

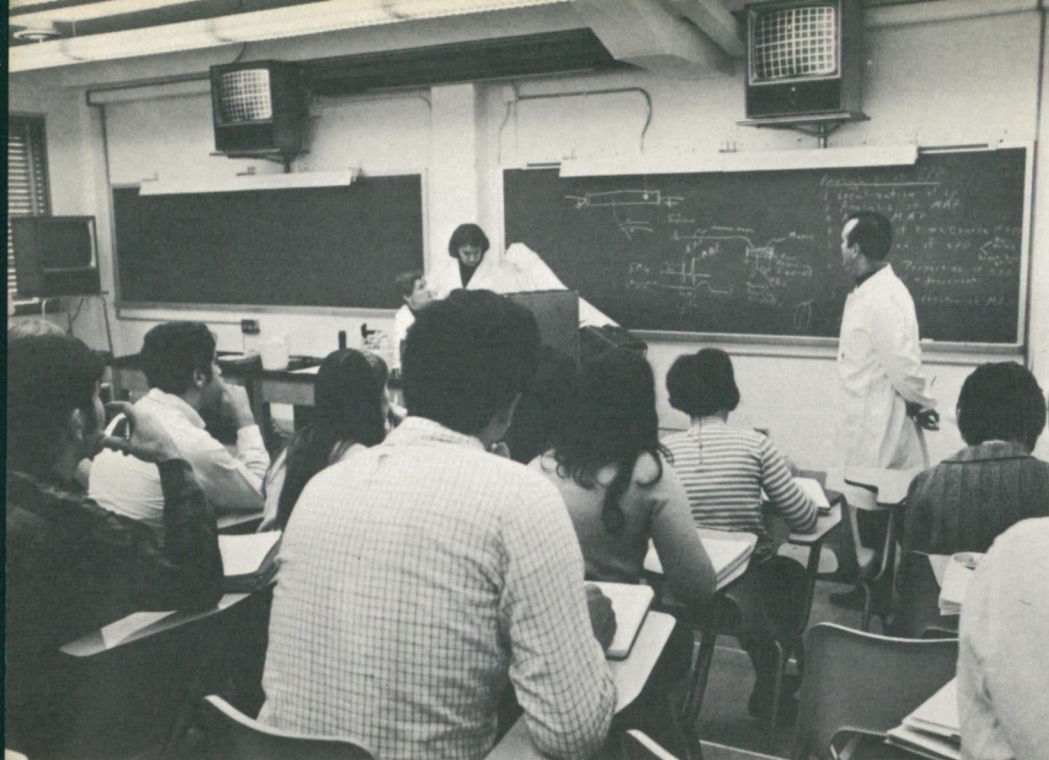
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SPRING 1970 □ VOLUME 4, NO. 1 □ SCHOOL OF MEDICINE □ STATE UNIVERSITY OF NEW YORK AT BUFFALO



This is a typical lecture-demonstration situation. At the front of the room assisting Dr. Beverly Bishop, associate professor of physiology, is Nancy Urbscheit, a graduate teaching assistant in physical therapy, and Mr. Nassir Sabah, a lecturer in the School of Health Related Professions.

Closed Circuit Television

Closed circuit television is being used for the first time this semester in teaching Introduction to Physiology. The 260 students enrolled in this course have a variety of interests — some are history, physical education and English majors, while others are pre-meds, pharmacists, nurses, biologists, occupational and physical therapists.

This demonstration approach to experimentation allows the professor and students to explore together the ways in which a living organism functions. Some physiological events, such as action potentials, are too rapid to be recorded on a penwriter and must be displayed on a cathode ray oscilloscope (CRO). The short persistence of the ordinary CRO beam and the small screen of the CRO tube limit the usefulness of oscilloscopic displays for demonstrations to large classes.

Whenever the entire class can simultaneously view identical responses it is a great teaching advantage, according to the physiology faculty. Now that the physiology faculty have the facilities for closed circuit TV (room 128 Capen) they are finding a variety of exciting ways to supplement their lectures and laboratory sessions. Closed circuit TV and video tapes promise to narrow the gap between basic science and clinical medicine by resolving patient availability problems, and spanning the time, space and knowledge barriers. □

SPRING, 1970

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The cover design by Dick Macakanja refers to Aries, Taurus, and Gemini, which are symbols denoting astrological influences from March 21 through June 21.

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From the desk of
LeRoy A. Pesch, M.D.
Dean, School of Medicine

The events which have occurred at this Medical School November 3 to 10 have served to bring into sharp focus many urgent and deeply rooted problems in our society which are related to the health of this nation. Health indicators from many sectors and census tracts clearly show the inadequacy of our present health care system. While the present focus is on disadvantaged segments of society, the overall problem affects all people and all levels of the health care system.

The demands which were presented to the Medical School are not new demands nor are they directed at the Medical School alone. They are demands directed at society, a society which has tolerated the oppression of people and tolerated the disadvantages imposed on one of our most important human resources — our young people. Our disadvantaged minorities are tired of being oppressed and tired of being called disadvantaged and oppressed.

They are tired of the handouts of society, tired of welfare-supported indigent medical care, tired of programs such as medicaid which perpetuates second-class medical care. The demands are for equality — equality of educational opportunity, equality of educational effort and advantage, and equality of medical care.

In short, our society is demanding that we produce the manpower, the delivery systems, the opportunities for full and equal participation by all people in the effort to develop the total capability for elevating the health of this nation to the highest level we are capable of achieving. We must respond, not next year, not next week, not tomorrow, but today.

In coming to this University as Dean of the School of Medicine a little over a year ago, I made my own demands for an action program that would respond to the urgency of the problem of health. Among these were demands for:

- a curriculum which would be responsive to compensation for any educational disadvantage which might result from a truly open admission policy and yet would provide the very best of educational and research opportunities for all of our students;
- an organization within the student body which would accept responsibility for meaningful participation in the programs of the school;
- appropriate identification and organization of a Faculty of Medicine which would be cohesive in its efforts to produce educational excellence for all students in the school, as well as in residency and postdoctoral training programs;
- working together with our affiliated hospitals to build a community-based, university-coordinated system of health care;
- an organizational structure within the university which would cut through our own barriers of academic and governmental bureaucracy so that implementation of our programs for action could be immediate.

We have made progress in all of these areas; some more significant than others. We must continue to work on all of them.

The demand for health care is not the responsibility of this Medical School or this University alone. It is the responsibility of all of us. The community and the nation must provide the facilities, resources, and imaginative programs if we are to get the job done.

It is no longer a question 'should we?' It is a fact to which we must respond. And we must find the answer to how it can be done.

There are many things going on at university campuses at the present time. Some are very difficult to understand. However, this is a quality University. We have a good Medical School and are dedicated to making both of these institutions excellent. Furthermore, we are committed to equality of educational opportunity and to responding to the community and the region we serve. Therefore, we must say 'no' to violent confrontation, to destructive acts as well as to coercion as tolerable techniques for change. On the other hand we must respond with action and not words.

Thus, on the basis of our commitment, when our students who are disadvantaged for any reason ask:

Will you provide us with equality of opportunity?

We can say 'yes'.

Will you guarantee equal educational standards and advantage?

We can say 'yes'.

Will you equalize financial assistance in such a way that we can do our best?

We can say 'yes'.

Will you help us achieve more and better health care?

We can say 'yes'.

Not a qualified or second-class 'yes', but a resounding 'yes'. □

As we begin a new year, I would like to take this opportunity to initiate a series of regular reports on matters of concern to all of us. In this way it is my hope that communication may be improved and we may be better informed about developments within the school.

At the outset I would like to alert the faculty to a meeting which will be called by the Secretary of the Faculty in the very near future. Its purpose will be to consider the report of a faculty committee on bylaws and the possible adoption of the committee report as an amendment to the bylaws. The substance of the report calls for the establishment of a Faculty Council which will represent the faculty in matters of school policy. You will recall that the committee report was distributed and discussed at the Annual Faculty Meeting last spring. The report will be distributed with the agenda and the call to the meeting.

The second matter concerns the current status of programs related to increased enrollment for next year and progress in the area of disadvantaged minority group admissions. At the present time the following format has been established in concert with elected representatives of student groups:

- The school will expand the size of the entering fall class by approximately 20 places.
- There will be a single Medical School Admissions Committee with an equitable faculty membership from groups formerly under-represented.
- There will be a single mechanism for appeals on suspension or dismissal from the School of Medicine.



Dean Pesch

The Dean Reports



Buffalo Evening News Photo

The Buffalo General Hospital dedicated the Oscar J. Oberkircher Urological Suite in December. It is part of its \$7.3 million addition. The nationally known urologist, Dr. Oberkircher, M'15, left, first joined the hospital staff in 1917. He examines a portrait and the plaque in the new wing with his sons, Paul, M'59, Oscar, M'52, and David, M'59, all physicians. □

—There will be a major recruiting effort for disadvantaged students along the lines of the Career Development Program recommended by Medicine and other Health Science Schools in March 1969. We have developed a harmonious and constructive relationship with the community, university faculty, and student groups most directly involved.

It is our intention to institute a summer program, comparable to the Harvard Career Development Program this summer. Dr. Christopher D'Amanda has been appointed Acting Director of the Health Sciences Career Development Program with some exciting results in the area of recruitment already demonstrated.

Faculty and financial resource development are presently under study. Dr. Eric Barnard has been appointed chairman of a Committee on Space and Facilities to evaluate and recommend the changes necessary to accommodate the anticipated increase in class size for next fall. Dr. Edward Marine has been working closely with Dean Claude Welch of the University College to develop academic programs which may include five, six or seven-year curricular tracks with cross-registration between the College and the School of Medicine leading to the M.D. degree. A committee for coordinating the development of these programs will be appointed.

Another important faculty committee being established is called the *ad hoc* Committee on Medical Manpower. This committee has been in the planning stages for several months. It will evaluate current efforts in the areas of Community Medicine, Ambulatory Care and Family Practice and will be charged with recommending academic program development in response to the local and regional manpower shortage with particular emphasis on community and family medicine. Dr. Marine has agreed to serve initially as chairman of this committee.

The final matter I would like to bring to your attention at this time is an important and major change in the administrative organization of the Dean's office. The most immediate needs of the school call for the resolution of administrative complexities inherent in the pattern of the organization of the school. Because we operate major programs in a variety of institutional settings, including several within the community, the school has a continuing responsibility in providing leadership to find imaginative solutions to the unsolved problems of our clinical programs, postgraduate education, and the integration of the medical center with the community in which it functions. Consequently, several steps will be taken over the next few months to provide a more effective and efficient administrative organizational structure than the School has had in the past.

The first of these changes is the establishment of the position of Executive Associate Dean and Director of Academic Programs. This position will have the authority and responsibility for directing and coordinating admissions, curriculum development and academic affairs, student affairs, special program development, together with coordination of the interaction between the Student Polity and the Faculty Council. I am delighted to announce that Dr. Edward Marine has agreed to accept this position effective immediately. I feel very fortunate indeed in having a person with his capabilities assume this important administrative position, and I have every confidence that under his leadership major progress will be made in all these areas which are so vital to our educational and clinical programs.

Other changes in the area of institutional relationships, fiscal management, and planning and development are under study and will be announced in the very near future.□



Dr. Allen

Infectious Disease

JUST A MINUTE," responded an enthusiastic voice, that of Dr. James C. Allen who came from Baltimore's Johns Hopkins last August to head the first university-wide infectious disease program in Buffalo. "I am just winding up this experiment." In a small office tucked into a corner of a laboratory—in the usual disarray accompanying the final throes of occupancy—we talked about infectious disease.

"Infection is mainly an acute problem," the young, tall and spare associate professor of medicine pointed out. "The patient recovers or dies. Or he may develop an infection during treatment for another illness. Tuberculosis and venereal disease are two of the major exceptions," he said.

Clinical duties in this major subspecialty of the department of medicine are heavily teaching oriented. When house staff is faced with a problem—increasing use of antibiotics, cancer drugs, and corticosteroids over the past decade have changed the pattern of hospital infections—"we are called in," he said. "We counsel them on an approach to diagnosis and therapy." Teaching continues as the basic tenets of appropriate infectious disease practice are emphasized during grand rounds and at the smaller, more didactic weekly sessions where students on service at the hospital join in. For the first time this fall, a student elective in infectious disease will be offered.

In his approach to research, Dr. Allen looks for the combination of both basic and clinical application. "I want my basic question to be a steppingstone toward the application of a practical answer I want to find the ways and means such as hypersensitivity to bacterial products causes tissue damage and disease manifestations.

"We pursued the literature hint that hypersensitivity may be a tool toward answering certain basic questions in the pathogenesis of tuberculosis," he said. Over a three-year period, TB-induced pleural fusions in animals were investigated utilizing refined methods of studying protein and water movement. The result—a specific physiologic lesion related to this type of delayed hypersensitivity phenomena can now be defined.

Dr. Allen teaching at one of the smaller didactic weekly sessions.



"Our studies have shown us the 'way' to demonstrate hypersensitivity in this type of manifestation, the 'way' delayed hypersensitivity can cause significant physiologic lesions in the living animal." But even with the best available techniques, a significant percentage of the tuberculous causes of pleurisy cannot be proven. It is often the young, he said, who will subsequently develop significant extra-pleural TB if not treated. "By using the 'tool' of hypersensitivity we hope to understand this process in man. A study is currently underway."

Is drug hypersensitivity through antibiotic use clinically significant? Dr. Allen and his assistant, Dr. William Lerner, think so. They are zeroing in on an area in which little is known—delayed hypersensitivity following antibiotic use. They are combining the basic question—how the body combats infection—with its practical application, the adverse effects of antibiotic drugs themselves.

There is a delayed hypersensitivity system, their yearlong study on the experimental model has conclusively proven. A certain response specifically related to the structure of antibiotics can be defined in this system. When their studies are completed, they hope to interpolate their findings to man.

A pioneer in the isolation and identification of meningococci antigens will be joining the team in July. He is Dr. Michael Apicella, active in the study of hypersensitivity phenomena, who will be working on problems involving the meningococcus as a casual as well as pathogenic inhabitant of man. In a collaborative study with Dr. Allen, he will focus on certain problems in host resistance. □

The Continuing Medical Education lecture series presented over the two-way Telephone Network of the Regional Medical Program of Western New York has been recognized by the American Medical Association. Dr. Harry Alvis, associate dean for continuing medical education, said that physicians who participate in the programs can now receive credit for the required category towards attaining the AMA Recognition Award in Continuing Medical Education. This award involves no academic credit but is a means of acknowledging the genuine desire of many physicians to keep up with advances in their field.

Recognition of the network programs as an effective means of education was possible only because the programs are organized under the auspices of the Medical School faculty which had already received accreditation for its conventional short-term courses. The series started in the spring of 1968 with 15 hospitals in the network. Today there are 51 hospitals in Western New York and Pennsylvania on the network. The regular series of programs for physicians is presented every Tuesday at 11:30 a.m. There are several other network programs for dentists, nurses, pharmacists, physical therapists, podiatrists, medical record librarians, hospital administration and supervisory personnel, dieticians, and environmental health personnel. □

AMA Recognition

Dr. Milch Honored by Albert Einstein Medical College

A 1933 graduate who has been on the Medical School faculty since 1938 (except for military leave during World War II) was honored recently by the Albert Einstein College of Medicine of Yeshiva University. He is Dr. Elmer Milch, clinical professor of surgery. He is also acting chairman of the surgery committee at Buffalo General Hospital and a surgery consultant at Roswell Park Memorial Institute.

During a reception and dinner Dr. Milch was presented a plaque for "his service to the advancement of medicine." The surgeon has been active and honored by several other medical and civic organizations.

Dr. Milch's address, which follows, was entered into the Congressional Record by Congressman Thaddeus J. Dulski of New York on November 6, 1969.

I should like, first, to express my sincere appreciation for the honor you do me this evening. Recognition is gratifying at any time, but it is recognition by one's peers such as the men at Albert Einstein Medical College which is deeply and truly valued.

As an individual who has been engaged modestly in medical education for more years than I care to admit publicly, these moments are treasured not only for the infrequency of their occurrence, but also for the opportunity to speak out in a reflective and philosophical mood both as a physician and a layman.

In a rapidly changing society—such as has been ours during the past 3 to 4 decades, we have watched the practice of medicine become a public utility subject to federal, state, and municipal regulatory bodies and laws, which have attempted by their actions to reduce physicians to one common denominator.

As a result of these actions excellence is in danger of becoming an increasingly vestigial structure and the resolve to pursue it may soon give way to disillusion. This we must never permit to happen to our youth.

What course then is open to our youth, to those in whom we intrust the future and health of our society, and if you will, the future of all mankind?

Disillusionment? I hope not. Callous cynicism and an attitude of "what the hell, I'll play ball their way?" I hope not. Petulance and withdrawal from our society, contenting themselves with pouting predictions of apocalypse for the world in which they feel condemned to live? I hope not.

I hope that those who one day join the medical profession will be taught to take none of the easy ways out, but will continue to pursue excellence—for the self-respect of knowing that one has done his best, for the joy of the pursuit, for the very love of excellence itself.

MUST TEACH BY EXAMPLE

But this hope will be in vain if we do not teach the young by our example.

Today, as the moral vacuity of our country is replaced by the moral vacuity of the crash pad, our society is learning the truth of the biblical admonition that it must reap as it has sown.

We, in medicine, as practitioners and teachers must try not to repeat the same errors. We just cannot afford the pious invocation of one set of values while we conduct ourselves by another.

If we as a profession are to retain our self-respect, we must demand excellence of ourselves first or else we must not demand it of those who will succeed us.

Nowhere is the dual nature of that imperative more manifest than in our medical schools.

If we are to expect our students to forget the lessons of compromise and expediency, then we must retain the most vigorous standards of excellence in their training.

We cannot heed the *political* call for *instant physicians*, in a futile, hasty effort to correct years of neglect and mistakes.

We cannot and must not play games with our youth and our health because of a wrong sense of priorities permitted to exist over the years.

SOCIETY MUST DEFEND STANDARDS

If we are to preserve the self-respect of the medical profession, then society as a whole must defend the standards of excellence.

For only through such a defense by the public itself can we hope to produce physicians who will be worthy of their calling and our trust.

For only by being the instruments of our own support and standards can we hope to teach the young the necessity of integrity.

Only by ourselves turning away from the bastions of mediocrity which would prostitute these principles in the name of political expediency can we hope to one day view ours as a profession which serves as an example to society rather than partaking of its present ills.

And these facts society must understand and must help us as teachers and physicians do.

It is because Albert Einstein Medical College in the comparative short time of its existence has demonstrated these standards and principles of excellence.

It is because as a private institution depending greatly upon public support it has held its head high and to date has refused to bow to the pressures of mediocrity—that I, as an individual, am very proud to be honored this evening and to accept this plaque in behalf of all grateful practitioners and teachers of medicine. □

Mr. Edward Kavinsky, co-chairman of the testimonial, presents award to Dr. Milch, "for his service to the advancement of medicine."



\$900,000 Grant to Community Services Program

THE COMMUNITY SERVICES Research and Development Program at the Medical School has received a five-year grant of \$900,000 from the National Center for Health Services, Research and Development of the U.S. Department of Health, Education and Welfare. The grant will underwrite studies and projects for improving overall medical care in Western New York.

The first-year budget will be \$140,283 with the remainder of the grant allocated over the next four years, according to Dr. Harry A. Sultz, a former dentist and now associate professor of social and preventive medicine and director of the program.

"Our objective is to find ways to make the advances of modern medicine and dentistry available to all of our people," Dr. Sultz said. "There is still much that we do not know about disease, but there is much that we do know that is currently of little benefit to large numbers of Americans. We must make it available to them—and make them aware of how and where to seek it."

The several projects currently underway include:

- a study of how group psychotherapy aimed at allaying anxiety may affect the prognosis of coronary patients—in collaboration with Dr. Michel A. Ibrahim, Deputy Commissioner of Health for Erie County;
- a study, for the Regional Medical Program, of the need for health manpower, new clinical techniques and other resources in the care of stroke patients in the Western New York region in collaboration with Dr. Ibrahim and Dr. Harvey Borden of the U. S. Public Health Service;
- a study of out-of-wedlock pregnancy and contraception, in collaboration again with Dr. Ibrahim;
- for residents of one part of the "inner city," compilation of a Health Rights Guide by medical and nursing students who staffed a clinic in the area last summer—so that residents will know where and how to get medical aid quickly;
- publication of a Physician's Desk Reference of Community Services, for the Western New York region, which will be published in the fall and will list 400 services related to health needs, such as hospitals, nursing homes, adoption agencies, or places to obtain wheelchairs or counseling. This is funded by the United Health Foundation and the Erie County Department of Mental Health.

The staff of the Community Services Research and Development Program includes specialists in epidemiology, social work, sociology, statistics, and medicine. Co-directors with Dr. Sultz are Dr. Edward F. Marra, professor and chairman of the department of social and preventive medicine at the Medical School, and Dr. William E. Mosher, Erie County Health Commissioner.

The research initially started in 1962 when the then community services unit of the preventive medicine department was asked by the New York State Department of Health to undertake the Erie County Survey of Long-Term Childhood Illnesses. When this massive study was completed, in 1965, the unit decided to stay together as a full-fledged research group. Federal support of this program, prior to this grant, has totaled approximately \$500,000.

The purpose of this first study, whose results have attracted widespread interest, was to ascertain the incidence and prevalence of 70 long-term childhood diseases for which services were not (yet) provided under the state crippled children's program, so that they could be given more informed consideration in terms of state and local health planning. □

A 1940 Medical School graduate was named acting director of the E. J. Meyer Memorial Hospital January 1. He is Dr. Albert C. Rekate who has been on the faculty since 1947. He succeeds Dr. L. Edgar Hummel, who retired as superintendent of the hospital December 31. The title of the top hospital post was changed from superintendent to director.

Dr. Rekate is also associate dean for clinical affairs in the School of Health Related Professions, professor of medicine, and director of rehabilitation medicine at the hospital. He has been on the Meyer staff since completing his internship there in 1941, except for three years in the Army Medical Corps from 1944 to 1947.

The new director has co-authored seven major articles for medical journals, including a treatise on "Liver Function in Alcoholism" in 1963. Two years later he organized a rehabilitation program at Meyer which embraced alcoholism along with drug addiction, mental illness and other conditions. He has held other Meyer appointments—assistant residency, attending physician, associate director of medicine, assistant psychiatrist, and acting head of the cardiology department.□

Dr. Hummel Retires

Dr. L. Edgar Hummel, superintendent of the E. J. Meyer Memorial Hospital since March 1, 1957, retired December 31. He has been a member of the hospital's medical-dental staffs since 1939, and on the School of Medicine faculty since 1938. Dr. Hummel reached retirement age in April, 1968. He did his undergraduate work at UB, and in 1931 received his M.D. from Harvard Medical School.

"It has been a fruitful and satisfying experience to have headed up one of the great municipal hospitals of the country," Dr. Hummel said.□

Dr. Christopher D'Amanda is the new assistant to the Dean in the Medical School. He will be acting director of the new Health Sciences Career Development Program. He will also serve as international liaison officer of the Medical School and be involved with the delivery of health services and care in the community. The 35-year-old physician is also an assistant research professor in the department of medicine at the E. J. Meyer Memorial Hospital.

In 1956 Dr. D'Amanda received his bachelor's degree in English Literature from Harvard University. He received his M.D. degree from the State University at Buffalo in 1962. He was an intern and resident at the Buffalo General Hospital from 1962 to 1966. During July, August and September of 1966 Dr. D'Amanda was preparing himself for a special assignment at the National Communicable Disease Center, Atlanta, Georgia. From November, 1966 to November, 1969 he was at Upper Volta and the Ivory Coast, West Africa, in the measles control and smallpox eradication program. This program was sponsored by the United States Public Health Service.□

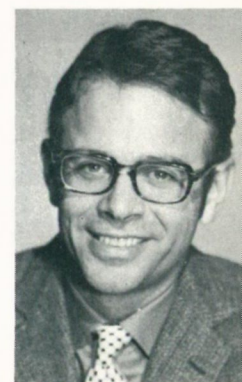


Dr. Rekate

Dr. Rekate Named Director of Meyer Hospital

New Assistant to the Dean

Dr. D'Amanda





Mr. Speer

Veteran's Hospital Director

"Part of the challenge in my coming to Buffalo," said new Veteran's Hospital Director Eugene E. Speer Jr., "is participating in the expansion of the hospital's training and ongoing research programs." For the 57-year old Alabama born director, this means better patient care, a more active affiliation and cementing of relations with the Medical School.

The 1937 graduate of Athens College in Alabama, who as a boy really wanted to be a surgeon while his family hoped for a minister, pursued graduate work at George Washington University. He later lectured there on hospital budget and outpatient records. He received the equivalent of a master's degree in sociology and personnel administration from the University of Alabama.

The blue eyed administrator, who "won't stay if I can't keep things moving ahead" has 23 years' Veterans Administration experience in four hospitals. He comes here from Louisville, Kentucky where he held an equivalent directorship. This was preceded by five years' service with the Air Force, enlisting as a private and discharged as a captain. He worked most of the time in military hospitals. That's where he became interested in hospital administration.

But he has also taught at all grade levels in Decatur, Alabama following graduation. And he has held principal and vocational advisor positions as well.

Leisure time, if there is any, finds Mr. Speer either rebuilding stereo equipment, dabbling in hybrid dahlias or reading sports magazines. About 25 years ago he was a Red Cross water safety instructor and he readily admits that both he and Mrs. Speer find the outdoors one of the best means of relaxation. Golf and fishing are also high on the agenda.

"Things are moving ahead," said the new director. "We are making progress."□

New Family Practice Plan

Three young physicians, all May Medical School graduates, are practicing family medicine as the first resident physicians in the new specialty of family practice at Deaconess Hospital. They are — Drs. Michael Smallwood, Timothy Harrington, and Robert J. Gibson.

Patient families will be assigned to each one of the three residents, who will handle their problems personally, calling in consultants as necessary, including a social worker who will be assigned to the program. The resident will practice "preventive medicine," working not just with the sick in the family, but with the well, to keep them from getting sick. When the resident is not seeing patients, he will be encouraged to pursue a program that will be helpful in whatever circumstances he elects to practice after his residency. The residents will be encouraged to learn more about facilities available to their patients in the community, such as public health nursing. They may also spend some time in comprehensive health planning, medical society or regional medical program offices.□

A Unique Medical Team

The James D. Felsens form a unique medical team. Since 1967 they have been working with three tribes of Indians in Arizona (Hualapis, Havasupais, San Carlos Apaches).

Dr. Felsen is a 1966 Medical School graduate, and his wife is a nurse with the Head Start Program. The husband-wife team doubles in everything from educator to social work to pharmacist.

They have come a long way in three years—from a mule-back clinic to administrator of a modern U. S. Public Health Service Hospital with a staff of 75 on the San Carlos, Arizona Apache Reservation. Before completion of the hospital the Felsens loaded mules with supplies every three weeks and rode horses into the canyon to conduct a clinic for the tribe.

The Arizona and New Mexico Indians have problems of improving their socio-economic status, and fitting themselves into the modern world, according to Dr. Felsen. "It is amazing how far they have come in three generations, since they were overpowered by the cavalry."

The single most isolated group of American Indians is the 300 Havasupai who live at the bottom of the Grand Canyon. The Apaches are a more advanced tribe, but the problems the health workers face are similar.

"We have the facilities, but very few Indians see themselves as responsible for their health. They shift the responsibility to the doctors and the Public Health Service," Dr. Felsen said. "Curative medicine for the Indians is as modern as anywhere in this country, but preventive medicine is only in its infancy," he said.

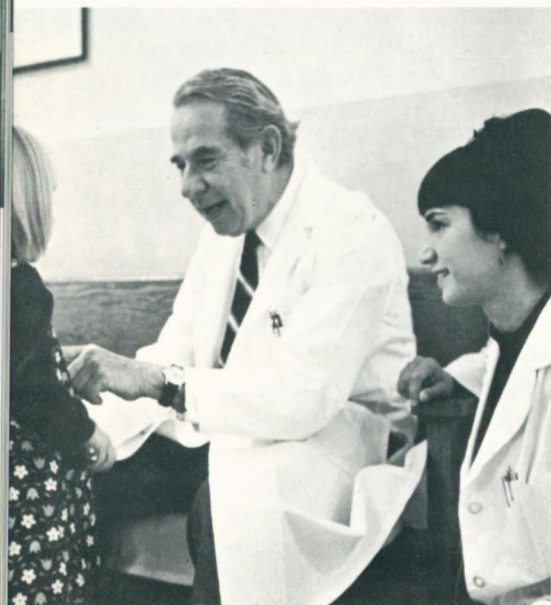
"I'm not so sure this doesn't carry through into Buffalo and other cities. The facilities are there, but hundreds of thousands of people are not getting services because they don't know they exist," Dr. Felsen said.

The Felsens went to serve among the Indians because of the opportunity to see "raw disease." They stayed because of the need and the desire "to progress into community medicine."

They both agreed they are being rewarded because "the Indians are beginning to demand services on their own rather than waiting for us to insist on their participation."

The Felsens spent August and September in Africa giving medical care to Sierre Leone's Peace Corps volunteers and gained some new ideas for bringing better community medicine to the Indians of the Southwest. □

Pediatrics Fellowship



Both Julie and Dr. Rubin
admire a pretty dress.

AN INTEREST IN PEDIATRICS? A curiosity about kidney disease following lectures on the kidney by Charles M. Elwood? That sums up Julie Dratch's summer fellowship at the Children's Hospital.

"I wanted pediatrics and an opportunity to work under Dr. Mitchell I. Rubin," the petite dark haired senior said. "The daily clinical rounds, the workups in the outpatient clinic where I can follow my patients have been really exciting. One, an eight year old girl, will be in again this morning. Proteinuric, we are treating her with steroids and I am eager to see how she is responding."

It is also an opportunity to become familiar with research and laboratory procedures. There is Dr. James Brennan's weekly biopsy conference at the Buffalo General Hospital. And there is Julie's study on the nephrotic syndrome. By recording laboratory and clinical data on 55 patients who have evidence of minimal disease documented by renal biopsy, she feels that "we may be able to predict prognoses based on what we have seen happening."

The future? Hopefully an internship in a New York City hospital. She has worked at Roosevelt, one of Columbia's teaching hospitals where many of the patients are Puerto Rican. She is taking Spanish lessons twice a week because "if I am accepted at Roosevelt I want to be able to talk to them."□

Drug Control

The recent explosion of drug use should be a warning to society to establish a "system of anticipatory control" today for mind-affecting narcotics sure to appear in the very near future. That is what Dr. Cedric Smith, professor and chairman of the department of pharmacology, told the State Joint Legislative Committee in Protection of Children, Youth and Drug Abuse.

"There will be new and different drugs for changing the way one thinks. Our present system of research and education is too inertia-bound to respond to the protection of the populace. It was evident five to ten years ago that psychedelic and marijuana use was spreading rapidly," Dr. Smith said.

The professor called for a control system of psychedelic agents including: (1) a monitoring group responsible for recognizing new compounds and techniques for thought manipulation, for assessing potential and for initiating research; (2) a research group for studies on man and animals in both short and long range periods; (3) a program to keep the public educated on new techniques for combating drug abuse.

Dr. Smith warned that lack of proof that a drug does permanent harm does not give it an automatic clean bill, noting that "both thalidomide and DDT were widely used before it was realized that they were harmful."□

Following a year's review and analysis by University and Hospital authorities, the up-dated contract of affiliation between The Children's Hospital of Buffalo and the University Schools of Medicine and Dentistry was signed by Dr. Peter Regan and Mrs. Robert B. Adam, President of the Hospital's Board of Managers on January 8, 1970. Dr. Regan is Acting President of the University.

Hospital-University affiliation originated in 1936 and was updated in 1942. Both the previous agreements, however, only stated the intention of the two parties to affiliate without specific commitment as to what the agreement would entail.

Both institutions, realizing the necessity for maximizing their efforts to obtain State and Federal funds of benefit to both decided to re-draft the document spelling out specific principles within a legal context.

The document in no way alters the status of the hospital. It still maintains complete control of its operation as a non-profit corporation chartered under the laws of the State of New York directed by a 24 member Board of Managers from the community at large. The document includes provisions for appointments and promotions within the framework of the Medical Staff Bylaws of the hospital. It now also provides for representation of Administration and Hospital Board members on University policy committees which involve the Hospital including search committees for hospital department head positions. At the same time it provides for recognition and representation of University representatives on the Hospital's Board of Managers. In both cases, representation is ex-officio. Both parties feel that this mutual cross representation will provide a more complete flow of information between the two institutions. With a singleness of purpose they can thus provide the best possible care for children of Western New York and the best possible teaching program for the Medical and Dental students of the University. □

Children's Hospital Contract Signed



Mrs. Adam, Dr. Regan, Dean Pesch

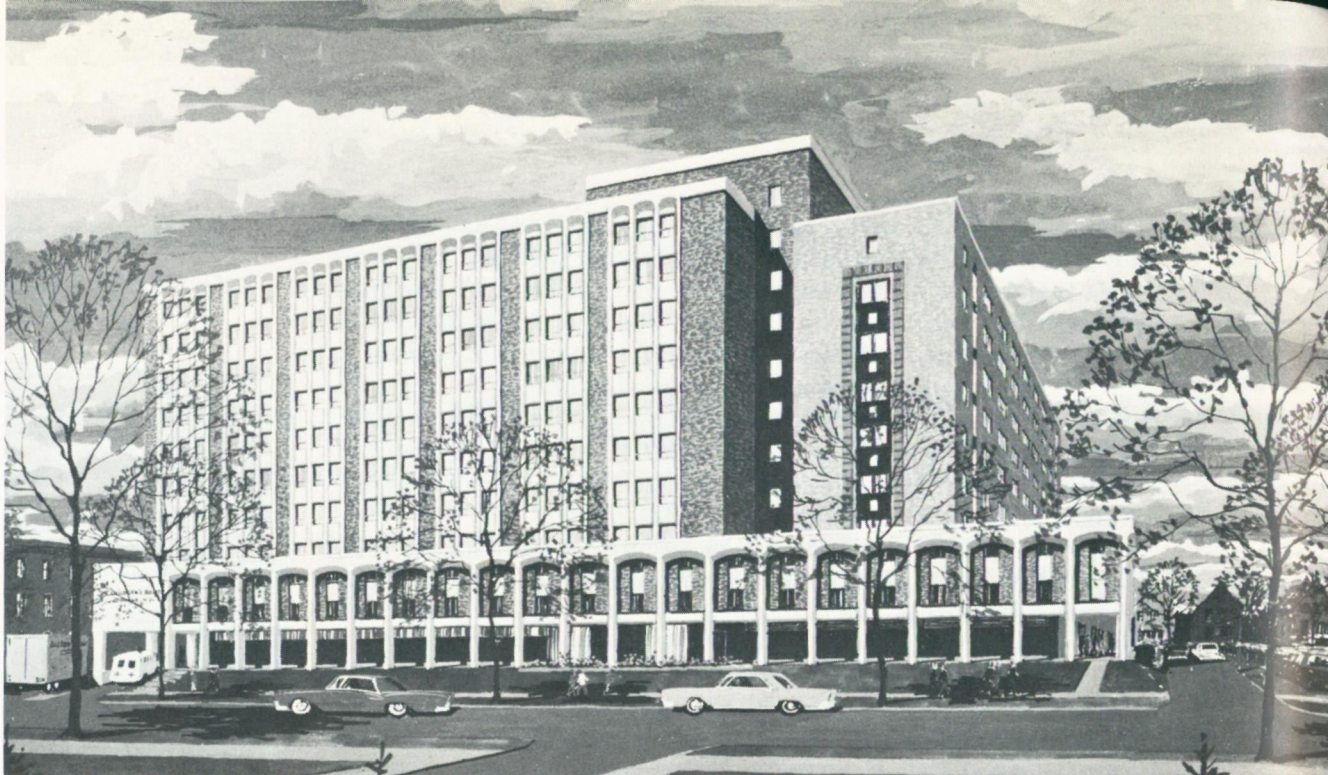
President Martin Meyerson has been elected president-designate of the University of Pennsylvania. He will assume his new position in September. He succeeds Dr. Gaylord P. Harnwell, who will retire in September.

Mr. Meyerson came to Buffalo in September, 1966 as the successor to Dr. Clifford C. Furnas, who had reached mandatory retirement age. Since September, 1969 Mr. Meyerson has been spending two-thirds of his time as chairman of the Assembly on University Goals and Governance, which is studying the functions and purposes of American Colleges and Universities.

Mr. Meyerson, who was a member of the Pennsylvania's city planning faculty from 1952-57, will become the 19th chief executive officer of the institution.

"This decision has been the most difficult one of my life," Mr. Meyerson said. □

Pennsylvania Lures President Meyerson



This is how Children's Hospital will look in 1980. At the extreme left (A) is the nurses' residence. The 10-story building (B) is under construction. Adjacent (C) is the existing Tanner Building, and in the (D) area is where the research facility will be built.

Children's Hospital Addition

A few remarks at the groundbreaking ceremony by Mr. Frank Muddle, hospital director; Mrs. Robert B. Adam, President, Board of Managers; Mr. B. John Tutuska, Erie County Executive; and Dr. Jean Cortner, Professor and Chairman of Pediatrics.



Ground was broken December 3 for the first phase of Children's Hospital's \$11.5 million, 10-story addition on Bryant Street. It includes construction of the basement, sub-basement, installation of elevators and completion of the first two floors plus exterior walls for the balance of the 10-story building. This building, scheduled for completion in 1973, will be financed with hospital funds, government grants and \$7 million from a community-wide campaign that will be completed in 1971. It will house administrative offices, hospital services, the Outpatient Department and clinics. Rehabilitation and mental health facilities will also be expanded to meet the increasing needs of 22 regularly scheduled clinics on subjects ranging from allergy to well-baby care.

The master plan, scheduled for completion in 1980, includes construction of another 10-story research building fronting on Hodge Street. This building will provide laboratories and offices for the hospital's burgeoning research programs in surgery, kidney disease, heredity, allergy and other conditions.

The new buildings are tailored to meet the rapidly expanding needs of the hospital's Outpatient Department and the teaching and research requirements of the hospital staff and the School of Medicine. The hospital is the only Children's Hospital in New York State. □

Dr. Robert H. Wilbee has two new assignments. He is assistant dean at the Medical School and acting associate director at Meyer Memorial Hospital.

At the University Dr. Wilbee's main responsibilities will be in the areas of student and academic affairs, while at the Meyer he will be co-ordinating planning for the new hospital and assist in administration.

Dr. Wilbee was born in Edmonton, Alberta, Canada in 1929, but was raised in Western New York, and graduated from Kenmore High School in 1947. He then attended Dartmouth College and was awarded an A.B. in Psychology in 1951. He served in the United States Army during the Korean War and returned to the University of Buffalo School of Medicine to graduate in 1959. His postgraduate training included a rotating internship at the University of California in San Francisco and a four year residency in General Surgery at the Buffalo General Hospital.

From 1964 to 1968, he was associated in practice with Dr. Joseph Dziob at the Bethlehem Steel Corporation with a main interest in trauma surgery. In 1968 he was appointed Assistant Professor of Surgery at the University. He directs the Emergency and Trauma Services at the E. J. Meyer Memorial Hospital.

He is a member of Alpha Omega Alpha (honorary Medical Society), the County, State and American Medical Association, the Buffalo Surgical Society, a Fellow of the American College of Surgeons, and a Diplomate of the American Board of Surgery. He is on the staff of the E. J. Meyer Memorial, Buffalo General, Children's and Veterans Administration Hospitals. □

New Duties for Dr. Wilbee



Dr. Wilbee

Ten continuing medical education programs will be offered this spring, according to Dr. Harry J. Alvis, associate dean for continuing education.

Continuing Medical Education

March 6

DEPRESSION IN THE MEDICALLY ILL PATIENT

March 12 — June 11 (12 Thursday Evenings) — Physical Examination of the Cardiac Patient

April 9 — NEUROLOGY SEMINAR DAY

April 10 and 11 — 33rd Annual UB Medical Alumni

SPRING CLINICAL DAYS — "THE PHYSICIAN and SOCIETY"

April 23 and 24 — MODERN CONCEPTS IN CORONARY CARE

May 7 — OTORHINOLARYNGOLOGY

May 14 and 15 — NEW ADJUNCTS IN ANESTHESIOLOGY

May 27 and 28 — GERIATRIC MEDICINE

June 1 and 2 — REHABILITATION OF STROKES and SPINAL CORD INJURIES

June 1 - 5 — REFRESHER SEMINAR IN PEDIATRICS



As clinical clerk Kenneth Piazza examines anesthetic machine, resident Richard Saab adjusts cystoscope and Nurse Behr explains its fiber optic cord into light supply.

Buffalo General Hospital Adds New Wing

A quick in/out surgery unit . . . a new urology suite that may be the finest in the country . . . 108 new beds in spacious, light rooms that are accented by bright colors, print draperies, and carpeting . . . a new reference library. They are all located in a new four story wing at the Buffalo General Hospital that is only the first phase of a planned 16-story tower.

Spelling relief to an acute hospital bed shortage is the ground floor emergency department. It is geared toward patients whose surgical or diagnostic requirements can be handled on a one-day basis. Four fully-equipped operating rooms are backed by an orthopedic room large enough to treat four patients at one time, its own x-ray facilities, and laboratories where emergency blood counts or urine analyses can be performed. Laboratory work for scheduled minor operations are performed on an outpatient basis a day or two before surgery. And the patient need report no earlier than an hour prior to surgery.

While under observation as he recovers from a local anesthetic, or in need of a specialist or a specific test, the patient occupies one of the department's eight holding beds. By nine the next morning he will either have been discharged by the attending physician or admitted to the hospital.

The new Oberkircher urology suite has both outpatient and operative facilities for patients suffering from diseases of the urinary tract and related conditions. There are consultation rooms where minor treatment not requiring anesthetics can be performed. There are also three cystoscopic rooms equipped with the most modern and up-to-date equipment to allow the physician to look

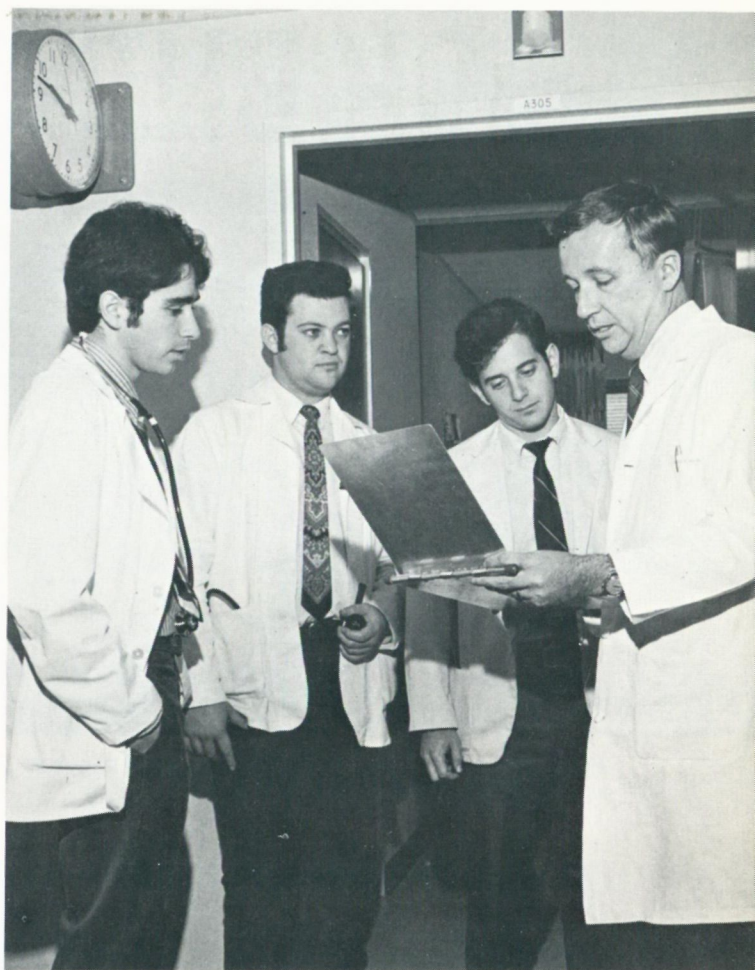
into the patient's bladder, outline the kidney, do all of the necessary techniques, and even operate. The fourth operating room for prostates, bladders and tumors is the transurethroresection room. The specially equipped x-ray room—urology depends so much on x-ray studies—has an adjoining darkroom where the x-ray is developed in just 90 seconds.

Patients in the recovery room nearby are watched through a window wall from the nursing station directly opposite. It is not unusual to find a renal isotope laboratory under medicine's Dr. Charles Elwood located in this suite. Urology and kidney disease are closely allied. Locker rooms, toilet facilities, dressing areas. Every nook and cranny reveals a storage area for supplies.

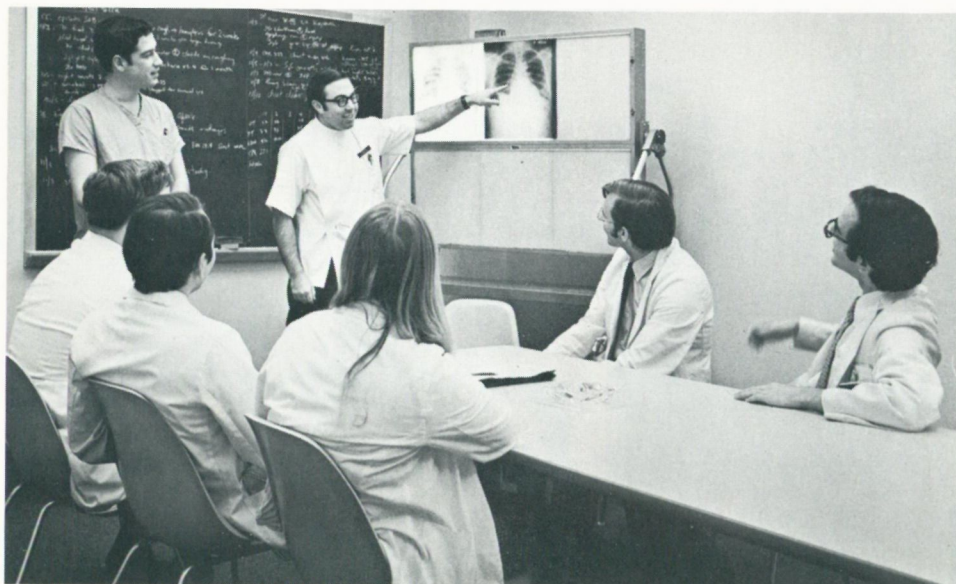
The two-in-a room 108 beds are located on 3 floors, 36 on each. Each individually temperature controlled room has its own bathroom and shower. Each bed which can be raised and lowered by the patient, has its own TV set adaptable to closed-circuit use for in-hospital communications.

In the new Dr. A. H. Aaron Library, house staff and students have access to all of the hospital's reference volumes housed in book stacks. Or they may relax in the comfortable reading room at one of the study booths while they glance through a current medical journal located in the racks.

Space, light, bright colors, print drapes, carpets. Just aesthetic touches to what is the first phase of a new teaching and patient care facility. □



On grand rounds in the new wing with medicine chief, Dr. James Nolan.



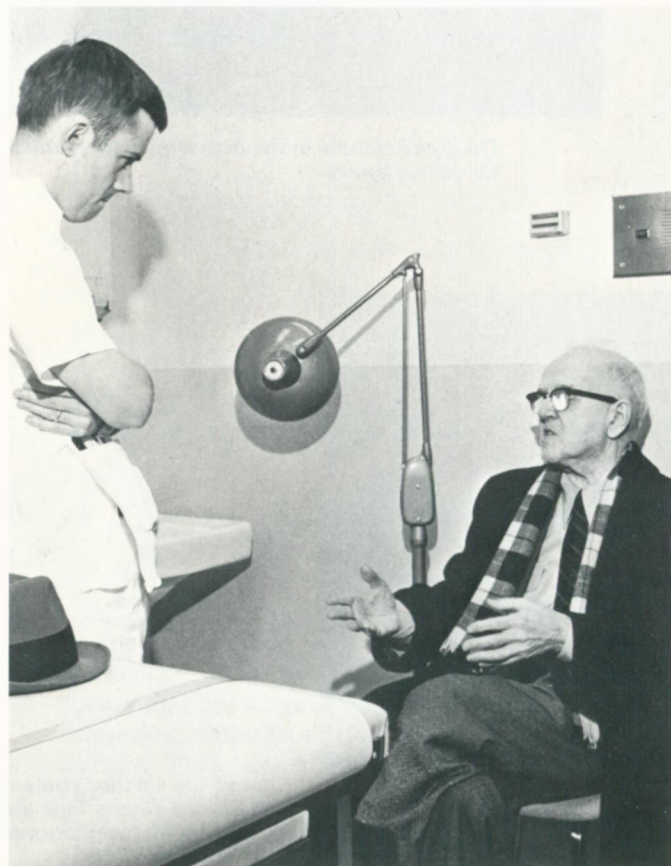
One of the smaller student conference rooms that are located on all four floors of the new wing.



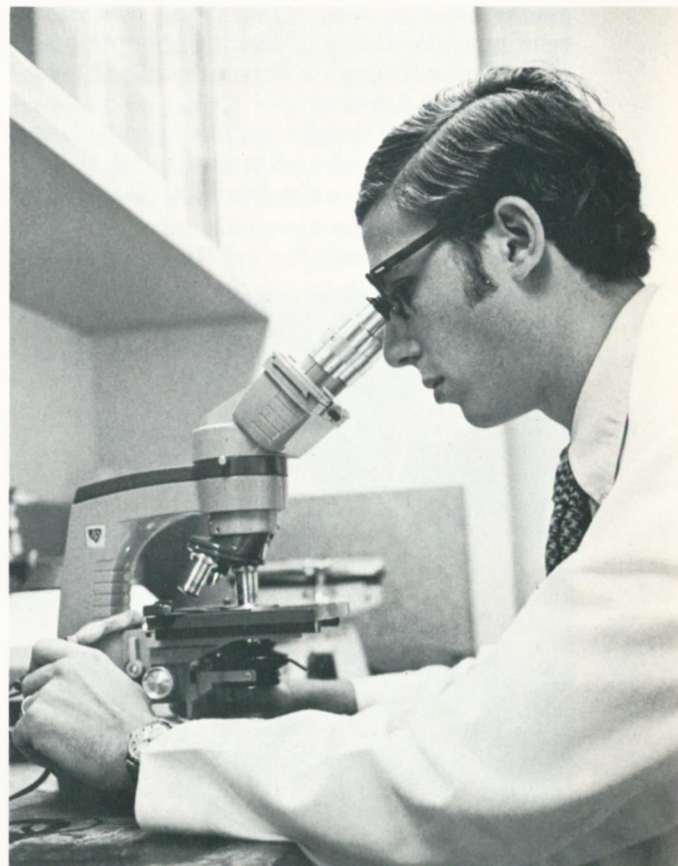
Operating under local anesthetic in one of the four new operating rooms.



Dr. Staubitz reviews schedule for Saturday morning with junior Elias Purow.



Medical intern John Breen listens to an elderly patient who complains of food lodged in his esophagus.



Clinical clerk Ronald Blum works up an emergency blood count in one of the new laboratories.

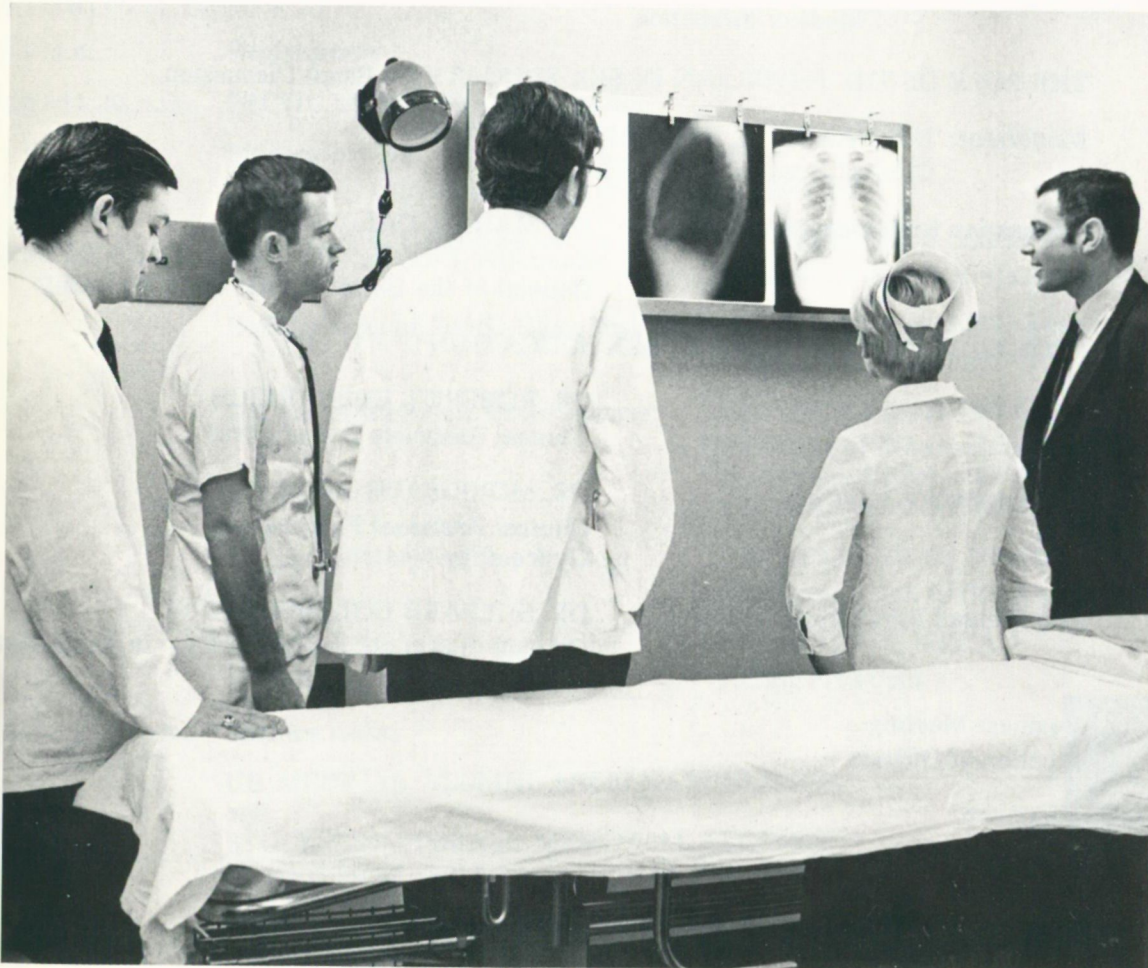
Buffalo General (cont'd)



Associate director, Dr. Theodore Jacobs, and director of ambulatory services, Dr. Wilfred Fuge, check emergency oxygen supply in one of the new 2-bed patient rooms.



The new Dr. A. H. Aaron library located on the second floor of the new wing.



Medical students attend a urology conference in new urology suite.

33rd Annual State University at Buffalo

Theme: "THE PHYSICIAN AND SOCIETY"

April 10 and 11, 1970

Program

STATLER HILTON HOTEL

Empire State Suite

FRIDAY, APRIL 10

8:15 a.m. Registration

9:30 - 10:00 a.m. Welcome: DR. SIDNEY ANTHONE, M'50
President, UB Medical Alumni Association

Announcements: DR. HARRY J. ALVIS
*Associate Dean for Continuing
Medical Education*

10:00 - 12:00 THE ROLE OF THE PHYSICIAN IN SEX EDUCATION: Panel Discussion

Moderator: DR. HAROLD J. LEVY, M'32
Clinical Associate in Psychiatry

"Education for Human Sexuality" DR. MARY S. CALDERONE
*Executive Director, Sex Information & Education
Council of the United States, New York City*

"COMMUNITY EXPERIENCE IN SEX EDUCATION"

The Pediatrician's Role DR. ROBERT J. EHRENREICH
Clinical Associate in Pediatrics

The Gynecologist's Role DR. MORRIS UNHER, M'43
*Clinical Assistant Professor of
Gynecology-Obstetrics*

The Clinical Psychologist's Role DR. SHEPARD GOLDBERG
*Clinical Associate in Psychology in Department
of Psychiatry*

12:00 - 12:30 p.m. Business Meeting
Election of Officers

12:30 - 2:00 p.m. Luncheon

2:00 - 4:00 p.m. THE SOCIAL HAZARDS OF A PHYSICIAN'S LIFE: Panel Discussion

Moderator: DR. BERNHARDT S. GOTTLIEB, M'21
Psychiatrist, Private Practice, New York City

Medical Alumni Spring Clinical Days

The Drug Problem in Physicians

DR. RALPH B. LITTLE

*Psycho-Analysist, Senior Attending
Institute of the Pennsylvania Hospital,
Philadelphia*

The Alcoholic Problem in Physicians

DR. LeCLAIR BISSELL

*Co-ordinator, Alcoholism Service,
Departments of Medicine and Psychiatry,
The Roosevelt Hospital, New York City*

The Suicide Factor in Physicians

DR. HARVEY L. P. RESNIK

*Chief, Center for Studies of Suicide Prevention,
National Institute of Mental Health (on leave UB,
Professor of Psychiatry)*

6:00 p.m.

Fiftieth Class Reunion

Reception and Dinner — Georgian Room

SATURDAY, APRIL 11

Empire State Suite

8:15 a.m.

Registration

9:30 - 11:30 a.m.

PEPTIC ULCER: Panel Discussion

Moderator: DR. JAMES F. PHILLIPS, M'47

Clinical Assistant Professor of Medicine

Physiology of Gastric Secretion

DR. WILLIAM F. LIPP, M'36

Clinical Associate Professor of Medicine

Pathogenesis of Peptic Ulcer Disease

DR. SAMUEL SANES, M'30

Professor of Pathology

Drug-induced Peptic Ulcer Disease

DR. JAMES L. A. ROTH

*Professor of Clinical Medicine, Director of
Institute of Gastroenterology, University
of Pennsylvania School of Medicine*

Surgical Therapy of Peptic Ulcer

DR. STANLEY O. HOERR

Chairman, Dept. of Surgery, Cleveland Clinic

11:30 - 12:00

"Adaptations and Change in the
University"

DR. PETER F. REGAN

Acting President

12:30 - 2:45 p.m.

Terrace Room

UB MEDICAL ALUMNI ANNUAL LUNCHEON
and
STOCKTON KIMBALL MEMORIAL LECTURE

"Teaching and Learning Where the
Product is Delivered — The Com-
munity Hospital"

DR. ROBERT L. EVANS

*Vice President — Medical Affairs, York Hospital,
York, Pennsylvania*



Health Care Dilemma

A NEW NATIONAL HEALTH CARE SYSTEM for all—agreed the panelists (industrialist, labor leader, economist, mayor) at the 80th annual meeting of the American Association of Medical Colleges.

Four revolutions, pointed out Carnegie Corporation president Alan Pifer, will form the matrix to radically mold it. They are emergence of consumer voice, quest for social justice, new attitude toward medical care as a right, and concept of health maintenance on a national scale. A major start toward this system, this layman believes, will appear within the next decade.

Can our country build on its present foundations a system of health care capable of serving the entire population? Can it find the means to bring both public and private interests together into a single focus? Will it be the catalyst to set starts of performance, encourage experimentation in delivery of health care, coordinate existing resources, save private facilities from financial collapse, design and fund a system of national insurance, meet costs of training increasing numbers of physicians and other health workers? "Yes," Mr. Pifer answered, "if there is a national will and the nation's top leadership responds to that will."

Can there be good health without improved education, housing or economic opportunity? Health planning, he pointed out, cannot be isolated from other kinds of social planning. There must be an interface.

Is there a sense of outrage within the medical profession over our present nonsystem for health care, a determination to seize the leadership in bringing into being an equitable national system of comprehensive care? Mr. Pifer replied, "Among individuals perhaps. The best we can expect from the medical profession—that it not offer the kind of bitter, rear guard opposition to a national system of health care as in the past—Medicare.

"On more limited fronts, you who direct the affairs of 350 great medical centers, can:

- design and try out experimental new delivery programs to defined population groups;
- initiate new educational programs for physicians to train them as broadly-grained in social sciences as in biomedical fields;
- institute programs to produce on an experimental basis new kinds of professional health workers;
- mount new programs to help answer old and new questions as nation girds for national system of comprehensive health care."

But, he clearly stated, you can, you must get together, continue to work together not to plead but to *demand* Federal support for research, experimentation and training of physicians and health workers, especially from minority groups.

"For you in medical centers, the day is past when you can set your faces against change . . . with all of your great experience and competence you have a far more demanding responsibility—how to design the brave new world and its changes," he concluded.

A private health plan was outlined by Kaiser Industries board chairman Edgar J. Kaiser. One of the nation's largest contracting organizations, Kaiser Industries has experimented with a number of medical programs since its first big Cuban highway project in

1927 where arrangements for good medical care had to be made. At Hoover Dam, their first large construction job, 5,000 employees and their families made up a small city of 15,000. Their most serious health care problem was in the spread of incomes between supervision and hourly workers. At Booneville adequate medical facilities from a Portland hospital association 40 miles away were furnished on a fee-for-service basis. A young doctor's capitation payment system was adopted at Grand Coulee Dam. Families under full coverage brought hospital charges down to 7 cents per day for wives and 25 cents per week for each child. Not only was the system self-supporting financially, but enthusiastically received.

During the second World War, 100,000 workers employed at each of Kaiser's two Navy yards were basically covered by the same plan. But it was optional, and proved a great success. The war ended. Kaiser had helped to develop one workable solution.

"As the basic incentives were good," the dynamic industrialist said, "it was decided to open the plan to the public. Twenty-four years later, it is the largest group practice prepayment plan in the country. It provides comprehensive, prepaid medical and hospital care to two million members on a direct service basis in 19 of its own hospitals, two extended care facilities, and 52 clinics."

Mr. Kaiser further pointed out, "each group is independent and autonomous; the contractual agreement is between the doctors and the group."

But facing the medical care industry today is how to provide adequate medical care to all segments of our population. Nine out of ten Americans under age 65 are covered by voluntary health insurance plans. But there are the aged whose voluntary health insurance is inadequate and the totally disabled who represent a significantly higher cost group for personal health services. It is here, he feels, where the Federal government should play a significant role in the financing mechanism.

A promising development in experimentation is Medical School involvement in organizing ghetto health care services. New approaches, he pointed out, are not only justified but imperative if our nation is to solve its pressing domestic problems.

"There is a gap between demand for better health care and capability of present American industry to meet that demand," Mr. Kaiser emphasized. "Government, at all levels, can help us close the gap. I believe that working together—in a constructive coalescence—we can and will meet the challenges within our free and pluralistic system."

A national health service corps where students, recruited on a volunteer basis in lieu of military service, will provide direct personal health services to the poor. The charismatic United Auto Workers' Union president, Walter P. Reuther, feels that nothing will do more to counteract the sense of alienation of American youth. "We must give them a feeling and a sense of purpose, relate their education to the central problems that cry for solutions in our great cities.

"We are in trouble in America, deep trouble," he warned the 80th AAMC audience. "It goes into the body politic because our values are out of focus. There is too little concern about the qual-

ity of our goals and too much concern with the quality of our goods. If the national commitment is there, we can do anything."

Ninety percent of all scientists in history are alive today. More technical progress, he feels, will be done over the next 25 years than during the past 2,500. But it is how we commit this fantastic power that is crucial. Both science and technology are neutral, he said. They have no ideology or morality. But *man* has. Somehow, he must relate his scientific and technical know-how to the know-why of human and social problems.

"Our cities, housing, schools, are in crisis, our environment deteriorating dangerously through pollution. High on America's agenda of unfinished business is the restructuring of the health care system. The annual cost of health care services is 60 billion dollars. It is the second largest expenditure, second only to the military, and its costs are skyrocketing."

His argument was not directed to the American doctors but toward the obsolete 'model T' system that "... we remain wedded to, a system incapable of bringing about a rational, effective service of resources, manpower, facilities. We need a new model, a new national health care system."

A national committee on health insurance—Mr. Reuther is a member—is directed toward this commitment. The committee does not have all the answers, he pointed out, but "we ask your full participation as we search for the answers. Ingenuity and social inventiveness are essential if we are to determine how best a free society shall structure such a national program."

A new medical care system will not be the result of one single piece of legislation, Harvard economics professor, John T. Dunlop, said. It will come only as a result of small changes by a great many people working on its separate elements.

More money, he feels, is not what the medical industry needs. The federal estimate for the 70's is five times the outlay for the present decade. "What are we getting for what we pay?"

Training may be the answer but only if it is related to other activities. Professor Dunlop cautioned that a new system of financing care should not be confused with its method of delivery.

The consumer, poorly advised on the quality of health care, comes to the "bargaining table" with less than equality for his health. "Health is a kind of public good. And the sin of medicine is that its research is determined by deliberate public expenditure rather than the market itself."

Medicine should play a greater role. It must take the real costs of capital into account. While medical facilities are needed Professor Dunlop feels that they should not be so closely tied in with hospitals. And wages of hospital workers, interns, residents, can no longer be treated as an outgrowth to industry's role, but must reflect an evolution of our health care system.

Medical schools will not be so isolated in the future. To introduce students to problems of the public sector, it must interface with social sciences. The new kind of doctor will see his career in the public sector. Medical schools, having more to say about medical practice in their communities through health care centers and

programs, will play a greater role of leadership in developing paramedical personnel, training programs and standards.

In the days ahead, the Harvard economist summed up, the medical school must provide leadership to begin to pull together the diffuse and separate developments.

As a Mayor who entered San Francisco politics two years ago, Joseph L. Alioto feels that he has had a front seat on things happening in the big cities. While 1.2 million labor union members in California participate and contribute \$750 million annually in various health plans, medical services in the ghetto are obviously inadequate. Fifty percent of their children are not immunized against disease and 54 percent do not see a dentist.

"We must look toward a national comprehensive health plan," Mayor Alioto emphatically stated. He feels that more professionals from minority groups must be trained and it is up to the Medical Schools to do so. "The gap between black/white communities can and must be closed."

"The greatest free society is threatened by change—quite radical," he alarmingly pointed out, "unless we are up to the competitive challenges. And your challenge is to work out a system of delivery of health care services to all."□

A 1952 Medical School graduate has started a special two-year training program for inhalation therapists. He is Dr. Jerome J. Maurizi, an internist and specialist in pulmonary diseases and clinical assistant professor of medicine.

There are 19 students enrolled in the first class. This special program is a cooperative venture between Erie County Community College and three hospitals—Deaconess, Meyer and Millard Fillmore—where students receive laboratory training. The Regional Medical Program of Western New York is funding the program. Science courses over the two-year period include general chemistry, anatomy and physiology, physics, microbiology, pathology, and pharmacology. Other courses include English, ethics and administration, sociology, and psychology. Students, who complete the course successfully, will receive an associate degree. This will enable them to apply for registry by the American Registry for Inhalation Therapy.

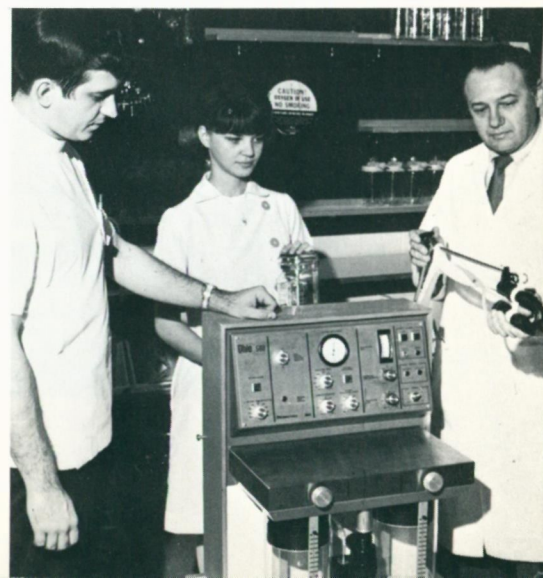
Dr. Maurizi pointed out that lung diseases are second only to heart diseases in their incidence among humans. One out of every five persons admitted to a hospital today makes use of some type of inhalation machine. Furthermore, inhalation therapy has become almost standard procedure in postoperative care.

The internist estimates that hospitals in the Western New York area need about 200 inhalation therapists. Many working as technicians now need upgrading because the machines are more complicated and diversified.

Dr. Maurizi predicts that within five years, the two-year program will be made into a full four-year program offering a regular degree, and New York State will be licensing inhalation therapists just as they do x-ray technicians.□

Inhalation Therapists

Karl Lisnerski, chief inhalation therapist and Marilyn Heim, inhalation therapy technician of Deaconess hospital, carefully inspect respiratory equipment with Dr. Jerome J. Maurizi.



New Research Facilities at Meyer Hospital

1. Rats, cats, rabbits, mice, guinea pigs, and goats. Whatever the need for investigators, they are supplied by the Animal Unit. Supervising technician Edward Halsted checks bacterial injections in rats—part of an infectious disease program.

2. A seven day a week, 24 hour a day toxicology laboratory operated by Erie County and the School of Medicine. "We investigate all chemical causes of death" chief toxicologist Thomas A. Rejent pointed out. Attempted suicides, accidental poisonings, hospital emergencies involving comas and causes unknown, identification of drugs, monitoring of people in industry exposed to hazardous agents—he gets them all. The usual time for an ultra violet scan of a compound to determine what patient took and how much is circulating—45 minutes.

3. Research problems are discussed and information exchanged at the surgery research laboratory meeting.

4. Ongoing research on PKU (phenylketonuria) and inborn errors of metabolism. Technician Lynn Allen operates the spectrom while administrative assistant Sally Bloom checks research data with technician Phyllis Pepe.

5. Six research laboratories zeroing in on infectious diseases. Open to all area hospitals on a no charge basis is the testing of sera from patients suspected of having disgamaglobulin, anemias, liver disease, allergic reactions or skin problems. Ultra-centrifuge chromatography on a blood sample is performed by research assistants Dolores Czerwinski and Charlene Romanello. "After we isolate its particular protein, our study really begins."

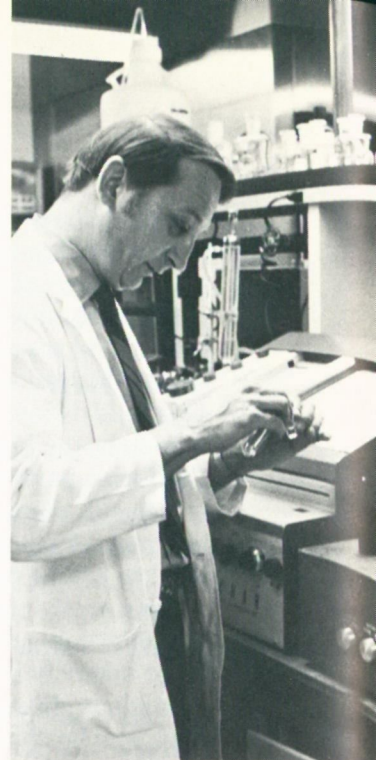
6. Dr. Morris Reichlin and technician Nancy Balley check the results of an experiment.

7. Dr. Thomas Tomasi works in one of his infectious disease laboratories.

8. A unique collection of 3,000 teaching slides methodically documented and most of them photographed by Dr. Louis Bakay. They will prove an invaluable tool for presenting all types of patient problems to residents.



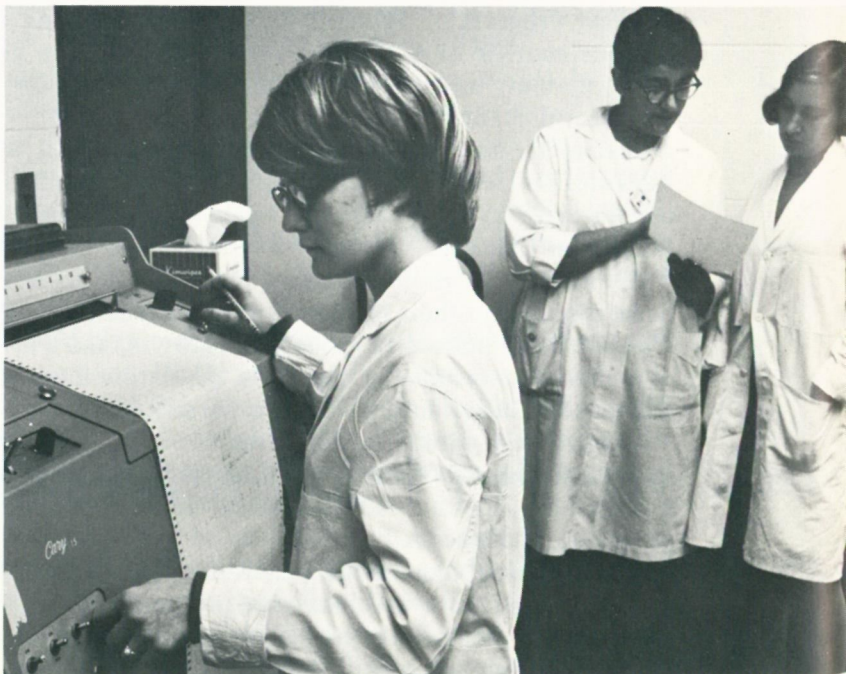
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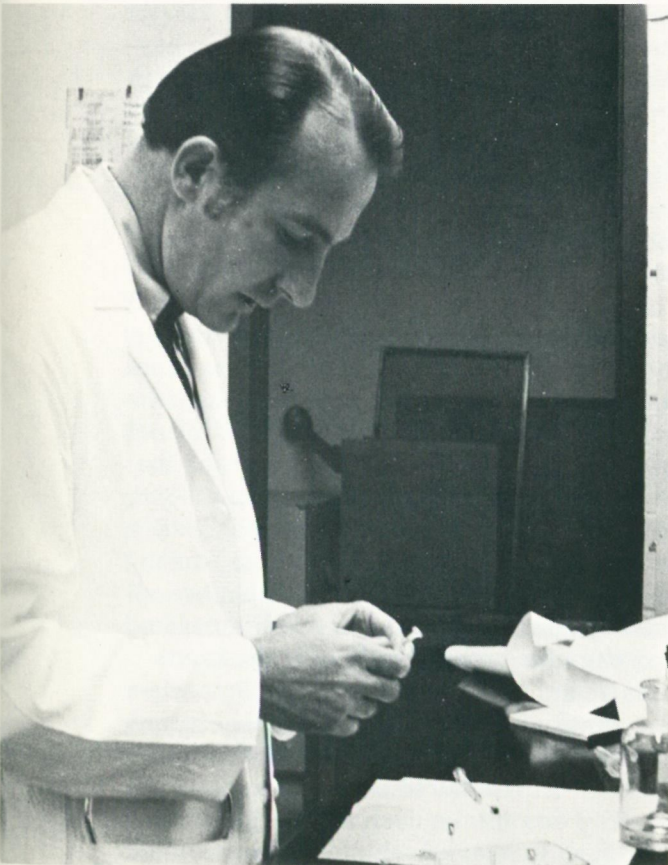


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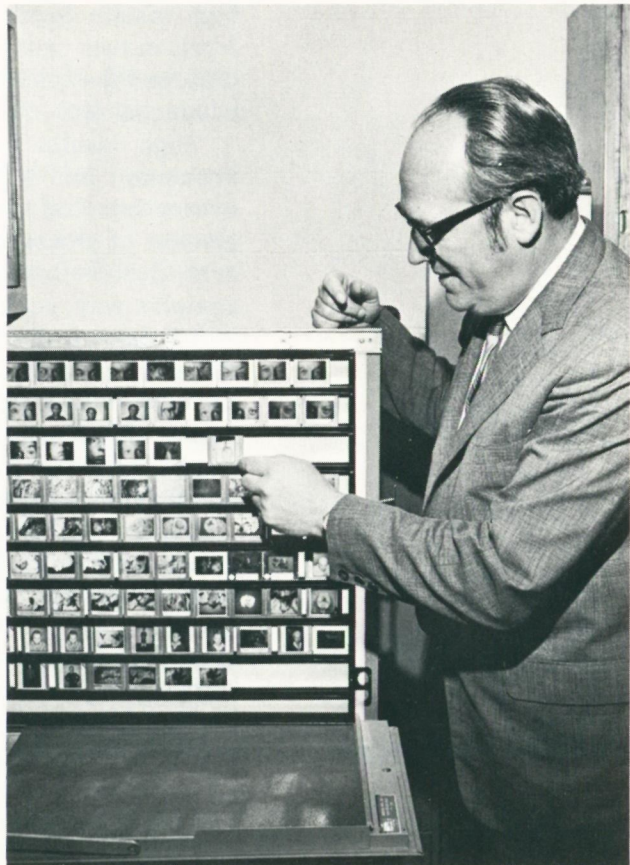


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Different Kinds of Obesity

by

Gail McBride

"Just as there appear to be a number of different kinds of cancer and mental illness, there may also be different kinds of obesity," says Dr. Lawrence A. Frohman, associate professor of medicine. "Thus a weight reduction regimen that helps one person may not suffice for another."

Dr. Kenneth H. Kurtz, professor of psychology at the University, agrees; "We have every reason to believe how much we eat is determined by a large number of factors, both psychological and physiological. I suspect that the complex system regulating food intake can break down at various points and that people overeat for different reasons. For some, overeating may be due to poor eating habits; for others, there may be a disturbance in the setting of the 'fat regulator' in the body so that these individuals cannot satisfy their hunger without becoming overweight."

To substantiate their ideas about hunger and obesity, the two scientists and their associates are experimenting with rats — fat ones, thin ones, young ones and old ones, and hungry and non-hungry ones.

As a result of these studies Dr. Frohman and colleagues Drs. Lee Bernardis, assistant research professor of pathology, Jack Goldman, assistant professor of medicine and J. David Schnatz, associate professor of medicine, believe they are zeroing in on a major cause of obesity.

They are advancing the theory that in some persons there is an insidious biochemical defect in the central nervous system that is genetically determined and results in the secretion of unusually high insulin levels into the bloodstream. The increased insulin levels in turn cause certain appetite control mechanisms to go haywire, and the subject gradually becomes obese as, for example, with advancing age.

"High insulin levels are the hallmark of obesity," says Dr. Frohman, "and it has been felt up to now that they result from overeating; that is, more insulin is needed to handle the increased amount of glucose entering the body in foods. We believe, however, that the reverse is true. High insulin levels may, in a rather complex way, actually cause obesity."

It is known that when high insulin levels and low growth hormone levels are present in the body for any reason, there is an increase in the depositing of fat. This can occur even when the person or animal is eating normally, because the excess insulin causes more than enough glucose to be shunted into cells, and that which is not needed for energy is converted into fat.

The controls for most of this, scientists believe, reside in a small area of the brain called hypothalamus. It contains, among other things, the appetite stimulating center and the appetite suppressing center. These are generally distinct but are interrelated in certain ways; they also can affect other portions of the brain.

The Buffalo researchers found in their experiments that when the appetite suppressing portion was destroyed in very young rats with an electric current (via a needle inserted into the brain), a number of things happened: Growth hormone levels went down, and body growth decreased. Food intake decreased slightly, then returned to control levels. Insulin levels in the bloodstream went

Miss McBride was a science writer at the University before joining the AMA press relations staff.



Buffalo Evening News Photo

Dr. A. Edward Maumenee, professor of ophthalmology at Johns Hopkins University (right) accepts the Lucien Howe Medal from Dr. Peter F. Regan (left), acting president of the university. Also pictured are Dr. Eugene H. Radzinski, M'41, president of the Buffalo Ophthalmologic Club, and Dr. Thurber LeWin, M'21, chairman of the selection committee. The award was presented to Dr. Maumenee in recognition of his teaching and research in his field. The award has been presented only 10 times since it was established in 1930. □

up and, as they did so, followed along somewhat with the amount of food intake. Fat levels in the blood went up and the actual amount of fat in the body increased.

A relationship was detected between the high fat levels and high insulin levels. Furthermore, at the end of the experiments, the fat levels and the insulin levels in the bloodstreams of animals that had been subjected to surgery were nearly double that of normal rats of the same age.

The food intake levels never rose to abnormal heights but because of the excess insulin and low growth hormone there was a pronounced increase in the laying down of fat in the body. And Dr. Frohman and colleagues think that something of this nature can occur in human beings — a biochemical (probably enzyme) defect resulting in gradually rising levels of insulin and eventually, obesity. "It could start to happen at any age," says Dr. Frohman.

"And we have recent evidence that obesity is not determined by the type of diet. Rats that have high insulin levels can become obese on both high fat and fat free diets," he adds.

At present, Dr. Frohman and co-workers are studying the obese, high-insulin rats to see how their bodies handle carbohydrates, fats and proteins entering the body in foods. Later the animals will be given various drugs, such as those that inhibit insulin secretion, to see what changes might occur.

Help for human beings afflicted with a biochemical defect of this nature is far in the future but might consist of giving drugs to

speed up a chemical reaction in the brain or to suppress insulin secretion.

In a somewhat different vein, psychologist Dr. Kurtz is studying the general processes which regulate hunger and the amount of food consumed. "This actually means studying weight regulation in the normal range," he says, "since we must first understand this in order to completely understand obesity."

Dr. Kurtz believes that eating may be influenced as much by learning as by some innate "drive" to eat. His idea is that an animal's urge to eat depends in large part on how long he has been deprived of food. The animal has learned in prior experience to associate food with the physiological state of hunger and when it is hungry or deprived for some time food becomes more palatable than usual — the attractiveness of the reward is enhanced.

"Our older idea about eating and other behavior says that we are being goaded or pushed by aversive stimuli to do certain things," says Dr. Kurtz. "But another way of looking at such behavior is that we are being 'pulled' by the attractiveness of the reward. Presumably, food is more attractive to an animal that is hungry than to one that is not. This view suggests that we can measure someone's motivation for a particular goal by determining how much effort he is willing to expend or how much discomfort he will tolerate to get that goal."

"In India there is no obesity because there is not enough food. But in America, there is an abundance of highly palatable foods," Dr. Kurtz continues. "This, coupled with other factors such as boredom, may lead to overconsumption of foods, even at the great cost of overweight. Improving self-control may consist of finding some way to tip the balance so as to make the remote possibility of weight gain more important than the immediate satisfaction of eating. A person may find it easier to resist eating if he avoids the environment in which the learned motive to eat is strong."

"Much more work is needed," he comments, "but we might speculate that sometime in the future we could predict the period of roughest going in a reducing diet and give the person some type of treatment to tide him over."□

A Tribute to Dr. Leak

Very few physicians who heard Dr. Glenn H. Leak lecture on "The Solitary Thyroid Nodule" last May knew that Dr. Leak had discovered such a nodule in his own neck and as a specialist in cancer knew that he was probably doomed to die of the disease. He gave the lecture over the Tele-Lecture Network of the Regional Medical Program.

Dr. Harry J. Alvis, who did know, told the story on the network in December after Dr. Leak's death. As associate dean for continuing medical education, Dr. Alvis had invited Dr. Leak to give the lecture in the fall of 1968. When the time grew near, however, Dr. Leak called to say that he doubted if he could keep the commitment.

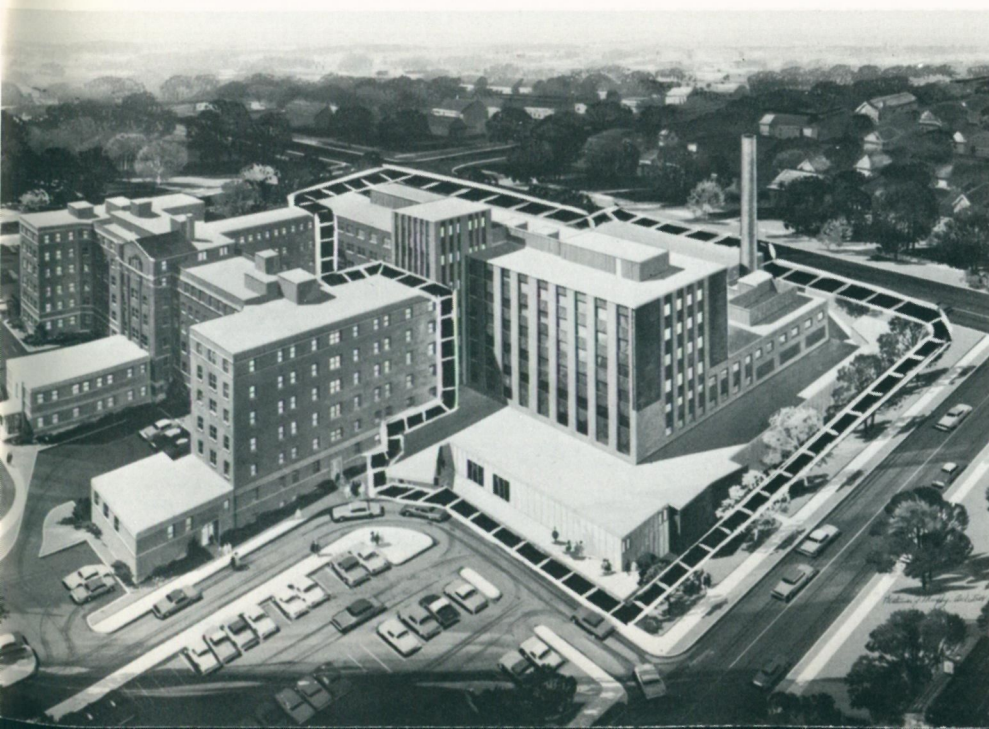
He gave no reason but, when Dr. Alvis asked if he would suggest a colleague who could pinch-hit for him, he replied "the man I've chosen to do my own operation is the one in whom I have the most confidence." A few days later, however, Dr. Leak changed his mind and called Dr. Alvis to say: "I'll be able to handle that assignment myself. Don't worry further about it."

"We met at the studio at the appointed hour," Dr. Alvis said. "When the questions came in from physicians throughout the area, they were searching, penetrating, asking about the prospects for palliation and for cure, what the alternatives might be, the risks of operation and the probable outcome.

"As we sat together in this small room, no one else knew that this man was talking so calmly and dispassionately about his own problem. As he answered the questions, recounted the statistical and clinical evidence and the prospects such a patient faced — the tension I felt became almost more than one could bear. We parted, neither mentioning it.

"All too often people think of heroes as being military figures. Heroes are to be found in all walks of life, and some of the bravest are not recognized as such until they have passed from the scene." □

The new McAuley Building of Mercy Hospital opened December 12. This is the first of three phases of construction to make the hospital the most automated in the Buffalo area. The total cost will be almost \$10 million. Architect Mortimer J. Murphy said that the concept of a hospital where "everything but the patient will be on conveyor belts" would reduce hospital costs, since an average of only 2.7 employees would be required per patient as compared with 3.4 in the average hospital. □





The Gates Circle complex.

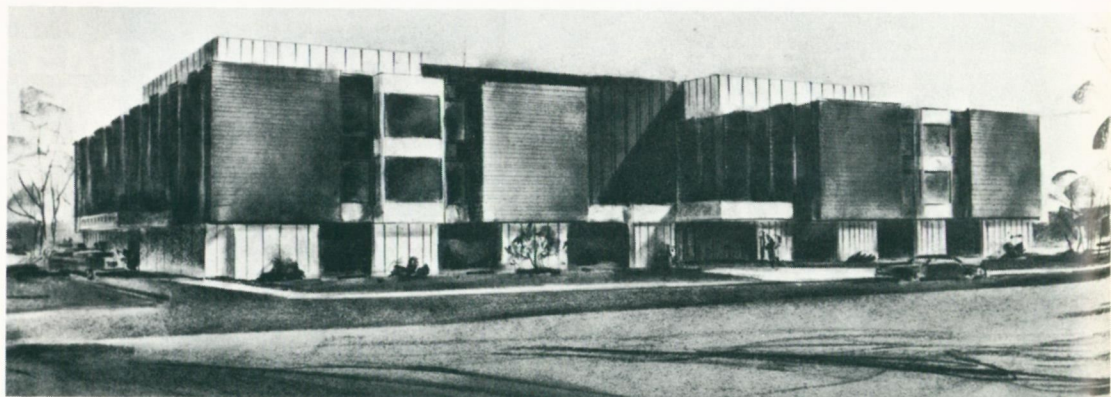
Millard Fillmore Expansion

The Millard Fillmore Hospital is planning a new 150-bed hospital in Amherst, plus the expansion of the present Gates Circle complex. Both projects, costing nearly \$16 million, will probably be completed in 1972.

The four-level Amherst Hospital (near Maple and Hopkins) will house an obstetrical department, an emergency room, medical and surgical facilities, radiology and pathology services.

The expansion at Gates Circle will permit doubling the size of emergency, radiology, and medical records departments and an expanded surgical suite. The pathology, central supply, physical therapy, and outpatient services will also be expanded. When the new wing is opened the present building will be remodeled to provide such new units as a six-bed pulmonary intensive care unit, a cardiac intensive-care section, and a 44-bed extended-care section which will have its own kitchen, dining, recreation, and occupational therapy rooms. □

The 150-bed hospital in Amherst.



Honors Achievement Awards

Five Buffalo-area physicians — all on the Millard Fillmore Hospital staff, Department of Pulmonary Research — received the Honors Achievement Award for their creative efforts in the field of vascular medicine and surgery.

This 5th annual national award (one of 25) is sponsored jointly by the Purdue Frederick Company of Yonkers, New York and the Angiology Research Foundation of New York City. The School of Medicine also received a citation "for providing the climate and facilities for research." Three of the physicians are on the faculty.

The five physicians are: Drs. Edward M. Cordasco, senior research physician at the Millard Fillmore Research Institute and clinical associate in medicine at U.B.; Frederick R. Beerel, clinical assistant in medicine at Millard Fillmore and clinical assistant professor at the School of Medicine; John W. Vance, attending physician at Millard Fillmore and clinical assistant professor of medicine at the University; Reinhard W. Wende, M'58, associate attending radiologist at Millard Fillmore; R. Ronald Toffolo, M'57, attending radiologist at the Hospital.

The physicians each received an Honors Citation Volume of the Journal *ANGIOLOGY* for the month in which the honors research was published, and an Honors Certificate commemorating this event. The title of the published research: "Newer Aspects of the Pulmonary Vasculature in Chronic Lung Disease."

Colonel Alfred Gentilcore, USAF (Ret.), of the Angiology Research Foundation, made the awards at the Medical School.

Dr. LeRoy A. Pesch, Dean of the Medical School, said he was grateful to the Purdue Frederick Company and the Angiology Research Foundation for honoring his faculty members and the Medical School. □



Dr. Edward M. Cordasco, Dr. Frederick R. Beerel, Colonel Alfred Gentilcore (USAF, Ret.) from the Angiology Research Foundation, Inc., and Walter H. Kaempf, Jr. of the Purdue Frederick Company.

Regional Medical Program of Western New York

Two-Way Telephone Conferences

This year the two-way telephone conference continues in an expanded format. Four series of programs are presented:

- a weekly series of general interest considered useful to any and all physicians. This series is presented on Tuesday mornings;
- the once-a-month city-wide Obstetrics and Gynecology Conference meeting at 9:00 A.M., usually on the first Wednesday of the month;
- the once-a-month Pediatrics Conference from Children's Hospital presented at 10:00 A.M., on the second Friday of each month;
- the once-a-month series on trauma presented on the fourth Thursday at 10:30 A.M.;

There are now 51 hospital-outlets on the network which continues to grow. □

Alumni Head Walter Reed Departments

Two medical school alumni are new department heads at Walter Reed General Hospital. They are Colonel Raymond W. Blohm, Jr., new chief of the department of medicine, and Colonel Nelson R. Blemly, chief of radiology service.

Colonel Blohm has served as assistant chief of the Department since 1964, a position that was interrupted for a one year tour of duty in Vietnam in 1966 as medical consultant to the U. S. Army forces.

A native of New York State, Colonel Blohm received his medical degree from the University in 1947 and entered the military service that year.

He completed a year's internship at Letterman General Hospital in San Francisco, then went to Brooke General Hospital, Ft. Sam Houston, Tex. for a two years' residency in medicine. In 1950 he returned to Letterman for his third year residency in medicine.

After completing the Regular Army Medical Basic Officers Course at Fort Sam Houston, Tex., Colonel Blohm was assigned to the 10th Field Hospital in Wurzburg, Germany as chief of medicine.

In that capacity he served consecutively at Ft. Monroe, Va., Ft. Dix, N. J., Ft. Devens, Mass., and Ft. Ord, Calif. During the last two assignments he was also chief of professional services. In 1964 he was assigned to WRGH.

The Colonel is a Diplomate of the American Board of Internal Medicine, a member of the American Medical Association, a Fellow in the American College of Physicians, a member of the Association of Military Surgeons, the Phi Chi Medical Fraternity, and the Loyal Order of the Boars. He is an associate Clinical Professor of Medicine at Georgetown University and is a member of the Advisory Board appointed by the Regional Governor of the American College of Physicians for the District of Columbia.

In 1966, he was awarded the "A" prefix by the Surgeon General for proficiency and experience in his specialty in Internal Medicine.

In June 1967, he was awarded the coveted Legion of Merit following his tour of duty in Vietnam. He has twice been awarded the Army Commendation Medal.

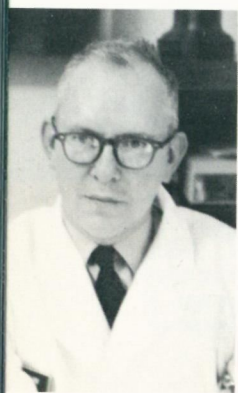
The colonel and his wife, Elizabeth, reside in Kensington, Md., with their five children, Raymond, 20, Michael, 18, Jeffrey, 15, Steven, 14, and James, 8.

Colonel Blemly has served as assistant chief of the Radiology Service since 1966.

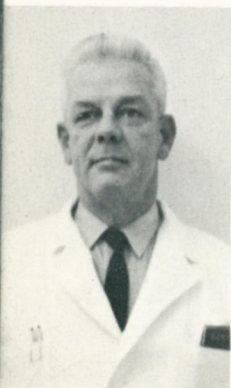
A native of New York State, Colonel Blemly earned his bachelor's degree at the University of Rochester in 1945 and his medical degree at the University of Buffalo in 1949. He returned to college in 1961 to earn his master's degree at the University of North Carolina.

The colonel served in the Navy during World War II and in June 1949 entered the Army Medical Corps. He completed his medical internship and residency at Walter Reed General Hospital and in 1954 was assigned to Tripler General Hospital in Hawaii as assistant chief, Radiology Service.

From 1957-1961 he served as chief of Radiology Service at Valley Forge General Hospital in Phoenixville, Pa. After a year at the University of North Carolina, Colonel Blemly was assigned to



Dr. Blohm



Dr. Blemly

WRAIR for a two year fellowship in radiobiology. He then served as chief, Radiobiology Section, Ft. Detrick, Md., prior to his assignment at WRGH beginning in 1966.

In 1967 Colonel Blemly was awarded the "A" Prefix in radiology. The "A" Prefix is recognized as the highest military occupational specialty rating offered for professional accomplishment in the Army Medical Department.

The Colonel and his wife, Phyllis, reside in Rockville, Md. with their four children, Michael, 20, Craig, 17, Yvonne, 16, and Christian, 14.□

"TODAY IS A SPECIAL DAY," said Dr. Edward C. Lambert. It is the dedication of the entire eighth floor of Children's Hospital to a distinguished former chief who contributed so much to the hospital and the community.

How do you best remember a man? A man like the late William J. Orr? Some remember him as Buffalo's Mr. Pediatrics. Some, as the man who brought national recognition to the hospital during his 35 years on its staff. Others considered him Buffalo's representative to the Academy of Pediatrics.

Not only is he remembered for his interest in child care but "he anticipated community medicine" recalled Dr. Mitchell I. Rubin, his successor as pediatrician-in-chief of the hospital. "His work in the community—past president of the Erie County Medical Society, the Eighth District branch of the State Medical Society, the Academy of Medicine, the hospital medical board, the University and Medical Alumni associations—should remind each of us of our responsibility."

Earlier Johns Hopkins days were recalled by contemporary and long-time staff member J. Wilmot Jacobsen. "While I worked on the wards, 'Bill' worked in a basement laboratory with Emmett Holt, Lawson Wilkins, and two others. Two years later, the now legendary paper on calcium phosphate metabolism in rickets was published.

"I was arbiter in the decision of order of collaborators' names to appear on the paper. The selection was based on a piece of paper marked "1" inserted under beer mugs in the corner tavern. Luckily, Bill picked no. 1."

Dr. Orr, who died two years ago, taught in the Medical School since four years after his graduation in 1920, and rose from assistant to clinical professor of pediatrics.

"For these many blessings we dedicate today this portion of the building which he—Dr. Orr—helped to build."

A portrait of the late pediatrician, to hang in the hospital, was presented by pediatrics head, Dr. Jean Cortner, to the Board of Managers president, Mrs. Robert P. Adam.□

Dedication to Dr. Orr

Dr. Cortner with portrait



Research Team Studies Heart

A seven-man research team representing the Medical School, engineering department and Cornell Aeronautical Laboratories are working together on heart problems. They have combined their knowledge in the development of a probe no larger than the tip of a needle to measure the flow of blood through the heart. The scientists expect that soon they will be able to insert the probe, which has been used successfully in tests on animals, into the heart of a human and monitor the flow of blood in the aorta.

The four physicians are Drs. Ivan Bunnell, M'43, and George Schimert, associate professors of medicine and surgery respectively; David G. Greene, professor of medicine, and Herman L. Falsetti, assistant professor of medicine. Two members of the University engineering department, Drs. Gerald P. Francis and Kenneth M. Kiser, associate professors of mechanical and chemical engineering respectively are working on the project with Robert J. Vidal, an aero dynamist with Cornell. This group began serious research last July when they were awarded a \$64,000 grant from the Heart Association of Western New York.

"The probe will prove valuable in a number of heart problems, including disease of the aortic valve, its circulatory control and irregular rhythm. I also anticipate its use in measuring distortions in blood flow in artificial valves, which are sometimes troubled by clotting. Until now it has been impossible to measure the flow of blood for more than a few heart beats. Other techniques have been tried, but have been too complicated to be successful," Dr. Greene said. □

Dr. McDaniel Named Assistant to the Dean

Dr. James B. McDaniel, Jr. has been named assistant to the dean at the Medical School. He has been on the School of Medicine faculty since 1963. At the present time, he is a clinical associate in gynecology and obstetrics, and will continue in this capacity.

Dean LeRoy A. Pesch said Dr. McDaniel will also serve on the Admissions Committee of the Medical School and work in student affairs and in career development programs aimed at increasing the number of minority group students. He will also represent the gynecology and obstetrics department on the Community Medical Manpower Committee.

Dr. McDaniel received his Bachelor of Science and M.D. degrees from Howard University, Washington, D. C. in 1950 and 1957, respectively. He did his internship at Freedmen's Hospital, Washington, D. C. in 1957-58; and his residency at D. C. General Hospital, 1958-62. In 1965 Dr. McDaniel was appointed to the American Board of Obstetrics and Gynecology, and in 1969 to the American College of Obstetricians and Gynecologists. He is president of the local chapter, National Medical Association, and on the Board of Directors of the Erie County Cancer Society. He is on the staff of Buffalo General, Children's, Deaconess, and E. J. Meyer Memorial Hospitals. He has written articles on pregnancies for several professional journals. □

Dr. McDaniel



The Dr. Max Cheplove Award

Dr. Matt A. Gajewski, M'39, president of the Buffalo Board of Education, was honored at a testimonial dinner recently by the Adam Plewacki Post 799, American Legion. He was honored for his contributions as a physician, board member, and leader of servicemen's organizations. □

Six medical alumni are newly elected officers of two Buffalo General Hospital Boards. Elected to the Senior Medical Board are: Drs. Everett H. Wesp, M'39, president; J. Edwin Alford, M'34, vice president; and Marshall Clinton, M'40, secretary-treasurer. Elected to the Adjunct Medical Board were: Drs. James F. Phillips, M'47, president; Paul K. Birtch, M'43, vice president; and Albert A. Gartner, M'52, treasurer. Dr. Nancy J. Stubbe was re-elected secretary. □

Dr. Richard J. Leberer, M'50, is the new president of the Catholic Physicians Guild. □

Dr. Thomas J. Murphy, M'51, received a special plaque from the Firefighters Union "in appreciation for his service." □

Dr. Steven G. Cline, M'47, has been appointed clinical associate in radiology at the Woodruff Medical Center, Emory University, Atlanta, Georgia. He is also in the x-ray department of South Fulton Hospital. □

The Medical Foundation of Buffalo re-elected Dean LeRoy A. Pesch to a three-year term on the board. Dr. George F. Koepf, M'37, is executive director. Mr. E. Douglas Howard II was re-elected president; Allen O'Donnell, vice president; and Dwight Campbell, secretary. □

Dr. John M. Benny, M'40, has accepted a position as physician in the University's Student Health Services. He had been on the E. J. Meyer Memorial Hospital staff for 24 years. He resigned as medical superintendent December 31. □

The Erie County Academy of General Practice has established an annual award, The Dr. Max Cheplove Medal. It will honor a physician or layman who makes "the outstanding contribution to the ideals and principles of family practice on the national and international scene."

The first recipient of the silver medal was State Senator William T. Conklin of Brooklyn, co-author of the Conklin-Cook bill passed at the 1969 session of the State Legislature. The bill requires tax supported medical schools in New York State to establish departments of family practice. Dr. Robert W. Haines, M'54, president of the chapter, made the presentation.

Dr. Cheplove, a 1926 Medical School graduate, has been responsible (more than anyone else) for increasing the stature of the general practitioner in Erie County. He was an organizer and past president of the chapter. He is also past president of the New York State Academy of General Practice and the Erie County Medical Society.

In November, 1968, the Erie County Medical Society named him "Family Doctor of the Year" for "his achievements in fostering and maintaining the quality of family doctors to serve the health needs of American families." One month later *The Buffalo Evening News* named him one of its "outstanding citizens" of the year. □

Dr. Syde A. Taheri, clinical instructor in surgery and associate attending in cardiovascular surgery, Millard Fillmore Hospital, received the Honors Achievement Award for his research and studies in Angiology at the 15th annual meeting of the American College of Angiology in Las Vegas, Nevada in October. His paper, "Abdominal Pain Due to Isolated Narrowing of the Celiac Artery" was selected as worthy of such recognition. □

Three of 15 physicians who signed as incorporators of Blue Shield of Western New York 30 years ago were honored as special guests of the Board of Directors September 25. They are: Drs. Julius Y. Cohen, M'09; Carlton E. Wertz, M'15; and John D. Naples. □

People

Dr. Stanley J. Cyran, Jr., M'46, has been named assistant vice president for Medical Services for Penn Central Company. He has been Medical Director for Penn Central in Philadelphia since 1964. Dr. Cyran served a rotating internship at the E. J. Meyer Memorial Hospital, and a residency in internal medicine at Sisters of Charity Hospital. He then became Battalion Surgeon of the 26th Infantry Regimental Combat Team and was on the medical staff of the 98th General Hospital in Munich, Germany. While overseas he did graduate work in medicine at the University of Vienna and in pathology at the University of Munich. After military service, he entered private practice at Tonawanda.□

Dr. John C. Patterson, clinical associate in gynecology-obstetrics, is director of the Tumor Registry for the Regional Medical Program of Western New York. The Registry will provide physicians with cumulative data for the improved management of cancer patients. Regionally, it will provide increased experience for teaching hospitals and feedback of quality controlled data to hospital staffs.□

Three alumni are officers in the United Health Foundation of Western New York. Dr. Thomas S. Bumbalo, M'31, was re-elected president; Drs. James R. Nunn, M'55, and Stephen A. Graczyk, M'20, are vice presidents for research and professional education, and finances and treasurer; Dr. Frank Husted, associate dean, School of Health Related Professions, is vice president for program development.□

Dr. Barry M. Epstein, M'67, saved a man's life on the Colorado River Indian Reservation near Parker, Arizona recently. The senior assistant surgeon in the Public Health Service Hospital on the reservation saved the life of Augustine Lopez, who broke his neck in a dive into shallow water. Dr. Epstein will return to Buffalo in June to become a resident at the Buffalo General Hospital.□

Dr. Eugene J. Lippschutz, a cardiologist, has been appointed Associate Provost of the Faculty of Health Sciences. He has been on the School of Medicine faculty since 1934. Currently he is professor of medicine and associate chairman of the Department of Medicine. The 62-year-old physician received his bachelor and medical degrees from Georgetown University, Washington, D. C. Dr. Lippschutz interned at the Buffalo General Hospital in 1932-33, where he has been physician and chief of clinical cardiology.

Dr. Lippschutz is a Diplomate of the American Board of Internal Medicine and a Diplomate of the Board of Cardiovascular Disease. He is also a Fellow of the American College of Physicians. In 1967 he received the Award of Merit of the American Heart Association. Dr. Douglas M. Surgenor, Provost of the Faculty of Health Sciences, said that Dr. Lippschutz would concentrate his efforts in the general area of academic development and retain his professorship in the School of Medicine.□

Dr. Erwin Neter, professor of microbiology, is editor and chief of a new journal, "*Infection and Immunity*" of the American Society for Microbiology. The new journal will be devoted to the advancement and dissemination of fundamental knowledge concerning pathogenic microorganism and infection; ecology, epidemiology, and host factors; antimicrobial agents and chemotherapy; and immunology. This journal will be the successor to the corresponding section of the *Journal of Bacteriology*, edited by Dr. Neter. He is also Director of Bacteriology at Children's Hospital and former editor of *Bacteriological Reviews*.□

Dr. Charles A. Bauda, M'42, was elected secretary of the National Federation of Catholic Physicians' Guilds in Denver, Colorado recently. He is chief of the General Practice Department at Emergency Hospital and on the staff of Columbus and Sisters Hospitals. Dr. Bauda is also a director of the National Federation's Region II and program director for the 1970 International Congress to be held in Washington, D. C.□



Dr. Riggio

Three medical alumni radiologists are leading the fight against cancer and other diseases at the Wyoming County Community Hospital in Warsaw, New York. They are Drs. Hyman Tetewsky, M'50, Charles Riggio, M'60, and Charles Tirone, M'63, all of the nuclear medicine department.

They have a new \$55,000 organ-scanning isotope machine called a Gamma Camera used to detect cancer and its metastases. It is used to scan the brain, liver, lungs, kidneys, and bones. Services of the Gamma Camera are available to all patients. The project is funded by the Regional Medical Program of Western New York.

The three radiologists have also initiated a special training program for isotope technicians. Currently there are six students enrolled in the combined two-year program in x-ray and isotope technology. □

An associate clinical professor of biochemistry is the new associate director of the Erie County Laboratory. He is Dr. Max E. Chilcote. He will be working with Dr. Noel R. Rose, laboratory director, administering the several divisions located at Meyer Memorial Hospital and City Hall. □

A grant for \$10,000 has been awarded to Dr. Eric A. Barnard, Professor and Chairman, Department of Biochemistry, by the Muscular Dystrophy Associations of America, Inc., for 1970. The grant is for work on a project entitled "Cholinesterases at Single Nerve Junctions in Developing and Dystrophic Muscle". □

Two faculty members have received research awards from the Mid-Hudson Heart Association, Inc., Kingston, New York. They are Drs. J. David Schnatz, M'57, associate professor of medicine, and P.D. Papahadjopoulos, research assistant professor of biochemistry. Dr. Papahadjopoulos will continue his work in phospholipids and proteins, while Dr. Schnatz is doing research on the relationship of an area of the central nervous system and blood lipids thought to cause blood-vessel disease. □

Six alumni are officers of the Meyer Memorial Hospital medical staff. Re-elected president is Dr. Eugene V. Leslie, M'51. Returned to office with him are: vice-president, Dr. Ross Markello, M'57 and treasurer Dr. Joseph A. Zizzi, M'58. Dr. Daniel A. Rakowski, M'60, was elected secretary, and Dr. Norman Chassin, M'45, was elected voluntary staff representative. Dr. Albert C. Rekate, M'40, is president elect. He is also acting hospital director. □

Dr. Harold Brody, professor of anatomy and associate dean, School of Medicine, has been named chairman of the American Biology Research Committee of the International Association of Gerontology for a three-year term. As chairman of this committee Dr. Brody is an automatic member of the American Executive Committee for the 9th International Congress of Gerontology which meets in Kiev, Russia in August 1972. Dr. Brody's appointment was announced by Dr. Nathan Shock, International Congress President. □

Three alumni, who are members of the Medical School faculty will head departments at the Millard Fillmore Hospital. Dr. Lawrence H. Golden, M'46, will be chairman of the department of internal medicine; Dr. Robert V. Moesch, M'46, chairman of the department of obstetrics and gynecology; and Dr. James R. Nunn, M'55, chairman of the department of general practice. Dr. Golden is a clinical assistant professor, while Dr. Moesch is a clinical associate professor, and Dr. Nunn a clinical associate. □

In Memoriam

New
Dr. Sherman Little, 62, who was professor of pediatrics and assistant professor of psychiatry from 1946-58, died November 15 in London, where he was spending a sabbatical leave. After leaving the Medical School faculty he became professor of pediatrics and child psychiatry at the University of Southern California. □

New
A former clinical instructor at the Medical School, Dr. Reeve M. Brown, died November 23. He had been medical director of the Chevrolet Motor Division River Road plant for 31 years. He was one of the founders and chief of occupational medicine at Kenmore Mercy Hospital. He was also a member of the Millard Fillmore Hospital staff and instructor in the Nursing School from 1943-48. □

New
Dr. Albert M. Rooker, M'06, died January 18. The 90-year-old physician retired in 1959. Dr. Rooker was a life member of the American College of Ophthalmology and Otolaryngology and a Fellow of the American College of Surgeons. He was also a member of the AMA, and local and state professional organizations. □

Done
Dr. William C. Byrnes, M'24, died January 14 in Sisters Hospital after a long illness. He had been a member of the Sisters Hospital staff since 1939. The 69-year-old general practitioner retired last September. He had also been an assistant pathologist at Veterans Hospital. After interning at the Buffalo General Hospital in 1924, he joined the staff. Dr. Byrnes was active in several professional organizations. □

Done
A Buffalo surgeon, who devoted his entire professional career to the fight against cancer, died of the disease December 15. He was Dr. Glenn H. Leak, 53, a 1940 School of Medicine graduate. He was a clinical associate professor of surgery and co-ordinator of the cancer teaching at the Medical School. He was also president of the Medical Alumni Association in 1962-63.

A specialist in cancer surgery, Dr. Leak was a past president of both the Erie County Unit and the New York State Division of the American Cancer Society, and the James Ewing Society, an organization of physicians and scientists who devote most of their time to

cancer work. In 1958 the ACS named him the recipient of its Division Annual Award for outstanding service. Six years later *The Buffalo Evening News* cited him as an outstanding citizen for his work in revitalizing the society's state division.

Dr. Leak interned and served as an assistant resident in pathology at the Buffalo General Hospital. In 1942 he entered the Army and served with the 23rd General Hospital. While in the service he received five battle stars and a unit citation of merit. After his discharge in 1946, he took postgraduate work in cancer surgery at the Memorial Center for Cancer and Sloan Kettering Institute in New York from 1947-50 before returning to Buffalo to enter private practice.

He was elected to the board of directors and the Executive Committee of the Erie County Unit of the Cancer Society in 1951, and was still a member of the board at the time of his death. He served as president of the unit in 1955 and 1956. Ten years later he was named a delegate from the unit to the state division's representative assembly. On the state level, he served as president in 1964 and 1965, and as chairman of the Executive Committee for seven years. He was director of the American Cancer Society for Region I from 1957-63; vice chairman of its medical and scientific committee since 1966; chairman of its subcommittee on professional films; and a member of the research reference, Cancer Crusade, public education and personnel management study committees.

In 1962 at his own expense he traveled to Moscow to attend the International Cancer Congress. During his years with the Cancer Society he gave many speeches to lay groups on various phases of the disease, stressing the importance of early diagnosis. His own disease, unfortunately, gave no early symptoms and had already spread from the original site when it was diagnosed.

Dr. Leak was also a past president and member of the board of directors of the Harvard Club of Western New York; a Fellow of the American College of Surgeons; a Diplomate of the American Board of Surgery; a founder and member of the Society of Head and Neck Surgeons; a member of the Erie County and New York State Medical Societies and the American Medical Association. □

Dr. Witebsky Dies *Now*

Dr. Ernest Witebsky, an internationally famous immunologist at the University, died December 7 of a heart attack. He was 68 years old. Dr. Witebsky joined the School of Medicine faculty in 1936 as associate professor of bacteriology in the department of pathology. In 1941 he was named professor and head of the department of bacteriology and immunology. In 1954 he was named "Distinguished Professor." From 1958 to 1960 he served as Acting Dean and then Dean of the Medical School. From 1964-66 he served as acting director of the Erie County Laboratory. When he retired in August 1967 he was named director of the newly created Center for Immunology.

Dr. Witebsky's three major contributions to medical knowledge were all made after he came to the University as a refugee from Nazi Germany. They were:

(1) Isolation of the blood Group "B" substance, which he accomplished with Dr. Niels Klendshoj, also a member of the University faculty.

(2) Discovery that "A" and "B" substances, in forms similar to powdered sugar, could be added to "O" Group blood to produce a "universal type" of blood which could be given in an emergency to patients whose blood groups were not known. The blood studies led in turn to a method of determining blood groups with greater accuracy than ever before. This is done by giving "A" substance to persons with "B" blood and vice versa, and using their blood serum for testing other persons' blood groups.

(3) The discovery that it is possible for the body to build up antibodies against constituents of its own tissues, something previously believed impossible.

One of Dr. Witebsky's colleagues said, "it is rare to find that a whole area of medicine owes its establishment and clarification of its many facets to a single investigator. Dr. Witebsky belongs to this extraordinary category."

Dr. Witebsky grew up with medicine. He was born in Frankfurt, Germany on September 3, 1901. His father, Dr. Michael Witebsky,

was an obstetrician in Germany and an uncle was a famous nose and throat specialist. At the University of Heidelberg, where Dr. Witebsky received his medical degree (1926), he was a pupil of Hans Sachs, who had been the pupil of Paul Ehrlich, the father of immunology. Dr. Witebsky served as assistant to Dr. Sachs in the research division of the Cancer Institute at Heidelberg from 1925-29, and continued as assistant professor of immunology until 1933. He and his parents went to Switzerland, and in 1934 he became a Fellow at the Mt. Sinai Hospital in New York City.

When he became head of the department of bacteriology and immunology at the University, his full-time staff consisted of one technician and one laboratory assistant and his annual budget, exclusive of salaries, was \$500 for teaching 70 medical and 50 dental students. At the time of his retirement the full-time staff numbered more than 100 and had research grants totaling \$800,000.

Over the years Dr. Witebsky authored more than 300 publications in German, French, English and American medical journals dealing with problems in immunology and bacteriology. He was consulting editor of four professional publications—*Transfusion*, *Clinical & Experimental Immunology*, *Blood* and in German, *Blut*. He was also past editor of the *Journal of Immunology*.

The teacher-researcher won many honors for his work including:

- the Karl Landsteiner Memorial Award of the American Association of Blood Banks;
- "Dr. Med. honoris causa" from the University of Freiburg (1958);
- selection as a NATO visiting professor, University of Munich (1965);
- election as a member of the Deutsche Akademie der Naturforscher Leopoldina in East Germany in 1966 (one of the most distinguished groups of scientists in the world);
- the Cross of Merit awarded by the Netherlands Red Cross for exceptional service to the Red Cross in 1968. At the reception marking the 25th anniversary of the Blood Transfusion Service of the awarding group, he was introduced to Queen Juliana of the Netherlands;

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- the Ward Burdick Award of the American Society of Clinical Pathologists, 1967;
- The Chancellor's Medal of the University of Buffalo (1950) for accomplishment "which dignifies the performer and Buffalo in the eyes of the world;"
- Selection as one of *The Buffalo Evening News*' "outstanding citizens" for 1968;
- A plaque from the Buffalo Academy of Medicine (1969) in recognition of his "outstanding activity as physician and investigator;"
- The Stockton Kimball Faculty Award of the School of Medicine (1963).

Although he had never attended the University, the Alumni Association of the Medical School made him a member in 1968. A year earlier, the 1969 graduating class (as sophomores) made him an honorary member of the class, the last one he taught as head of the department.

Dr. Witebsky formerly served as head of the department of bacteriology and serology at The Buffalo General Hospital and director of its blood bank. He was co-founder of the International Society of Hematology, and his prestige brought the Society to Buffalo for its first meeting in 1948. He was a Fellow of

four societies—the American Association for the Advancement of Science, the American Public Health Association, the American Academy of Microbiology, and the New York Academy of Sciences.

The British Society for Immunology made him an honorary member in 1960 and the Royal Society of Medicine an affiliate in 1958. He was also a member of the Royal Society of Health, and the Pan American Medical Association made him a Diplomate in 1964. He was also a member of many professional organizations at the local, state, regional, and national level.

Dr. Witebsky had been certified by the American Society of Clinical Pathologists, the College of American Pathologists in "clinical pathology" by the American Board of Pathology and in "public health and medical laboratory immunology" by the American Board of Microbiology. The first two named him a Fellow.

Dr. Witebsky is survived by his wife and two children — Dr. Frank G. Witebsky, a Captain in the Medical Corps of the Air Force, and Mrs. Grace E. Hamilton of Kenmore. Captain Witebsky had returned from Vietnam four days before his father's death. □

New
Dr. Earl D. Kilmer, M'04, died November 30 in Olean General Hospital after a long illness. The 88-year-old physician was formerly Town of Rushford health officer. After graduating cum laude from the Medical School, he practiced at Rushford until 1919 when he moved to Olean. He retired in 1947. Dr. Kilmer was active in many local, regional, and state professional and civic organizations. □

New
Dr. Anthony J. Manzella, a prominent Buffalo surgeon for more than 30 years, died December 8 in Sisters Hospital after a long illness. He was 63 years old. He was president of his medical school class in 1930 the year he graduated. Dr. Manzella was a former chief of surgery at Emergency Hospital where he was on the board of directors. He retired in May 1968. He was a Fellow in the American College of Surgeons, and was active in many local, regional and national professional organizations. □

New
Dr. Harry A. Chernoff, M'26, died December 23 while attending a meeting at the Montefiore Club. He had been a general practitioner and specialist in internal medicine for 43 years. He had been a member of the medical staff at Sister's Hospital since 1926 (president in 1963), and attending physician in parasitology. He was also on the Medical School faculty for several years, and was a medical consultant in the field of compensation claims.

The 65-year-old physician came to America from Russia. He interned at the Buffalo General Hospital and was the company physician at the Larkin Company from 1926 to 1930. He served in the Army Medical Corps in Italy and Africa during World War II, and held the rank of Colonel in the Reserves when he retired in 1963.

Dr. Chernoff was a founder and director of the Rosa Coplon Jewish Home and infirmary. He was active in many local, state and national civic, religious and professional organizations. □

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