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**gw**medicine

SPRING 1965

*v. 1, no. 2*

Monitor Moves into Operating Room  
at GW Hospital

Program for 1965 Medical Alumni Reunion



Dear Fellow Alumni and Alumnae:

As I approach the end of my term as President of the Medical Alumni Association, I am not filled with eager delight of being relieved of my duties and responsibilities, but am truly filled with regret. Regret that there are many of you who have not maintained your membership in our Association. Membership in our Association is not a perfunctory matter, but one which connotes a strong sense of familial unity, a strong sense of loyalty to a school which has served us well, a strong sense of appreciation for having given us the opportunity to enjoy our important roles.

I am filled with regret that I may not have the satisfaction of seeing my colleagues become the first in the history of the University to pledge to their graduate school annually a minimum of \$100,000—a sum not beyond

the realm of possibility—a sum which our medical school needs desperately.

I am filled with regret that I did not have the recurring pleasure of seeing all of you personally as I made trips about the country. During these trips I derived much guidance from your suggestions and advice; and from your friendships my appreciation of our school became increasingly stronger.

I hope sincerely that I shall see many of you at the May reunion when we hold our annual conclave and that I shall be able to announce a 100 percent membership enrollment. Therefore, if you haven't as yet sent in your pledge card, won't you please do so now.

Again, I want to thank all of you for a memorable year in my life and for the opportunity to have been able to serve you and our school.

GEORGE SPECK, M.D., President

THE 1964-65 MEDICAL ANNUAL SUPPORT PROGRAM has passed the \$35,000 mark and is moving toward exceeding last year's final totals in number of donors and amount contributed. More than 800 alumni and friends of the Medical School have contributed to the 1964-65 Program.

The progress to date covers the period from July 1, 1964 through May 1, 1965 and compares with 1963-64 final results of nearly 1,000 donors who contributed more than \$44,000. The Medical Alumni Association, sponsoring organization for the Medical Annual Support Program, has set as its goal the doubling of the 1963-64 dollar performance by the end of the 1964-65 campaign which concludes on August 31, 1965.

Gifts to the Annual Support projects thus far have been received from alumni, parents of medical students and friends of the medical

school. They have been directed to the following objectives:

- 1) operation of the Medical Alumni Association
- 2) support of faculty salaries in the basic medical sciences
- 3) medical alumni student scholarships

Dr. George Speck, president of the Medical Alumni Association, is directing the solicitation of each medical school alumnus and alumna in behalf of the 1964-65 Medical Annual Support Program. Class representatives, state chairmen and local volunteers are at work encouraging their fellow alumni to support this year's Program. Dr. Speck has urged every Alumnus to set his sights at the minimum of a \$100 gift which will entitle the donor to membership in the Century Club of the Medical Alumni Association.

**GW MEDICINE** is published quarterly by The George Washington University Medical Alumni Association. All contributions to the magazine should be addressed to The GWU Medical Alumni Office, 1335 H Street, N.W., Washington, D.C. 20005.

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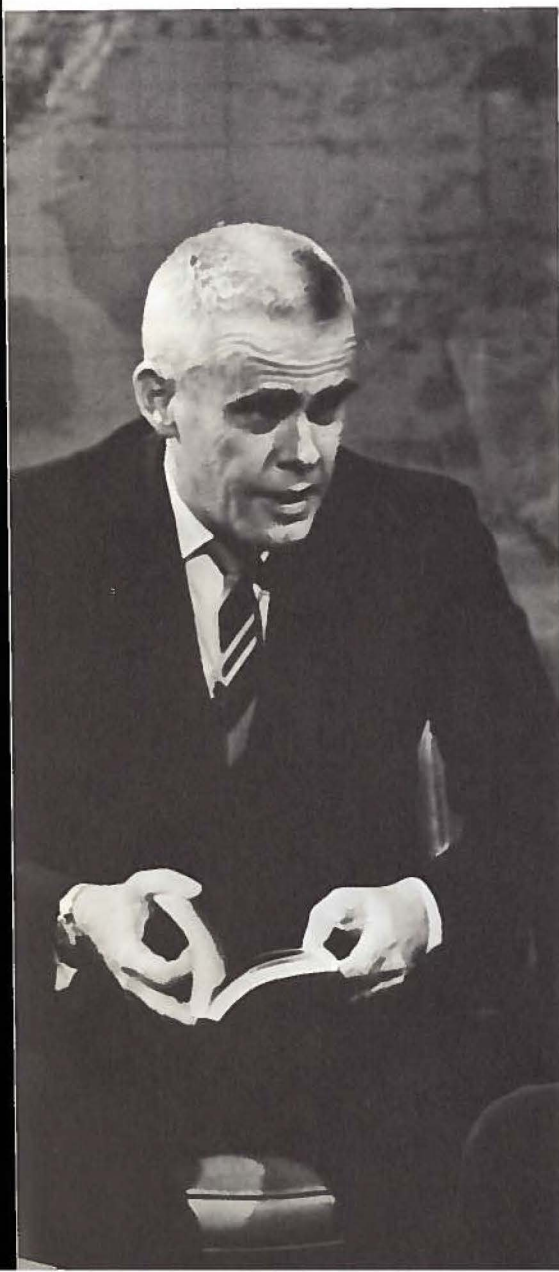


ON THE COVER

Pictured is an operation in which the patient is being monitored with sensors attached to her body. The monitoring screen can be seen in the upper right. A microphone in the center of the picture permits communication between the operating room and the computer room. For further details see the story on monitoring.



# our man in Atlanta



A GLOBAL MAP covering an entire wall of his office symbolizes the medical world of Dr. James L. Goddard, chief of the U.S. Public Health Service's Communicable Disease Center in Atlanta, Georgia.

"Diseases know no boundaries; modern commerce and international travel make epidemics and infectious disease trends anywhere on the globe important to the people of the United States," Dr. Goddard told a visitor recently.

As chief of CDC, Dr. Goddard is a youthful medical man-about-the-nation and the world who heads a team of several hundred physicians and scientists responsible for assisting states with control of communicable diseases.

The energetic Dr. Goddard and the bustling Communicable Disease Center have been a good match for each other since he became its youngest chief in September 1962 at the age of 39, only 12 years after graduation from GWU Medical School.

CDC, with a staff that includes some of the nation's foremost authorities on a number of infectious diseases, moves along at a rapid pace in its programs of assistance to states. Its work includes applied research, laboratory services, in-service training to thousands of public health workers, production of audiovisuals, technical assistance and consultation to health departments, community-wide demonstration projects and epidemic aid. It began in 1942, as a wartime malaria control and training center.

Dr. Goddard directs CDC's work with zest and enthusiasm. While he relies strongly on the judgment of competent program chiefs, his desire to know gives him a remarkable mastery of detail that in turn enhances his mastery over the broader goals of the Communicable Disease Center.

Soon after becoming chief, he visited all the CDC field stations personally. In this extraordinary move he inspected the sites of schistosomiasis studies in Puerto Rico; technical development laboratories on sub-tropical Oat-

land Island near Savannah, Georgia; dysentery studies in Phoenix; histoplasmosis studies in Kansas City; encephalitis studies in Greeley, Colorado, and plague studies at San Francisco. In addition to solidifying his own understanding of programs, these visits gave a lift to the morale of field station employees.

His insistence on knowing has taken him into all corners of the vast CDC headquarters, where he is on easy speaking terms with technicians as well as supervisors. Laboratory apparatus and electronic equipment fascinate him. He is currently working with a CDC engineer on an electronic lock for use in security buildings.

Dr. Goddard talks with familiarity of such varied equipment as a microbiotank (a chrome-lined upright tank that can contain a human for measurement of viable particles shed per minute), a gas chromatograph and CDC's television videotape recording equipment.

In fact, his familiarity with the videotape equipment is part of a strong personal conviction that medical communication must be revolutionized to bridge the widening gap between discovery and application of scientific knowledge. "At CDC we are giving full support to the Public Health Service's effort to improve medical communications," he told a group of trainees recently. "We are working in three important areas: scientist to scientist, scientist to practitioner, and scientist to general public."

In scientist-to-scientist exchange of knowledge, CDC researchers rely chiefly on publishing their findings in professional journals. Scientist-to-practitioner communication is carried out through training programs, publications, consultation and through production of films and other audiovisuals. CDC communicates scientific knowledge to the general public directly through news channels, magazine articles, radio and television programs and films.

An idea sparked by Dean John Parks has

developed into a form of communication that is receiving considerable emphasis at CDC. This is the "single concept" 8mm training film suggested to Dr. Goddard by Dr. Parks, with about five to 10 minutes of instruction on one particular subject. (This project was discussed in the last issue of *GW Medicine*.) CDC has produced about 20 single concept films on subjects that include microtiter serological techniques and testing foods for botulism toxin. The films are shipped in a continuous film cartridge for use in a special desk-top projector.

Dr. Goddard's insistence on knowing, combined with a remarkable capacity for absorbing information during briefing sessions, has made him an impressive and persuasive spokesman for CDC. This is particularly evident in the hearings each February and March before House and Senate subcommittees on appropriations. In these hearings, Dr. Goddard reads a prepared statement on happenings at CDC and on plans for the coming fiscal year. Then he answers a round of very penetrating questions from committee members.

Whatever the questions, he answers them readily, citing facts and figures with convincing directness. During questioning on the 1964 budget by Congressman John E. Fogarty (D-R.I.), chairman of the House subcommittee, Dr. Goddard successfully cleared a gamut of questions on salmonella, air filtration, vaccination programs, eradication of *Aedes aegypti* mosquitoes, rabies, encephalitis, influenza vaccine, polio vaccination, standardization of reagents in laboratories and a number of others. He discussed details of bat rabies in Frio Cave, Texas, motivation of people to take vaccine and resistance of organisms to antibiotics.

There is no "typical day" in Dr. Goddard's office. Since CDC is a Division of the Public Health Service, as chief he is required to make frequent trips to Washington. These trips average about one per week. He is also in demand as a speaker, and he serves on a number of national advisory boards.



This past March he lectured at the University of Michigan School of Public Health, attended a NASA Advisory Board meeting, served on a panel in a two-day CDC-AMA meeting in Atlanta on *Aedes aegypti* eradication, testified before a Congressional budget subcommittee, testified before the New York State Senate on the importance of measles vaccine, attended a critical vaccination assistance project conference in Los Angeles, visited the Pediatric Research Department of the Lovelace Foundation in Albuquerque and lectured to medical students at Emory University in Atlanta.

The geographic coverage of surveillance and investigations at CDC is world-wide. Influenza in England, cholera in India or leprosy in the Philippines—all of these are only hours away from American ports of entry. In a typical year recently, epidemic aid was extended to 17 countries. In addition, CDC staff members traveled to 15 foreign nations to meet, consult, or observe. Since 1946, foreign trainees at CDC have totaled 2,685 from over 100 nations, CDC cooperates in international health activities with the Agency for International Development, the Peace Corps, the World Health Organization and foreign ministries of health.

In promotion of international health activities, Dr. Goddard traveled around the world last year. In Geneva he held discussions with the WHO director of communicable disease control. In India he checked on progress of the National Institute of Communicable Diseases which is being patterned after CDC.

Dr. Goddard is the eighth chief CDC has had since the malaria control days of 1942. As a Public Health Service commissioned officer, he holds the rank of Assistant Surgeon General (equivalent to Rear Admiral in the U.S. Navy).

Since his graduation from the GWU Medical School, he has served in a number of responsible positions in public health. After internship at the U.S. Public Health Service

Marine Hospital in Cleveland, he was in private practice in Kalida, Ohio, until 1951. During the next two years he was Medical Officer in Charge at the Federal Employees Health Service, Denver, where he was responsible for providing on-the-job medical care to 6,000 federal employees.

Then followed a year and a half of training in local public health administration in North Carolina. After a year at Harvard University School of Public Health, where he received a Master of Public Health degree in 1955, Dr. Goddard was assigned to the New York State Department of Health where he developed a Driver Research and Testing Center.

From 1956 to 1959, as chief of the Public Health Service Accident Prevention Program, he was responsible for developing and administering a program for reducing deaths, injuries and disabilities from all types of accidents.

The Federal Aviation Agency then borrowed Dr. Goddard for four years. As the nation's first civil air surgeon, he organized the expanded medical program of the FAA, and headed a program for the medical examination and licensure of the nation's 250,000 civil pilots. He operated the Civil Aero-Medical Research Institute at Oklahoma City, an organization involved in the human factors and medical aspects of civil aviation. He directed the organization of the FAA program of medical investigation of all fatal accidents in air carriers. The FAA awarded him its Distinguished Service Award in 1962.

Dr. Goddard holds a hot air balloon pilot's license. While with the FAA he discovered that no qualifications were required for such a license, so he applied for and received a license. This loophole in qualifications was closed soon after.

Dr. Goddard is an avid bridge player, a hobbyist in electronics, an amateur actor, a camping enthusiast and a companionable father of three teen-agers. But most of all, Dr. Goddard is a man of action, and there certainly is action at CDC. ■

## GW Professor Searches for "Jumping Frenchmen"

THE AMOUNT OF MEDICAL RESEARCH that exists today is astounding. In pre-clinical and clinical environments, doctors are studying today's problems for tomorrow's answers.

Reversing this trend somewhat is Dr. Harold Stevens, professor of neurology at The GWU School of Medicine. He is attempting to find "the Jumping Frenchmen of Maine."

The Jumping Frenchmen or "jumpers" made for popular studies among neurological scientists between 1880 and the turn of the 19th century. Jumpers just about disappeared from the science view until Dr. Stevens turned up three contemporary specimens.

A Jumping Frenchman is a person who gives a single violent jump when surprised by sudden touch, sound or movement. The jumper will also respond to any command given to him at the moment he is startled by senselessly repeating the command while he simultaneously obeys it—no matter how foolish or harmful.

In 1878 Dr. George M. Beard announced his intentions to investigate a group of patients known as the "Jumping Frenchmen of Maine," who lived in the Moosehead Lake region of northern Maine, the sole endemic area for this new disease.

According to Dr. Stevens' study, reported in the March 1965 Archives of Neurology, Dr. Beard observed 50 cases, including 14 in four families and reported his findings at the Sixth Annual Meeting of the American Neurological Association in 1880. Dr. Beard's re-

port is the only one on the subject in American literature.

Dr. Beard investigated the patients, all men, and concluded that the disorder first appeared during childhood and persisted unchanged throughout life. Since "jumping" ran in families he felt it was inherited. All of his "jumpers" were of French Canadian descent and most of them were lumberjacks. Dr. Beard believed the disorder was limited to such people, but when his report was translated in publications in Europe it prompted the rediscovery of "Myriachit" among Siberian Russians and "Latah" of primitive societies of Asia and Africa.

Myriachit is "to act foolishly." The Russians maintained these jumpers surpassed the jumping Frenchmen of Maine and that the Russian scientists had discovered the disorder long before Dr. Beard found it. Latah had been known for centuries, it later turned out. When startled its victims can repeat any sound with amazing accuracy.

For many years controversy raged over the relationship among the disorders of the jumpers of Maine, the Myriachits of Russia and the Oriental Latah. However, by 1912, interest in the whole question had dissipated and no further scientific word about it had been published until Dr. Stevens discovered three jumpers in 1963. Dr. Stevens' jumpers are a 59-year-old man of French-Canadian descent, a 52-year-old woman of a Scotch-Irish-German family from North Carolina and her 20-year-old niece.

In Dr. Stevens' words, "reexamination of these three picturesque syndromes may not resolve this old dispute but will probably disclose that jumping, latah and myriachit are not as rare as implied by the paucity of medical observations and that they are probably not confined to particular ethnic groups or geographic areas." Dr. Stevens hopes that his work will stimulate interest in these three entities "or at least resurrect 'the Jumping Frenchmen of Maine.'"



# Program for 1965 Annual Medical Alumni Reunion

## THURSDAY, MAY 27

Reception ..... 6:30 pm

## FRIDAY, MAY 28

Tour of White House ..... 8:50 am

Scientific Program ..... 9:30 am

Golf Tournament ..... 2:00 pm

Class Reunions, Dinner and

Dancing starting ..... 6:30 pm

## SATURDAY, MAY 29

Scientific Program ..... 9:30 am

Reception ..... 6:30 pm

Annual Banquet ..... 8:00 pm

(with the Executive Secretary to the  
Vice President of the United States  
as guest speaker)

## FRIDAY, MAY 28, 1965

9:30 am - 9:45 am GREETINGS from Dr. John Parks, Dean

9:45 am - 9:50 am GREETINGS from Dr. Clayton Ethridge, Medical Director

9:50 am - 10:20 am "Carcinoid Syndrome", Dr. Robert Levine

10:20 am - 10:35 am Coffee Break

10:35 am - 11:05 am "Clinical Pathology Tests in Health Education", Dr. Thomas M. Peery

11:05 am - 11:25 am "Automatic ECG Analysis by Computer System", Dr. J. Calatayud,  
Dr. C. Caceres and Dr. J. M. Evans

11:25 am - 11:45 am "Congenital Anomalies as seen at The George Washington University Hospital  
in 1962-63 and 1963-64", Dr. Artemis Simopoulos

11:45 am - 12:05 pm "The Effects of Laser Radiation on Intracranial Tissues", Dr. John L. Fox

## SATURDAY, MAY 29, 1965

9:30 am - 9:45 am GREETINGS from Dr. George Speck, followed by a Business Meeting

9:45 am - 10:00 am "The Epidemiology of Adverse Drug Reaction", Dr. Leighton E. Cluff

10:05 am - 10:25 am "Experience with a New Serum Enzyme in Pancreatic Disease", Dr. N. Trujillo,  
Dr. J. Roe and Dr. H. Ticktin

10:25 am - 10:45 am Coffee Break

10:40 am - 11:05 am "Radical Endarterectomy and Patch Graft for Superficial Femoral Artery  
Obstruction", Dr. John Keshishian and Dr. P. A. Cox, Col. USAF

11:05 am - 11:30 am "Repair of Massive Omphalocele", Dr. Jerome W. Canter



## Profile of Guest Speaker

JULIUS CAHN serves as Executive Secretary to the Vice President of the United States.

From 1958 through 1964, he had served as Staff Director of a Senate Reorganization Subcommittee of which the then Senator Humphrey was Chairman. This Subcommittee conducted numerous studies on international health problems. It issued more than a score of publications on diverse issues of interest to the profession and laymen, such as cancer, radiation, pharmaceutical science, epidemiology and other topics.

These publications—intended primarily for lay readers—included the judgment of many of the world's outstanding medical authorities.

Mr. Cahn's work on Capitol Hill began in 1945 as an Executive Assistant to Senator Alexander Wiley. From 1952 to 1958, he served as Counsel, later Consultant, to the Committee on Foreign Relations where he worked closely with experts of the World Health Organization.

The progress of the healing arts has always been one of Mr. Cahn's deep interests. He was the Founder of a series of "Health-USA" programs, co-sponsored by the D.C. Medical Society and The Washington Board of Trade. He serves as a Member of the Board of Directors of a number of voluntary health agencies.

Mr. Cahn is a member of Phi Beta Kappa and the National Press Club.





*A technician surveys a print-out during the monitoring of an operation*

## Monitor Moves into Operating Room at GW

THE TERM MONITOR is derived from the Latin 'monere' which means to warn. Today monitors are being used not only to detect biological phenomena and warn of changes in vital signs, but also to make diagnoses. As the result of electronic developments in biomedical engineering, arising in conjunction with the Aerospace Program, it is now possible to visualize and record a number of vital physiologic processes. The rapid advances in instrumentation have resulted in much confusion concerning monitoring. Physicians unaccustomed to the terminology and 'hardware' of electronics are finding it difficult to evaluate instruments and choose those indicated for the desired measurements.

All physicians use their five senses to observe and monitor patients, but today more refined measurements can be obtained with instruments.

The essentials of a monitoring system consist of a sensor which detects the physiologic process to be measured and converts it into a physical signal, usually electrical. The signal is then amplified and displayed either as a visual analogue, written verbal record or printed digital record. To complete the monitoring system the data should be recorded in a form that can be automatically analysed.

This can best be done on magnetic tape or discs. It is impractical to use direct writing or photographic systems for prolonged recordings and storage of data. On magnetic tape, data can be obtained by an off-line technique, later visualized on an oscilloscope, edited, significant data recorded graphically and automatically analysed by a digital computer.

Computer analysis of the electrocardiogram is now being done at the George Washington University Hospital in conjunction with the United States Public Health Service Instrumentation Branch under the direction of Dr. Cesar A. Caceres. Other physiologic data are also being analysed automatically by digital computers which can rapidly and precisely determine measurements and their interrelationships.

In the new George Washington University Hospital Operating Suite, which will open the end of this year, physiologic monitoring of patients in all operating and recovery rooms with two central control rooms has been planned. In order to study the value of central monitoring in the operating rooms, to ascertain what phenomena should be measured, how this could best be done and which patients should be monitored, a pilot study was

undertaken with a grant from the Fannie E. Rippel Foundation. In the present operating room facilities four operating rooms and a central monitoring room are equipped. Six-channel Sanborn Viso-scopes were installed in each of four operating rooms. In the central monitoring room an eight-channel Viso-scope, a direct photographic writer and a 16-channel tape deck for recording the data, complete the instrumentation. A recovery room nurse has been trained as the monitoring technician. She connects the patients to the electronic instruments, observes and records the data in the central monitoring room. Electronic instruments are not now available to meet the criteria for the measurement of all physiologic processes but these are rapidly being developed. At the present time hospital personnel are continuously monitoring and recording E.C.G., E.E.G., peripheral pulse curve; temperature, direct venous and arterial pressures. Other data obtained by intermittent sampling include: blood volume,  $pO_2$ , blood  $O_2$  saturation,  $pCO_2$ , pH and cardiac output.

Initially the use of electronic instruments to monitor patients was limited to specific indications, such as patients with cardio-respiratory disease or for special surgical techniques. Central monitoring in the hospital's experience has been sufficiently rewarding to justify the expansion of physiologic monitoring to many more patients. Approximately 13,000 anesthetics are administered in The George Washington University Hospital each year. Accumulation of data from these patients will enable programming for computer analysis utilizing the United States Public Health Service Computer Center located in The George Washington University Engineering School. Analysis of data may enable recognition of impending problems prior to the time that they become clinically obvious. Expansion of monitoring to include respiratory and anesthetic gas measurements, as well as pH, should make possible instantaneous and continuous analysis of physiologic changes. These can be coordinated and interpreted by means of computers to give an integrated and decipherable record of a patient's progress during anesthesia and surgery. By the collection and cataloging of data a vast library of physiologic information can be made available for retro-

spective studies, teaching and research. Operating rooms can thus become laboratories, eliminating the species error in transferring data from the experimental animal to man.

Monitoring has been shown to be practical in the operating rooms. Similar monitoring is also indicated for post-anesthetic recovery rooms, special care units and labor rooms. In these areas, however, further research in instrumentation aimed at eliminating problems created by patient movement remains to be done. All patients who are critically ill and those who have had major surgical procedures should be followed by physiologic monitors. With computer analysis and written readouts lending continuity to their records, a minute to minute observation is possible with early recognition of physiologic changes which can be promptly treated.

Monitoring is of value for patients who require close observation during extensive surgical procedures as well as for research studies. Patients with cardio-respiratory diseases should be monitored during and following surgery. Continuous observation of vital signs of patients with acute myocardial infarctions in special care units will permit prompt management of 'cardiovascular crises'. Surgical procedures using the pump-oxygenator, hypothermia and major vascular surgery are more safely done using monitoring to detect and measure vital signs.

The following case report illustrates the value of monitoring. A patient with arteriosclerotic heart disease recently in congestive heart failure, for which she had been digitalized, was scheduled for a major surgical procedure. Anesthesia consisted of induction with thiopental sodium utilizing  $N_2O$  and  $O_2$  for maintenance. Succinylcholine was given to achieve muscle relaxation for endotracheal intubation. At this time the patient developed tachycardia with a rate of 120-140 per minute. Clinically, this was an increase in heart rate attributable to any number of causes. However, continuous E.C.G. recording enabled diagnosis of this as a bi-directional ventricular tachycardia. (Figure 1) This rare but serious manifestation of digitalis toxicity was due to enhancement of digitalis effect by the muscle relaxant drug. This was promptly corrected

*continued on page 16*



## Alumni News

'12 **WILLIAM O. BAILEY** has been president of the Speech and Hearing Center for Loudoun County, Va., Inc., for the past year.

'21 **MAURICE H. HERZMARK** was the recipient of the top award of \$1,000 from *Medical Economics* for an article "constituting an original and useful contribution to the economic knowledge of the medical profession."

'24 **JOSEPH STEIN** is currently the chief of diagnostic radiology at Long Beach, Calif., VA Hospital, and conducting research in bone age in cancer.

'27 **EDITH PETRIE BROWN** closed her general practice in Bedford, Ohio, after 26 years to become a surveyor for the Joint Commission on Accreditation of Hospitals.

'28 **EDWARD W. NICKLAS** is the current president of the Medical Council of the Metropolitan Area of the District of Columbia, and past president of the D.C. Medical Society.

'28 **EDWIN E. ZIEGLER** recently had a monograph published entitled, "Treatment of Hypoxia with Hyperbaric Oxygen."

'31 **MILTON M. BOYER** had an article published in the *Maryland State Medical Journal* dealing with "The Changing Image of the American Physician." In the article he mentions his father who received his M.D. from GWU in 1902.

'31 **ERNEST H. DENGLE** was named a director of the Pennsylvania Academy of Ophthalmology and Otolaryngology.

'32 **JOHN J. KENNEDY** is medical director of the U.S. Department of Labor's Bureau of Employees' Compensation in New York City.

'33 **MORRIS BRAND** is medical director of Sidney Hillman Health Center in New York City.

'33 **MILTON M. GREENBERG** is chairman of the medical staff at Children's Hospital in Washington, D.C.

'33 **SADIE H. ZAIDENS** will have a book published shortly dealing with neurodermatoses—psychosomatic approach. As a dermatologist and a psychoanalyst in New York, she has written more than 20 articles.

'34 **JAMES A. DUSBABEK** has been named president-elect of the Washington, D.C., Gynecological Society.

'34 **IRVING J. FINE** is serving as treasurer of the newly formed society, The American Academy of Facial Plastic and Reconstructive Surgery, Inc.

'34 **A. HARRY KLEINMAN** described his new prostate operation in the *Journal of the International College of Surgeons* under the title, "Borderline Prostatectomy—A new Prevesical Suprapubic Approach."

'35 **DANTE V. CAPRA** is a neuropsychiatrist and assistant superintendent of the Westborough State Hospital in Massachusetts.

'35 **EDGAR A. ROGGE** is practicing orthopedic surgery in Seattle with a special interest in cerebral palsy and muscular dystrophy.

'35 **ALBERT P. TARASUK** is a first year resident in surgery at Beth Israel Hospital in New York City.

'36 **BLAS FERRAIUOLI**, assistant clinical professor of surgery at the University of Puerto Rico and chief of the department of surgery at Rio Piedras City Hospital, presented a paper and movie at the P.R. chapter of the American College of Surgeons' meeting entitled "Repair of Defects in the Tendo-Achillis—Modification of the Bosworth Procedure."

'36 **WILLIAM D. CHASE** is serving as staff physician in internal medicine at the Genesee Memorial Hospital in Flint, Mich.

'37 **JOHN E. EVERETT** is an associate attending in medicine and a member of the executive committee at Suburban Hospital in Bethesda, Md.

'37 **MICHAEL L. SALICA** is an attending surgeon at St. Clare's Hospital in New York City.

'38 **L. S. CLARK**, retired from private practice, is chief clinician for the Planned Parenthood Clinics in Cleveland, Ohio.

'39 **LESTER A. BARNETT** had an article printed in *The Journal of the Medical Society of New Jersey* entitled "Adjuvant Chemotherapy During Operation for Breast Cancer."

'39 **GEORGE WEICKHARDT**, medical advisory board chairman to the Potomac Valley Chapter of the Myasthenia Gravis Foundation,

recently attended the Foundation's international conference.

'41 **CATHERINE W. R. SMITH** closed a 14-year-old obstetric practice to take a residency in psychiatry.

'43 **HARRY MERLISS** is an orthopedic surgeon in private practice and an associate director of the Hackensack, N.J., Hospital's traumatic and orthopedic service.

'43 **RICHARD L. ETTER** has been elected to the Board of Regents of the American College of Allergy for the next two years.

'44 **LEN H. ANDRUS**, medical director of the George L. Mee Memorial Hospital and Southern Monterey County Medical Group in King City, Calif., was awarded the American College of Physicians Services' Bowes Travelling Scholarship for 1965.

'44 **PAUL SPRAY** spent January and February in Nigeria in connection with the Orthopedic Overseas program of MEDICO, and recently presented a paper on "Genu Valgum in Nigeria" at a Tennessee Medical Society meeting.

'45 **MAX S. MILLAR** is president-elect of the Fresno County Medical Society in California.

'45 **MATTHEW A. STROUP, JR.**, is currently conducting experiments with gastric hypothermia for duodenal ulcers. He has used this procedure on more than 50 patients.

'46 **CHARLES P. BARKER**, in private practice of psychoanalytically oriented psychiatry, is chief of psychiatry at William Beaumont Hospital in Royal Oak, Mich.

'46 **NORMAN P. GOLDSTEIN** is practicing neurology and teaching residents at the Mayo clinic and conducting research in the areas of Wilson's disease, multiple sclerosis and cerebral edema.

'46 **RICHARD F. HOFFMAN** has been made a founding member of the recently formed Society of Thoracic Surgeons.

'46 **ALLAN W. LOBB** is medical director of The Swedish Hospital in Seattle, one of the largest hospitals in the Northwest.

'47 **SEYMOUR L. ALTERMAN** was elected to fellowship in the American College of Physicians recently and made president-elect of the Florida Diabetes Association.

'47 **PAUL KAUFMAN**, a captain in the Navy, is the assistant fleet medical officer of the U.S. Pacific Fleet.

'48 **KATHLEEN SHANAHAN COHEN** is doing a great deal of writing while she completes a three-year residency in general psychiatry at New York Medical College and then goes on to serve a year's residency in child psychiatry.

'48 **JOHN PRICHARD** is practicing surgery in Corona, Calif., and teaching at Loma Linda University.

'49 **JOHN G. LANE, JR.**, is chief of pediatrics at Baptist Memorial Hospital.

'49 **RAY L. MILLER**, chief of medicine in Madigan General Hospital at Ft. Lewis, Wash., is in line for a promotion to colonel.

'50 **TOBIAS R. FUNT**, a dermatologist and dermatopathologist in Fort Lauderdale, has been elected to membership in the American College of Physicians.

'50 **SVERRE OFTEDAL, JR.**, is currently the senior medical officer and flight surgeon aboard the USS Lexington which is now in the Caribbean.

'50 **ALTON M. PAULL** was recently made director of the cardio-pulmonary clinic at the Memorial Hospital in Pawtucket, R.I., and became a fellow in the American College of Chest Physicians.

'50 **RAUL G. REYES** was a visiting professor of surgery and a consultant to the University of San Jose, Costa Rica, this year. He also delivered a paper at the University of Honduras School of Medicine on treating duodenal ulceration.

'50 **EDWIN C. WOOD** has been elected to membership in the American Psychoanalytic Association.

'52 **THOMAS M. DAVIS, JR.**, is practicing internal medicine in Birmingham and teaching at the Medical College of Alabama.

'52 **PAUL MAYBERRY** was elected vice-president and president-elect of the newly-formed Southeastern Utah Medical Society.

'53 **CASPER H. SMITH** and two other Duncan, Oklahoma, physicians opened one of the most modern hospitals in the state recently.



'54 **DAVID C. APPLEGATE** is currently president of the Sacramento, Calif., chapter of the AAGP and is on the local YMCA Board of Managers.

'55 **JONAS B. ROBITSCHER**, a Bryn Mawr, Pa., psychiatrist, has been named a consultant to the family Service Bureau of the Department of HEW in Washington.

'56 **STEPHEN S. PAPPAS** appeared on a panel for a symposium on retinal detachment by invitation of the Orange County Ophthalmological Society in Los Angeles recently.

'56 **JOHN C. RHOADS** is currently chief of Ob-Gyn and chief of professional services at the 1604th U.S. Air Force Hospital in Bermuda. He was recently made a member of the American College of Obstetrics and Gynecology.

'57 **WILLIAM B. ANDERSON** is a radiologist on the staff of Los Angeles County Hospital and teaching at the University of Southern California Medical School in his area of special interest, neuroradiology.

'57 **LEONARD BERGER**, a pediatrician in Dobbs Ferry, N.Y., was recently made a diplomate of the American Board of Pediatrics and elected fellow of the American Academy of Pediatrics.

'57 **MARCUS R. GILLISS** was elected a diplomate member of the Pan-American Medical Association, and elected to membership in the Royal Society of Health in England a short time ago.

'58 **RICHARD KAUFMAN** is being discharged from the Army this summer and entering the practice of hematology in Washington, D.C. He recently presented a paper on the "Origin and significance of Pulmonary Megakaryocytes" at the annual meeting of the American Society for Clinical Investigation and wrote a paper on the same subject for the May issue of *Blood*.

'58 **JOHN H. RENNER** is in private general practice in Herndon, Va., and administrator of the Herndon Medical Center.

'59 **EDWARD A. BEHNKE**, completing a radiology residency at the Los Angeles County Hospital, will begin a cardio-pulmonary research fellowship at the University of Southern California this summer.

'59 **WARD B. HURLBURT** is presently a member of a surgical team sent out by the U.S. Public Health Service to work in the civilian hospital in Danang, S. Vietnam.

'59 **PETER J. KYNE** completed an orthopedic surgery residency at Duke and the University of Pittsburgh and opened a private practice in Pittsburgh. He will also teach at the University of Pittsburgh Medical Center Hospitals.

'59 **WILLIAM A. POWELL** is practicing general medicine in Millersburg, a rural area of Ohio, and is active in many civic and medical affairs in the region.

'59 **THEODORE R. PURCELL** has just completed a six-month Fulbright Lectureship in Radiation Therapy at the University of Buenos Aires Faculty of Medicine in Argentina.

'60 **ELLIOT M. EISENSTEIN** is presently the chief of the pediatric service at Walson Army Hospital at Fort Dix, N.J. He recently completed a rotating internship at Fitzsimons General Hospital in Denver and a pediatric residency at Letterman General Hospital in San Francisco.

'60 **LEROY M. HENRICH, JR.**, is completing a general surgical residency at the Dartmouth Affiliated Hospitals, and plans to stay there for a residency in urology.

'60 **JACK S. JOHNSON** was recently elected secretary of the Box Elder County (Utah) Medical Society and named a fellow in the American Society of Abdominal Surgeons.

'61 **MASON BARR, JR.**, is a staff pediatrician at the U.S. Naval Hospital in Beaufort, S.C.

'61 **WILLIAM C. JAMES** is completing a residency in internal medicine at The Lankenau Hospital in Philadelphia this summer and then remaining there in clinical research as a National Cancer Institute Postdoctoral Fellow.

'61 **ROBERT M. SENIOR** is a research fellow in the department of medicine and the cardio-respiratory laboratory at the College of Physicians & Surgeons of Columbia University.

'61 **FRANCIS X. URBANSKI** is completing his third year of an internal medicine residency at the U.S. Public Health Service Hospital in Staten Island, N.Y. Later this summer he will begin a fellowship in cardiopulmonary medicine.

'62 **SIDNEY EISENBAUM** is currently taking a general surgery residency at Letterman General Hospital in San Francisco.

'62 **HUBERT M. GULAK** interned at Shadyside Hospital in Pittsburgh and was a resident in internal medicine at the GWU Hospital. He is now in the Army serving as a captain in Korea.

'62 **FRANCIS G. LAPIANA** is presently a member of the third Special Forces Group on temporary duty in Addis Ababa, Ethiopia. He is conducting an advanced airmen's course for medics of the Imperial Ethiopian Ground Forces.

'62 **FRED** and **GEORGE LIEBLER** (twins) are both second year general surgery residents at Mercy Hospital in Pittsburgh.

'62 **JAMES A. STERLING** is a staff physician at the U.S. Naval Hospital at Guantanamo Bay, Cuba.

'62 **LOWELL M. WEISS** is completing a medical residency at the Philadelphia VA Hospital. Beginning this summer he will be a fellow in cardiology at the Temple University Hospital.

'62 **GEORGE L. WING** was a psychiatrist for the U.S. Army in Korea and is now practicing his specialty at Aberdeen Proving Ground in Maryland.

'63 **HARRY C. BEAVER** is completing a pre-specialty surgery residency at Ireland Army Hospital at Ft. Knox, Ky.

'63 **LAWRENCE T. PURCELL** is stationed in Korea with the Army as a battalion surgeon.

'63 **DENNIS D. SHEPARD** is studying ophthalmic pathology at UCLA at the present time.

'64 **JOHN R. COPE** is completing an internship at the Southside Hospital in Pittsburgh and then beginning a residency in ophthalmology at the Henry Ford Eye Hospital in Detroit.

'64 **SEYMOUR GENDELMAN** is interning at the Arnell Medical Center of the New York Hospital and then entering a residency in neurology at New York's Mt. Sinai Hospital.

## Necrology

Everding, Charles J., '50  
Berlin, Md.

Sells, George J., '05  
Bristol, Tenn.

Price, Walter W., '10  
Washington, D. C.

Bowler, John A., Jr., '51  
Washington, D. C.

Seitz, Roy E., '04  
Bozeman, Mont.

Gray, Augustus C., '12  
Washington, D. C.

Spritzer, Theodore D., '34  
Dunellen, N.J.

Dunmire, Roy F., '08  
Washington, D. C.

Kaufman, Bernhard, '41  
Milwaukee, Wis.

Duffie, Don., '20  
Madison, Wis.

Krulich, Emil, '05  
Altadena, Calif.

Cockerille, Laurence L., '25  
Washington, D. C.

Neail, Howard W., '09  
Stuart, Fla.

Molock, Leon J., '28  
Miami, Fla.

Lieberman, Jess J., '29  
Oceanside, L.I., N.Y.

Waring, John B. H., '07  
Wilmington, Ohio

Kain, H. Gladys, '12  
Washington, D. C.



## Association To Hold AMA Reception

THE GEORGE WASHINGTON UNIVERSITY MEDICAL ALUMNI ASSOCIATION will hold a reception in conjunction with the American Medical Association annual convention in New York City. The reception will be

held Wednesday, June 23, 1965, from 7 p.m. to 9 p.m. in Suite 537 and 540 at the New York Hilton. The hotel is located on the Avenue of the Americas on 53rd to 54th Streets.

## GWU Medical Alumni Directory Being Published

A new medical alumni directory is currently being prepared for a September publishing date. The directory will replace the 1959 edition. Copies of the directory will be mailed to each alumnus about September

15. The directory will list each alumnus alphabetically, by class and by geographic area. Biographical material on each will also be contained in the directory.

**MONITOR** *continued from page 11*

with curare and the surgery rescheduled for a later date. The patient was subsequently anesthetized and operated upon without further difficulty. Without monitoring this diagnosis could not have been made and a fatality would probably have resulted.

Already the hospital has found central monitoring to be both practical and helpful. Much additional investigation needs to be done in the development of instruments and in data

analysis. The end result of central monitoring will be the use of the operating, special care and recovery rooms as laboratories with better patient observation, increased salvage of the critically ill and greater safety for all patients.

This article is substantially the same as the one which appears in the May, 1965, issue of the D.C. *Annals* written by Dr. C. S. Coakley, chairman and professor of Anesthesiology at GWU and Dr. Patricia Russell, assistant professor. GW MEDICINE is indebted to the D.C. Medical Society for permission to reuse the material.

\* PLEASE KEEP THE MEDICAL ALUMNI ASSOCIATION ABREAST OF A CHANGE IN YOUR ADDRESS

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