

NOTES AND NEWS

GEORGE M. GILLISPIE HEADS VA BLIND REHABILITATION

George M. Gillispie is the new Chief of VA Blind Rehabilitation in Washington, D.C. He succeeds Russell C. Williams, who retired last summer.

Mr. Gillispie was Chief at the Veterans Administration's Eastern Blind Rehabilitation Center, at the West Haven, Conn., VA Hospital. In his new position he will coordinate work of that and similar centers at Palo Alto, Calif. and Hines, Ill., as well as 72 visual impairment services teams throughout the country. He will also act as liason for the national BVA-VA field services program.

Mr. Gillispie, a blinded veteran of World War II, has served twice as national president of the Blinded Veterans Association and was the association's executive director from 1961 to 1963.

NEW ATLAS OF ORTHOTICS REFLECTS SURGE OF BIOENGINEERING INFLUENCES ON TERMINOLOGY, PRESCRIPTION METHODS, AND MATERIALS

The American Academy of Orthopaedic Surgeons has published the Atlas of Orthotics—Biomechanical Principles and Application. It replaces an earlier volume that has been widely used and often reprinted.

The Academy's Committee on Prosthetics and Orthotics, commenting in the Preface of the new volume, describes some of the major changes in attitude and emphasis that have come about since that earlier volume (Orthopaedic Appliances Atlas—Vol. I: Braces, Splints and Shoe Alterations), which appeared in 1952. "Careful appraisal of the contents of that volume," the Preface states, "reveals the emphasis on the application of orthoses (braces) believed to be specific for a particular disease or disease process. The individual's biomechanical deficiencies, independent of etiology, were less thoroughly appreciated at that time.

"Since the publication of that volume, close cooperation between the fields of medicine and engineering has established that, regardless of the type or origin of a disease process, attention should be focused on the

biomechanical deficit of the patient, with less emphasis on the specific disease process. The growth of applied biomechanics has provided the practicing orthopaedic surgeon and others treating the handicapped with a rational and generic basis for prescription of an orthosis best suited for a particular patient's needs."

The change in emphasis has led to a completely new orthotics terminology, following the nomenclature recommended after considerable deliberation in workshops conducted by the National Research Council. This nomenclature is used throughout the new Atlas. The Academy's own new prescription principles, based on a biomechanical analysis of deficits and new techniques for communication between the physician and the orthotist, are dealt with in detail.

The direction thus suggested for Orthotics is projected into the future in the volume's Epilogue. There, contributor Colin A. McLaurin describes a national program of rehabilitative engineering centers. Service to patients would, in this ideal context, never be dissociated from research, while communication among the medical, paramedical and technical specialists would flourish. In this environment, closely associated with centers of medical and engineering education, Dr. McLaurin hopes we will develop the orthotists, "five to ten times their present number," who will be needed. They will be true professionals in their own right, enjoying the degree-level education with possibilities for further advancement which, he believes, ". . . is becoming almost mandatory." He sees them as catalytic individuals uniquely able to combine their technical knowledge with the ability to relate to patients as well as to their colleagues in medicine.

The regular reader of the *Bulletin of Prosthetics Research* will discover, among the contributors to the new Atlas of Orthotics, a dozen or more whose names appear with some regularity in BPR. Three are members of this publication's Editorial Board, one is a VA Bioengineering Research Project Manager, and the others include well-known participants in the Veterans Administration's research program in orthotics and prosthetics.

Near the conclusion of its Preface to the new volume, the Academy's Committee on Prosthetics and Orthotics takes note of the Veterans Administration's "moral and financial support" for the earlier volume as well as for the one just published. The Committee specifically thanks Dr. Robert Stewart, former Director of the Prosthetic and Sensory Aids Division of the Veterans Administration, Washington, D.C., for his support of the Committee in its efforts.

The Atlas retains the generous 8½ in by 11 in page size of the earlier volume. This, with 507 pages, allows the use of 836 illustrations. Photographs and drawings alike seem to be as large and clear as anyone might wish, and the print is large and clear throughout.

Implicit in the new volume's attention to order, clarity and accessibility is the hope that the contents will become common knowledge widely

shared among those with a common goal: the volume is directed to: “. . . orthotists, residents in orthopaedic surgery and physical medicine, orthopaedic surgeons, physiatrists, physical therapists, biomedical engineers, and other individuals who require specialized orthotic knowledge to assist in the treatment of the handicapped.”

Atlas of Orthotics—Biomechanical Principles and Application, is copyrighted by the C.V. Mosby Company, St. Louis, Missouri, and is distributed in England by Henry Kimpton, London. Price in the U.S.A. is \$47.50.

PSYCHOSOCIOLOGICAL CONFERENCE

The Second International Congress on Prosthetics Techniques and Functional Rehabilitation, building upon the First at Vienna in 1973 as well as upon numerous other meetings concerned with medical and technological aspects of rehabilitation of the handicapped, was held at Cannes, France, March 28-April 2, 1976. It was held under the auspices of the International Social Security Association (ISSA), the World Veterans Federation (WVF), and the International Society for Prosthetics and Orthotics (ISPO), and the patronage of the Government of France, culminating in the closing address by Mme. Simone Veil, French Minister of Health.

The negative psychological, social, and economic aspects of handicaps and the corresponding positive impacts of rehabilitation have often been neglected, have been tacitly assumed, or are not sufficiently well known. The sponsoring agencies recognized that technological advances, reported at such Congresses as those at Vienna, 1973, and at Montreux, 1974, had made possible a wide range of assistive devices. Conversely, the psychosocial and economic aspects which greatly affect both handicapped persons and those public or private agencies aiding them in selecting optimum choices from the increasing range of technological possibilities, are relatively unknown.

Each opportunity for progress is associated not only with initial investment in research, development, and testing but with costs for education of the prescription team, the training of each patient, the purchase and maintenance of his device, and finally the obsolescence of both device and total system. This concept of total lifetime costs (and counterbalancing lifetime incomes)—not as a burden but as a basis for comparison with other alternatives—was considered at Cannes in an effort to set guidelines.

Plenary sessions of prearranged papers plus discussion were held in the main auditorium of the Palais des Congres, a spectacular site facing the Mediterranean Sea across a broad palm-lined boulevard, La Croisette. Afternoon specialized panel sessions (three held simultaneously) and an international exhibit of devices and research

instruments were held in an adjoining wing. A plenary session late in the afternoon synthesized the panel discussions. (Temporary ramps partially overcame the architectural barriers of the sites.)

The Congress spanned not only a variety of problems but their impacts on a wide range of handicaps. It included representatives of organizations representing the handicapped as well as professionals from many disciplines. Simultaneous translation of plenary sessions and of panel discussions was provided in English, French, and German to assist the international participants.

TEXAS SOCIETY HONORS A BIOMEDICAL ENGINEER

Thomas A. Krouskop, Ph. D., biomedical engineer, received the 1975 "Young Engineer of the Year" Award from the Sam Houston Chapter of the Texas Society of Professional Engineers. The award is given for outstanding accomplishments and achievements by an engineer under 35 years of age. Dr. Krouskop is 30.

Among the activities noted in connection with his selection for the award was work performed under contract to the Veterans Administration on the improvement of artificial limbs and assistive devices. He is associate director of the Rehabilitative Engineering Center, which is a cooperative research effort of the Texas Institute for Rehabilitation and Research (TIRR), Baylor College of Medicine (BCM), and Texas A&M University's Department of Biomedical Engineering.

Dr. Krouskop holds the title of Associate Professor of Bioengineering at Texas A&M and Baylor.

BILL PROPOSED TO RENAME CENTER IN HONOR OF HELEN KELLER

To honor the remarkable woman whose life was an inspiration for the creation of the National Center for Deaf-Blind Youths and Adults, it has been proposed that the National Center be renamed in honor of Helen Keller.

A bill to rename the National Center to the "Center for Helen Keller" was introduced on February 23 by Rep. John Brademas (D.-Ind.), chairman of the Select Subcommittee on Education of the House Committee on Education and Labor.

The National center was authorized by Congress in 1967 and is located in Sands Point, N.Y. In addition to rehabilitation services to handicapped people who are both deaf and blind, the facility trains professional staff and personnel for work with deaf-blind individuals, and conducts research in this field.

ENGINEERING STUDENTS TEST VOICE-CONTROLLED SYSTEM FOR QUADRIPLEGICS

A student engineering project at the University of California at Santa Barbara (UCSB), starting with only \$200, has gone on to win financial support from the Easter Seal Foundation (\$16,000) and the Veterans Administration (\$55,000). The project aims at restoring the "critically important factor" of independence to quadriplegics unable to operate pushbuttons. The method is voice-control, using a memory unit as a word-recognition device.

The project's powered prototype wheelchair is already responding with reported 90 percent accuracy to its own 5-word control vocabulary: they hope for an eventual 98 percent. The rest of the system uses a 16-word vocabulary to give the user control over a roomful of equipment such as lights, bed, newspaper page turner, TV, and assorted household devices.

The student engineering team is headed by Jim Clark, Ph. D. candidate in engineering and computer science, who is credited with building the portable 5-watt electronics package. He started building it 3 years ago, and for the past 2½ years has been assisted by seven fellow engineering students.

Laboratory and clinical testing is taking place at UCSB and at the Memorial Rehabilitation Foundation of Santa Barbara.

NYU RECOGNIZES THE ACHIEVEMENTS OF SIDNEY FISHMAN, PH. D., AND TWO ASSOCIATES

Dr. Sidney Fishman has been appointed Professor of Clinical Orthopedic Surgery at the New York University School of Medicine and Post-Graduate Medical School. His senior associates, Norman Berger and Warren P. Springer, have been named Associate Professors of Clinical Orthopedic Surgery.

The university said the appointments are in recognition of their long-term pioneering efforts and achievements in prosthetics-orthotics research and education.

Dr. Fishman established and directs an educational program in prosthetic-orthotic restoration with an annual enrollment of about 900 physicians and surgeons, therapists, prosthetists-orthotists, and rehabilitation counselors. He and his associates also inaugurated the first educational program offering a bachelor's degree in the fields of prosthetics and orthotics. About 85 individuals have earned this degree to date. The program is administered through the university's School of Education, Health, Nursing and Arts Professions.

Dr. Fishman also supervises an ongoing series of related interdisciplinary research and development studies.

Professors Fishman, Berger, and Springer all joined the NYU Medical Center in 1965; previously they had been engaged in prosthetics and orthotics research while holding positions as research scientists with the NYU School of Engineering and Science.

WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS NOW SCHEDULED FOR DECEMBER 1977

“To generate a responsive national awareness of the problems facing the handicapped” is the way the President described a major purpose of the White House Conference on Handicapped Individuals, now scheduled for December, 1977 (instead of 1976 as had been previously announced). Pointing out that an estimated total of only 800,000 handicapped persons are employed out of a total of more than seven million children and 28 million adults, the President said he looked forward to receiving recommendations for “creative solutions” to the employment, personal, and social problems of the physically and mentally handicapped. The conference will be preceded by a series of State conferences and regional hearings, to assist in determining agenda and priorities.

Dr. Henry Viscardi, Jr., of Kings Point, Long Island, is chairman of a 28-member National Planning and Advisory Council to the conference. The council, appointed by the Secretary of Health, Education, and Welfare, includes many members who, like Dr. Viscardi himself, are handicapped, and it is intended that handicapped citizens will be involved in all phases of the conference, with “at least half” of the delegates to the National Conference expected to be themselves handicapped. Others have been hired to help plan and conduct the conference, and to serve as consultants in the development of position papers.

The White House Conference was established by Public Law 93-516, which President Ford signed on December 6, 1974. The act authorizes a grant of up to \$25,000 for each state and territory, plus \$2 million for the national conference. H.E.W. has administrative responsibility, and the Executive Director of the conference is Jack E. Smith, who before his appointment was an Assistant Dean, Educational Extension, National Technical Institute for the Deaf, Rochester Institute of Technology. Mr. Smith is handicapped.

BRAILLE-READING AND HOME-REPAIR ARE “MOST WANTED” CORRESPONDENCE COURSES FOR THE BLIND

The Hadley School for the Blind announced availability of two correspondence courses that won first and second places in a national survey of priorities.

Most-wanted was a free correspondence course in “Rapid Braille

Reading," which is now being offered as the school's first home study course. Dr. Vearl G. McBride is the author.

"Home Repairs by the Blind Householder," the second course, is available in either braille or cassette form and covers subjects from "painting to plumbing and hammer to fuses." Meg K. Staal researched and wrote the nine-lesson text.

Both courses were written especially for The Hadley School for the Blind, 700 Elm Street, Winnetka, Ill. 60093.

AAAS SPONSORS "PROJECT FOR THE HANDICAPPED IN SCIENCE"

An initial project, aimed at identifying barriers that may stand between a handicapped individual and a career in science, has been officially launched by the American Association for the Advancement of Science.

A physically disabled scientist, who has experienced difficulties in receiving an education to be a scientist or in professional placement because of disabilities, may be able to help. These scientists are invited by the organization to make themselves known to Martha Redden, Director, Project on the Handicapped in Science, AAAS, 1776 Massachusetts Avenue, N.W., Washington, D.C. 20036. (The names of individual scientists who respond will not be used without their permission.)

The AAAS expects that such expert consultation will help it find realistic ways for the scientific professional associations, and the organizations for and of the handicapped, to contribute to equal opportunities in science careers. Funding is by the Rehabilitation Services Administration of the Department of Health, Education, and Welfare, through the George Washington University Rehabilitation Research and Training Center.

GOV. CAREY HONORED FOR SERVICE TO THE DEAF

Governor Hugh Carey of New York was the 1975 recipient of the Eleanor Roosevelt Humanitarian Award of the New York League for the Hard of Hearing. The award, the League's highest, was presented by David Roosevelt, grandson of the late Eleanor Roosevelt.

A report of the presentation described Governor Carey as a longtime friend of education and rehabilitation, committed to equality of opportunity for all people with handicaps. Examples cited included his recent signing of a bill requiring registration of hearing-aid dealers and requiring persons seeking hearing aids to obtain the recommendation of a qualified otologist or audiologist. He was credited with initiating, while still a Representative in Congress, the idea that led New York City to extend half-fare travel privileges to the handicapped. He was also credited with responsibility for an Act of Congress establishing a model

secondary school for deaf students in Washington, D.C., and, earlier in his career, with authorship of a bill which resulted in creation of the National Technical Institute for the postsecondary training of deaf students at Rochester, New York.

In the 89th Congress, Mr. Carey was Chairman of the Ad Hoc Subcommittee on the Handicapped.

BRAILLING DEVICE GIVES BLIND WORKER ACCESS TO COMPUTER AND COMMUNICATIONS SYSTEMS

Electronic data handling and processing equipment is now much cheaper, and is taking over more of the remaining manual "paperwork" chores in business and industry and the professions. One result could be an increase in the number of potential paid jobs for people with various types of handicaps.

To make such potential jobs more readily available, engineers have looked for ways of matching a handicapped person's abilities to an EDP system's requirements. If this is to result in opening up many jobs, the method must not require much if any modification in the employer's computer or other machines the handicapped person uses. Equipment sometimes used by a handicapped employee should be operable by other employees.

An example of a device that seems to meet the criteria is a key-boarding/receiving unit for the visually handicapped, recently announced. It offers them a means of inputting teletype communications or computer terminals, and receiving the output in the form of braille strip paper tape. Usefully, in a device aimed at a variety of possible job applications, it is self-contained. It is portable if the user can deal with a 40-lb machine housed in a "small" suitcase.

The brailleing device has a keyboard similar to teletype and other sighted communications terminals, so that a trained touch typist can readily adapt to it, the manufacturer says. Popup tactile indicators and audible signals are used where needed.

The manufacturer indicates the devices may be used: as an input-output station for data processing with a computer system; as a local or on-line message preparation device; as a slave unit to existing teletype operations; or as a companion unit to a data storage device such as a digital cassette. Compatibility is said to be complete with all ASC11 systems, and the device works interactively with computer systems using this code at 10 characters per second. (The company notes that it also makes tape and page braille embossers with speeds up to 120 characters per second.)

The data interface was designed to conform to the Electronic Industries Association (E.I.A.) RS 232-B standard.

The VA implies neither an endorsement of this device, nor a lack

thereof, by printing this information. Interested readers can pursue the subject with the producer, Triformation Systems, Inc., P.O. Box 2433, Stuart, Florida 33494. They call this new item in their line of strip embosser braille devices the ISE-1, for Interactive Strip Embosser 1.

REGIONAL REHABILITATION CENTER OPENS IN SAN DIEGO

The Donald N. Sharp Memorial Community Hospital in San Diego, Calif., has officially opened its new 36,000-square-foot Sharpe Rehabilitation Center Therapy Building. Space within the building has been devoted to the physical, occupational, and speech therapy departments as well as to vocational, social, and psychological services. There are also spaces for the nursing department, technicians, patient and family conference rooms, lounges, and staff and administrative offices.

The new building has no patient beds, but its use will allow remodeling of the existing Sharp Rehabilitation Center building to increase the number of beds from 34 to its licensed 50-bed capacity.

The Rehabilitation Center is said to offer the only accredited, comprehensive regional rehabilitation program in Imperial and San Diego Counties. San Diego County alone had, in 1970, some 65,591 persons of working age with limited physical disorders, according to the California Health Survey, which also found an increasing population of persons 65 and older.

Dr. John E. Eisele is Director of Rehabilitation for the center.

WEST ROXBURY SCI CENTER TO APPLY NEW CARE CONCEPTS

New concepts of care for the spinal-cord-injured, aimed at putting many of these patients into full-time paid jobs in a wide variety of fields, will be applied at the VA's new West Roxbury, Massachusetts, facility, according to VA Administrator Richard L. Roudebush.

Ground has been broken for the 5-story 100-bed center, which will cost \$10.6 million. It has been designed exclusively for comprehensive acute care and rehabilitation of the spinal-cord-injured.

The new center will be affiliated with Harvard Medical School and headed by Dr. Alain B. Rossier, present head of the spinal cord injury center at West Roxbury. Dr. Rossier, who is a paraplegic, was honored in 1973 by Harvard University with the establishment of the nation's first full professorship in spinal cord injury rehabilitation.

The new center will be the 18th for paralyzed veterans at VA hospitals throughout the U.S.

N. Y. STATE UNIVERSITY STUDENT GROUP PLANS GRADUATE-LEVEL RESEARCH ON PROGRAMS FOR DISABLED

With the goal of a university system that will be "barrier-free to the disabled student and faculty and staff member," an ambitious student task Force on Disabled Students has appeared within New York State's 64-campus state university system (SUNY). Formed to study problems of the disabled in the system and recommend solutions, the new group hopes to initiate research on the master's and doctoral level to provide a detailed theoretical base for its model programs, which will in turn become part of the graduate research responsibilities. Programs successful within SUNY are expected to find national application.

Considerable experience in sparking student programs for the handicapped was supplied to the new group, at its founding, with the appointment of Philip L. Deitch as chairman. He is a senior, from Oceanside, Long Island, who transferred to SUNY-Binghamton from Nassau Community College in 1974. He was named to the new post by State University Student Association president Robert H. Kirkpatrick.

Mr. Deitch, who is also general manager of the student-run radio station, organized and directs the Association for Disabled Individuals (ADI) on the campus. In association with the university's Office of Programs for Disabled Students, A.D.I. engaged in programs during the past year ranging from an architectural barrier survey, and publishing directories and handbooks, to organizing a Broome County "Awareness Week." In the fall of 1976, A.D.I. will cosponsor (with the Human Resources Center, Albertson, Long Island) a statewide conference on higher education and the disabled.

Meanwhile, chairman Harold Russell of the President's Committee on Employment of the Handicapped is said to be helping with the job of identifying sources of funds to support the graduate research project.

DR. HABER HEADS VA PROGRAM FOR AGING VETERANS

Paul A.L. Haber, M.D., has been named Assistant Chief Medical Director for Extended Care, responsible for the Veterans Administration's expanding program for aging veterans.

Dr. Haber has been with the VA's Department of Medicine and Surgery in Washington, D.C., since 1964. In addition to his VA duties, he is an Assistant Professor of Medicine at George Washington University Hospital, Washington, D.C., and a member of the President's Committee on Employment of the Handicapped.

The program he now heads is designed to meet the needs of a growing population of older veterans: in the age range of 55 to 60, for example, there are already 13.5 million veterans from World War II. Present daily patient load of programs now under Dr. Haber's direct supervision

averages about 50,000, including 6,800 in 85 VA-operated nursing homes and more than 16,000 receiving VA-sponsored personal care in private homes. Dr. Haber also heads six geriatric research and clinical centers.

A diplomate of the American Board of Internal Medicine, Dr. Haber received his B.A. degree in 1941 and his M.D. in 1949, both from the University of Texas. He also has an M.A. degree in biophysics from Columbia University and an M.S. degree from George Washington University.

DEAF SEEK "FULL CITIZENSHIP"

"Full Citizenship for All Deaf People" was the theme of the VIIIth World Congress of the World Federation of the Deaf, held July 31 - August 8 in Washington, D.C., 1975. More than 120 delegates representing almost 60 countries were reported in attendance, and close to 3,000 persons participated.

AMERICAN SOCIETY OF BIOMECHANICS

To stimulate research and encourage communication and cooperation in the field of biomechanics, the formation of the American Society of Biomechanics is proposed. Meetings will be structured to allow an exchange of information and discussion among those engaged in applying the principles of mechanics to biological problems. A working committee including: Richard A. Brand, Medicine; Don B. Chaffin, Ergonomics; F. Gaynor Evans, Biology; James G. Hay, Physical Education; and Albert B. Schultz, Engineering, is investigating the details of forming the Society.

Persons actively engaged in biomechanics research and engineering are asked to indicate their interest by contacting:

Gary Soderberg
Department of Physical Therapy
University of Iowa
Iowa City, Iowa 52242

GABRIEL ROSENKRANTZ, M.D., 1896-1975

A generous, dedicated, talented doctor with unusual insights into humanity, interests in prosthetics with related research, and a rich supply of anecdotes and incisive aphorisms was lost in the passing of Dr. Gabriel Rosenkranz on October 19, 1975. At that point he had retired as orthopedic consultant to the VA Prosthetics Center. He had been associated with the New York Offices of the VA Prosthetics program from 1946 to his retirement in 1968.

Born June 17, 1896, Dr. Rosenkranz (Fig. 1) studied medicine and surgery in Vienna near the crest of its reputation as a world leader. As a

young orthopedic resident, he took the usual turns on ambulance duty. One weekend, as he later reminisced, he replaced a reluctant fellow resident in responding to a call for an ambulance from the fashionable and aristocratic Vienna Jockey Club. There, as he treated an injured member, he bluntly told the others that they were reckless in providing a veterinarian to care for their horses yet no physician to protect their members. After the distinguished Professor Boehler, in caring for the injured member, made complimentary remarks on the emergency care provided by Dr. Rosenkranz, the Jockey Club decided to retain Dr. Rosenkranz to be available during its races and polo matches.

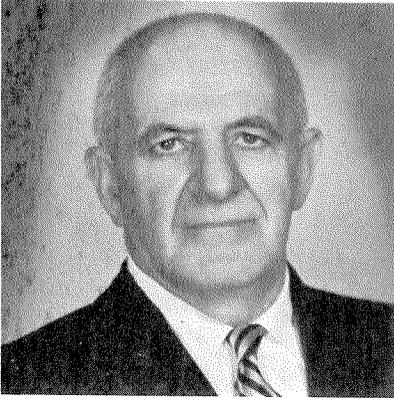


FIGURE 1.—Gabriel Rosenkranz, M.D.,
1896-1975.

In turn, his growing reputation for care of sports injuries during Jockey Club events led to his selection as sports physician for other groups and for the 1936 Austrian Olympic Team. In addition to his practice he also became consultant for others, including an important Swiss insurance firm. About 1937-8 he testified on behalf of the insurance firm against what appeared to be an unreasonable claim by a prominent Austrian who was a Nazi. Shortly afterward, the Anschluss suddenly swept the Nazi party and its officials into power. Dr. Rosenkranz realized that his future was in ruins.

A friend, though, suggested that not all officials could be replaced instantly, and that possibly someone he knew could still validate Dr. Rosenkranz' passport to permit escape to Switzerland. Dr. Rosenkranz went to the designated ground-glass window at the Passport Office. It was closed, but he tapped as instructed, slid his opened passport through the crevice, heard it stamped, barely glanced at it—and dashed to the railroad station. On the train, the passport was inspected and returned. He safely crossed the border to Switzerland.

Soon afterward he came to Boston to repeat a year of residency, and he

obtained Massachusetts and New York medical licenses. He later served as a Captain in the American Army Medical Corps, assigned to Station Hospital 81, which after World War II was the Bronx Veterans Administration Hospital.

After World War II Dr. Rosenkranz remained in the Veterans Administration, assigned to the Orthopedics Section of the newly established Outpatient Clinic at 252 Seventh Avenue, New York City. Eventually he was loaned on a part-time basis to the Central Office research element of the Prosthetic and Sensory Aids Service, located in the same building. He served as orthopedic consultant, translator and source of German literature, interpreter, and teacher of anatomy and physiology, and raconteur.

In 1947 he participated in the pioneer Suction Socket Instructors' Course at the University of California, Berkeley. For several years thereafter he conducted numerous VA Suction Socket Training Courses throughout the country.

In 1949 Dr. Rosenkranz was sent back to Europe on a mission stimulated by the National Academy of Sciences to review prosthetics programs and research. This time, he traveled not as a fugitive but on an American Official Passport, in company with Dr. Verne Inman, orthopedic surgeon, Prof. Howard Eberhart, engineer, and James McKennon, prosthetist, all of the University of California.

In 1951 he was assigned as consultant to a group of German prosthetics experts on a U.S.A. tour sponsored by the State Department. This tour further cemented his ties with prosthetics research workers in Europe and the United States, though some observers whimsically suggested that Dr. Rosenkranz polished his English rather than serving as translator from German! Between 1951 and 1957 he served several times as a guest lecturer at national conventions and regional meetings of the American Orthotics and Prosthetics Association.

After the VA Prosthetics Center was established, he started year-round courses in functional anatomy for its prosthetists and orthotists. Other regular duties included studies of domestic and foreign medical and associated publications for the information of clinicians as well as of research and development personnel. His translations from the German literature, typically accompanied by his perceptive analyses and suggestions, were extremely helpful. Beginning in 1961 he also served as a member of the regular weekly and "Instant" or daily prosthetics and orthotics clinic teams of the VA Prosthetics Center.

He wrote several articles relative to prosthetics. He and Dr. Robert C. Darling of Columbia University studied and reported on "Creatinuria as a Stress Phenomenon in Major Amputations." He wrote a literate, perceptive, and prophetic editorial on the patellar tendon bearing socket for below-knee amputees for the "PTB issue," June 1962, of the National Research Council's journal "Artificial Limbs." VA statistics show that issuance of the PTB then rapidly surpassed and has since consistently

exceeded that of the conventional thigh-lacer type of prosthesis.

He was a member of several professional societies. His exuberance and enthusiasm for the problems of the amputee were notable. A prolific reader, he also found time for chess.

He participated in the Triennial Congress of the International College of Surgeons and Traumatologists in Vienna (Sept. 1-7, 1963) where he spoke on "Modern Prosthetics in USA." During a 7-week stay in Europe at the time of the Congress, he again visited numerous research and rehabilitation centers.

After his retirement from the VA prosthetics program, he continued to live in Brooklyn, with a dramatic view of Manhattan. A perennial student, he enthusiastically enrolled in a course in modern molecular biology at a nearby college. Eventually, though, after the death of his wife, arthritis and other problems forced him to a nursing home.

Many years after his successful escape from Austria, Dr. Rosenkranz had occasion to re-examine his old Austrian passport. He was shocked to discover that the hastily stamped exit visa was so worded that it was *not* good for ten days, rather than *limited* to ten days as he had exuberantly assumed—and the border guards had accepted. The amputees of the world are better served, and those of us who knew this gentle man are richer, because this confusion of legalistic wording, contributing to his escape, allowed him over thirty more years of productivity, charm, and service.

Eugene F. Murphy, Ph. D.