Christiaan Barnard Gives Tompkins Lecture

New Library Assured

Nobelist du Vigneud Caps Research Day
THE GEORGE WASHINGTON UNIVERSITY MEDICAL ALUMNI ASSOCIATION

OFFICERS 1967-1968
Dr. Jerome Epstein '53, President
Dr. William Brains '34, President-Elect
Dr. James Dusbabek '34
First Vice President
Dr. Jack Klem '44, Second Vice President
Dr. Charles E. Smith '41, Secretary
Dr. Jerome W. Canter '55, Treasurer

EXECUTIVE COMMITTEE
Dr. Thomas A. Wilson '44
Dr. Allan Zellers '41
Dr. George Speck '41
Dr. Fred Donn '41
Dr. Ernest Gould '39
Dr. Richard E. Palmer '44
Mrs. Betty McKeel, Secretary to the Association

GW MEDICINE EDITORIAL BOARD
Mrs. Marion M. cardboard, Editor
Mr. Ellwood A. Smith, Director, GWU Alumni Relations
Dr. Jerome H. Epstein '53
Dr. John Parks, Dean, GWU School of Medicine
Dr. Clayton B. Eberhard, Medical Director, GWU Hospital
Mr. Victor F. Ludwig, Administrator, GWU Hospital
Miss Catherine Breen, Assistant to the Dean

GW Medicine is the official bulletin of The George Washington University Medical Alumni Association. It is published quarterly by The George Washington University, Washington, D. C. 20005. Second class postage paid at Washington, D. C.

CONTENTS

ALUMNI WEEKEND .................................. 4
TRUSTEE Ross, Gift history ........................ 5
AMA, AAMC Together on support ............... 5
LIBRARY ASSURED
PHS gives $1,295,595 ............................. 6
INTERNIST James J. Peffer
Associate Dean ..................................... 6
BEAUMONT DAY Smash Hit
Nobelists, students shine .............. 8
CHRISTIAAN BARNARD AT GW
Delivers Tompkins Memorial Lecture .... 10

EDITOR'S NOTE
Medical Center news has been so voluminous since the last issue of GW Medicine that a new format of the bulletin is required to cover it. Rather than eliminating any, we are capsulating. Most of the information noted here in brief is available in detail from GW news releases and will be furnished to avid readers upon request.
Thursday, May 23
Postgraduate course in Ophthalmology, Hospi­tal Main Conference Room: "The Eye and You."

Papers will be presented on current concepts of eye disease as they are related to the practice of medicine, surgery and pediatrics. Participants: Drs. Ben S. Fine; Ronald S. Fish­man; Jerome N. Goldman; John W. McGlue, Dept. Chairman; Marshal M. Parks; Herbert A. Urweider; Henry Wicker; Lorenz E. Zimmer­man; all from GW. Also Dr. A. E. Maumenee, Director, The Wilmer Institute, John Hopkins Hospital, Baltimore, Md., and Dr. William Parks; Drs. Ben S. Fine; Ronald S. Fish­man; Jerome N. Goldman; John W. McGlue, Dept. Chairman; Marshal M. Parks; Herbert A. Urweider; Henry Wicker; Lorenz E. Zimmerman; all from GW. Also Dr. A. E. Maumenee, Director, The Wilmer Institute, John Hopkins Hospital, Baltimore, Md., and Dr. William S. Gilbert, GW Instructor currently on NIMD Fel­lowship, Willi’s Eye Institute, Philadelphia, Pa.

Friday, May 24
8:30 a.m. Registration and Breakfast, Hospital 9:30 a.m. Scientific Assembly. Five papers: Thomas F. Meaney '53 Chairman, Division of Radiology, Cleveland Clinic "Problems in the Clinical and Angiographic Diseases of Renal Maligns" Bernard H. Ostrom '48 Assistant Clinical Professor of Medicine, GW "Phaeochromocytoma"

Donald H. Giew, Jr. '48 Associate Professor of Surgery, GW "Military Medicine Today" Jack P. Segal '48 Clinical Associate Professor of Medicine, Georgetown University School of Medicine "The Differential Diagnosis of Primary Myocardial Disease" Harvey H. Ammerman '43 Clinical Professor of Neurological Surgery, GW "Is It Really A Stroke" 1:00 p.m. Golf, Lakewood Country Club, Rockville, Md. 6:30 p.m. Receptions for Class Reunions, beginning with '18, Shoreham Hotel 8:00 p.m. Formal Dinner-Dance, Shoreham Hotel

Saturday, May 25
9:00 a.m. Scientific Assembly. Benjamine H. Sullivan, Jr. '38 Department of Gastroenterology, Cleveland Clinic "Medical Esophagoscopy and Gastroscopy"

Robert J. Levine '58 Assistant Professor of Medicine and Pharmacology, Yale University School of Medicine "Studies on the Role of Histamine in Mediating Gastric Secretion" Steven E. Levy '58 Chief of Chest Disease, Cedars-Sinai Medical Center "The Pathophysiology of Experimental Pulmonary Thrombo-embolism" Thomas L. Leaman '48 Acting Chairman, Family and Community Medicine, The Milton S. Hershey Medical Center "An Experiment in Teaching Family Medicine" Claire Hammel duPont '58 Assistant Professor of Biochemistry, University of Montreal "The Control of Hemoglobin Synthesis by Oxygen"
COMMUNITY/TRAUMA FORUM HELD

The Department of Surgery and the American Academy of General Practice presented a spring forum on "The Community and its Trauma Problems." The 2-day meeting attracted 300 participants to hear experts in traumatology and those most affected by the ravages of trauma: the family doctor, the community and its hospital, experts in surgical specialties, the legal profession and insurance underwriters.

The Hon. Melvin R. Laird (R-Wisc.) spoke on "Congress and Medicine: The Medical Emergency." Surgery Chairman Brian Blades and Traumatology Chief Don S. Wenger designed the forum, supported by USPH Bureau of Health and NIH Institute of General Medical Services.

NEW ASSOCIATE DEAN

Internist James J. Feffer has been selected for the new post of Associate Dean for Clinical Affairs, effective July 1. He has been Clinical Professor and Chairman of the Section of Pulmonary Disease and in private practice for more than 25 years.

He will assume medical responsibility for the Hospital and University Clinic, both enjoying extensive growth. President of the American Society of Internal Medicine, Dr. Feffer has traveled and lectured widely on the implementation of Medicare, Medicaid, comprehensive health planning and regional medical programs.

UNIVERSITY CLINIC

The 13-story Keystone Building at 22d and Penna. Ave., is being renovated to become the University Clinic, consolidating ambulatory care and integrating the entire Medical Center teaching program.

The $1.5 renovation will encompass the group practice of 65 full time physicians’ offices, secretarial areas, patient examining rooms, special treatment and procedures rooms, teaching, conference and administrative areas.

Outpatient clinics and offices presently housed in the north wing of the Hospital will occupy the greater part of the lower 8 floors about July 1. Completion is scheduled for October 1.

Services slated for Keystone occupancy are: radiology, pathology, internal medicine, rheumatology, endocrinology, hematology, gastroenterology, renal, allergy, cardiology, obstetrics, gynecology, pediatrics (newborn), surgery, orthopedics, otolaryngology, urology, ophthalmology, psychiatry and dermatology.
Research Winners with Professors Treadwell and du Vigneaud: (from left) Barefoot, Miller, D'Amato, Heinze

Dean Parks, Beaumont President Lohaus, Dr. du Vigneaud, President Elliott, Beaumont Adviser Stevens and Prof. Treadwell

STUDENTS, NOBELIST SHINE AT RESEARCH DAY

Excellence and variety characterized the competition on William Beaumont Student Research Day, February 22. Highlight of the day was an address by Nobel laureate Vincent du Vigneaud, Ph.D., Professor of Chemistry at Cornell University, and former GWU Professor and Chairman of the Department of Biochemistry. He spoke on "Some Aspects of Studies on the Hormones of the Posterior Pituitary Gland."


Read by title were papers by: Howard B. Dickler, Peter C. Freis, Jr., Milton J. Menchey, Douglas Robins, John J. Rowsey, John D. Wojcik, and Ira C. Wong.

Beaumont membership was awarded 21 students and President Allan W. Lohaus received the Calvin A. Klopp Award for service to the Society. Newly elected officers for 1968 are: President, Warren R. Berrie; Vice President, Edward G. Koch; Secretary, Kathryn L. Gayton; Treasurer, Sherwood W. Barefoot, Jr.

(Continued on page 12)

STUDENTS

Extramurals

Eight medical students on foreign clerkships have strange footnotes to their global medicine: the plight of the pound sterling, cannibals, the Middle East crisis, the current Panamanian struggle, and ancient Mayan civilization.

They are studying in England, Colombia, Israel, Panama, Honduras, Ceylon and Liberia. Another 15 have extramural clerkships in Minnesota, California, New York, Arizona and Florida. The 23 clerkships are double the number held last year. Two are studying overseas under a former visiting professor, the popular British obstetrician Geoffrey Chamberlain, a Research Fellow here last year who won the 1967 prize of The American Association of Obstetricians and Gynecologists Foundation.

Robert W. Murray is spending his junior elective aboard the hospital ship HOPE, off Ceylon, this year. Other tropical medicine students are Edmond C. Watters, at Phebe Hospital, Monrovia, Liberia, and James W. Smith, on a Smith-Kline & French Fellowship in Honduras. Smith

Jim Smith
it of Surgery Chief Brian Blades, of the right atrium from the orifice of the inferior vena cava to the orifice of the superior vena cava, we tied off the superior vena cava stump and made the incision more laterally, thus avoiding the area of the sinal auricular node." As a result, the heart of the second patient started spontaneously, without electrical shock, and immediately began the sinus rhythm that it has maintained since transplant.

Of the variation in technique, the professor said, "Instead of making the incision in the back of the heart that was flabby, blue, without any sign of cardiac output until two hours before death."

The distinguished visitor said his second patient had a relatively uncomplicated course as far as the vital signs of temperature, pulse rate, respiratory rate and venous pressure are concerned. As circulation improved, temperature rose from subnormal to normal, rising with an episode of rejection, returning to normal as that episode was counteracted. Pulse remained constant, he said. But there was a change in heart rate coinciding with increased demand for cardiac output during the period of rejection. Respiratory rate changed quite a lot in the beginning: with measured exercise, the rate rose, falling when the patient was at rest. During the period of rejection, the rate rose and has gradually settled down. Venous pressure started up high, then settled down, fluctuated, and has remained normal from about the 31st day. In blood studies there was not much of value found, except that the sedimentation rate showed a marked rise at the period of rejection.

The Tompkins Lecturer outlined three major areas in diagnosing rejection: systemic evidence (rise in temperature, anorexia, malaise or generalized signs); any enlargement in size of the transplanted organ; and any derangement in function of this organ (studied in his patients through exercise tolerance tests). They also conducted thorough enzyme studies, leading them to suspect that abnormality in LDH and HBD can be caused by immunosuppression and is not of much value in diagnosis of rejection; there was no particular rise in these enzymes during the period of rejection. The EKG voltage was described as the most important lesson of general evidence in diagnosis. But the EKG was important in that there was a steady drop in EKG voltage which reached its lowest ebb at the period of rejection. EKG voltage, after the rejection was treated, increased and has remained about what it was immediately after the operation.

After showing his beaming patient surrounded by admirers after leaving Groote Schuur Hospital, the cardiac surgeon described the conditions that had set the stage: a dying patient willing to face an uncertain outcome; a bereaved husband and father willing to donate his daughter's organs; a young colored widow who gave her husband's heart to a white man; the team of doctors, nurses and technicians, strong as a chain without a weak link; those in the laboratory who had studied the difficulties in technique and were willing to test their experience in the operating room.

Of the variation in technique, the professor said, "Instead of making the incision in the back of the heart that was flabby, blue, without any sign of cardiac output until two hours before death."

The distinguished visitor said his second patient had a relatively uncomplicated course as far as the vital signs of temperature, pulse rate, respiratory rate and venous pressure are concerned. As circulation improved, temperature rose from subnormal to normal, rising with an episode of rejection, returning to normal as that episode was counteracted. Pulse remained constant, he said. But there was a change in heart rate coinciding with increased demand for cardiac output during the period of rejection. Respiratory rate changed quite a lot in the beginning: with measured exercise, the rate rose, falling when the patient was at rest. During the period of rejection, the rate rose and has gradually settled down. Venous pressure started up high, then settled down, fluctuated, and has remained normal from about the 31st day. In blood studies there was not much of value found, except that the sedimentation rate showed a marked rise at the period of rejection.

The Tompkins Lecturer outlined three major areas in diagnosing rejection: systemic evidence (rise in temperature, anorexia, malaise or generalized signs); any enlargement in size of the transplanted organ; and any derangement in function of this organ (studied in his patients through exercise tolerance tests). They also conducted thorough enzyme studies, leading them to suspect that abnormality in LDH and HBD can be caused by immunosuppression and is not of much value in diagnosis of rejection; there was no particular rise in these enzymes during the period of rejection. The EKG voltage was important in that there was a steady drop in EKG voltage which reached its lowest ebb at the period of rejection. EKG voltage, after the rejection was treated, increased and has remained about what it was immediately after the operation.

After showing his beaming patient surrounded by admirers after leaving Groote Schuur Hospital, the cardiac surgeon described the conditions that had set the stage: a dying patient willing to face an uncertain outcome; a bereaved husband and father willing to donate his daughter's organs; a young colored widow who gave her husband's heart to a white man; the team of doctors, nurses and technicians, strong as a chain without a weak link; those in the laboratory who had studied the difficulties in technique and were willing to test their experience in the operating room.

Of the variation in technique, the professor said, "Instead of making the incision in the back of the heart that was flabby, blue, without any sign of cardiac output until two hours before death."

The distinguished visitor said his second patient had a relatively uncomplicated course as far as the vital signs of temperature, pulse rate, respiratory rate and venous pressure are concerned. As circulation improved, temperature rose from subnormal to normal, rising with an episode of rejection, returning to normal as that episode was counteracted. Pulse remained constant, he said. But there was a change in heart rate coinciding with increased demand for cardiac output during the period of rejection. Respiratory rate changed quite a lot in the beginning: with measured exercise, the rate rose, falling when the patient was at rest. During the period of rejection, the rate rose and has gradually settled down. Venous pressure started up high, then settled down, fluctuated, and has remained normal from about the 31st day. In blood studies there was not much of value found, except that the sedimentation rate showed a marked rise at the period of rejection.

The Tompkins Lecturer outlined three major areas in diagnosing rejection: systemic evidence (rise in temperature, anorexia, malaise or generalized signs); any enlargement in size of the transplanted organ; and any derangement in function of this organ (studied in his patients through exercise tolerance tests). They also conducted thorough enzyme studies, leading them to suspect that abnormality in LDH and HBD can be caused by immunosuppression and is not of much value in diagnosis of rejection; there was no particular rise in these enzymes during the period of rejection. The EKG voltage was important in that there was a steady drop in EKG voltage which reached its lowest ebb at the period of rejection. EKG voltage, after the rejection was treated, increased and has remained about what it was immediately after the operation.

After showing his beaming patient surrounded by admirers after leaving Groote Schuur Hospital, the cardiac surgeon described the conditions that had set the stage: a dying patient willing to face an uncertain outcome; a bereaved husband and father willing to donate his daughter's organs; a young colored widow who gave her husband's heart to a white man; the team of doctors, nurses and technicians, strong as a chain without a weak link; those in the laboratory who had studied the difficulties in technique and were willing to test their experience in the operating room.

Of the variation in technique, the professor said, "Instead of making the incision in the back of the heart that was flabby, blue, without any sign of cardiac output until two hours before death."

The distinguished visitor said his second patient had a relatively uncomplicated course as far as the vital signs of temperature, pulse rate, respiratory rate and venous pressure are concerned. As circulation improved, temperature rose from subnormal to normal, rising with an episode of rejection, returning to normal as that episode was counteracted. Pulse remained constant, he said. But there was a change in heart rate coinciding with increased demand for cardiac output during the period of rejection. Respiratory rate changed quite a lot in the beginning: with measured exercise, the rate rose, falling when the patient was at rest. During the period of rejection, the rate rose and has gradually settled down. Venous pressure started up high, then settled down, fluctuated, and has remained normal from about the 31st day. In blood studies there was not much of value found, except that the sedimentation rate showed a marked rise at the period of rejection.

The Tompkins Lecturer outlined three major areas in diagnosing rejection: systemic evidence (rise in temperature, anorexia, malaise or generalized signs); any enlargement in size of the transplanted organ; and any derangement in function of this organ (studied in his patients through exercise tolerance tests). They also conducted thorough enzyme studies, leading them to suspect that abnormality in LDH and HBD can be caused by immunosuppression and is not of much value in diagnosis of rejection; there was no particular rise in these enzymes during the period of rejection. The EKG voltage was important in that there was a steady drop in EKG voltage which reached its lowest ebb at the period of rejection. EKG voltage, after the rejection was treated, increased and has remained about what it was immediately after the operation.

After showing his beaming patient surrounded by admirers after leaving Groote Schuur Hospital, the cardiac surgeon described the conditions that had set the stage: a dying patient willing to face an uncertain outcome; a bereaved husband and father willing to donate his daughter's organs; a young colored widow who gave her husband's heart to a white man; the team of doctors, nurses and technicians, strong as a chain without a weak link; those in the laboratory who had studied the difficulties in technique and were willing to test their experience in the operating room.

Of the variation in technique, the professor said, "Instead of making the incision in the back of the heart that was flabby, blue, without any sign of cardiac output until two hours before death."

The distinguished visitor said his second patient had a relatively uncomplicated course as far as the vital signs of temperature, pulse rate, respiratory rate and venous pressure are concerned. As circulation improved, temperature rose from subnormal to normal, rising with an episode of rejection, returning to normal as that episode was counteracted. Pulse remained constant, he said. But there was a change in heart rate coinciding with increased demand for cardiac output during the period of rejection. Respiratory rate changed quite a lot in the beginning: with measured exercise, the rate rose, falling when the patient was at rest. During the period of rejection, the rate rose and has gradually settled down. Venous pressure started up high, then settled down, fluctuated, and has remained normal from about the 31st day. In blood studies there was not much of value found, except that the sedimentation rate showed a marked rise at the period of rejection.

The Tompkins Lecturer outlined three major areas in diagnosing rejection: systemic evidence (rise in temperature, anorexia, malaise or generalized signs); any enlargement in size of the transplanted organ; and any derangement in function of this organ (studied in his patients through exercise tolerance tests). They also conducted thorough enzyme studies, leading them to suspect that abnormality in LDH and HBD can be caused by immunosuppression and is not of much value in diagnosis of rejection; there was no particular rise in these enzymes during the period of rejection. The EKG voltage was important in that there was a steady drop in EKG voltage which reached its lowest ebb at the period of rejection. EKG voltage, after the rejection was treated, increased and has remained about what it was immediately after the operation.

After showing his beaming patient surrounded by admirers after leaving Groote Schuur Hospital, the cardiac surgeon described the conditions that had set the stage: a dying patient willing to face an uncertain outcome; a bereaved husband and father willing to donate his daughter's organs; a young colored widow who gave her husband's heart to a white man; the team of doctors, nurses and technicians, strong as a chain without a weak link; those in the laboratory who had studied the difficulties in technique and were willing to test their experience in the operating room.
STUDENTS
(Continued from page 9)

is working in the 200-bed Hospital de Occidente, Santa Rosa de Copan, only a day's jeep trip from the seat of the ancient Mayas.

Jack Levenbrown's stay at Rothschild Hospital, Haifa, will be limited to the 2 month elective period due to Middle East tensions.

Jose M. Fabrega, himself a Panamanian, is back at the Gorgas Hospital on an obstetrics clerkship.

Richard Notes, on tropical medicine in Tibu, on the Colombia-Venezuela border, sees arrow wounds, leprosy, TB, malaria and other parasitic diseases, and Motilone Indians, "who were cannibals and have been only partly tamed."

The AOA Lecture, March 21, was delivered by Dr. Melvin J. Glimcher, Professor of Orthopedic Surgery, Harvard Medical School and Chief of Orthopedic Service, Massachusetts General Hospital. He discussed, "A Basic Architectural Principle in the Organization of Bone and Other Calcified Tissues."

Next on Dr. Brown's agenda is the battle against other suspected allergy-creating flying insects.

PHI CHI

William B. Glew '53, Dr. Galebritt and Dr. Judd

Sophomore Gabriel F. Sciallis receives Phi Chi award in anatomy

PHI DELTA EPSILON

Dr. Damashek, with students K. Forman, C. Schneiderman, E. Wagehall, before lecture. After, Ron Orleans moves up with questions.

DOCTORS WAR ON INSECT ALLERGIES

Medicine Professor Halla Brown, chief of the Allergy Section, is making progress in her war against allergies caused by cockroaches and other flying insects known scientifically as Hymenoptera.

Last year the GW School of Medicine was awarded a $237,816 grant by John A. Hartford Foundation of New York for a three-year study of human allergic reactions to insect stings, bites and other contacts.

Working on the project with Dr. Brown is Dr. Harry S. Bernton of Howard University College of Medicine (standing). The doctors have already determined that cockroach allergies are a major cause of asthma, and the greater exposure to this vermin, the greater the liability to allergy.

Next on Dr. Brown's agenda is the battle against other suspected allergy-creating flying insects.

GUEST LECTURERS


Nu Sigma Nu's Annual Stuart Graves Lecture was given by Dr. George Crile, Jr., Head of the Department of General Surgery of the Cleveland Clinic. He discussed "The Management of a Single Nodule in the Thyroid."

Left, below.

The AOA Lecture, March 21, was delivered by Dr. Melvin J. Glimcher, Professor of Orthopedic Surgery, Harvard Medical School and Chief of Orthopedic Service, Massachusetts General Hospital. He discussed, "A Basic Architectural Principle in the Organization of Bone and Other Calcified Tissues."

Right, above.

Hematologist William Damashek, Professor of Medicine, Mt. Sinai School of Medicine, gave the Phi Delta Epsilon Aaron Brown Lecture, "Leukemia," on March 28.

Dr. Judd and Prof. Paul Adkins

Dr. Walter H. Judd, physician, missionary and former Congressman, gave the Phi Chi Lecture, "The Physician's Place in Public Affairs."

The AOA Lecture, March 21, was delivered by Dr. Melvin J. Glimcher, Professor of Orthopedic Surgery, Harvard Medical School and Chief of Orthopedic Service, Massachusetts General Hospital. He discussed, "A Basic Architectural Principle in the Organization of Bone and Other Calcified Tissues."

Right, above.

Hematologist William Damashek, Professor of Medicine, Mt. Sinai School of Medicine, gave the Phi Delta Epsilon Aaron Brown Lecture, "Leukemia," on March 28.

Dr. Judd and Prof. Paul Adkins

Dr. Walter H. Judd, physician, missionary and former Congressman, gave the Phi Chi Lecture, "The Physician's Place in Public Affairs."

The AOA Lecture, March 21, was delivered by Dr. Melvin J. Glimcher, Professor of Orthopedic Surgery, Harvard Medical School and Chief of Orthopedic Service, Massachusetts General Hospital. He discussed, "A Basic Architectural Principle in the Organization of Bone and Other Calcified Tissues."

Right, above.

Hematologist William Damashek, Professor of Medicine, Mt. Sinai School of Medicine, gave the Phi Delta Epsilon Aaron Brown Lecture, "Leukemia," on March 28.

Dr. Judd and Prof. Paul Adkins

Dr. Walter H. Judd, physician, missionary and former Congressman, gave the Phi Chi Lecture, "The Physician's Place in Public Affairs."

The AOA Lecture, March 21, was delivered by Dr. Melvin J. Glimcher, Professor of Orthopedic Surgery, Harvard Medical School and Chief of Orthopedic Service, Massachusetts General Hospital. He discussed, "A Basic Architectural Principle in the Organization of Bone and Other Calcified Tissues."

Right, above.

Hematologist William Damashek, Professor of Medicine, Mt. Sinai School of Medicine, gave the Phi Delta Epsilon Aaron Brown Lecture, "Leukemia," on March 28.

Dr. Judd and Prof. Paul Adkins

Dr. Walter H. Judd, physician, missionary and former Congressman, gave the Phi Chi Lecture, "The Physician's Place in Public Affairs."

The AOA Lecture, March 21, was delivered by Dr. Melvin J. Glimcher, Professor of Orthopedic Surgery, Harvard Medical School and Chief of Orthopedic Service, Massachusetts General Hospital. He discussed, "A Basic Architectural Principle in the Organization of Bone and Other Calcified Tissues."

Right, above.

Hematologist William Damashek, Professor of Medicine, Mt. Sinai School of Medicine, gave the Phi Delta Epsilon Aaron Brown Lecture, "Leukemia," on March 28.

Dr. Judd and Prof. Paul Adkins

Dr. Walter H. Judd, physician, missionary and former Congressman, gave the Phi Chi Lecture, "The Physician's Place in Public Affairs."

The AOA Lecture, March 21, was delivered by Dr. Melvin J. Glimcher, Professor of Orthopedic Surgery, Harvard Medical School and Chief of Orthopedic Service, Massachusetts General Hospital. He discussed, "A Basic Architectural Principle in the Organization of Bone and Other Calcified Tissues."

Right, above.

Hematologist William Damashek, Professor of Medicine, Mt. Sinai School of Medicine, gave the Phi Delta Epsilon Aaron Brown Lecture, "Leukemia," on March 28.

Dr. Judd and Prof. Paul Adkins

Dr. Walter H. Judd, physician, missionary and former Congressman, gave the Phi Chi Lecture, "The Physician's Place in Public Affairs."
MATCHING INTERNSHIPS

Results from the 1968 Matching Intern Program were announced March 11, with 74% getting their first or second choice. Eighteen will intern in university or affiliated hospitals, six in VA or Public Health hospitals, and four at military installations. Sixty-five will remain in the East, while 28 will be heading for the Far West. Six will intern at GW, including John L. Antus, Donald P. Bernstein, Paul L. DeWitt, Barbara A. Meyers, Bruce A. Miller, and Gary E. Russolillo.

FACULTY

Golden Apples

Med students capped their annual Follies program with presentation of Golden Apple Awards to two instructors, for outstanding teaching in the clinical and basic sciences. This year's awards went to Pathology Professor John Chandler Smith, who joined the faculty only last year, and to Dermatology Professor Robert S. Higdon.

Promotions

Dermatology

Charles S. Thurston, from Clinical Instructor to Assistant Clinical Professor

Medicine

James H. Pert, from Assistant Clinical Professor to Associate Clinical Professor
Paul Schlein, from Clinical Instructor to Assistant Clinical Professor
Microbiology
Rudolph Hugh, from Associate Professor to Professor
Neurology and Neurological Surgery
George J. Hayes, from Associate Clinical Professor to Clinical Professor
Arthur P. Hustead, from Clinical Professor to Assistant Clinical Professor
Laurence A. Kempe, from Assistant Clinical Professor to Associate Clinical Professor
Mark N. Ozer, from Instructor to Assistant Professor
Ophthalmology
Ronald S. Fishman, from Instructor to Assistant Professor
Pathology
William James Jaffurs, from Assistant Clinical Professor to Associate Clinical Professor
Pediatrics
Wellington Hung, from Assistant Professor to Associate Professor
Pharmacology
Werner R. Jondorf, from Assistant Research Professor to Associate Research Professor
Physiology
Marie M. Cassidy, from Assistant Professor to Associate Professor
Surgery
James E. McClenathan, from Assistant Professor to Associate Professor
Judson G. Randolph, from Associate Professor (Pediatrics) to Professor (Pediatrics)
Robert D. Shapiro, from Clinical Instructor (Oral Surgery) to Assistant Clinical Professor (Oral Surgery)

DEPARTMENT PROFILE
Pediatrics
Chairman Felix P. Head is fielding a vigorous 75-member team staffed with new bench depth. Priority goes to restructuring the student program with emphasis on change. Formula: demand best efforts but don't force students to cope before they are prepared.
Recent staff appointments include: Assoc. Prof. Andrew M. Margileth, who came from the Naval Medical Center in September to head the student program; John C. Houck, Assoc. Prof. (biochem), who translates the basic sciences into clinically-oriented basic research; Assoc. Prof. Gordon Avery, who heads the newborn program and clinical research facility at Children's Hospital; Assist. Prof. Andrew Rigg, co-Chief of Children's adolescent medicine section; and on July 1 for GW Hospital: Dr. Chester Berlin of Boston Children's Hospital and trained in molecular biology at NIH, to head the clinical pediatrics section; and Dr. Willard Blankenship, who trained at Vanderbilt, worked in respiratory physiology at the Karolinska Institute in Sweden for 2 years and comes from the University of Alabama, to head the neonatology section.

GRANTS
Hartford Foundation
Microbiology Professor George L. Wright, Jr.: "A Study of Normal and Diseased Sera and Plasma by new Electrophoretic Immunochemical Methods."
Pharmacology Professor Thomas McP. Brown: "A Systematic Evaluation of Arthritis and Connective Tissue Diseases." Continuation of grant in "Rehabilitation Research and Training Center."
Medicine Professor Thomas McP. Brown: "A Systematic Evaluation of Arthritis and Connective Tissue Diseases." Continuation of grant in "Rehabilitation Research and Training Center."

Biochemistry Professor Arthur S. Brecher: "Proteolytic Activity in Brain."
Microbiology Professor Yang-Ming Chu: "Study of Immune Response to Mycobacterial Antigens."
Ophthalmology Professor Ben S. Fine: "Chorioretinal Scarring."
Surgery Professor Donald H. Glew, Jr.: "Renin and Renal Function in Denervation and Hypoxia."
Microbiology Professor and Associate Dean of the Medical Center Angus M. Griﬃn: "General Research Support."
Surgery Professor Calvin T. Klop: "Clinical Cancer Training Medical."
Pharmacology Professor H. George Mandel: "Fundamental Approaches to Drug Toxicity."
Microbiology Professor Melvin Reich: "Isolation and Characterization of Mycobacterial Antigens."
Biochemistry Professor Carleton R. Treadwell: "Regulation of Blood Cholesterol Ester Levels."
Physiology Professor Elizabeth W. Stephenson: "Ion Transport in Vertebrate Smooth Muscle."

Biochemistry Professor George V. Vahouny: "Myocardial Lipid Metabolism and Regulation."
Medicine Professor Frederick W. Wolff: "Effects of Treatment in Hypertensive Disease."

U.S. Army Medical R&D Command
Ophthalmology Professor Ben S. Fine: "Biophysical and Biological Studies of the Structure and Function of Ocular Tissues."
Washington Heart Association
Biochemistry Professor Arthur S. Brecher: "The Regulation of Proteolytic Activity in the Heart."

Biochemistry Professor Arthur S. Brecher: "Proteolytic Activity in Brain."
Microbiology Professor Yang-Ming Chu: "Study of Immune Responses to Mycobacterial Antigens."
Ophthalmology Professor Ben S. Fine: "Chorioretinal Scarring."
Surgery Professor Donald H. Glew, Jr.: "Renin and Renal Function in Denervation and Hypoxia."
Microbiology Professor and Associate Dean of the Medical Center Angus M. Griﬃn: "General Research Support."
Surgery Professor Calvin T. Klop: "Clinical Cancer Training Medical."
Pharmacology Professor H. George Mandel: "Fundamental Approaches to Drug Toxicity."
Microbiology Professor Melvin Reich: "Isolation and Characterization of Mycobacterial Antigens."
Biochemistry Professor Carleton R. Treadwell: "Regulation of Blood Cholesterol Ester Levels."
Physiology Professor Elizabeth W. Stephenson: "Ion Transport in Vertebrate Smooth Muscle."

Biochemistry Professor George V. Vahouny: "Myocardial Lipid Metabolism and Regulation."
Medicine Professor Frederick W. Wolff: "Effects of Treatment in Hypertensive Disease."

U.S. Army Medical R&D Command
Ophthalmology Professor Ben S. Fine: "Biophysical and Biological Studies of the Structure and Function of Ocular Tissues."
Washington Heart Association
Biochemistry Professor Arthur S. Brecher: "The Regulation of Proteolytic Activity in the Heart."

Microbiology Professor Alvin E. Parrish: "Liver Glycogen Metabolism in Azoemia."
Dept. of Medicine, GWU Hospital; "Vector-cardiographic Analysis of Premature Ventricular Beats in Coronary Artery Disease."

World Health Organization
Microbiology Professor L. A. Frontini: "Analysis and Fractionation of Mycobacterial Proteins for Skin Testing."

ALUMNI
"33 PETER W. ROSS has been re-elected president of the medical staff at St. Mary's Hospital, Passaic, N. J.
"34 WILLIAM F. FELLER presented a paper entitled "The Possible Virus Analysis of Human Breast Cancer" at the International Meeting of the Mammary Tumor Virus Conference, in Amsterdam, Holland.
"36 LEON GERBER has been named an associate chairman of trustee solicitations for the State of Israel Bond sales this year.
"68 ERNEST A. GOULD, who is associated with the Washington Hospital Center, Washington, D. C., has been re-elected treasurer of the American Thyroid Association.
"41 MARK LEPPNER, vice president of Chicago's Presbyterian-St. Luke's Hospital, testified at the Senate Small Business Committee hearings on the prescription drug industry.
"48 NORMAN GOLSTEIN, consultant in neurology, Mayo Clinic, Rochester, Minn., has been promoted from associate professor to full professor in the Mayo Graduate School of Medicine of the University of Minnesota at Rochester.
"88 DONALD H. GLEW was recently appointed consultant to the Surgeon General. He has resigned the editorship of Military Medicine.
BERTRAM L. PEAR, Radiology Professor at the University of Colorado Medical Center, was recently elected a Fellow of the American College of Radiology. Dr. Pear is also president of the Rocky Mountain Radiologic Society.

MAXINE A. SCHURTER was guest editor of the November 1967 Journal of the American Medical Women’s Association in this issue, that featured a symposium on anorectes. Dr. Schurter co-authored a paper with GW Surgery Professor Gordon S. Letterman on "Klinefelter’s Syndrome," while CECIL B. JACOBSON, ’49, co-authored a paper on "Cyogenetic Techniques in Sexual Anomalies." Dr. Schurter recently attended the 5th Dainle Medical Seminar, on cosmetic surgery, in Mexico City, which was also attended by HERBERT J. FORREST, ’41, and BAHMAN TEIMOURIAN, ’58.

HUBERT F. COFFEY of Albuquerque is vice president of the Aztec Manufacturing Co., which designs, manufactures and distributes "Championship Rodeo Equipment." A rodeo enthusiast as well as orthopedic surgeon, Dr. Coffey’s avocation is making chutes that are safer for both cowboys and animals.

ALBERT B. IBEN was both guest speaker and honored guest at a kickoff luncheon for National Heart Month, sponsored by the Santa Clara County (Calif.) Heart Association. The honors were a four-year-old boy for whom Dr. Iben had repaired a congenital heart defect. Chief of Cardiac Surgery at Valley Medical Center, Dr. Iben played a leading role in the heart transplant of Mike Kasperak at Stanford Medical Center, as chief of the surgical team that removed the donor heart. Dr. Iben is also Assistant Professor of Surgery at Stanford Medical School and Chief of Cardiac Surgery at Palo Alto Veterans Hospital.


MICHAEL COLELLA is serving as Ophthalmology Resident at Sibley Hospital, in Washington, on rotation from Georgetown University Hospital.

STEPHEN H. MANDY is engaged to be married to Miss Marion Elaine Freedman, of Baltimore. Dr. Mandy will begin residency at the Johns Hopkins Hospital in July.

The Intermountain Medical Alumni Association held its annual meeting and election of officers on February 22, with 51 alumni, guests and wives attending. Jack S. Johnson ’60, was elected president and Neil W. Goodsell ’58, secretary. Anatomy Prof. Frank Allan, a Salt Lake City native, was faculty guest speaker, discussing "Andre Vasalius, Physician, Scientist and Teacher."

Senior Arthur J. Sober was awarded the 1967-68 Phi Delta Epsilon Fraternity Service Award at the Fraternity’s annual convention in New Orleans in April. Anesthesiology Professor Seymour Alpert, who serves as National Executive Secretary of Phi E, presented the award.

In notifying the GW honor student of his selection, the Service Award Committee concluded "that you best represented our ideal of the kind of person the young Fraternity member should be."

Sober is a Phi Beta Kappa graduate of GWU. In medical school he was a Steinman Scholar in his sophomore year, won the Phi D E Scholarship Prize in 1967, and holds a Collisio Foundation Scholarship. He served as Class President in 1966 and as Student Council Representative to the University the next two years. He is a member of Sigma Xi, AOA, Smith-Rowd-Russell, Kane-King, and the St. George Society.

In 1967 he took a career elective in clinical cardiology at Massachusetts General Hospital. Art plans to specialize in internal medicine after internship at Beth Israel Hospital, Boston.

A cousin of one and nephew of two GW alumni: Jerome L. Pollock ‘49, Nat Wilson ’30, and Ned Lewis ’29, Art is the son of Mr. and Mrs. William Sober of Washington, D. C.
THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF MEDICINE ALUMNI & FACULTY

announces

ANNUAL MEETING

MAY 23, 24, and 25, 1968

MAY 23 - POSTGRADUATE COURSE IN OPHTHALMOLOGY -
G.W.U. HOSPITAL OPEN TO ALL PHYSICIANS

MAY 24 - REGISTRATION, BREAKFAST, SCIENTIFIC SESSION -
G.W.U. HOSPITAL
GOLF
CLASS REUNIONS, DINNER & DANCING -
SHOREHAM HOTEL $15.00 per PERSON - BLACK TIE

MAY 25 - SCIENTIFIC SESSION - G.W.U. HOSPITAL