—a study that makes full use of the centrifuge as a rotating laboratory/monitoring station. An interesting preliminary finding of this work: Women swimmers have, on the average, higher ratios of efficiency to drag. Thus, while women theoretically should move faster than men for the same energy expenditure, they seldom beat male swimmers in top competition because of the man's ability to generate greater muscular power.

What is sought at SUNY-Buffalo, Dr. Farhi says, is not a centrifuge that is "busy a half-hour a day, but a top-notch team working its head off and making maximum and varied use of a unique new device." □

The second floor features the computer center, labs, offices and conference room and overlooks the submergence basin.





President Robert L. Ketter visits with Dr. and Mrs. L. Maxwell Lockie during the first annual 50 year alumni luncheon. A total of 109 people attended the luncheon that honored the UB graduates of 50 years or more. Dr. Ketter said, "this University is very much a university of the present and the future, but our ties with the past will never be severed."

Emergency Medical Communications

The Erie County Health Department received a one year grant of \$250,000 from the Lakes Area Regional Medical Program for the Emergency Medical Communications Systems Project. Most of the money — \$175,000 — is for the purchase of radio equipment. Dr. James Cosgriff Jr. is the project director.

The emergency medical services system will provide for a radio communications network linking all police and fire departments, fire base stations, hospitals and transit authorities for emergency services in the county. The project will include a Medical Emergency Technician Training program for 5000 ambulance and rescue squad attendants over a 3-year period. The training includes 36 hours of formal training and an observation session in a hospital emergency room. This training program, for commercial ambulance attendants, is mandated by New York State and strongly recommended for volunteers.

Dr. John R.F. Ingall, LARMP director, said "This project in the most elemental way answers the Administration's requirements for community direction, participation and contribution because the operation and maintenance of the system, once installed, becomes the responsibility of hospitals, ambulance operators, county health organizations and volunteer fire companies." □



Looking across the lake from Millersport Highway.

Students Living on New Campus

Students will be living on the new North Campus in Amherst in September. The 920-bed Governor's Residence Hall will be occupied. The John Lord O'Brian Law and Jurisprudence Building housing the law school and economics department will also be occupied in September. There will also be student activity rooms, cafe, library and bookstore open in this building, according to Mr. John D. Telfer, vice president for facilities planning at the University.

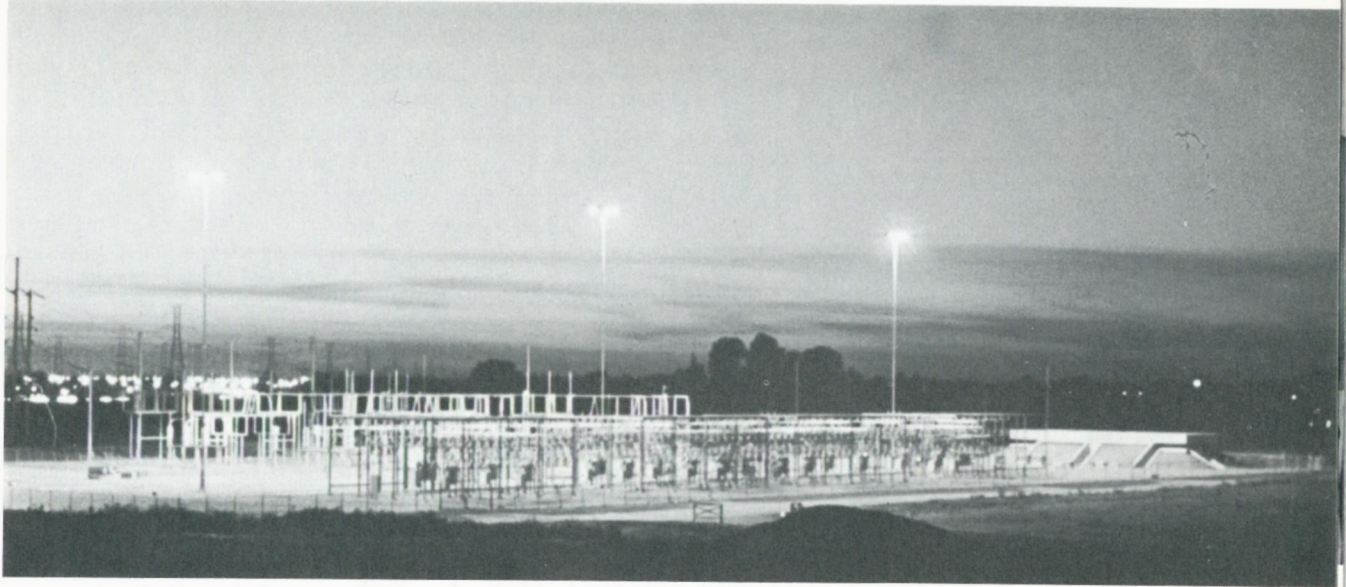
The bus service that now operates between the South Campus (Main Street) and the Ridge Lea Campus will be expanded to the new North Campus.

In the fall of 1974 the 38-building Joseph Ellicott Complex housing 3,200 students in a living-learning setting will be ready for full occupancy. This facility has dormitory rooms, classrooms, faculty offices, libraries and bookstores.

Five other buildings — education and philosophy, industrial engineering, biology and pharmacy, physics and chilled water plant — will be completed before fall, 1975.

The four other Health Sciences Schools — medicine, dentistry, nursing and health related professions — will remain at their present location, but will have additional facilities when other segments of the campus move to the Amherst site.

The electrical station.



The academic core.



The courtyard of the John Lord O'Brian Law and Jurisprudence Building.



Our First Professor of Medicine Austin Flint (1812-1886)

by
Oliver P. Jones, Ph.D., M.D.
Distinguished Professor of Anatomy

AUSTIN FLINT was born in Petersham, Massachusetts, 20 October 1812. He was descended from Thomas Flint (ca. 1603-1663) who came from Derbyshire, England in 1638 and settled in Concord, Mass. [It was a pleasant surprise to learn that three of my grandchildren, the Bradford S. Browns, also descended from Thomas Flint through his great granddaughter, Eunice Flint (1748-1810).] He was fourth in succession of a medical ancestry. Edwin Flint, his great grandfather, was a physician in Shrewsbury, Massachusetts. His grandfather, Austin Flint, was a highly esteemed surgeon in the Army of the Revolution. Joseph Henshaw Flint, the father, was a distinguished surgeon of Northampton and afterward of Springfield, Massachusetts. The younger Austin, received his general education partly at Amherst and partly at Harvard. He took his degree from Harvard Medical School in 1833 and at once began to practice in Boston. In 1835 he married a daughter of N. W. Skillings, Esq., and the couple had one son, Austin Flint, Jr., born 28 March 1836 at Northampton, Massachusetts.

When Dr. Flint came to Buffalo in 1836, the antiphlogistic treatment of most diseases was in its zenith. Inflammation was considered the great pathological element in practical medicine. All the fevers were regarded as either dependent on local inflammation or as deriving their gravity from inflammatory complications. He was admitted to the Erie County Medical Society in 1841 and was appointed health physician of Buffalo the following year. In the fall of 1843 an epidemic fever occurred at North Boston (eighteen miles from Buffalo) affecting twenty-eight of the forty-three inhabitants which proved fatal in ten instances. Superintendents of the poor were employed by Dr. Flint to investigate the nature and origin of the disease. He subsequently published his article in the *American Journal of Medical Sciences* and announced his conclusion that typhoid fever is a water-borne

Front Row: Norman F. Graser, Joseph A. Syracuse, Edward J. Zimmerman, Harry A. LaBurt.
Back Row: Leon A. Chadwick, Henry Galantowicz, W. Herbert Burwig, Caryl A. Koch, Donald W. Cohen.



Class of 1923 at Spring Clinical Days

Class of 1928 at Spring Clinical Days



Front Row: Joseph Rosenberg, Thelma Brock, Bruno Shutkeker, Eugenia Fronczak Bukowski, Harry Spiegelman.
Back Row: George F. Etling, Raymond J. Rickloff, Howard L. Stoll, Richard M. Gardner, Vincent A. Hawro,
Albert J. Voelkle, Clyde W. George, Walter F. King, George N. Guthiel, Floyd C. Bratt.

disease and that it had been transported to North Boston by a sick traveller from Warwick, Massachusetts. In general treatises on typhoid fevers, this article is a classic study. He achieved a national reputation and in 1844 he was appointed Professor of the Institutes and Practice of Medicine at Rush Medical College. He delivered a public introductory lecture on *The Reciprocal Duties and Obligations of the Medical Profession and the Public*. The occasion was the first annual anniversary of the organization of the Rush Medical College. He outlined how far the public is concerned in and responsible for the complete accomplishment of the legitimate objects and duties of the medical profession. He spoke about the general public apathy towards the establishment of medical schools and their financial support. Some remarks were directed to the legislators regarding their indifference to making the study of anatomy a legalized pursuit and the public was told about the value of *post mortem* examinations. Since two classes of medical students were present, Flint reminded them of the necessity for high scientific attainments, elevated principles of honor, integrity, uniform courtesy — the qualities of a gentleman, philosopher and Christian.

Dr. Flint returned to Buffalo in 1845 and founded the *Buffalo Medical Journal* which he owned and edited for the next eight years. His introductory occupied two and a quarter pages. It was written on 1 June 1845 and a portion of it is quoted here because it so clearly tells us about the true nature of the man who was destined to become our first Professor of Medicine.

... We would add that the Journal is pledged to no interests apart from those which relate exclusively to the progress of Medical Science, and the advancement of the Medical Profession. It is not instituted for any sectional objects, or partisan views; but to serve as an organ

Class of 1933 at Spring Clinical Days



Front Row: Wilfrid M. Anna, Elroy L. Fulsom, Elmer Milch, G. Harold Warnock.
 Second Row: Louis Kolbrenner, Louis A. Vendetti, Louis A. Scinta, Thomas J. Syracuse,
 Norbert G. Rausch, George M. Masotti.
 Back Row: Henry Haines, W. Donald Leslie, Wilfred H. Ferguson, Reuben H. Hamman,
 Ernest G. Homokay, J. Curtis Hellriegel, Eugene W. Wallace.

for the impartial and untrammelled utterance of opinion
 on any matters pertaining directly or indirectly to its
 professed objects . . .

In the fourth number of the *Buffalo Medical Journal*, Dr. George N. Burwell (1819-1891) published an abstract of Flint's article on typhoid which appeared in the *American Journal of Medical Sciences*, because most physicians did not subscribe to it. This was Dr. Flint's first conspicuous success, and it is more than probable that it laid the foundation of his future as a clinician.

In his obituary for James Platt White, Austin Flint credited the establishment of the Medical Department of the University of Buffalo largely to White's exertions. At any rate, these two physicians were able to attract five professors from Geneva Medical College to form the first faculty of the University of Buffalo. According to Harvey Cushing (1934), our faculty for the first five years made "as notable a faculty of energetic men as one could hope to find anywhere". Austin Flint served as Professor of Principles and Practice of Medicine and Clinical Medicine. The *Annual Circular* for 1846 said:

The Professor of Practice will hold a Clinique at the College buildings, each day except Sundays, at 4 o'clock, P.M. at which time counsel will be given and medicines administered free of charge to the poor. Special attention will be given to Auscultation and Percussion, and for this purpose cases of supposed disease of the heart, lungs, etc. will be examined carefully before the class.
 Eruptive diseases will be treated at this Clinique.

Dr. Flint, a protestant, was instrumental in persuading the Right Rev. John Timon, first Bishop of Buffalo, to purchase property on Pearl Place (near Virginia Street) to establish a hospital to be managed by the Sisters of Charity.

In 1852, Austin Flint left Buffalo to accept a corresponding chair in the University of Louisville. While there he travelled abroad to visit hospitals and clinics in Paris during the spring of 1854. Five letters about his experiences and observations were published in the *Buffalo Medical Journal*. In 1856 he again returned to Buffalo and resumed his connection with the Medical Department of the University of Buffalo as Professor of Pathology and Clinical Medicine. He spent the winters of 1858-59, '59-'60 and '60-'61 in New Orleans where he served as Physician to the Charity Hospital and Professor of Clinical Medicine. It was there that he first heard the presystolic murmur which bears his name today. From 1858 to 1860, his son, Dr. Austin Flint, Jr. was the editor and proprietor of the *Buffalo Medical Journal*.

In 1859 he left Buffalo and settled in New York City. To bring an outsider to occupy any position of prominence in a medical community has always excited jealousy, envy and even enmity. Failure for Flint was freely predicted and active opposition encountered. Some of his junior rival consultants seem never to have forgiven his success. His first appointment was in 1861 as Professor of Pathology and Practical Medicine at Long Island College Hospital in Brooklyn, a position which he held for seven years. In 1861 he was also appointed one of the physicians to Bellevue Hospital. He was one of the original members of the Faculty of Bellevue Hospital Medical College and filled the chair of the Principles and Practice of Medicine and Clinical Medicine until the time of his death in 1886.

After Flint left Buffalo, the Sisters of Charity recognized the need for a psychiatric hospital and they appealed to him for assistance. Flint sold them his farm and farmhouse then at the junction of Main Street and Scajaquada Creek. In the administrator's

Front Row: Russell J. Catalano, Samuel L. Lieberman, Clarence A. Straubinger, Charles Donatelli, Vincent L. Rutecki, Richard N. Terry.
 Back Row: Norman J. Foit, Chester J. Kaminski, Eustace G. Phillis, Anthony F. Rizzo, Walter L. Sydoriak, Alfred A. Mitchell, Harry C. Law, Leo J. Doll, Jr.



Class of 1938 at Spring Clinical Days

office of the present hospital is a copy of the deed dated 8 September 1860. Dr. Flint's yellow brick, two-story farmhouse now houses the surgical research laboratory, a medical research unit and the hospital paint shop of The Sisters of Charity Hospital.

What kind of a teacher was Dr. Flint? It was while searching all possible sources for the answer to this that several errors in dates regarding his positions and honors were discovered. *Who Was Who in America* has Flint founding the University of Buffalo one year after the Charter was signed and leaving Buffalo two years after he had already been in New York City. *American Medical Biographies* has Flint as Professor of Medical Theory and Practice from 1836-1844 but the Charter for the University was not signed until 11 May 1846 and there were not seven editions of his *Practice of Medicine. Biography of Eminent American Physicians and Surgeons* has Flint establishing the *Buffalo Medical Journal* in 1846 when he wrote and published his first editorial 1 June 1845 and it also has the university being founded one year after the Charter was granted. The most accurate accounts of Flint's life and activities are in two editorials in the *Buffalo Medical Journal*. Da Costa (1887) used material from these editorials as a basis for his Biographical Sketch of Flint. Austin Flint, Sr. was a great physician and a great teacher who distinctly improved the quality of medical teaching of that era by his oral lectures and his classic text-books. One editorial says:

"... This position he achieved, too, without having made any noteworthy discoveries (Like Morton and Sims), it was rather his clear and precise way of dealing with

Sitting: Alfred J. Simon, Alexander Slepian, Richard J. Buckley, Kenneth W. Bone, Robert D. Glennie, Jr., Frederick B. Wilkes, John C. Ninfo, Robert J. Collins.
Second Row: Gertrude S. Swarthout, Adrian J. Pleskow, Richard S. Fletcher, William H. Georgi, Salvatore J. Brucato, John M. Donohue, Joseph E. Holly, Harold P. Graser.
Back Row: Alfred F. Luhr, Jr., Duncan K. MacLeod, Raymond W. Mitchell, Jr., Ralph E. Smith, Jr., L. Walter Fix, Norman Haber, Robert C. McCormick, Eugene T. Donovan, Gustave P. Milkey, Charles C. Richards, George H. Selkirk.



Class of 1943 (April) at Spring Clinical Days

Class of 1943 (December) at Spring Clinical Days



Front Row: Kevin M. O'Gorman, Salvatore J. Colangelo, Morris Unher, William C. Niesen, Edmund M. Tederous, Harold J. Feldman, Charles J. Tanner, Jr.
Back Row: Paul J. Wolfgruber, Robert D. Kelsey, Anthony J. Mancini, Amos J. Minkel, Jr., Payson B. Jacobson, John R. Williams, Marvin L. Bloom, Joseph J. Ricotta.

the facts already at command — after all, one of the rarest of faculties — than any tinge given by him to the doctrine of practice of his time that won him his pre-eminence . . . Yet it can not be said that he was not an original contributor to our knowledge, for it is difficult to imagine that anything like our present appreciation of cardiac murmurs of differences in pitch in resonance, or of a multitude of facts connected with the diagnosis of thoracic affections, could, but for him, have been reached for many years to come . . .”

Flint's most notable text-book was *A treatise on the Principles and Practice of Medicine* which went through six editions from 1866 to 1886. A seventh edition was anticipated but never published because of Flint's death. Over 40,000 copies had been published before the sixth edition appeared. The *London Lancet* (12 March 1887) said “Americans may well be proud of having produced a man whose indefatigable industry and gifts of genius have done so much to advance medicine . . . It has few equals, either in point of literary excellence, or of scientific learning, and no one can fail to study its pages without being struck by the lucidity and accuracy which characterize them . . .” The *Cincinnati Medical News* (Oct. 1886) said, “In every state and territory of this vast country the book that will be most likely to be found in the office of a medical man, whether in city, town, village, or at some cross-roads, is Flint's *Practice* . . .”

When Flint was called to the Chair of Theory and Practice of Medicine at the University of Louisville, Samuel D. Gross was Professor of Surgery. This was the beginning of a warm friendship between these two eminent men. There they taught each other's son for two lecture terms and both boys, Austin, Jr. and Samuel W., graduated



Front Row: Darwin D. Moore, Warren L. Hollis, Cletus J. Regan, Raphael S. Good, Vernon C. Lubs.
Middle Row: Harold L. Graff, Norman Minde, William H. Bloom, Albert P. Sutton, Francis J. Peisel.
Back Row: Seymour P. Zola, Paul Weinberg, Myron Gordon, Lester H. Schiff, Warren H. Hanson,
Daniel J. Fahey, Robert J. Hall, Ansel R. Martin, James G. Robilotto, B. Edward Heckmann,
Richard C. Proplesch.

from Jefferson Medical College in 1857. In his *Autobiography*, Gross speaks of Flint:

. . . Tall, handsome, and of many form, with a well modulated voice of great compass, he is a lecturer at once clear, distinct, and inspiring. During his hour in the classroom no student ever falls asleep . . . I know of no one who is so well entitled as Austin Flint, Sr. to be regarded as the American Laennec.

Gross goes on to say that he had the pleasure of seeing Dr. Flint elected president of the American Medical Association (1883-84) after he had nominated him. "In choosing him the Association honored itself more than it honored the New York veteran physician." He was president of The New York Academy of Medicine in 1872. He was chosen to be president of the International Medical Congress to be held in Washington, D.C. but did not live to do more than to begin some of the organization. He was corresponding member of the Academy of Medical Science in Palermo; an Honorary Member of the Medical Society of London of the British Medical Association; his name is on the role of Foreign Honorary Members of the Clinical Society of London, and the American College of Physicians made him a Fellow in 1868. Yale University made him Doctor of Laws in 1881.

The extraordinary care and industry with which he collected the facts that were to serve as a basis of his work may be judged by a statement made by Austin Flint, Jr. that his father had begun his record of cases in 1833 and had filled sixteen thousand nine hundred and twenty-two folio pages with them. Da Costa said, "a statement more eloquent in its bare mention than the most elaborate panegyric on his marvellous industry and untiring energy."

Austin Flint died of apoplexy, 13 March 1886, as he had wished, rapidly, not lingering or painful. □

References

1. Flint, A. *The Reciprocal Duties and Obligations of the Medical Profession and the Public*. Chicago, Eastman, 1844.
2. Flint, A. Account of an epidemic fever which occurred at North Boston, Erie County, N.Y. during the months of October and November 1843. *Am.J.Med. Sci. N.S.* 10: 21-35, 1845.
3. Editorial. Austin Flint, M.D., L.L.D. *Buffalo Med.J.* 25: 425-33, 1886.
4. Da Costa, J.M. Biographical Sketch of Dr. Austin Flint. *Trans. Coll. Physns. Philad.* 3rd Ser., 9: 461-470, 1887.
5. *Autobiography of Samuel D. Gross, M.D.* Ed. by his sons, Philadelphia, Barrie, 2 Vols., 1887.
6. Potter, W.W., Fifty years of medical journalism in Buffalo. *Buffalo Med.J., N.S.* 35: 65-113, 1895-96.
7. *Dictionary of American Biography*. New York, Scribners, VI, 471-472, 1931.
8. Genealogy of John Fiske Brown (1901-).

Front Row: James M. Orr, Joseph F. Ruh, Donald L. Ehrenreich, Bertram A. Portin, John W. Handel, Donald Rachow.
 Middle Row: John D. Voltmann, Richard J. Nagel, Thomas G. Goeghegan, Stanley L. Cohen, Michael A. Sullivan, Thomas Comerford, Jr., Marvin Wadler.
 Back Row: John N. Strachan, Jr., Howard C. Smith Jr., Jerome E. Hurley, James W. Carlin, Thomas W. Atkins, Raymond M. Smith, Jr., Albert G. Bickelmann Jr., Robert S. Sobocinski, Herbert W. Simpkins, Milford C. Maloney, Jack Gold.



Class of 1953 at Spring Clinical Days

Nine Physicians Retire

TEN MEDICAL FACULTY at the University — nine are physicians, one an attorney — who are age 70 will retire August 31, after collectively serving a total of 346 years. Nine were born in Western New York; eight are Medical School graduates. They are Drs. Marvin A. Block, John Burke, Clyde W. George, Martin L. Gerstner, Ramsdell Gurney, L. Edgar Hummel, Joseph G. Krystaf, L. Maxwell Lockie, Meyer H. Riwehchun, and Joseph L. Guariglia (LLB).

Five have served in the department of medicine. Dr. Marvin A. Block, born in Buffalo and educated here (M'25) is a clinical assistant professor in medicine who joined the faculty in 1928 as an assistant. He received the American Medical Association's medal of achievement for his 25 years of service in the field of alcoholism and his role in gaining AMA recognition of alcoholism as a disease.

Dr. Clyde W. George, a 1929 alumnus, is a clinical associate in medicine who joined the faculty in 1943 as an assistant (medicine/therapeutics). The internist and primary physician to many was always a volunteer teacher. Buffalo-born and educated (M'29) Dr. Ramsdell Gurney is a clinical associate professor in medicine who started in 1932 as an assistant. The Diplomate, American Board of Internal Medicine served as Buffalo General Hospital's first outpatient department director and as one of the founders of the Buffalo Medical Group.

Dr. L. Edgar Hummel, born in Darien Center, is a 1931 Harvard graduate. The clinical assistant professor in medicine has been on the faculty since 1938 and has always had a keen interest in research. He retired from the directorship of the Meyer Hospital in January, 1970.

Kneeling: John V. Armenia, Richard R. Romanowski, Elroy E. Anderson, Gaspare A. Alfano, Robert J. Perez.

Second Row: Lucien A. Potenza, Franklin N. Campagna, William L. Glazier, Reinhardt W. Wende, Gary N. Cohen, Anna A. Tracy, Franklin Zeplovitz, Eugene A. Friedberg.

Third Row: Michael T. Genco, Joseph A. Zizzi, Richard A. Rahner, John P. Murphy, Domonic F. Falsetti, Leo A. Kane, Samuel Shatkin, Thomas G. Cumiskey, Gerald T. Guerinet.

Back Row: John J. Giardino, John W. Float, James S. Williams, Richard D. Wasson, Michael A. Mazza, Richard C. Boyle, Ronald E. Batt, Marie L. Kunz, Alfred M. Stein, Melvin M. Brothman.



Class of 1958 at Spring Clinical Days

Dr. L. Maxwell Lockie, born and educated (PhG'23 and M'28) in Buffalo, has been a clinical professor in medicine since 1932 when he joined as an assistant. The Associate Fellow of the American College of Physicians has served as professor/head of the division of therapeutics since 1939 and has made significant contributions both locally as well as nationally to the field of rheumatology (ex officio member, Medical/Scientific Committee, Arthritis and Rheumatism Foundation; consultant in rheumatology to HEW; chairman, executive committee, American Rheumatism Assn.).

Two are Buffalo-born and educated otolaryngologists. Dr. Martin L. Gerstner (M'29), a clinical associate professor, has served since 1938 when he joined as an assistant. Dr. Joseph G. Krystaf (M'27), a clinical assistant professor, came to the faculty in 1944 as clinical associate.

Retiring from the department of surgery is Dr. John Burke. The clinical associate professor since 1936 (joined as an instructor) was born in Buffalo and is a Yale alumnus (1928). While serving with the Marine Corps the Lt. Colonel was assistant and chief of the Surgical Service of the 23rd General Hospital.

Dr. Meyer H. Riweh, clinical professor of ophthalmology, headed the division of ophthalmology at the Children's Hospital (1960) and has served as co-head of the department of ophthalmology. The Buffalo-born and educated (M'27) ophthalmologist joined the faculty in 1934 as an assistant. He is a Diplomate, American Board of Ophthalmology and a Fellow of the American College of Ophthalmology/Otolaryngology and American College of Surgeons. He is a past president of the Buffalo Ophthalmologic Society, Buffalo Eye and Ear Hospital, and Maimonides Medical Society.

Mr. Joseph J. Guariglia, born in Buffalo and a 1928 UB law school graduate, has served as a lecturer in the department of legal medicine since 1959 (he joined as an assistant). He has served as counsel to the Erie County Medical Society and as assistant attorney to the Buffalo Legal Aid Bureau.

All were honored at the School of Medicine's annual faculty meeting May 24. □

A \$10,000 gift from the estate of the late Elizabeth Crosby Gardner of Buffalo has been made to the School of Medicine.

\$10,000 Gift

Mrs. Gardner, who died in July of 1972, was the daughter of William H. Crosby, a former treasurer of the University of Buffalo and a member of its Council. His contributions and those of his family made possible the construction of Crosby Hall on the U/B Main St. campus in 1931. Crosby Hall now houses offices and classrooms for the School of Management and several modern language departments.

The donor specified that the \$10,000 be used at the discretion of the University Council for the benefit of its School of Medicine. The gift was made through the University at Buffalo Foundation, Inc., a private, non-profit corporation chartered by the New York State Board of Regents to act as U/B's agent in the soliciting, collecting and administering of private monies. □

Dog Racing Hobby

A 1925 Medical School graduate has been training racing greyhounds for more than a quarter of a century. Dr. Lucian C. Rutecki usually owns about 20. He became interested in 1936 when there was a dog racetrack in Cheektowaga. He has been training dogs ever since.

Dr. Rutecki buys them at the early age of six or eight weeks, when no one can be certain of their speed or eagerness to run. He has discovered a way to stimulate a dog to quicken his pace toward the end of a race. He does not apply any drug or artificial stimulant. "It is accomplished through the spoken word. Although I am absent from most races run by my dogs, they respond to the voice of the crowd urging them on."

A racing greyhound can attain a speed of 40 miles per hour, according to the physician. But he can maintain that speed for only about 30 seconds. He is certain that greyhounds love to race. Even if there wasn't an artificial rabbit, they would run purely for the competition with other dogs. A greyhound may begin a racing career at the age of 14 months. At five years the dog is retired. If his record is excellent, he is used for breeding. Dr. Rutecki finds homes for most of his five-year-old greyhounds. They become affectionate pets and excellent watchdogs.

During the racing season the physician's dogs are cared for by a handler in Florida. Every spring Dr. Rutecki and his family drive to Florida to watch their dogs race. He also helps train the dogs on his farm in the Town of Pendleton. "The strenuous exercise keeps me fit." □

Kneeling: John M. Wadsworth, Lawrence J. Sobocinski, David N. Malinov.

Middle Row: Anthony M. Fot, Frank V. DeLaus, Gordon H. Burgess, Stephen T. Joyce, John J. LaMar, Jr., George L. Steiner, Albert J. Maggioli.

Back Row: Richard D. Hasz, John N. Stumpf, Jason E. Rudisill, John A. Repicci, Charles S. Tirone, John F. Bentley, John R. Fanelli, Eugene M. Sullivan, Jr., Richard E. DuBois, Joseph C. Tutton, William C. Heyden.



Class of 1963 at Spring Clinical Days



Buffalo Evening News photo

Dr. Greco, Mrs. Greco and Richard F. Torrey, dinner chairman.

A 1941 Medical School graduate, Dr. Pasquale A. Greco, accepted the 1973 Honor Award of the National Jewish Hospital in Denver with a plea to private donors to take up the slack being left by cuts in government support of disease and research. A check for \$35,908 was presented to the hospital, a nonsectarian complex specializing in chronic respiratory diseases.

"We cannot delegate to another our responsibility for helping our fellow man," said the Buffalo urologist and NJH trustee. Despite scarce government resources, "the National Jewish Hospital is not going to stop moving forward precisely because of people like you."

Dr. Greco's citation was presented by a longtime friend and patient, John M. Galvin, former chief executive officer of Marine Midland Bank-Western. Few in the audience have not been touched, Mr. Galvin said, by Dr. Greco's unselfish work as chairman of urology departments of Millard Fillmore, Emergency and Columbus Hospitals. He is also a member of the Buffalo Planning Board and an adviser to area colleges and civic organizations. Dr. Greco is also a clinical assistant professor of surgery (urology) at the Medical School.

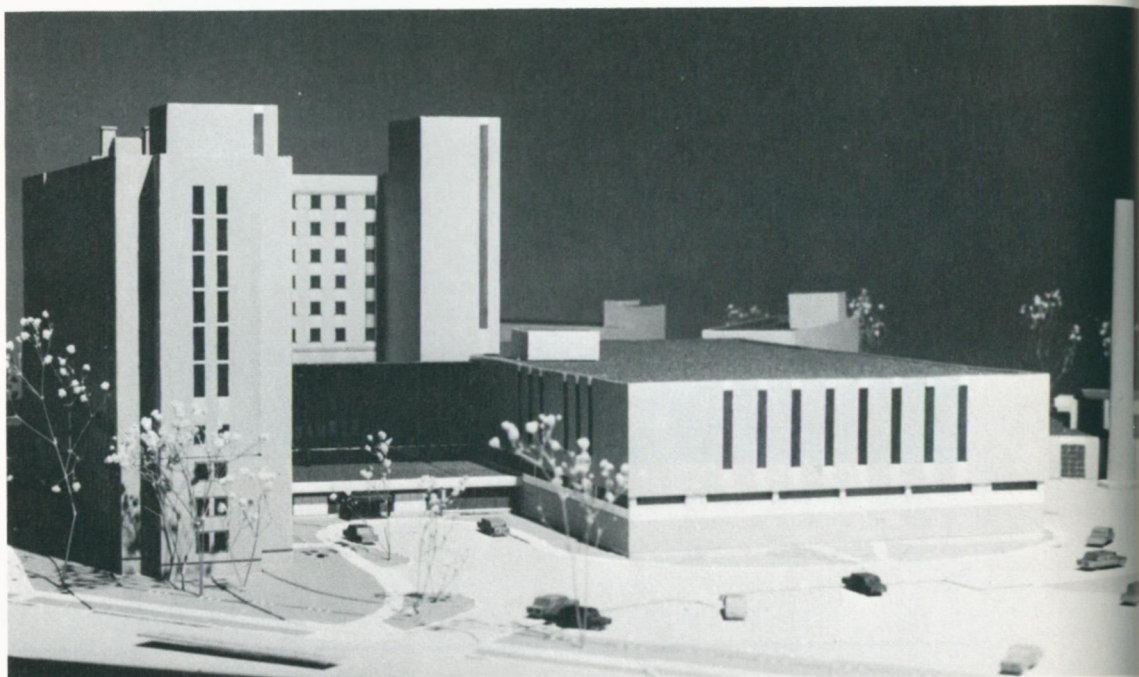
Dr. Greco was also praised for "his great warmth and profound personal commitment to his patients and to philanthropic work which has made him one of the city's best loved physicians." □

Dr. Greco Honored

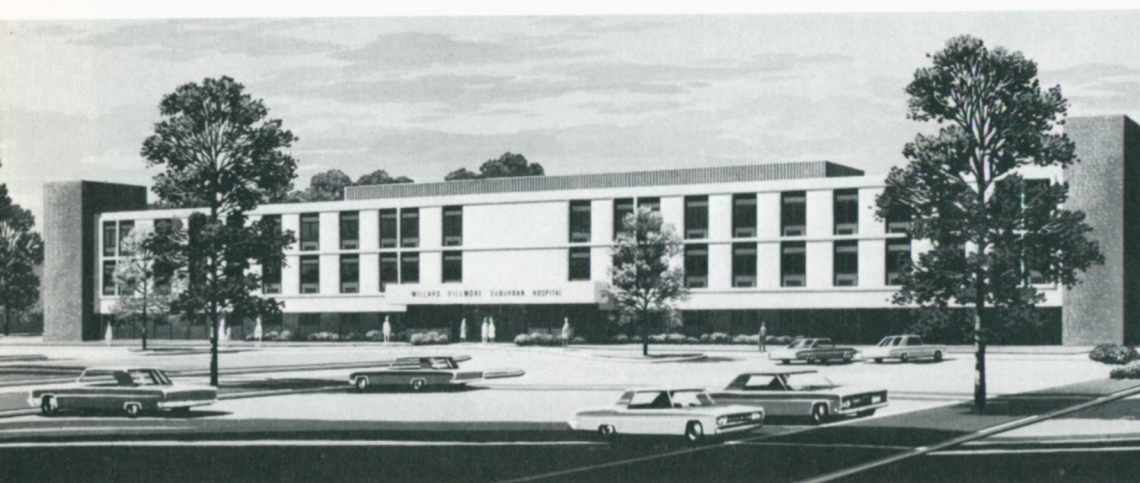
This is how the Millard Fillmore Hospital at Gates Circle will look after expansion. At the left is the West Building with a seven-story addition for the new coronary and pulmonary care units (estimated completion February, 1974). In the center are elevator towers and at the right is the new four-story Medical Service Building that will be completed in June, 1975. The surgical space will almost be doubled. Also in this new facility will be a 19-bed recovery room, a 10-bed surgical intensive care unit, emergency-outpatient departments, radiology department for advanced X-ray procedures, and a 125-seat lecture hall, plus more warehouse and central supply space. At the extreme right is the new boiler house with a June 1973 completion date. There will also be extensive remodeling of the present building, scheduled for completion in November, 1976.

\$59 Million Millard Fillmore Hospital Expansion

Gates Circle addition.



The new suburban hospital.

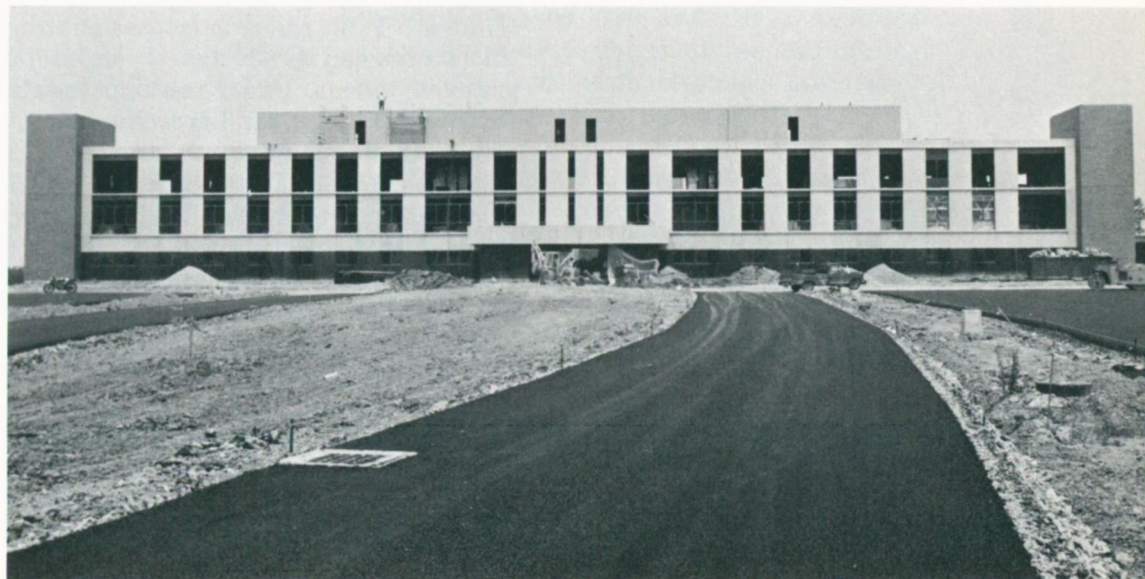


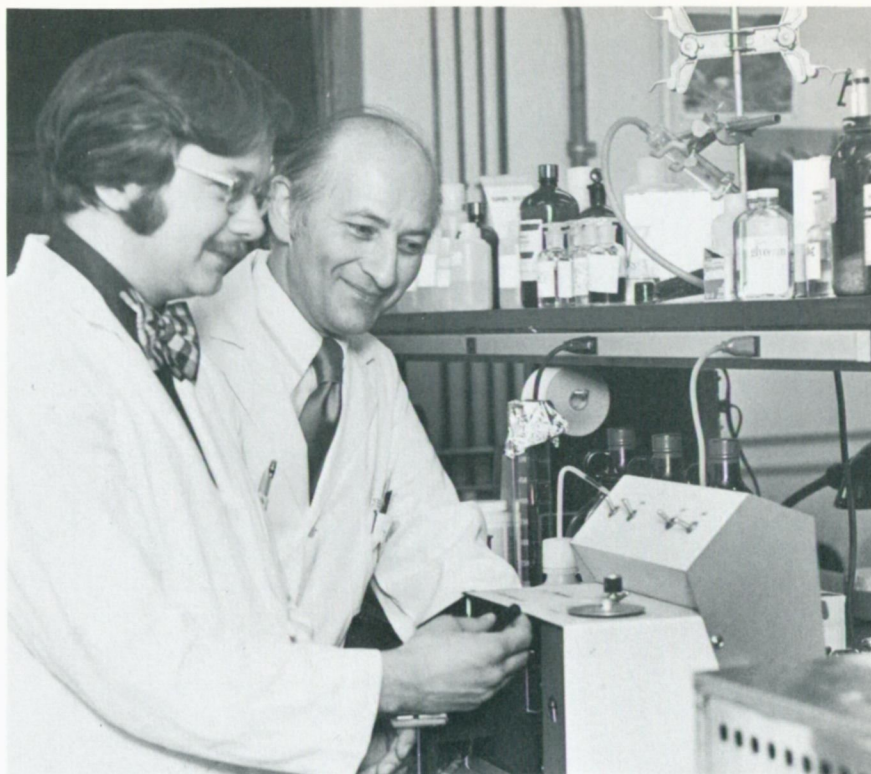
This is the architect's drawing of the Millard Fillmore Suburban Hospital on Maple Road in Amherst. The three floor building will have 150 beds (110 medical, 34 maternity, 6 intensive care). It is being designed for expansion to 700 beds with all necessary ancillary services. The new hospital will have five operating rooms and a nine-bed recovery room. Other facilities include radiology and laboratory departments. Construction has started and the estimated completion date is June 1974.



The Gates Circle expansion as it looked in July.

The Amherst hospital near Hopkins and Maple.





John L. Lovecchio (left) with Dr. Joseph Krasner, measures the fluorescence of a drug sample in the developmental pharmacology laboratory of Children's Hospital.

A sophomore medical student is among the handful to receive a \$1,000 Pharmaceutical Manufacturers Association Foundation award for research and training in the field of clinical pharmacology. He is John L. Lovecchio whose keen interest in how infants respond to drugs led to his winning proposal on how drugs and protein interact.

His three-month summer traineeship will be in the Children's Hospital's department of clinical pharmacology. Headed by Dr. Sumner J. Yaffe, research focuses on drug metabolism, drug-protein interaction, and its effect on the developmental process and disease states in infants. Under research assistant professor of pediatrics Dr. Joseph Krasner, Mr. Lovecchio will investigate how several drugs "bind" to plasma protein. These are diphenylhydantoin, diazepam, salicylate, Nafcillin and bilirubin. While the latter is not a drug it is important for hyperbilirubinemia occurs almost universally in the premature newborn.

From sera obtained from normal and sick infants and children, Mr. Lovecchio will determine the amount of drug-protein interaction at several concentrations through equilibrium dialysis. There will also be participation in daily discussions of problems in clinical pharmacology that appears in the hospital as well as problems of drug metabolism both in vivo and in vitro.

Said Dr. Yaffe of this honor, "the clinical significance of Mr. Lovecchio's research program will enable more precise determination of pharmacological effectiveness of drugs in common clinical usage." □

Research Award

The Classes

The class of 1918

Dr. Everett T. Mercer, M'18, a general practitioner, is now semi-retired. He lives at 47 Charlotte Avenue, Harrisburg, New York □

The classes of the 1930's

Dr. Joseph D. Godfrey, M'31, received a special award from D'Youville College in May for his concern with the education of nurses and doctors and his aid to needy patients. □

Dr. Francis R. Coyle, M'32, is a School Physician for the Erie County Health Department. □

Dr. Matt A. Gajewski, M'39, was elected president of the Buffalo Board of Education in May. He was appointed to the board in 1968 and re-appointed in 1972. □

Dr. Victor L. Pellicano, M'36, is the new president of the Heart Association of Western New York. □

Dr. John D. Ambrusko, M'37, has been re-appointed to the Erie County Alcoholic Beverage Control Board for a term ending April 30, 1975. □

Dr. Willard G. Fisher, M'36, is the new president of the Foundation of Deaconess Hospital. Other officers elected: Vice president, Clarence J. Ostermeier; secretary, Milton E. Kaeslau, and treasurer, Vernon A. Reed. □

The classes of the 1940's

Dr. Marshall Clinton, M'40, is president-elect of the medical staff of the Buffalo General Hospital. He is serving a three-year term on the board of governors, American College of Physicians. Dr. Clinton was also elected governor of the Upstate New York area. He is a clinical associate professor of medicine and clinical assistant professor of pharmacology at the Medical School. □

Dr. Abraham S. Lenzner, M'41, is a clinical associate professor of psychiatry at Cornell University Medical School. He is a Fellow, American Psychiatric Association and treasurer of the Board of Trustees of the Nassau Academy of Medicine. He recently published "Psychiatric Vignettes from a Coronary Care Unit" *Psychosomatics*, Vol. 13, No. 3, May-June 1972, and "Psychiatry of Aging" Chapter in "A Practical Guide to Long Term Care and Health Services Administration," Panel Publishers, Greenvale, N.Y. 1973. He is also in private practice at One Sussex Road, Great Neck, New York. □

The Classes

Dr. Charles Bauda, M'42, has spoken out strongly about the Supreme Court's decision giving women the right to medical abortions during the first six months of pregnancy. Dr. Bauda represents some 6,000 Catholic physicians in the United States. He is president of the National Federation of Catholic Physicians. □

Dr. James R. Brill, M'43, retired from full-time practice (psychiatry and primary medicine) at the Gowanda State Hospital in March, 1972. He now practices part-time and is also with the Erie County Health Department. His home address is Hanford Road, Silver Creek, New York. □

Dr. Alfred S. Evans, M'43, is professor of epidemiology at Yale University School of Medicine. He is Director, World Health Organization's Serum Reference Bank; president, Beaumont Medical Club, and president of the American Epidemiological Society. He has published more than 100 papers in various magazines of his specialty. Dr. Evans lives at 38 Dogwood Circle, Woodbridge, Connecticut. □

The classes of the 1950's

Dr. Joseph F. Dingman, M'50, of Boston is the author of a major feature on management of antidiuresis in the May 28 issue of *Modern Medicine*, a national medical journal. Dr. Dingman, whose article appears under the heading "Perspectives in Clinical Medicine," is senior associate in medicine at Peter Bent Brigham Hospital and lecturer on medicine at Harvard Medical School. He also has served the Lahey Clinic Foundation, beginning in 1961, as director of medical research.

A New York native, Dr. Dingman is a specialist in endocrinology, and a member of the American Association for the Advancement of Science, American Federation for Clinical Research, American Diabetes Association, Endocrine Society, American Rheumatism Association, American College of Physicians, and Society of Nuclear Medicine. □

Dr. Walter A. Olszewski, M'54, has been appointed head of the department of neurology at the Buffalo General Hospital. He has been acting head since 1968 and on the hospital staff

since 1961. Dr. Olszewski is also director of Buffalo General's neuropathology laboratory, multiple sclerosis clinic and assistant director of the organic brain syndrome clinic. He is an assistant professor of neurology and clinical associate professor of anatomy at the Medical School. □

Dr. M. David Ben-Asher, M'56, won the Outstanding Physician Award for 1973 for his work with victims of kidney disease and the Arizona Kidney Foundation. He was also influential in helping to establish Tucson's first Artificial Kidney Center and was chairman of the Renal Advisory Program of the Arizona Regional Medical Program. Dr. Ben-Asher is chief of the medical staff at St. Mary's Hospital in Tucson, Arizona. □

Dr. Daniel C. Kozera, M'59, is a clinical instructor in Ob/Gyn at UB Medical School. He is a member of the Biology Council at Canisius College. □

The classes of the 1960's

Dr. Virginia Verral Weldon, M'62, was recently (July, 1973) promoted to associate professor of pediatrics at Washington University School of Medicine, St. Louis. She is co-director, Division of Endocrinology and Metabolism-Pediatrics at the school. She is on the Board of Directors, St. Louis Diabetic Children's Welfare Association. Dr. Weldon, her two daughters, ages 8 and 6, and her husband, Dr. Clarence S. Weldon (Professor of Surgery and Head of Cardiothoracic Surgery at Barnes and St. Louis Children's Hospitals) live at 4967 Pershing Place, St. Louis. □

Dr. Barton L. Kraff, M'65, is an assistant clinical professor of psychiatry and behavioral sciences at George Washington University, Washington, D.C. He is also Director of Admissions and Intake Services at The Psychiatric Institute of Washington. Dr. Kraff lives at One Old Coach Court, Potomac, Maryland. □

Dr. Dean Orman, M'65, began practice in July, 1972 with the Buffalo Medical Group, 85 High Street. His specialty is Internal Medicine and Gastroenterology. He is a Diplomate of the American Board of Internal Medicine. □

The Classes

Dr. Marjorie A. Boyd, M'66, completed her fellowship in Hematology at Boston University in January, 1971 and has been in practice in Portland, Maine since that time. She is also a clinical instructor at Tufts University and Maine Medical Center. Her address is Two Lights Road, Cape Elizabeth, Maine. □

Dr. Donald M. Pachuta, M'66, is an assistant professor of medicine at the University of Maryland School of Medicine, Baltimore. He is chairman of the Drug Abuse Committee, Baltimore City Medical Society. □

Dr. Cary A. Presant, M'66, was recently appointed assistant professor of medicine at Washington University School of Medicine, St. Louis. He accepted a joint appointment in Hematology and Oncology at the Jewish Hospital of St. Louis. He is a member of the American Society of Hematology and a Diplomate of the American Board of Internal Medicine in Hematology. □

Dr. Robert M. Tabachnikoff, M'66, is now in private practice at the Medical Arts Building, Sarasota, Florida. He is an obstetrician-gynecologist. □

Dr. Eugene Wolchok, M'66, is an instructor of ophthalmology (part-time) at the University of Florida Medical School, Jacksonville. He is also in private practice at 3604 University Building, Jacksonville. □

Dr. Richard H. Daffner, M'67, recently joined the staff at the University of Louisville (Kentucky) as an instructor in radiology. He completed a residency in diagnostic radiology at Duke University Medical Center in July. He has published in *Radiology*, *American Journal Roentgenology*, *Radium Therapy* and *Nuclear Medicine*. □

Dr. Adele M. Gottschalk, M'67, recently completed her residency in general surgery and will be starting work as a full time general surgeon at the Harbor City branch of the Southern California Permanente Medical Group. She lives at 916 Esplanade, Redondo Beach. □

Dr. George Steven Starr, M'67, passed his pediatric boards in March. He is completing a Fellowship year with the Program of Learning Studies, Children's Hospital of the District of Columbia, working in the area of school and learning problems. In July he will enter in private group practice at 50 Presidential Plaza, Suite 102, Syracuse, New York. □

Dr. Cal Treger, M'67, was Board Certified in Internal Medicine in 1972. He is a senior Fellow in Dermatology at the University of Washington, Seattle. □

Dr. Timothy Harrington, M'68, is a Lieutenant Commander in the United States Navy, stationed at Pensacola Naval Hospital in Florida. He was recently named director of the Family Practice Residency Program. □

Dr. Alan H. Peck, M'68, is a staff psychiatrist at Lewisburg Penitentiary, USPHS. His paper "An Interim Program for Emergency Psychiatric Evaluation in Baltimore City" appeared in the *Maryland State Medical Journal*, Dec., 1972. □

Dr. Jonathan Ehrlich, M'69, who recently completed service with the U.S. Army Hospital at Redstone Arsenal, Alabama is now in private practice at Northside Hospital Doctors Building, Atlanta, Georgia. He is an obstetrician-gynecologist. □

The classes of the 1970's

Dr. Ronald H. Blum, M'70, recently completed his USPHS commitment as special assistant to the associate director for cancer therapy evaluation, National Cancer Institute. He is going to Harvard for his senior medical residency and has a fellowship in medical oncology there. Dr. Blum lives at 248 Summit Avenue, Brookline, Massachusetts. □

Dr. Lawrence S. Frankel, M'70 is a pediatric resident at Baylor University Hospital. He lives at 5759 Ludington Drive, Houston, Texas. □



A second year medical student, Anil B. Mukerjee (right) was a finalist in a scientific exhibit competition sponsored by the pharmaceutical firm, E.R. Squibb & Sons, Inc. Dr. Mukerjee won \$500 and a gold medal from the Student Medical Association, co-sponsors of the exhibit. Mr. Mukerjee's exhibit, "Induction of Enzyme in Deficient Rats Following Grafting of Normal Liver," is viewed by Howard Baldock, Squibb's director of medical relations. The exhibit was also displayed at the AMA's annual meeting in New York City in June. □

People

Dr. K. Nicholas Leibovic, associate professor of biophysical sciences, is the author of a new book, *Nervous System Theory*, by Academic Press. □

Dr. Howard Pattee, visiting professor of biophysical sciences, is the author of a new book, *Hierarchy Theory — The Challenge of Complex Systems*, by Doubleday in Canada and George Braziller in New York. □

Dr. James C. Upson, clinical associate professor of surgery, is the new president of the Buffalo Academy of Medicine. Dr. Charles P. Voltz, M'39, clinical assistant professor of medicine, is secretary-treasurer. Dr. Carl J. Bentzel, associate professor of medicine, and Dr. Jules Constant, clinical associate professor of medicine, are program co-chairmen; and Dr. David B. Harrod, clinical instructor of surgery, is arrangements chairman. □

Mrs. S. Mouchly Small received the Outstanding Volunteer of the Year Award from the Mental Health Association of Erie County in May. She is the wife of the chairman of the psychiatry department at the Medical School. For the last 13 years Mrs. Small has been either a member or chairman of the psychiatric clinic at Jewish Family Services and is founding president of the Organization for Rehabilitation through Training. □

Dr. Thomas B. Tomasi, professor of medicine, has accepted a position as chairman of the department of immunology at the Mayo Medical School, Rochester, Minnesota. He has been on the UB faculty since 1965. □

Dr. John C. Dower, professor of community pediatrics in pediatrics and associate professor of social and preventive medicine, is moving to San Francisco where he will be professor of pediatrics at the University of California. Dr. Dower joined the faculty July 1, 1968. He was the first to occupy the Goodyear Chair at the University. □

Dr. Uma Meenakshi Viswanathan is a clinical instructor and attending pediatrician at the School of Medicine, University of Rochester, N.Y. and at Strong Memorial Hospital. He is also on the staff of the Northern Livingston Health Center in Geneseo, N.Y. He lives at 2134 North Littleville Road, Avon, N.Y. □

Seven medical students are on summer fellowships sponsored by the New York State Division of the American Cancer Society. They are Miss Nina C. Kostraba, Ian S. Brown, Robert M. Weiss, James P. Burdick, Donald E. George, Mrs. Jane T. King and Marshall A. Fogel. □

The Board of Trustees of the State University of New York has waived the mandatory retirement age regulation for two faculty members. Sir John Eccles, Nobel Laureate and distinguished professor of physiology and biophysics, and Dr. Mitchell Franklin, professor in the Department of Philosophy and the School of Law, have both been granted appointments from September 1, 1973 to August 31, 1974. Dr. Eccles was 70 years old in January; Dr. Franklin is 71. The policies of the Board of Trustees require retirement of faculty members at age 70 unless the special waiver is granted. □

Two alumni are the new officers of the medical staff at Deaconess Hospital. Dr. George L. Eckhert, M'42, is the new president and Dr. Herbert E. Joyce, M'45, is the new treasurer. Dr. Charles D. Bull, clinical associate in medicine, is the new vice president and Dr. Albert E. Menno, secretary. □

Dr. Robert Kohn, a cardiologist and associate clinical professor of medicine, is the new president of the New York State Heart Assembly. □

Mr. Fraser M. Mooney, assistant administrator at the E.J. Meyer Memorial Hospital, is the new president of the Board of the Psychiatric Clinic, Inc. □

Two alumni and two Medical School faculty members have been elected officers of the Erie County Medical Society. Dr. Frank J. Bolgan, M'51, is president elect and Dr. Victor Panaro, M'42, is secretary-treasurer. Dr. James H. Cosgriff Jr. is the new president. He is a clinical assistant professor of medicine. The new vice president and delegate is Dr. Ralph J. Argen, clinical assistant professor of medicine. □

Two alumni and two Medical School faculty members are new officers in the Pediatric Society. Dr. Peter Dishek, clinical instructor in pediatrics, is the new president and Dr. James Markello, assistant professor of pediatrics, is vice president. Dr. John Hartman, M'45, is treasurer and Dr. Laurence Nemeth, M'66, is secretary. □

After 30 years of service Dr. Alfred Lechner, an obstetrical anesthesiologist at Children's Hospital, is retiring. He has instructed thousands of student nurses, attended at more births than any other medical person now at Children's and presided at more than 80,000 anesthetics — some 50,000 of them spinal blocks — a figure some medical personnel consider a national record. □

Dr. Edwin Neter, professor of microbiology, has been re-elected president of the Buffalo Chamber Music Society. □

President Robert L. Ketter was honored as V.I.P. of the Year by the Amherst Chamber of Commerce at its Seventh Annual V.I.P. Dinner in June. Dr. Ketter, who became president of U/B in 1970, was being cited for furthering good relations between the Town of Amherst and the University. As U/B vice president for facilities planning from 1967 to 1969, Dr. Ketter coordinated the planning of the Amherst campus. □

The Buffalo General Hospital has announced three administrative appointments. Mrs. Florence E. King, director of nursing service, will also be assistant administrator while Mr. Charles E. Woepfel, administrative assistant will be an assistant administrator. Mr. Neal E. Wixson, administrative trainee, has been promoted to administrative assistant. □

Dr. Ronald G. Vincent, chief of chest surgery at Roswell Park Memorial Institute, is the new president of the Cumorah Stake of the Church of Christ of Latter-day Saints. □

Dr. J.F. Cunanan, is Teaching Coordinator in Ob/Gyn at Deaconess Hospital, Buffalo. He received his medical degree in 1955 from the University of the Philippines. □

Dr. William J. Staubitz, professor and chairman of the department of urology, was elected president of the 400-member Canadian Urologic Association. He is the first American to hold this office and will be installed at its annual meeting in Ottawa in 1974. □



Dr. Staubitz



Dr. Om Bahl, professor of biochemistry (left) is congratulated by Prime Minister Indira Gandhi on being awarded the Padma Bushan Medal (India's highest award) for contributions to the public good of India. Presentation of the medal was made by President Giri in the Presidential Palace in New Delhi in March. Dr. Bahl was hailed for his successful isolation and analysis of a hormone from human pregnancy urine. □

People

Two Medical School faculty members are officers in the Lakes Area Regional Medical Program, Inc., Dr. Theodore T. Bronk, director of laboratories at Mt. St. Mary's Hospital, Lewistown, is the new vice president. He is also a clinical associate professor of pathology. The new treasurer is Dr. John C. Patterson, clinical associate in ob/gyn and on the staff of Roswell Park Memorial Institute. The new president is the Reverend Cosmas Girard, OFM, Ph.D., a sociologist-anthropologist from St. Bonaventure University in Olean. Dr. Bert Klein, a Jamestown podiatrist, is the new secretary. □

Dr. Helen M. Ranney, professor of medicine at the Medical School since 1970, was appointed chairman of the department of medicine at the University of California, San Diego on July 1. In May Dr. Ranney was one of 95 American scientists elected to the National Academy of Sciences. Last year she was presented the Dr. Martin Luther King, Jr. Medical Achievement Award "for outstanding contribution in the field of sickle cell anemia." Dr. Ranney is president-elect of the American Society of Hematology. □

Dr. Charlotte S. Catz, associate professor of pediatrics at the Medical School, received a Fulbright grant to conduct research in developmental pharmacology at the Center of Biological Research on Newborns in Paris in September. She has been named as associate professor at the University of Paris where she will inaugurate a course on the pharmacology of the fetus and newborn. Dr. Catz came to Buffalo in 1966 and has been clinical director of the Birth Defects Center and associate attending physician at Children's Hospital. □

Dr. Anke A. Ehrhardt, a clinical associate professor in pediatrics and psychiatry, is co-author of a new book, *Man & Woman, Boy & Girl*, published by The Johns Hopkins University Press, Baltimore and London. Dr. John Money, professor of medical psychology and pediatrics at The John Hopkins Hospital, is the co-author. Dr. Ehrhardt heads, in collaboration with her husband (Dr. Heino F.L. Meyer-Bahlburg) the Psychoendocrinology Program at Children's Hospital.

How do men become men, and women become women? How does a child establish gender identity? By what processes is the human being directed toward reproductive maturity as either male or female — are a few questions that are answered. □

Dr. Edward J. Marine, clinical associate professor of medicine at the Medical School, has been appointed chief of the department of internal medicine at Deaconess Hospital. From 1969-71 he served as associate dean and then executive associate dean and director of academic program at the Medical School. □

A Letter to Medical World News — Birth of Obstetrics Teaching

Birth of Obstetric Teaching

SIR: In Dr. Fishbein's editorial "From 'Lying-in' to Modern Obstetrics" (MWN, July 14), he stated: "Almost unbelievably, bedside teaching of obstetrics did not begin until 1889; the innovator was Prof. Barton Cooke Hairst of Philadelphia."

Not so, say we. For in 1850, Dr. James P. White, a professor of obstetrics and diseases of women and children, introduced "demonstrative midwifery" for the first time in an American medical school.

Dr. James P. White was born in Columbia County, N.Y., in 1811 and settled in Buffalo after graduating in medicine from Jefferson Medical College in Philadelphia in 1834. Twelve years later, in 1846, he and others organized the medical department of the University of Buffalo. He was appointed professor of obstetrics, a position he held until his retirement in 1881.

On January 18, 1850, he introduced an innovation in the teaching of obstetrics — illustration of labor with a living subject — before

the graduating class. It was believed to be the first [lesson] of its kind in America. On separate occasions, Dr. White allowed the 20 members of the graduating class to see the woman during the ten days before her expected date of confinement and to auscultate the fetal heart sounds by means of a stethoscope.

At time of labor, students — brought into the room one by one — examined the patient under his guidance. At the end of the second stage, the entire class was called in, the patient placed on her left side, bed clothes drawn back to expose genitalia and buttocks, and the child was delivered by Dr. White before the class.

So startling was this innovation in teaching that students passed a series of resolutions thanking Dr. White.

VINCENT J. CAPRARO, M.D.

Clinical Professor of

Gynecology-Obstetrics

MARION MARIONOWSKY

Assistant to the Dean, Medicine

State University of New York at Buffalo

In Memoriam

Dr. Anna P. Walsh, M'17, died June 5 in Buffalo General Hospital after a brief illness. She was 78 years old and had been a Buffalo physician for more than 50 years. Following her internship and residency at Bellevue Hospital, New York City, she returned to Buffalo to practice medicine and joined her late brother, Dr. Thomas J. Walsh. She was the founder of the American Medical Women's Association and active on the staffs of both Sisters of Charity and the E.J. Meyer Memorial hospitals. She was also a member of the Erie County Medical Society and the AMA. □

Dr. Theodore E. Goembel, M'30, died April 15 in Buffalo General Hospital. The 68-year-old

physician received his undergraduate degree from Colgate University. Dr. Goembel, who practiced for 34 years, was on the staff of Deaconess Hospital and served on the faculty of the Medical School 27 years (1933-1960) as assistant in medicine. He was a member of several professional organizations. □

Dr. Frank S. Warzeski, M'60, died April 19 in Hartford, Conn. of a heart attack. He was 51 years old. From July 1967 to November 1971 Dr. Warzeski was attending psychiatrist at the E.J. Meyer Memorial Hospital. He was a native of New York City and held a Master's Degree in chemical engineering from M.I.T. □

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