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University Hospital
in Malaysia

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Dear fellow Alumni and Alumnae,

After a very mild winter here, Spring has arrived with its new flowers and buds, and around campus an anticipation of new things to come. By the time you read this message Phase I of the Learning Center, the renovation of the Vosburgh Pavilion into new classrooms and modules, will have been dedicated, at ceremonies on April 6. The new program in physical therapy, to be located in new space being constructed in Phase II, will start this spring in temporary quarters and plans for Phase III, the Alumni Conference Center, are moving along well. The search committees for Chairs of Orthopaedics and Emergency Medicine have completed their task with the appointments of Dr. Robert Zickel and Dr. Harold Osborne and those for the Dean and the Chair of medicine continue their deliberations.

Here at your Alumni Center we are in full preparation for our last events of the academic year, the annual golf outing sponsored by the Westchester Chapter, on May 9th, and the activities of the Reunion Weekend of May 19-23. (See back cover for details.)

These events cap a very busy year of meetings with over 500 alumni/ae in Boston, Providence, Chicago, Springfield, Hartford, New Haven, New York City, Los Angeles, Newport Beach, San Diego, Orlando, Tampa, Atlanta, and at the annual CME Course, held this year at Las Palmas Del Mar, PR. A number of the events were coupled with meetings of national societies: the American Academy of Family Practice, the American College of Surgeons, the American College of Orthopaedic Surgeons, and the American College of Physicians. Our sincere thanks to NYMC and Richard Biondi, VP for institutional advancement for their help and sponsorship in these events.

As we await the election of a new Board of Governors at our annual meeting on May 21, I would like to thank those members whose terms are expiring. I appreciate their dedication to your association and thank them for the time they have devoted to keep your association viable. They are Michael Bronson ’76, Joseph Iraci ’77, and Martin McGowan ’46.

Along with our activity with present alums we are expanding our efforts toward future graduates. For the first time in recent history, we sponsored a barbecue for the incoming students on their first day of orientation and had local alumni attending to talk with and encourage the students. We will be starting an Alumni Association lecture series in the near future, and are helping to sponsor the new student newspaper, as well as continuing our sponsorship of many other student projects and activities.

All in all, it has been a very busy but enjoyable year and we hope next year will be even better. Please keep in touch and drop in to our receptions when we are in your area. We are always glad to see you.

Sincerely yours,

Michael Antonelle, M.D.

Michael A. Antonelle '62
So What Do We Do Now?  
A Look at How Bioethical Questions are Addressed in Today’s Environment

John Arthur McClung ’75

John Arthur McClung ’75, author of Chironian’s series of articles on medical ethics, is NYMC associate professor of clinical medicine, chief of the critical care section of the Division of Cardiology at Westchester County Medical Center, and director of the Medical Center’s progressive care unit. He is also director of NYMC’s Alfred E. Smith Institute for Human Values in Medical Ethics and chief of the Division of Clinical Ethics, WCMC.

In the last two issues of this journal I have attempted to sketch both a brief history of the evolution of modern bioethics and a summary of some of the current ethical questions facing the profession. In this final installment I examine the availability and effectiveness of the mechanism currently used for dealing with these questions.

I previously divided ethical problems into macrocosmic and microcosmic. (Chironian Fall ’94) Macrocsmic ethical issues are generally the focus of scrutiny by any of four primary groups: so-called panels of experts, grass-roots public organizations, legislative bodies, and the judiciary. Each of these has its potential advantages and disadvantages, and often each is better-suited to one kind of problem than it may be to another.

The “panel of experts” model comprises federal agencies such as the Belmont Commission or the President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. The Belmont Report, issued in 1978 under President Carter, depended largely on the work of philosophers to make rather broad non-binding recommendations regarding the ethical conduct of biomedical research. The President’s Commission, convened under President Carter in 1980, initially recommended specifically that Congress adopt the Universal Determination of Death Act, which allowed for nationwide uniformity in the definition of brain death. Its second and final report, “Deciding to Forego Life Sustaining Treatment,” was less definitive in its recommendations, serving more as an analysis of the problems than a precise proposal for legislative action. The report advocates in principle state legislative initiatives regarding advance directives; however, the remainder of the suggestions center largely in revising the terminology used to describe the moral analysis of these decisions.

Both these federal commissions have the distinct advantage of being able to take a thoughtful, long-range view of these thorny problems at a level that allows for consideration of the rather diverse nature of the nation as a whole. On the other hand, the necessity for inclusive thought often results in only the most general of recommendations rather than a comprehensive blueprint for resolving commonly encountered problems.

At the state level, one of the most active of the advisory panels is the New York State Task Force on Life and the Law. Established by Governor Cuomo in 1985, in part as a response to a widely publicized scandal regarding do-not-resuscitate (DNR) orders, the task force has published a series of very specific reports dealing with the topics of cardiopulmonary resuscitation, organ procurement, surrogate parenting, life-sustaining treatment, and physician assisted suicide. It has drafted three pieces of legislation, two of which, (the DNR statute and the health care proxy legislation) have become law. Especially in a large and culturally diverse state such as New York, the concept of a representative panel of experts is attractive in that it offers an opportunity for many views to be sampled in a small and relatively collegial group. The problem this can engender is that the group may become too collegial, and in so doing no longer represent all the possible opinions on a given subject.

As a potential means of speaking to this problem, grass-roots citizens’ organizations such as Oregon Health Decisions and the New York Citizen’s Committee on Health Care Decisions, have evolved to address ethical issues of interest to the population at large. Occasionally, as in Oregon, these groups have employed facilitators to help them interface with state policy makers on matters of mutual concern. More commonly, they function as organizations that allow for community discussion, education, and networking. These groups have the advantage of being more spontaneous than expert panels; however, the overall extent of their influence regarding policy development is less clear and often dependent on local political considerations.

The legislative approach to macrocosmic ethical questions seems on the surface to be a potentially effective way to spell out clearly the wishes of the society; however, in practice it is fraught with difficulty. Two mechanisms have been used by states to enact health care law: the customary means by which a bill wends its way through the state legislature and the ballot initiative. Bills subjected to debate on the floor of state representative assemblies can suffer from both the kind of horse trading inherent in the political process and the progressive amount of modification that occurs in order to satisfy various interest groups, to the point that the resulting law becomes unduly complex and unwieldy. An example of this is the New York State Do-Not-Resuscitate statute, which, although signed into law in 1988, remains incompletely understood in its many particulars by most practicing physicians. Our own work has further suggested that an identical outcome can be achieved simply by generating in-house hospital policy. If legislative bodies generate unduly cumbersome law, the ballot initiative can result in law that is overly...
simplistic. While legislative debate may result in too much revision of a basically sound concept, this alternative probably suffers from too little. Oregon Ballot Measure 16, the so-called Death With Dignity Act, which passed during the last general election, allows physicians to comply with a written request of a terminal patient for medication to end his or her life. This particular act was conceived and written solely by the Hemlock Society and, therefore, its procedures represents the handiwork of only a small, relatively opinionated segment of the population. Among other things, the measure fails to deal with potential discrepancies with the federal Controlled Substance Act, the responsibilities and culpabilities of pharmacists who provide the prescribed medication, and a host of cases in which the intent of either the physician or the patient are not precisely those described by the law. The vote on this initiative, although perhaps reflecting a prevailing notion in favor of physician assisted suicide, does not necessarily reflect thoughtful consideration of either its implications or the way in which it will be implemented if it survives a court challenge.

Federal legislation has its own peculiar quirks. The Patient Self Determination Act, enacted in 1990, requires health care institutions to inform patients about state regulations governing advance directives, assist patients in executing them if they desire to do so, develop policy for implementation, and provide various related educational services. The law, like most federal legislation, can be enforced only through the withholding of Medicare funding - the act was, in fact, an amendment to the Omnibus Budget Reconciliation Act. As such, federal mandates of this type can apply only to institutions that receive federal money. By consequence, this tends to set up a rather substantial bureaucratic procedure for every hospital admission, no matter how trivial, and ignores what is an infinitely more important location for the discussion of advance directives: the doctor's office.

The final forum for addressing macrocosmic ethical concerns is the courts. In many ways, this is the most unsatisfactory of all the options, although some jurists might disagree. Most far-reaching judicial decisions have their origin in a single clinical case that wins its way up the appellate ladder until it reaches newsworthy prominence. There are two primary problems with this. First, the decisions rendered by any court are based primarily on legal models rather than inclusive clinical paradigms. In this way, the final reasoning for the decision may bear scant resemblance to the kinds of reasoning employed by patients, their families, and the health care team at the bedside. Second, even though the decision is rendered only for one case, its implications can be magnified by risk managers, hospital counsel, and the public at large far beyond the intent of the trial court. As there is no written statute to refer to in common law, the actual meaning of the decision is often open to substantial interpretation.

These problems, which are inherent in the classic adversarial environment of civil law, have led many prominent legal scholars to agree that the courts are the least effective means for redressing ethical problems. This is perhaps especially so at the microcosmic level. What has been proposed as a more flexible and realistic approach to ethical inquiry is the Institutional Ethics Committee or IEC. An ethics committee was first mandated by the New Jersey Supreme Court in the Quinlan decision of 1976. Unfortunately, what the court considered an "ethics" committee was, in fact, a prognosis committee whose function was solely to confirm whether patients were in an irreversible coma. Concurrent with the Quinlan case was the establishment of the Optimum Care Committee at Massachusetts General Hospital, which had a broader mandate for recommending the withholding or withdrawing of various critical care services but remained largely paternalistic in its approach to the patient. When the President's Commission surveyed hospitals nationwide in 1983, it found committees functioning in only one percent of institutions, the majority of which had little or no input from anyone other than health care professionals, and most of which were involved in only one case review annually.

Since then, the IEC has evolved into a more robust, multifaceted organization. Most IECs are now multidisciplinary, and include representatives from the physician staff, nursing, psychology, social service, nutrition services, clergy, administration, the lay community, and often professionally trained ethicists and attorneys as well. Within an acute hospital setting, the IEC can function as a committee of the medical staff, an administrative committee, or - by far the least frequent venue - as a free-standing committee that acts under the auspices of the sponsoring institution. Committees have assumed a tripartite responsibility of providing education, developing institutional policy, and providing case consultation services. In practice, a new ethics committee's first responsibility is to educate its own members regarding the field of bioethics in general, including much of the material I have presented in this series of articles. Some committees have taken on broader educational mandates, providing seminars and instructional sessions not only for institutional staff but also for the larger surrounding community. Assisting in policy development allows the committee to address more global issues within the institutional setting. By creating sound policy, health care facilities have perhaps the best opportunity to obviate the need for cumbersome state and federal legislation.

Consultative services are rather diverse in structure and remain the subject of a good deal of disagreement among those who provide them. Models range from entire committees which meet as a group to consider each clinical problem submitted for their consideration to independent single consultants who do not even report to an ethics committee. In between these extremes are a variety of other schemas, one of which is a team approach utilizing a group of individuals, usually two or three in number, who respond to requests for consultation. The consultants may all be members of the IEC or may instead belong to a separate consultative service for which the IEC usually provides oversight.

The Westchester County Medical Center ethics committee is a standing committee of the medical staff that...
regularly holds monthly meetings. The generative work of the committee is done by three subcommittees devoted to education, policy development, and case review/consultation. Subcommittee members sit at the discretion of the subcommittee chairs and may or may not be members of the IEC. Consultative services are provided by a three-person team modeled on a format developed by Dr. John C. Fletcher at the University of Virginia School of Medicine. Consultations may be requested by physicians, nurses, social workers, clergy, patients, or patients' families and requests will be universally answered unless refused by the patient himself or herself. Team members are required to audit the bioethics course offered to medical students and then intern with experienced consultants prior to assuming their role as senior staff. Consultation teams rotate monthly.

Ethics committee networks have grown up in a number of major metropolitan areas across the country. Regional networks offer member committees the opportunity to sponsor centralized educational activities and to exchange data regarding institutional policy and consultative services. In this fashion, younger IECs are spared the necessity of having to start from scratch, and more mature committees can be certain that their policies, procedures, and clinical decisions do not suffer from an overly idiosyncratic orientation. A regional network also offers one of the better means for training committee members in consultative techniques.

JCAHO now requires an ethics committee structure of some kind for institutional accreditation. Some states, such as Maryland, have also mandated a requirement for such committees, although the specifics of the legislation are deliberately vague. Legislation introduced in New York one and one-half years ago would also require institutions to have ethics committees, but the specific requirements for the composition and function of these groups are so detailed that they have raised substantial concern. Among other things, this complex series of regulations would have the effect of freezing ethics committee structure and function in legislative ice, requiring yet another act of the legislature simply to allow committees to modify their operating procedures in order to meet new challenges in the future.

To date, our own experience has been largely positive. It is rare that an ethics committee, or its consultative services, can simply arrive at a clear, concise, logical answer to every question. What the system does do is provide an otherwise unavailable forum where all parties to a particular problem can critically evaluate their thinking and their own moral convictions in the hope that consensus will emerge from the process itself. Measured against this benchmark, we are successful more often than not.

The uncharted waters of organized bioethical inquiry lie in the physician’s office. Institutional ethics committees, when carefully and skillfully organized, can be of immense benefit in assisting patients, families, and the health care team over some of the rockier problems encountered in the care of the acutely and chronically ill. The practicing physician, on the other hand, does not currently have access to assistance with both the recognition and resolution of potential bioethical problems in his or her office. In many respects, this is often the most important environment of all. In this, we come full circle, back to the ancient Hippocratic tradition of the doctor-patient dyad.

This relationship, which has survived thousands of years in cultures as diverse as there are peoples on the planet, is perhaps more important now than ever before, even as it seems to be in imminent danger of being utterly eradicated by managed care.

It is the patient’s personal physician who, in the more relaxed setting of the office, is in the best position to take a values history, to help answer questions about proxy documents, to help with advance directives, and to help the patient and family to understand the complexities that surround the practice of modern medicine.

It is in the office that the current image of the physician as moral stranger to his or her patient stands the best chance of being shattered. Our challenge for the next few decades is to develop something much more rich and comprehensive than the ethical SWAT teams that now roam the halls of our major medical institutions. Like everything else these days, bioethics needs to move into the outpatient setting in order to most effectively prevent what John Fletcher has called an “ethics megadisaster” when the patient is hospitalized.

It requires the establishment of a more vigorous concept of trust than has ever been known in this profession. Patients and their families need to once again feel in their bones that they know and trust their doctor....But this time that trust must be able to transcend cultural, religious, ethnic, and social boundaries.

References
Alumni/ae Notebook

In this issue we are publishing two excellent first-person articles by NYMC graduates. If you would like to contribute a "Notebook" please send a summary of the nature of your experience and availability of pictures to Editor, Chironian, Alumni Center, New York Medical College, Valhalla, NY 10595.

TEACHING AND LEARNING IN MALAYSIA
by Richard J. Cobb '57
Chairman of the Department of Radiology
Mary Imogene Bassett Hospital, Cooperstown, NY.

Last year my wife, Patricia Cobb, and I spent six months in Kuala Lumpur, where I was the Radiological Society of North America visiting professor in the Department of Radiology of the University of Malaya Faculty of Medicine.

Malaysia is an extraordinary country: Kuala Lumpur is a fascinating city. Pat and I greatly enjoyed experiencing the sights, sounds, and feeling of a different world into which we stepped 28 hours after leaving home. We had flown from Hartford, Connecticut, to Chicago, on to Los Angeles, then to Narita, Japan, and from Narita to Kuala Lumpur, the city whose name, translated, means "the mouth of two muddy rivers," and in so many ways we were in another world.

The time we spent in that world was remarkable in many ways. Interesting, stimulating, challenging are just some of the words that come to mind. But in thinking of the full experience of our six months stay we will most lastingly and indelibly recall the people with whom we worked and became friends.

Understanding did not come immediately because at first communication was not all that easy. The national language of Malaysia is Bahasa Malaysia. Malaysians comprise three dominant ethnic groups: the native Malays, called Bumiputras, the Chinese, and the Indians. All students are multilingual. Medicine is taught in English and all chart notations must be in English, as well. Physicians and medical students speak British-accented English, as well, as a second and sometimes a third language. At first, they understood me better than I understood them but as we became familiar with each other's accents, our communication improved. And as we worked and studied together, our understanding and friendship quickly deepened.

The University of Malaya (Universiti Malaya) is the largest university in Malaysia, with an enrollment of more than 30,000 students. It is situated on a large tract of land that was a jungle in the 1940s -- and where monkeys still roam the grounds. The medical school, one of the branches of the university, was started in the early 1960s; the first class of medical students was admitted in 1963. The medical center includes University Hospital, which has 950 beds, and a teeming O.P.D. The very severe shortage of physicians is exemplified by the total number of radiologists -- six while I was there, otherwise five.

The radiology residency program was started in 1992, and is one of two such programs in the country. There are 27 radiology residents in the program at University Hospital. Residency training is modeled on the British system; residents are called master students, and the four-year program leads to a master's degree in radiology. In Malaysia the residents come to their training program having already practiced general medicine between one and five years. This is because medical students pay very little tuition for medical school all but one of which are run by the government, and they pay the government back by serving for a few years wherever they are assigned, prior to specialty training. Students must pass an entrance exam and are 18 or 19 years old when admitted to the five-year program. They are an eager and select group, coming from all over the country for their medical education. Like residency training, medical school follows the British system.

At University Hospital, the Radiology Department has two modern CT scanners and two ultrasound units; an MRI was to be installed early this year. There is also a fully equipped nuclear medicine department. I took with me a teaching file of more than 2000 cases and I brought back a much larger file, adding cases of diseases I had studied but had never seen in the U.S., including melioidosis, dengue hemorrhagic fever, clonorchiasis, and moyamoya. Tumors have a different frequency in Asia when compared to what we see in our country. There is a much higher incidence of cervical cancer, hepatoma and nasopharyngeal cancer. I also saw much more intracranial bleeding and Hepatitis B than we see here at home, but many fewer cases of AIDS; however, that disease is increasing rapidly in Asia. There is almost no multiple sclerosis, cystic fibrosis, or Paget's disease.

Substantial numbers of people mix modern and traditional medicine. The Chinese seek out practitioners of their traditional forms of medicine and the Malays have practitioners called Bomahs, who are equivalent to the medicine men of our Native Americans. Regrettably, at conferences I saw cases where patients who failed their early cervical cancer had left University Hospital to be treated by traditional medicine and returned months later with widespread metastasis.

I worked with the master students in a four-year program that started three years ago. They accepted 15 students the first year, so there are now 15 third-year, 5 second-year, and 7 first-year students. I worked mainly

An Indian Temple in Kuala Lumpur.
with the second and third-year groups but also gave talks to both first-year master students and groups of medical students who rotate through the department each month. The caliber of the master students is most impressive. I can say that the best resident at University Hospital was probably the best I have ever worked with -- and that is saying a good deal since I’ve had experience with many superbly qualified residents. It was interesting to find that both residents and medical students are chosen by “affirmative action.” Malays, Chinese, and Indians are accepted in proportions to their numbers in the population.

My work schedule was based on a 5-1/2 day week. From Monday through Friday my work load involved viewing CT scans, ultrasound, and fluoroscopy, especially cases that were unclear to the residents or particularly complex. On Saturdays grand rounds were held from 8 to 9 A.M. and involved the entire medical school and hospital staff. Departmental conferences for review of difficult cases followed. From 9:30 to 10 we conferred with the Ob/Gyn department; from 10 to 10:30, we reviewed interesting cases in anaesthesia and orthopaedics. At University Hospital the ICU is under the supervision of the anaesthesia department so we reviewed anaesthesia and orthopaedics on alternate weeks.

While I was starting my work schedule, Pat looked around, saw a void, and proceeded to fill it. She is a superb and dedicated teacher and she soon was wearing two teaching hats, involving two different projects. One started with a proposal she wrote to the Montessori School, which was accepted, suggesting the addition of a Toddler Program to the school’s services. She was engaged as a consultant and set up the program, planning the curriculum, ordering teaching materials, and shopping for equipment and supplies. She then instructed the caregivers in child care theories and developmental care practices for toddlers, and gave a practicum for the teachers.

Wearing the second hat, she was volunteer of the Tadika Sunrise, a private kindergarten in the squatters village, which was situated in a Hindu cemetery. About 1000 squatter families live in wooden structures with zinc roofs. There are two classrooms, each with 25 students, one teacher for each class and one aide. Pat helped the youngsters learn to read English, using British books for beginning readers and practicing pronunciation with them.

During our very full and rewarding time in Malaysia we lived in quarters set aside for visiting faculty, on the grounds of University Malaya. Our flat, although lacking in some respects, was adequate. It had a large living room, dining room, two bedrooms with baths, and maids quarters (which we did not use.) The rooms had ceiling fans rather than air conditioning. However, the hospital is partially air-conditioned, which is very important since the average temperature is between 75° and 90° Fahrenheit. On Christmas Day 1994 the thermometer read 95°.

We were completely healthy all through our stay in Kuala Lumpur and our two weeks of travel. Shots are not required for Kuala Lumpur and we were not sick one day. We ate the delicious food available -- a high carbohydrate, low protein, virtually no fat diet, with lots of vegetables and fresh fruit. We ate lots of delicious Chinese, Malay and Indian food directly from the street food stalls and enjoyed it all thoroughly.

We would also go to dinner with the master students at open air restaurants know as hawker stalls. The delectable meal would consist of fish, shrimp, eggs, and rice noodles prepared in a continuously boiling pot of broth and served as six to eight courses. These dinners were culinary delights, and partaken in the company of good friends, became memorable experiences.

During the weeks we traveled we saw signs in many parts of the country with words, Vision 2020, referring to a national program designed to bring Malaysia to the status of a developed country by the year 2020. By all accounts and indications this goal will be reached. The raw materials and resources are there, as is the determination. The Malaysian government is pushing for its people to reach high levels of education. The country is a generation behind us in the number of its college graduates but the government now making a strong effort to change that and families also encourage their children to move forward educationally.

Clearly the thrust toward higher education will make a profound difference to the country’s development. In relation to health care, for example, there has been a decided brain drain, with some of the best and brightest future physicians going abroad for training and remaining where they trained, primarily in Australia and the United Kingdom. With expanded medical education and postgraduate training the country can grow its own crop of well qualified physicians and not suffer the irony of being greatly advanced technologically but lacking in the professional expertise to utilize that technology for those in need of care.

We feel greatly enriched by our experience in Malaysia, looking upon it as learning as much as teaching. Although we look back with great pleasure on all our time there, we look with even greater pleasure to August 1996, when we will return to Kuala Lumpur to attend the graduation ceremonies of our third-year master students and help them celebrate their full-fledged entry into our profession.

Patricia Cobb, center, and the women master students whom Richard Cobb taught and worked with at University Hospital.

Dick’s residents accompanied him and Pat to the airport for their journey home.
When trying to arrange a third-year rotation abroad during my internal medicine residency, I contacted the New York Medical College Institute for International Health for advice. Through the Institute I was able to arrange a rotation at the Bugando Medical Center in Mwanza, Tanzania. Located at the southern end of Lake Victoria, Mwanza is the second largest city in Tanzania.

The Bugando Medical Center is the largest teaching hospital in East Africa. In Mwanza, management problems and a high demand for services drove the Center to seek assistance, and the Catholic Church now helps to run the hospital. Many nuns work there and a few volunteer Maryknoll missionaries from the United States and England provide physical therapy, prosthetics, and anesthesiology. An American missionary, Father Peter Le Jacq, MD., who has been based there for several years, kindly agreed to have me serve as a visiting physician.

I arrived in Nairobi at 4 A.M. on February 23rd, 1994, after two days of travel. It was hot, dark, and sticky, quite a change from the snow-covered streets of Boston I had left behind. The following morning I went to an airport near the center of Nairobi where the baggage is weighed on hand-held scales and individuals are asked their body weight to make sure the small planes will be safely balanced. In the airport I met many people destined for Somalia and Ethiopia on behalf of international relief organizations.

Soon after boarding a 12-seater plane I began the final stage of my journey. Our flight took us over the Rift Valley, vast sunken plains with ridges rising from them looking from the air much like the ruffles left in the sand as the tide recedes. Although there was little sign of life, I occasionally spotted large circular structures, each surrounding a group of huts, which I later learned were camps belonging to the Masai tribespeople. After flying over the southern end of Lake Victoria we landed at the Mwanza airport, which, later became the major landing site for flights bringing provisions to Rwandan refugees.

I was met by Father Le Jacq’s driver. As we passed through the town of Paresi on the way to Mwanza, I was immediately struck by the number of people working along the red dirt road, cutting vegetation and digging ditches. Barefoot men, drenched in sweat, pulled enormous carts filled with bananas, wood, fish, and tires. Women carried sugar cane, bananas, and baskets of grain on their heads with great poise. The crooked, narrow pathways leading up the hills from the road were lined with huts. Mwanza’s center, several blocks of two-and three-story concrete and brick buildings as well as indoor and outdoor markets, was crowded with street life. Chickens and goats stood at the edge of the street as old cars drove by. Murals advertised Coca-Cola, and colorful fishing boats sailed in search of talapia, the local staple fish. Brightly colored kongas, which the women wear over skirts or use as slings to carry babies on their backs, were standard attire.

The Medical Center, an imposing concrete building, sits atop a steep hill overlooking Mwanza and the rocky edge of Lake Victoria. The high elevation was chosen to avoid the mosquitoes in low-lying areas, though this benefit is offset by the rigorous journey that must be made by the weak and infirm, some of whom must literally crawl to reach the Center. Across the street from the hospital are approximately 20 small food stands, each only about four feet wide, which sell bananas and other provisions. Nearby is a mill where grain is ground: every morning women and children sift through the flour dust remaining to collect any useful powder.

At the hospital gate, people wait in line while a guard decides who may enter the grounds. Although many patients arrive without money after extensive journeys, the guards solicit bribes to ensure immediate entrance.

Our drive ended about a block from the Center, at Father Le Jacq’s house. His home is extremely comfortable: four bedrooms with well-netted beds -- malaria is, of course, an ever-present threat -- a screened porch with a view of Lake Victoria, hot water every morning, and a sporadic supply of electricity. Sharing the house were a British anesthesiologist who was spending two years at the Medical Center training nurse anesthetists and trying to improve the O.R. In addition, many priests and missionaries based in small villages came through for supplies or to recuperate from illnesses acquired in the field. I fell asleep each night to the music and singing that rose from the town just down the hill from our house and was awakened by the crowing of roosters.

During my first day, I was given a tour of the hospital, which is eight stories high and has 800 beds. Designed in an H-shape, the two long hallways connected by a shorter one. The ceilings are approximately 20-feet high and most of the rooms open onto large balconies: breezes from the lake

**“THIS EXPERIENCE WILL STAY WITH ME FOREVER”**

by Elisabeth Wilder ’91

Chief Medical Resident, Internal Medicine

New England Medical Center, June 94 - June 95
help provide natural ventilation. Patients are separated by
gender with men and women on alternate floors and by age,
though the adult wards hold children as young as 10 years
old. In addition to the general adult wards, there are two TB
wards for patients with active pulmonary disease. Each
wing has approximately 20 rooms, with up to 10 beds
apiece. Because of the severely crowded conditions,
sometimes beds hold two patients. Family members often
stand at the bedside, nursing their kin.

At the nurses’ stations
needles are sterilized for re­
use, and downstairs gloves
are washed and hung to dry.
It was impossible for me not
to feel guilty thinking about
the flagrant waste of medical
products in the United States,
gone through more than two
dozen pair of latex gloves in a
day! At Bugando Medical
Center, each floor has a
designated ICU, distinguished
only by its proximity to the
nurses’ station. There are no
monitoring facilities or ventilators, except in the operating
room, and only one technician performs EKGs. Despite the
large numbers of dehydrated patients, IV fluids are such a
precious resource they are almost never used except in the
OR. While I was there the Center actually ran out of IV
fluids; at least one person died as a result. Because resuscitation options are so limited, the staff simply
attempts to make terminally ill patients comfortable.
When no further care can be offered, patients are usually
taken home so they can die in their villages.

The ER consists of two large rooms: one for men and
one for women. The unit is run by a medical assistant
officer (MAO) -- a health care provider much like our
physician’s assistants. In the kitchen, large tubs of rice and
ugali -- a porridge made from cornmeal -- are prepared. Flies
circle over the scraps of meat on the cutting block and the
smell of bananas fills the air. The laundry room houses two
large washers and a big roller that is used to press clothes
dry. The majority of the laundry is air-dried over the
balconies. During my stay, the water pump was defunct and
family members and patients carried water up several
flights of stairs to the medical wards.

The team I joined had one intern, who was responsible
for about 125 patients, and seven MAO students. Walk
rounds are made daily, but because of the number of
patients, each ward is visited only once or twice a week,
with attention given on a daily basis to emergencies.

Conversations with patients are held in Swahili but medical
teaching and plems are discussed in English. The patients
are very kind, but hauntingly silent. They have no privacy
and rarely ask questions about their condition, putting faith
in the medical team to take care of them. It is a far cry from
the empowerment felt by American patients. I was
impressed with the attention some Tanzanian patients and
their families gave to those who were alone and weak,
unable to manage without assistance. The camaraderie
is similar to the bonding I witnessed at a VA hospital where I
worked as an intern and junior resident.

Most patients admitted with fever are empirically
treated for malaria, while those with diarrhea receive
whatever antibiotic is available in the pharmacy. Meningitis
is usually treated with penicillin and chloramphenicol with
chloroquine added, to cover cerebral malaria. Although
many patients pose diagnostic dilemmas, very few tests are
available. Frequently we would discuss at length the
differential diagnosis for a given presentation. However,
most of the time none of the resources needed to pursue
these diagnoses are available; thus, management is often by
necessity empiric and palliative. There is no access
to echos, CAT scans, or even some of the most basic
chemistries we order in the States. Common infectious
diseases like malaria, para­sites, TB, and schistosomiasis
can be identified, but more complicated medical problems
are often left undiagnosed. As

We also saw Pott’s disease, lupus, malignant hypertension, typhoid fever, and DKA. Many patients
suffered sequelae of childhood illnesses, such as atrial
fibrillation from rheumatic fever and evidence of constrictive
cardiomyopathy -- most likely secondary to old pericardial
TB. The majority of patients develop splenomegaly as a
result of recurrent malaria and schistosomiasis infections.
From a medical perspective, the array of diseases and
physical findings is incredible.

It was very difficult to watch young men and women
struggling to breathe because of near tamponade or
constrictive cardiomyopathy, knowing that in the States
they would have a drain in place or could undergo
pericardial stripping to relieve their symptoms. There are
many patients wasting away from the ravages of AIDS, and
many more whose generalized weakness raises the level of
suspicion for HIV infection. All cachectic patients and those
with thrush are HIV-tested. Unfortunately, very little
counseling is available in the Center although active
training for such counseling occurred while I was there.
It is estimated that 10-20 percent of Tanzanians are
HIV positive. Because the high cost of antiretroviral agents
makes them unavailable to the average Tanzanian
citizen, management is basically supportive. TB, one of the
major killers of AIDS patients, is treated immediately

The physicians are
extremely well-read and were eager to hear me describe
medicinal care in the United States: in particular, how we
manage AIDS. With great effectiveness, they taught the art
of the physical exam and physiology to the MAO students at
the bedside. On the first day, we rounded on several
patients with bloody diarrhea: (60 such patients had been
admitted during the previous three days), others with
strokes, meningitis, anasarca, hepatomegaly with
unexplained lymphadenopathy; a very ill patient with a
large abdominal mass; and a young boy with a very large
pericardial effusion. Other patients with interesting
conditions during my stay included a young woman with
transverse myelitis, another with severe muscle weakness
and atrophy, and a young girl with marked frontal bossing,
in sickle cell crisis.
Approximately 80 patients are cared for on the TB wards at Bugando Medical Center; generally, they are hospitalized for two months while they receive IM streptomycin. There are no masks and no isolation is available, but patient rooms are well-ventilated and patients politely hold clothes over their mouths when they expectorate. Female patients with babies may keep them on the ward so they can breast feed. The healthier patients congregate in the hallways to share lunch under the windows, and participate in daily Mass with Father Le Jacq.

One man suffering from TB and disseminated zoster could not be isolated and had no access to acyclovir. It was painful to look at the extent of his skin erosions and his obvious discomfort. Once again I thought about American medicine and the amount of money spent on things such as long term ICU stays and liver transplants in patients with alcoholic cirrhosis. With only a small portion of the funds used for those purposes, we could provide others with badly needed medications or help set up a water purification system so that preventable illnesses could be eliminated.

Clinics are held in a large room in the mornings. MAO students kindly translated for me during patient interviews. Patients both in the clinic and on the floors were very excited to have an American doctor present, somehow hoping I could make everything better. I had the interesting experience of being asked to evaluate many of the staff, who also wanted to be examined by an American physician. At long tables, a row of MAO students and the few interns and residents in the hospital sit across from patients, taking blood pressures and histories. If a physical exam is indicated, there are two examining areas behind curtains.

To my surprise, patients with atrial fibrillation are managed only with aspirin, because coumadin is not available. Although valvular disease is common, valve replacements are not performed; many of the newer cardiac medications that would benefit patients with cardiomyopathies are not yet available. In the diabetes clinic, urine is checked for glucose. Home monitoring is not available, so diabetic patients are generally poorly controlled and thus suffer systemic complications earlier than they would if monitored. Patients are instructed to keep their insulin cold by either burying it in the ground or keeping it in the bottom of a pot of water. Several patients presented complaining of generalized arthritis and arthralgias. Some had extensive scarring on their skin, signifying they had already seen traditional native healers for the same complaints. On my last day the final patient I saw was, happily, a young man making a nice recovery from leprosy. It is very interesting to learn about the common practice of non-Western medicine, including herbal and spiritual intervention.

In return for the wonderful opportunity I had to observe all the Bugandan medical practices, I lectured to the 50 MAO students for two hours daily. Coming from every corner of Tanzania, all had served as medical aides in their local facilities and were chosen to come to Bugando Medical Center for further training because of their skills. To be selected for the two-year training program is an honor and requires the students to make great sacrifices, living far from their families, often unable to visit them more than once a year. They live in cramped, unhygienic conditions near the hospital, but study diligently and appear fresh and enthusiastic every morning. After training, most will return home to run their district hospitals. The students went out of their way to make me feel welcome. Through them I learned much about Tanzania. In exchange, they asked me a great deal about the United States and our medical system.

One Saturday, I had the opportunity to make two home visits with an American missionary nurse who has spent most of the last 30 years overseas. She now focuses on people with AIDS, counseling and educating them and making home visits. Our first visit took us to a one-room hut set amid cornstalks. There were many other families in the area and many small children roamed about. To get running water requires a long walk down a hill and cooking is done outside over charcoal. One reason dysentery is so common is that most families cannot afford to use the charcoal to boil water. The patient we visited was a 40-year-old grandmother, beautiful despite her extreme cachexia. When we arrived she was lying on a straw mat in the shade behind her home. She was too weak to sit up alone. Along with our moral support we brought her some hard-to-get Mystastin, but she died a week after our visit. The second patient was a man with TB who needed his weekly streptomycin shot. He had almost no muscle left and could barely move, but treating his TB was the only hope we had of keeping him alive.

The home visits were a wonderful way for me to see the local living conditions. The average family shares a one-or-two room home with no water or electricity. By contrast, in the center of Mwanza there are also many larger homes with electricity, and some of the more successful business leaders live in rather plush surroundings. The discrepancy of living conditions is in part due to the recent rapid influx into Mwanza of rural-born people looking for work.

Exploring in the markets and on Lake Victoria offered a happy balance to the circumstances of the Center. The markets are bustling with colorful spices, produce, meats, dried fish, textiles, swords, and bows and arrows. Among used clothing, T-shirts and jeans are very popular. The people are very friendly -- it is taken as an insult to pass someone without saying 'Jambo', which means hello. It was good to get away from the Center and realize all is not sickness and suffering.

It has been just over a year since my trip, and I find that as chief resident I frequently refer to my experience in Tanzania. The experience was far more than a medical rotation; it was a cultural immersion that will stay with me forever. My husband is a teacher and we frequently talk about the possibility of spending a year in Tanzania when he is on sabbatical. I strongly urge anyone with a sense of adventure, an interest in experiencing medicine in a different environment, and a desire to give help where help is desperately needed to investigate opportunities in East Africa, or any other developing area in the world.
Alumni and alumnae representing classes from 1941 through 1994 and locations from Connecticut to California met at cocktail receptions and champagne brunches around the country during the fall and winter of 1994 and 1995. The gatherings, hosted by the Medical College and the Alumni Association, provided opportunities both to socialize with friends often not seen for long periods, and to hear up-to-date, authoritative reports on major events and achievements at NYMC.

To make meetings more accessible to graduates, the Alumni Association now schedules several smaller functions within a region rather than one large centralized gathering. In addition, chapter events are held increasingly in conjunction with annual meetings of specialty societies, creating welcome opportunities for NYMC alumni/ae in the same specialties to become acquainted or to reconnect.

The reception hosted by New York Medical College during the annual meeting of the American Academy of Family Physicians reunited friends who had not seen one another in a very long time: Suzanne Sword of Leawood, KA, and William and Helen Nass of Pensacola, FL. Suzanne and Bill are of graduates of the NYMC Class of ‘56 and Bill Nass’s wife, Helen Hogan Nass, is an alumna of Flower Nursing School.

This gathering, held on Thursday, September 22nd, at the Boston Marriott Copley Place provided a wonderful opportunity for the three to exchange recollections of their medical and nursing school days and led to a congenial sharing of remembrances with those from other years attending. Among them were Michael Antonelle ’62, Julie Kuhaska, Morton Jagusta ’51, Judy Jagusta, Rafael Perez ’60, William Dean ’54, Jean Dean, William Nass ’56, Helen Nass, Suzanne Sword, and Richard Biondi. Matthew Mickiewicz ’41 and his wife, Helen, of Rolling Hills, CA, and Rafael Perez ’60 of Los Angeles. Not only did the Californians enjoy this get together but they were already looking forward to the meeting planned for Southern California in January 1995 which, as noted later in this article, they also attended.

The Medical College presence at the AAFP annual meeting was clearly welcome, and the family physicians were pleased to learn from reports by Alumni Association President Michael Antonelle and NYMC Institutional Advancement Vice President Richard Biondi of the degree of the medical school’s commitment to training top level primary care physicians.

For the New England Chapter: A Busy Fall Season

The New England Chapter got off to an early start, hosting five events in September and October. Tied in with the Family Physicians meeting was a cocktail reception held Saturday, September 24, at Boston’s Four Seasons Hotel. Chapter Chair Morris Diamant ’78 and Betsy Angelakis ’62, spoke to the group, and “Mo” was given a token of appreciation for his leadership of the chapter since its founding.

Moving on to Providence, RI, a location that is home to a number of New England members, the chapter held a champagne brunch Sunday, the 25th, at the Omni Biltmore Hotel. At the brunch, Ellen Frankel ’79 spoke of the potential for increased participation of Rhode Island-based NYMC graduates in alumni/ae activities.

Moving along in the fall season, the Chapter met in three locations during October. Two cocktail receptions were held in Connecticut: Wednesday, October 19th, at Gaetano’s Restaurant in Hartford, Connecticut; Thursday, October 27th, at the Marriott in Trumbull; and on Thursday, October 20th, a reception was held near Springfield, MA, at The Federal Hill Club in Agawam.

Three new graduates, Jessica Sangurima, Michael Tedford, and Michael Sher, all Class of ’94, are doing residencies at Baystate Medical Center in Springfield, and were able to accept the invitation to this reception. They were welcomed most warmly to the group and were given words of encouragement by all who attended. The consensus was that the exchange of thoughts that took place between the new and more seasoned graduates was mutually enjoyable. The College and Alumni Association thank Enzo DiGiacomo ’65, for his help in arranging this event.
New England Chapter continued

Richard Biondi, Enzo DiGiacomo '65, Jessica Sangurima '94, Michael Sher '94, Michael Tedford '94, Joan Dean, William Dean, Jr. '64 and, Thomas O'Neil '60, in Agawam, MA.

The Windy City Hosts Two Gatherings

Also in October, alumni and alumnae were invited to two cocktail receptions in Chicago. The first, co-sponsored by the College and the NYMC Surgical Society during the annual meeting of the American College of Surgeons, was held Tuesday, October 11th at the Chicago Marriott Downtown. Guests were welcomed by Louis R.M. Del Guercio, M.D., chairman of the NYMC Department of Surgery, Saverio Bentivegna, NYMC professor of surgery and a member of the Alumni Association Board of Governors, and Julie Kubaska, Director of Alumni Relations.

The Chicago Chapter reception, held October 12th in the Pump Room of the Ambassador East Hotel, was hosted by Richard Biondi, vice president for Institutional Advancement. During the evening, guests learned from Paul Lazar '47 of the accomplishments and prominence of NYMC alumni and alumnae living and working in the Chicago area. Graduates attending these events spoke warmly of the pleasure and importance of the hospitality they enjoyed.

Alumni Association President Michael Antonelle had planned to attend these functions but was otherwise engaged – experiencing medicine from the patient’s perspective as he underwent surgery for a herniated disc. Happily, we can report that he made a splendid recovery in the hands of a skilled NYMC alumnus.

A Double Header: Philadelphia and Washington

During the first week in November the Alumni Association held two receptions: Thursday evening, November 3, at the Dickens Inn in Philadelphia, for graduates based in Delaware, Maryland, New Jersey, and Pennsylvania, and Friday, November 4, at the Phoenix Park Hotel in Washington, DC, for members based in Greater Washington. For David Paige ’64, Chair of the Washington Chapter, and his wife, Nancy, these events were a double header. They drove to Philadelphia Thursday evening and were joined there by four very recent NYMC graduates who are doing residencies in Philadelphia: the Paige’s daughter, Tara, Mark Franke, and Michael Silverman, all ’93 and Philip Hirshman ’94.

NYMC’s President, Rev. Harry C. Barrett, D. Min, M.P.H., joined the alumni and alumnae attending the Washington reception, hosted by David and Nancy Paige. Father Barrett, who clearly enjoys meeting and talking with the College’s graduates, gave an up-to-the-minute report on what’s new and what’s planned for their medical school.

Standing: Paul Heller ’68, Mary Cope, and Nancy Paige. Standing: Constantin Cope ’51, Michael Lucca ’84, Tara Paige ’93, David Paige ’64, Philip Hirshman ’94, Michael Silverman ’93, and Mark Franke ’93.

Michael Brody ’66, and Shelley Brody.

Michael Silverman ’93, Tara Paige ’93, Philip Hirshman ’94 and Mark Franke ’93.
Holiday Time with the New York Chapter

New York City is known to look its glittering best during the time leading up to and during the holiday season, and the metropolis lived up to its reputation when the New York City Chapter met Thursday evening, November 17. The party was held in a suite on the 51st floor of the McGraw-Hill Building, at 49th Street and the Avenue of Americas in Manhattan. The evening was crisp and clear, providing a superb view of the surroundings and even affording a glimpse of the skaters below, on the rink at Rockefeller Plaza.

In between chatting with their fellow alumni and alumnae the group heard reports of the Medical College from Michael Antonelle, and Richard Biondi. As is common at these gatherings the guests clearly enjoyed discussing current mutual interests and reminiscing about their medical school experiences. The College and Alumni Association officers were delighted to hear bonafide offers by graduates present to “network” before the next meeting, calling on colleagues in the area to share the pleasure they were experiencing at this function.

Southern California Hospitality: Beverly Hills/Newport Beach

Southern California Chapter members, the warmth of their greetings undiminished by the drizzling rains and severe flooding they had been experiencing, welcomed the NYMC representatives from the East – Alumni Association President Michael Antonelle ‘62 and his wife, Kathy, Vice President for Institutional Advancement Richard Biondi, and Alumni Relations Director Julie Kubaska–upon their arrival in California to host three gatherings in January 1995.

Co-chairs Mark Anapoell ‘57 and Ronald Hartman ‘60 had the help of Rafael Perez ‘60, in arranging a cocktail reception at The Peninsula in Beverly Hills, Saturday, January 14 and a champagne brunch at Le Meridien in Newport Beach, Sunday, January 15. At the brunch Mike Antonelle and Rich Biondi gave updates on activities, accomplishments, and plans of the Medical College.

Two recent graduates, Lisa Vasak ’92, who is in her third year of an internal medicine residency at UCLA, and John Winkelman ’94, who is taking a pediatric residency at Children’s Hospital in Orange, CA, were guests of the Medical College, Lisa at the Beverly Hills reception and John at the Newport Beach brunch. They talked to their colleagues about their medical college experience NYMC had given them.
The first meeting of San Diego area Alumni/ae was held at the San Diego Marriott at La Jolla. Thanks to the enthusiastic efforts of James McNulty '43, it was a wonderful inaugural event. In response to his suggestion, each graduate gave a brief autobiographical sketch and included informative and entertaining anecdotes of their experiences during their medical school years.

Everyone at the reception agreed that San Diego is an ideal environment for collegial gatherings. They looked forward to connecting with increasing numbers of alumni/ae at future events as word of the pleasure to be enjoyed spreads throughout the region.

At a reception hosted by the College on Sunday, February 19, 1995, during the 62nd annual meeting of the American Academy of Orthopaedic Surgeons in Orlando, FL, NYMC alumni and graduates of the College’s orthopaedic residency program had the opportunity to meet the new chairman of NYMC’s Department of Orthopaedic Surgery.

Robert E. Zickel, M.D., a noted clinician and academician whose name is familiar to all in the specialty as the inventor of the Zickel nail, was introduced by William J. Walsh, Jr. ‘64. Dr. Walsh served as acting chairman of the Department from June 30, 1994 to March 1, 1995, when Dr. Zickel assumed the post.

Drs. Walsh and Zickel spoke to the group about the status of the Department’s residency program and the plans for restructuring it. The new chairman, says, “My mission—and the main reason why I accepted this position—is to get the residency program in orthopaedic surgery back on track.” Prior to joining the College, Dr. Zickel was a clinical professor of orthopaedics at Columbia University College of Physicians and Surgeons. He is past director of the Department of Orthopaedic Surgery at St. Luke’s Roosevelt Hospital Center and a former chairman of the orthopaedic section of the New York Academy of Medicine.

The reception was hosted by Richard Biondi and Julie Kubaska, who commented with pleasure that the orthopaedic surgery gathering, now in its fourth year, continues to grow and is fast becoming a highly popular NYMC tradition.

The hosts then packed their bags and headed for Tampa, FL, to host the Western Florida Chapter Division’s dinner held Tuesday, February 21, at the Oystercatcher’s Restaurant in the Hyatt Regency Westshore.

At the dinner, Chapter Co-Chairman Albert Saphier ’65, Rich Biondi and Julie Kubaska welcomed the group and Rich brought an update on developments at the College. Julie was also delighted to introduce the two Tampa members who are co-chairs of the ten-year reunion of their class of 1985. They are classmates and spouses Debra Galasso-Lastarria and Emilio Lastarria ’85, who not only enjoyed being with their Florida colleagues, but were also looking forward to seeing large numbers of the class at their milestone reunion to be held Sunday, May 21st, at the Valhalla campus.
Introducing Three New Governors

John Arthur McClung '75, Richard Memoli '69, and William Zarowitz '78, were elected to the Alumni Association’s Board of governors in 1994. Brief profiles of each appear below.

**Dr. McClung** is associate professor of clinical medicine at NYMC, director of NYMC’s Alfred E. Smith Institute for Human Values in Medical Ethics, and a senior fellow of the NYMC Institute for Trauma and Emergency Care. At Westchester County Medical Center, he is chief of the critical care section of the Department of Medicine’s Division of Cardiology, director of the Medical Center’s progressive care unit, chief of the division of clinical ethics and chairman of the medical ethics committee.

He earned his A.B. degree at The Johns Hopkins University. After receiving his M.D. at NYMC, he took residency training at the Misericordia-Fordham Affiliation, including one year as chief medical resident, followed by a two-year fellowship in cardiology at NYMC-WCMC.

In 1992 he founded BIOETHIC, the Regional Acute Care Ethics Committee Network for the Lower Hudson Valley. He has written or co-authored a number of scientific papers, and has given numerous invited lectures on various aspects of both cardiology and biomedical ethics.

He and his wife, Jane, have two sons, Timothy and Daniel. The family lives in Croton-on-Hudson, NY.

*Dr. McClung’s three-part series of articles on biomedical ethics for Chironian concludes in this issue.*

**Dr. Memoli** is chief orthopaedic surgeon at Westchester Square Hospital in the Bronx, NY. He took his B.A. at Fordham University and upon receiving his M.D. degree took internship and residency training at Flower and Fifth Avenue and Metropolitan hospitals.

He is co-chairman of the Alumni Association’s Westchester Chapter and has been an active participant in Alumni Association activities, including the annual Golf Benefit, which helps raise funds for student needs. He and his wife, Saratelly, live in Scarsdale, NY.

**Dr. Zarowitz** is an internist with the Northeast Permanente Medical Group/NY in White Plains, NY. He is director, occupational health services and chairman, pharmacy and therapeutics committee of the Medical Group/NY-Kaiser Foundation Health Plan of NY in White Plains.

Dr. Zarowitz is also an attending in the Department of Medicine at White Plains Hospital Medical Center in White Plains, and an adjunct assistant professor of medicine at NYMC, in which connection he serves as a mentor to students in the College’s primary care program.

He earned a B.S., with distinction from Cornell University College of Agriculture and Life Sciences, and following his graduation from NYMC took his internship and residency in internal medicine at Montefiore Hospital/Medical Center in the Bronx, NY.

He and his wife, Janet Rosen, live in Ossining, NY, with their children, Michelle and Jessica.

Calling All Alums

Twenty-four medical students called more than 800 graduates during the 1995 Student/Alumni Phon-a-thon, held February 13 - March 1. Funds raised by this annual event go toward scholarships for medical students. (Photo courtesy of InTouch)
A Superb Seminar at Las Palmas Del Mar

The consensus is clear: The Association's 12th Annual Winter Seminar was superb, complete with all the elements to make it so. For starters, there was the excellent planning of Joseph Dursi '59, the Alumni Association's Special Events chairman and director of the CME course program, which took place January 29 - February 3, 1995 at Las Palmas Del Mar. Joe brought one of the country's leading authorities on infectious diseases, Gary Wormser, M.D., to talk on topics of particularly timely concern: AIDS, Lyme Disease, TB, and hepatitis. He also invited Rev. Harry C. Barrett, D.Min., M.P.H., president and chief executive officer of NYMC, to address the group on the mission and vision of the Medical College. Father Barrett's talk to the opening session followed the report of Alumni Association President Michael Antonelle '62 on the programs and services of the Alumni Association.

In his talk Father Barrett spoke of the strategic planning process on which NYMC is embarked, and of steps toward fulfillment of the hope he has expressed, "to move the university from being crisis-centered to having a long-term and self-reflective view of itself...to move from a high degree of centralized decision making to decision making by people with hands-on experience and the expertise to make the informed choice...to solidify the already existing Catholic identification of the university by taking the practical steps to assure that we are being faithful to the commitments made in 1978 to the Catholic Health Care System and in 1986 to the underserved."

He told the group at the winter seminar of the various steps being taken to assure that the planning process is representative of the entire NYMC community, and that the leadership of the Medical University will "Hear your voices and gain your wisdom." He spoke of the thrust of health care toward prevention, a theme he had underscored in his inaugural address whenever graduates of the College come together with the sense of good will and unity we feel toward fulfillment of the hope he has expressed, "to move the university from being crisis-centered to having a long-term and self-reflective view of itself...to move from a high degree of centralized decision making to decision making by people with hands-on experience and the expertise to make the informed choice...to solidify the already existing Catholic identification of the university by taking the practical steps to assure that we are being faithful to the commitments made in 1978 to the Catholic Health Care System and in 1986 to the underserved."

He told the group at the winter seminar of the various steps being taken to assure that the planning process is representative of the entire NYMC community, and that the leadership of the Medical University will "Hear your voices and gain your wisdom." He spoke of the thrust of health care toward prevention, a theme he had underscored in his inaugural address when he said "we must be an academic health center, not an academic sickness center."

Father Barrett spoke of some of the new challenges facing the medical profession and referred to the strategies and structures that will be required to meet those challenges. Expressing his appreciation to the graduates for their support, he reminded them how important their gifts and their continuing interest are to the progress of their medical alma mater in the fulfillment of its historic mission of social responsibility.

Gary Wormser, M.D., the seminar's chief lecturer, is professor of medicine and pharmacology at NYMC, chief of the College's division of infectious diseases, chief of the section of infectious diseases at Westchester County Medical Center, and director and founder of WCMC's Lyme Disease Diagnostic Center. His talks covered diagnosis, treatment and prevention of Lyme Disease, with an update on the Lyme Disease vaccine; current management of the HIV infected patient; the effect of AIDS on the newborn; the impact of HIV infection on health care workers; hepatitis viruses in the workplace; assessment of new guidelines for diagnosis and treatment of TB; dos and don'ts in antibiotic therapy; and the emergence of antibiotic resistance, with special reference to Vancomycin-resistant enterococci.

Three additional presentations were made, one on HIV risk factors in the operating room, by Louis E. Fierro '60, chairman of the Department of Anaesthesiology at Lenox Hill Hospital and another on G.I. and liver manifestations of HIV, by Michael Antonelle '62, chief of gastroenterology at St. Agnes Hospital, and a third by Alan Baskin, M.D., on treatment of infections in an era of health care reform.

Talking to participants in the seminar, Chironian heard interesting comments. William Cronin '59, a veteran of many seminars, said, "everyone was enthusiastic about all the aspects of this event. That was particularly evident from the number of people who have said they will return next year."

"As a radiologist, I found the scientific program especially enlightening," he continued. "One of the reasons I come to these programs is to hear about the approaches and view of people in other specialties to the problems under consideration. This year it was very informative to hear Gary Wormser, a wonderfully informed and excellent lecturer, talk about new treatments, new drugs, new approaches to infectious diseases. Each year I find it very good for me to come out of my cubbyhole and hear what others are doing—and thanks to the terrific planning of Joe Dursi we learn a lot and we can even get in some golf and tennis."

Francine Guzman '79 said: "In our profession today we have to deal with many pressures and problems. At the winter seminar we come together with the sense of good will and unity we feel whenever graduates of our medical school gather. At this time in our history those feelings are especially important. They help us to know we will all get through this period and the changes in our professional lives."

Mary Lou O'Brien, whose husband, John O'Brien '60, planned the first winter seminar, in 1984, reinforced the thought of the others, saying, "Everything about this event has been wonderful: the group, the sense of camaraderie, the accommodations, the hospitality shown us. We had a delightful time."
Class Notes

The symbol REUNION signifies a five-year "milestone" class for which a reunion will be held Sunday, May 21, at the Alumni Center on the campus at Valhalla.

1936

JOSEPH BUDETTI proudly announces the birth of his first great-grandchild.

JACOB DEVITA sends congratulations and best wishes to his grandson, Jack De Vita, on his coming graduation from New York Medical College in the class of 1995. He adds, "I am a proud grandfather!"

1937

SOLOMON KLOTZ reports that he is still actively researching problems of allergic-immunologic dysfunctions both in practice and as an adjunct professor at the University of Central Florida.

1939

ROSARIO GAULTIERI wrote in September '94, "Had triple coronary artery bypass graft in August '93 involving left main and left and right circumflex, at Lenox Hill Hospital in New York, and am currently doing well."

1941

HENRY LEIS, JR. was recently made a member of the Board of Trustees of the National Consortium of Breast Centers. He is a member of the South Carolina Women's Cancer Task Force and of the American Cancer Society’s Advisory Committee on Breast and Cervical Cancer Screening. He is a Liaison Physician for the American College of Surgeons’ Commission on Cancer at the Grand Strand Medical Center in Myrtle Beach, SC, where he serves as a consultant in breast surgery. In addition, he is a member of the SC Palmetto Project Community I-Care treating indigent, uninsured women without charge in the specialty of breast surgical oncology.

1943

ADELAIDE SCANLON SHEEHY, who has now retired from pediatric practice, reported in December that she and her husband, Dr. John Sheehy, were about to take a trip to Dublin, Ireland to meet their newborn, 32nd grandchild. She and Dr. Sheehy look forward to celebrating their 50th wedding anniversary in July.

1945

MICHAEL BERMAN retired in 1990 after 38 years in urology practice, the last 10 years in full time faculty practice at the University of Medicine and Dentistry in NJ. He adds: "Enjoying life divided between the New York City area and Florida."

MILDRED SEELEG sent word that her husband, Alex Seeleg, had died. They had been married almost 50 years. She wrote that she is the mother of BETH GOLDSMITH SEELEG '72 and Charles Seeleg, also a physician, and grandmother of six. She reports that she has been president and executive director of the American College of Nutrition and editor-in-chief of the Journal of the ACN. She is now editor emeritus, and the October '94 issue was dedicated to her as her Festschrift. She has also been elected first Master of Nutrition by the ACN. She continues to write and lecture on "magnesium in health and disease."

1946

LEONARD BIEL, JR. writes that he is still practicing urology and intends to continue, although he has heard from friends who have either quit or are thinking of it.

MYRON CHARLAP is a member of the staff of Cornwall Hospital in Cornwall, NY and professor of ophthalmology at Montefiore-Einstein Medical School.

1947

ADA BIFFAR RYAN sends greetings to all her classmates, and hopes they are enjoying good health. She adds an invitation to experience Tucson's great weather saying, "come visit."

1948

MARIORIE BUTLER writes: "Had brief but super visits with ALFRED TANZ and JOHN PISACANO and their wives and Irone and ARTHUR CHAMBERS. Arthur Chambers has since died, while visiting his daughter."

ROBERT EGGLE has retired and is living in Punta Gorda Isles, FL.
187-year history. She has been practicing pediatrics at her Staten Island address since 1959. In January ‘94 she was among the group of great folks who participated in the inaugural reception and dinner of the Alumni Association’s Staten Island Chapter, where she enjoyed meeting NYMC and Alumni Association officers and being with Staten Island colleagues.

1957

**WILLIAM BROWN** is medical director and MRO for the Cabrini Center for Occupational Medicine in Alexandria, VA.

**Foster Taft, Jr.** retired from his ob/gyn practice in 1992, and says he now “spends as much time as possible in the foothills, near Sequoia National Park, on a back hoe or tractor, raising fruits and vegetables, or on the back porch of the log cabin watching the river go by.”

1958

**John Lynch** is associate medical director of Washington Cancer Institute at the Washington (DC) Hospital Center. He and his wife, Isabel, a graduate of the NYMC School of Nursing ’55, have seven grandchildren.

**George Musillo** is currently president of the New York State Ob/Gyn Society.

**Walter Pizzi**, who chairs the Regional Emergency Services Council of New York City and heads its Board of Directors, hosted a reception in April ’94 celebrating the Council’s Twentieth Anniversary. The council is a not-for-profit corporation whose function is to improve emergency services in the city by coordinating these services in order to decrease the rates of death and disability caused by sudden accident and illness and to further assure all persons who live, work or visit New York City of the availability of prompt and effective emergency care.

1959

**Charles Bichert, II.** is a member of Team USA, a charitable mission trip to the Dominican Republic. Team members conduct six missionary trips within one year. He was a guest lecturer for the National Congress of the Sociedad Colombiana de Oftalmologia, held in Cartagena, Colombia, in September ’94. He was named one of the “Best Doctors in America” in *Health Manager*, published in 1994 by Woodward/White, Inc.

**Harold Engelke** was elected chairman of Mothers Against Drunk Driving (MADD) during the group’s national board of directors meeting in October ’94. Dr. Engelke, a board certified emergency physician, and his wife, Jane, became involved in the work of MADD in 1984 following the death of their 18-year old son, Thomas, at the hands of a drunk driver. Their involvement has increased each year since.

**Benjamin Sadowski** sends word that a celebration at the U.N. marked the 30th anniversary of publication of the *Comprehensive Textbook of Psychiatry*, of which he is co-editor with Howard Kaplan, M.D. This work is now in its sixth edition.

**John Stapleton** writes that George Tilley and his wife, Carol, “visited us at our Lake Tahoe home and the four of us agreed that not one of us has changed in 30 years!”

**1960**

**Carl Marchetti** has been appointed to the executive committee of the national board of the Boy Scouts of America.

**Gilbert Ortiz** sent: “Just a short note to my classmates, I’m semi-retired due to chronic kidney failure, which required dialysis during late ’93. Thanks to one of my sons I had a kidney transplant in June of ’94 and am doing fine. Working on a part time basis to keep me from boredom. Would like to hear from some of my classmates.”

**1961**

**John De Filippi** and his wife, Pam, are the proud grandparents of Claudia Lee De Filippi, now 1, a new sister for Nicholas, who is 2-1/2. Their son, Dr. Vincent De Filippi, is now a fellow in cardiothoracic surgery at New York Hospital. Their daughter, Donna, an anesthetist, is now on staff at North Shore Hospital.

**Ira Glick** was the 1994 recipient of the Alexander Granlick Award from the American Psychological Association for his research on schizophrenia.

**Robert Gonshorek** retired from his ob/gyn practice and now lives in Boca Raton, FL.

**George Lutz** is national director of the Johnson & Johnson employee assistance program.

**Edwin Stemple** reports that his son, Robert, who had been a CPA in Palm Springs, is now a practicing attorney there and his daughter, Helene, received her masters degree in special education and is teaching in Las Vegas, NV.

**1962**

**Michael Antonelle,** Alumni Association President, and his wife, Kathy, welcomed a third grandchild on Christmas Day 1994, when Gigi Antonelle was born. Gigi’s parents are Michael and Trish Antonelle and she is the cousin of Lauren and Patrick, children of Robert Antonelle ’89 and his wife, Pat.

**Aileen Kass,** an anesthesiologist who is a clinical assistant professor at Cornell Medical School-New York Hospital sends an update on her three daughters: one is a first-year neurology resident at Columbia P&S, one is an attorney in Seattle, and one is taking a masters degree in elementary education at George Washington University.

**Barry Melzer** has practiced ob/gyn in Plymouth, MA, for 25 years. He is affiliated with Jordan Hospital, and was chief of ob/gyn from 1985 to 1992. His practice, Court Street Ob/Gyn Associates, has a satellite office in Middleboro, MA.

**Alan Krupp** suffered the loss of his wife, Judy-Arin Krupp, November 5, 1994, through a tragic accident while they were on a biking trip in Massachussets. Judy was standing next to her bicycle when a truck turning out of a service station struck and killed her. She was 37. The couple had been married 36 years and had four children and two grandchildren. A specialist in adult education with a doctorate from the University of Connecticut, she authored three books and more that 50 articles, but the family was always at the center of her life. The Alumni Association and all Alan’s classmates and colleagues extend their sincere sympathy to him and the family.

**1963**

**Paul Carton** is currently president-elect of Westchester County Medical Society.

**Charles Lomanto** has been appointed to the board of directors of the San Benito Hospital District in California. A retired anesthesiologist, he now lives in Hollister, CA, having “fallen in love with the weather,” after several visits. Dr. Lomanto was formerly president of the medical staff of Staten Island Hospital in New York and a member of the board of directors of Coney Island Hospital in Brooklyn, NY.

**Edward Woytcha** has joined the medical staff of Bayshore Community Hospital in Holmdel, NJ.

**1964**

**Francis MacMillan** writes that he has been practicing gastroenterology in the Andover Haverill area of Massachusetts for 25 years, and is in an internal medicine subspecialty group of 38 physicians. He adds that he has five children, one in medical school, the other four in other graduate schools or college.

**Philip Passalaqua** is currently vice president and medical director at Schering-Plough Corporation.

**1965**

**Quie Chew** is director of radiology at Bayonne Hospital in New Jersey. He looks forward to continuing in this post, which he has held for 10 years.

**1966**

**John Bouvier** writes that he is Force Medical Officer, Commander, Naval Reserve Force. He says, “Executive medicine is fine; clinical practice is missed.” He inquires: “Are there any alumni in the ‘Big Easy’ area?” (The answer is, “Yes, there are,” and a listing has been sent to him.)

**Raymond Gagnon** has been appointed to the OB/GYN medical staff of Tobey Hospital in Wareham, MA. He is a member of a group practice with offices in Wareham, Buzzards Bay, and Falmouth, MA.

**1967**

**Carl Lundborg** writes that his daughter, Maja Lundborg ’95 married Daniel Gray ’92 on December 10, 1994.

**1968**

**James McGroarty** writes that he attended the morning CME course sponsored by the Class of 1969 at the 25-year reunion of that class held at the Valhalla Campus. He comments, “I was hoping to see some of our ‘68 classmates (remember sophomore year?). Anyone with ideas for the 30th reunion, please be in touch with me.”

**1969**

**Lester Borden** wrote that he was “feeling well, working full time, and proud
to announce the addition to our family of two precious little children from Russia, whom we have adopted.

**Paul Conescu** is chief of the Department of Surgery at Dekalb Medical Center in Decatur, GA.

JUDITH KUPERSMITH *writes*: "Sorry I missed the 25th reunion but my eldest son, David, graduated from Amherst College magna cum laude on May 22, which was also his 22nd birthday.

FRANK PIZZI has been appointed chief of neurosurgery at Mercer Medical Center in Trenton, NJ. A fellow of the American College of Surgeons, he is a past president of the Mercer County Medical Society. Dr. Pizzi chairs the Central New Jersey Chapter of the Alumni Association and chaired the 25th Reunion of the class, which was rated highly successful by all.

1970

**Dolores Arnold** *writes* from Boca Raton, FL, saying, "Stopped practice and went to school again. Received degree in broadcasting -- radio and TV -- and am doing medical broadcasting like Dr. Art Uhline or Dr. Timothy Johnson -- TV Does!"

IAN GALE *reported* on how the earthquake of January 17, 1994 affected him and his family, writing, "My family (and I) survived the North Bridge earthquake with no injuries and only minor damage to our home." He added "I continue to practice urology in West Hills, CA. My daughter Robin is a senior at the University of Colorado, majoring in aerospace engineering, and Stephanie is a freshman at the University of Arizona, majoring in archeology."

THOMAS GRABOYS *writes* that he is "directing the Lown Cardiac Center at the Brigham, amidst all the chaos of capitvation and managed care." He adds, "Am looking forward to our 25th."

1971

**Kathleen Nelson** was nominated and selected to be a primary care public policy fellow with the Public Health Care Service during June '94. She wrote: "It was a wonderful opportunity to see and participate in health care reform activities," adding, "I am presently professor of pediatrics and director of general pediatrics at the University of Alabama School of Medicine."

SANDRA RUFF *reports* that she is enjoying her new position as director, section of endocrinology, at New Britain General Hospital, which is one of the major teaching hospitals of the University of Connecticut School of Medicine.

1972

**Alexander Bruckner** was promoted to professor of ophthalmology at the University of Pennsylvania School of Medicine. He has been elected to the Council of the American Academy of Ophthalmology and was appointed to the FDA's Ophthalmic Device Panel.

**Beth Goldsmith Seeley** is a psychoanalyst at the Emory University School of Medicine Psychiatric Institute in Atlanta, GA.

1973

**Joseph Cleary** has begun a research project to study the usefulness of intra-operative sonography for the identification and removal of non-palpable breast lesions.

**Jeffrey Trilling** has been appointed chair of the Department of Family Medicine at SUNY Health Sciences Center in Stonybrook, NY. He reports also that his wife gave birth to a baby boy, Adam, in September 1994.

1974

**Jack Albert** has been in dermatology practice in the Daytona Beach area for 12 years. He and his wife, Jan, live in a 25-acre farm with their daughter, Mandy, 5-1/2, son, Josh, 1, and 5 donkeys, 6 horses, and 1 dog.

L. SCOTT HERMAN *writes*: "Friends can contact me via Compuserve e-mail. My 'address' is 74673,2375. My home fax number is 818-793-0824." Dr. Herman lives in Pasadena, CA.

**Andrew Lasala** *writes* that he is organizer of the West Hartford (CT) Physician Registry, which gives free medical care to residents of the town of West Hartford who have lost health insurance. Started in 1992, the Registry has helped over 100 patients. Care is given by physicians who live in the town.

**Stephen Palmer** has moved from Orlando, FL, to Dublin, GA, where he practices ob/gyn. He reports that his son, Adam, is a sophomore at Emory University and a National Merit Scholar. His son, Reade, will graduate from high school in May and will attend college in Boston, where he will participate in a crew program. He was a member of the U.S. Junior National Men's Crew Team in the summer of '94 and coxswain of the four-man boat that placed 5th in the world out of 64 countries.

1975

**Arthur Antler**, a gastroenterologist, affiliated with Valley Hospital and Valley Regional Medical Center in Midland Park, NJ, is also known as a chess expert and a musician. He plays clarinet with the Bergen, NJ, Philharmonic.

**Catherine Dunn** *writes*: "Had a great visit with classmate Nancy Roistacher and her family while they were visiting in Seattle."

JEFFREY MASON *felt* the time was right to opt out of practice and into medical administration. He consults one day a week and spends four-fifths of his time as medical vice president of his local IPA, which is becoming an integrated health care system.

**Dan Moriam** was elected to the Maryland State House of Delegates in November '94 for a four year term. He wrote: "My election culminated 9 months of campaigning, first with a tough primary last September, when I beat two incumbents. The general election was also a challenge, running as a Democrat in a previously Republican district. However, I was fortunate to prevail and look forward to representing my district in Annapolis, Maryland's state capital. Our legislative session is three months long, so I will continue to practice emergency medicine the rest of the year. If any NYMC alumni are interested in learning more about my campaign or about what it is like to be a citizen-physician-politician, please contact me at 410-682-7046.

**R. Nick Pratt, Jr.** sends "all the best from San Diego," adding "Carol and I recently celebrated our 21st anniversary and our kids, David and Lancey, are our pride and joy. The practice of adult and child psychiatry is so busy. Now if I would only get down to my high school wrestling weight."

1976

**William Brundier**, who specializes in plastic and reconstructive surgery and is also an artist, traveled to Albany last year with physicians from 13 countries, where he helped establish the country's first day surgery unit. He is on staff at Glens Falls Hospital in Glens Falls, NY, where he also lives.

**Neil Choplin** *wrote* that his first textbook was to be published in the Fall of 1994. The book is about visual field testing, and represents about six years of work. He adds, "I'm very excited to see it completed."

**Leonard Feitell**, a cardiologist, who joined the staff of Hackensack Community Hospital in 1990, has been elected to the hospital's Board of Trustees. He is also associated with St. Joseph's Medical Center in Paterson, NJ, and is vice president of the American Heart Association's Western Valley Division. He and his wife, Linda, and their children, Scott and Dana, live in Newton, NJ.

**Edward Moss** is series editor of the urology board review manual published by Turner-White Communications. He is also editor/publisher of a national newsletter, Urology and You.

**Mary Alice O'Dowd** reports that Michael, the yearbook centerfold baby, is now a sophomore at Wisconsin. Her older son, Luis, has finished college and is working in Milwaukee. She is acting director of the psychiatry consultation service at Montefiore Medical Center in New York.

1977

**Douglas Byrne** has relocated his practice for the treatment of cardiovascular disease from Huntington to Smithtown. He is now affiliated with St. John's Episcopal Hospital of Smithtown and reports that he is doing very well.

**Lloyd Haskell** is now senior director of clinical research at ASTRA Pharmaceutical Company in Westboro, MA.

**Joseph Hickey** has relocated from Peekskill, NY, to Hilton Head, SC. He joined another physician in an internal medicine practice at Island Medical Plaza on Hilton Head Island. He and his wife, Lisa Marie, have two sons, Joseph, 4, and Kevin, now 1. They are delighted to be at Hilton Head, "with no more snow to shovel." He sends warm greetings to classmates.

**Stuart Kaufman** has been practicing ophthalmology in Tampa, FL, since 1981, and is medical director of Florida Eye Care and Cataract Centers. He and Debra have been happily married for 16 years and have two children, Jonathan and Jaclyn.

**William Russell** writes that he is a partner in Radiology Associates of San Luis Obispo in California. His wife, Rena, has a solo practice as a pediatric ophthalmologist in San Luis Obispo. He adds that they have moved to a 300
A children, Beth 13, Michael 9, and Gary 7.

CARY GLASTEN reports that he has been recertified in orthopaedics by the American Board of Orthopaedic Surgeons. He is a member of Shore Orthopaedic Group in Tinton Falls, NJ, practicing orthopaedic and spinal surgery.

CYNTHIA NAST is associate professor of pathology at UCLA School of Medicine and practices renal pathology at Cedars-Sinai Medical Center in Los Angeles. She is married to electrical engineer, Rocco Lardiere, and they have two boys, ages 10 and 6.

DEBRA SELTZER is chief of the Division of Developmental Pediatrics at Beth Israel Medical Center in New York City.

FRANCINE STEIN lives in Englewood, NJ, where she has a private practice limited to behavioral developmental pediatrics. She is affiliated with Englewood Hospital, where she is assistant coordinator of the neonatal follow-up program. She and her husband, Aaron Stein, (Downstate.) have three children, Beth 13, Michael 9, and Gary 7.

15-Year REUNION

LISA BORG has joined the faculty of New York Hospital-Cornell University Medical Center as a part-time clinical instructor of psychiatry and medicine, in addition to her continuing affiliation as a part-time guest instructor at The Rockefeller University in the laboratory of the biology of addictive diseases. She also maintains a private psychiatric practice in Manhattan. In September '94 she was an invited speaker at the International Conference on Methadone Programs and other IV Rehabilitation in the prevention of HIV/AIDS in IV drug users. She discussed methadone treatment of pregnant heroin-addicted patients.

SARINA DISTEFANO-LYNCH is married to Brian Lynch. She and her husband have 4 children, Sean 9, Genevieve 8, Katrina 5, and Juliette 1. She practices OB/GYN in Tarrytown and Briarcliff, NY.

REGINA GIUFFRIDA has been named to the medical board of Northern Westchester Hospital Center. She practices OB/GYN full time in Yorktown Heights and Mt. Kisco NY. Her children, Kaitlin, Joe, and Patrick, are 10, 9, and close to 3.

ALBERT LOERINC is director of pulmonary rehabilitation and medical director of Mediplex Rehabilitation Hospital in New Bedford, MA.

JAMES MCHALE is a radiologist, and his wife, Alice, announce the birth of their daughter, Alexandra Catherine, in May '94. Dr. Mchale is with Stonybrook Medical Imaging in Stonybrook, NY. He and his family live in Smithtown, NY.

JOANNA SHULMAN has been acting director of OB/GYN at North Central Bronx Hospital and Montefiore Medical Center-Moses Division, both affiliated with Albert Einstein College of Medicine, since January 1, 1994. She writes: "It has been a busy, interesting, and productive year, but I am looking forward to the arrival of the new director, also an NYMC graduate, Richard Scotti '69, so that I can return to clinical and teaching activities."

NEDRA BRAVERMAN ROSEN is in private practice of internal medicine, living and working in New York City. She writes that she has resumed the use of her birth name. Nedra Rosen, for the practice of medicine and tells also that she is remarried and has "three wonderful children - a daughter, 4, son 8, and stepson 14."

JUSTIN SALERNO, an obstetrician/gynecologist has joined the staff of Geisinger and Tyler Memorial Hospital in the Tunkhannock community of Pennsylvania. Board-certified in ob/gyn, he is a member of the American Association of Gynecological Laparoscopy and the American Institute of Ultrasound in Medicine.

DOUGLAS MILLER has been awarded membership in the American College of Physicians Executives, according to a news clip that further says he has had with Internal Medicine Associates in CT for the past six years. He and his wife, Susan, have two children, Derick 6, and Carley 3.

JON SCHMEYER writes: "Opened a second (satellite) office in York, PA, for refractive surgery of the cornea. Have a new partner and have named the practice, South Penn EyeCare Surgeons (SPECs)."

1982

JAMES GALZIA, a cardiologist, is a member of the Loma Linda Faculty Medical Group of Loma Linda University in California.

BARRY KARON is a cardiologist on the staff of the Mayo Clinic in Rochester, MN, and BETH (KALMAN) KARON is a general internist in group practice, also in Rochester. Their children are David, 10-1/2, Ben, 9, and Jenny, 7. Beth successfully completed the Twin Cities Marathon in November '93. Barry plays baseball with the retired pros of the MN Twins at "Fantasy Camp" in Florida.

JONATHAN KUNS practices anesthesiology at Manatee Memorial Hospital in Bradenton, FL. He reports that Sheri continues to be successful as an image consultant for a cosmetics company and their daughter, Elana, loves her new friends and the Florida lifestyle.

ALFRED MCKEE writes: "For the past four-plus years one of my jobs has been director of medical oncology rehabilitation at the Rehabilitation Hospital of Western New England in Ludlow, MA. As of January 1st, I am also director of palliative care at Baystate Medical Center in Springfield, MA. I am still staff oncologist at Baystate Medical Center."

DAVID ONOFREY, a general surgeon, has been elected councilor of the American College of Surgeons Eastern Pennsylvania Chapter. He has also been elected the secretary/treasurer of the Mercy Hospital Medical Staff in Scranton, PA. After a chief residency at St. Vincent's in New York, he took a fellowship in critical care medicine/surgical intensive care at Mount Sinai Medical Center in New York. He also served as a clinical instructor in surgery at NYMC and NYU School of Medicine. He is board certified in both general surgery and critical care. He and his wife, Michelle McVeigh Onofrey, live in Waverly, PA.

1983

PATRICIA BARRY and JOHN COSGROVE send the following update. From Patricia: "I am presently working at Little Neck Radiology, where I do everything from C.T. to sonography to interventional radiology. This is a 'sidelight' from raising John Morgan, 9, Susan Carlin, 8, and Patrick Bertrand, 2-1/2. From John: "I am now director of laparoscopy at Long Island Medical Center."

AMY BATTERMAN DITCHEK writes that she and her husband, Alan Ditchez, proudly announce the birth of Brandon Jonathan in July '94. He joins his sisters, Lisa and Rebecca.

MARLENE CASPER GUTTMAN wrote, "We are happily settled in suburban Philadelphia. Our children, David 10, and Allison 7, are delightful company. I am working in a hospital based radiology practice in Philadelphia. Harvey is part of a gastroenterology practice. We wish a happy 1995 to all."

JOAN LIMAN, who is associate dean for student affairs at UMDNJ-New Jersey Medical School in Newark, reports that she has run into several NYMC alumni there, including OSCAR AULBRACH who is a well known professor who is 89 years old and still actively teaching.

THOMAS MAGRINO reported that he recently completed his colon and rectal surgery residency in Plainfield, NJ, and said his co-resident was MICHAEL FRANCIS '85, and the program director was THEODORE EISENSTADY '68.

GABRIELLE MARSHALL-SALOMON, who completed a fellowship in childhood and adolescent psychiatry at Duke University Medical Center, is medical director of the Grace Counseling Center in Madison, NJ.

1984

JEROME BURKE has been named vice chairman of the Department of Medicine at Quakertown Community Hospital in Quakertown, PA, for a two-year term. He joined the hospital's medical staff in 1991 and founded a private practice, Bux-Mont G.I. Associates Sellersville, PA, four years ago, according to a newspaper announcement.

ROBERT MEIBOWITZ is president of Princeton Gastroneterology Associates and director of the Swallowing Disorder Center in Princeton, NJ. He and his wife, Bernadette, have two children, Michael, 8, and Corinne, 5.

RUSSELL SETTIPANE wrote: "Enjoyed reuniting with KENNETH BLANKSTEIN, FRANK GRAFALO and KENNETH KRUFT at the 10-year class reunion picnic. We all expressed regret that other members of our class were not able to attend this delightful function. It was our shared opinion and hope that improved class organization and communication, including distribution of current addresses and phone numbers of class members will result in better attendance at future class reunion events. See you in '99." Another note reported the birth of Leah, the second child of Russ and his wife, Karen, in October '93, and also said he had opened a third office for the practice of allergy, the latest in Newport, RI. The
other two are in Providence and Wakefield.

**DAVID TROCK** is a rheumatologist at Danbury (CT) Hospital and an assistant clinical Professor at Yale University School of Medicine. In November ‘94, The Journal of Rheumatology published the results of a double blind random study he coordinated on the efficacy of pulsed electromagnetic fields (PEMF) in the treatment of painful osteoarthritis of the knee and spine. He and two other physicians conducted the trial at the Bio-Magnetic Therapy Center in Danbury and found significant improvement in those treated with active PEMF over those receiving placebo treatment.

1985

**THOMAS ABBAMONT** married Pamela Scharoun in June ’94

**CLaire Carlo** wrote that she and her husband, Giles Taylor, announced the birth of their second son, Nicholas Carlo, in August ’94, joining his brother Sean. She reported that the family was planning a move to the Santa Cruz area of Northern California where Giles was to be director of distribution of West Marine and Claire would be seeking employment in primary care-internal medicine.

**JOHNATHAN JAHN** sent an article about him published in a Tulane University Hospital Newsletter, based on an article in Chironian on medicine and music, in which he was one of the subjects (Vol. 109, Fall 1992). He is now a pediatric anesthesiologist and the newsletter reports that “he developed the pediatric anesthesiology service for liver transplantation, and has served as coordinator of medical student education and associate director of research for the anesthesia department.”

**Haik Kavookjian,** an orthopaedic, has joined a practice in New Canaan, CT, treating surgical and non-surgical problems of the hand and upper extremities. He took his orthopaedic residency at Boston University Medical Center and spent two years as an NIH fellow, performing research related to bone metabolism and fractures. Most recently he completed fellowship training in hand and upper extremity problems as well as microsurgery at Columbia Presbyterian Medical Center in NY.

**Sheryl Leff-Ring** writes that she is a practicing radiologist now living in Westfield, NJ, with her husband, Kenneth Ring, M.D. and their children Zachary, 3, and Jason, 1.

**Dele Olujobi** has joined the medical staff of Finger Lakes Family Care of Newark-Wayne Community Hospital in New York State, which offers services in Canandaigua, Geneva, Newark, Seneca Falls, and Victor, NY.

**William Potter,** a pediatric ophthalmologist, has joined the medical staff of Somers Eye Center in Somers, NY. He also holds a teaching position at New York Eye and Ear Infirmary in New York City.

**BARRY WEINSTEIN** and **EILEEN KUSNER** "are thrilled to announce the birth of their son, Jared Weinstein, February 11, 1994."

1986

**Harold Bautista** writes from Fredericksburg, VA, that he has been in the practice of plastic surgery since July ‘93, after completion of training with Long Island Plastic Surgery at Nassau County Medical Center.

**Frank Cunningham** is director of pediatric emergency services at Newark Beth Israel Medical Center and an assistant professor of clinical pediatrics at UMDNJ in Newark. He was recently appointed by New Jersey’s Governor to the State Emergency Medical Services for Children Advisory Council.

**Salvatore J. DiGrandi,** a dermatologist, has been appointed to the medical staff of Putnam Hospital Center in Carmel, NY.

**Scott Glasser** wrote in December: “I am a couple of months away from partnership at Diagnostic Radiology Associates, where I have become chairman of the radiology department at Kent and Queen Anne County Hospital, as well as head of ultrasound and nuclear medicine at Fallston General Hospital. I married my beautiful Terri two years ago and have a wonderful stepson, Nicholas, who is already talking about a possible future in medicine.” He sent thanks to NYMC for having admitted him.

**Frank Pedlow, Jr.** is concluding his orthopaedic surgery residency at the Harvard combined program as chief resident and junior trauma associate at Massachusetts General Hospital. In July he will go to Emory University for a one year fellowship in spine surgery.

**Sanford Silverman** was honorably discharged from the U.S. Army in June ’94 and is now in private practice of anesthesiology in El Paso, TX. He and his wife, Karen, have a daughter, Kira, born November ’93.

1987

**Ghazanfar Abdullah** is director of clinics for Rockland County, NY where he heads several programs, including those for patients with infectious diseases, including AIDS, and the women’s health clinic.

**Gregory Brucato** joined the medical staff of Danbury (CT) Hospital with appointment to the Department of Surgery, Section of Plastic Surgery. After his residency in general surgery at NYMC, he completed a fellowship in plastic and reconstructive surgery at the University of Oklahoma last year. He practices in Danbury and plans another office in Ridgefield, CT, where he lives with his wife, Kerry, and daughters, Emily and Lauren.

**Margaret Genaro** practices pediatrics in Garden City, NY. She and her husband, Edward Buckley, will celebrate their fifth wedding anniversary in the summer.

**William Greenberg** reported that he married Haley Glickman, an actress and internist, in November. He is a founder and senior vice president of medical information at Physicians Online, Inc., which is in Tarrytown, NY. Dr. Glickman practices at Montefiore Medical Center in NY.

**John Grunfeld** has joined **Michael Schoolman ‘76** at Putnam Hospital Center in Carmel, NY. They practice cardiology.

**Barbara Minkowitz-Israeli** did a six-year residency in orthopaedic surgery, followed by a fellowship in pediatric orthopaedic surgery in Atlanta, GA, which she completed last year. In December of ‘94 she married John Israeli, M.D., a urologist. Among their wedding guests was **Helene Price ‘85**, now a neurologist at Mt. Sinai Medical Center in New York (whose marriage was reported in the last issue of Chironian).

**Joseph Rafferty,** who specializes in family practice is currently practicing in Marshfield, MA. He married Kathleen O’Brien in June ’94 and reports that “classmates Lou Ragule, Christine Weckerle, Jeff Frost, Theresa Crawford, and Rosemary Quinlan attended the wedding.”

**Thomas Verdone,** board certified in anesthesiology, has been elected vice president of the medical staff of Johnson Memorial Hospital in Stafford Springs, CT.

1988

**David Breer** practices psychiatry in Lewiston, ME.

**Kenneth Khaw** married Ellen Lee, M.D. in June ’94.

**Elizabeth Molinelli** is on the staff of Greenwich Hospital in Greenwich, CT, and is in practice of ob/gyn with another physician in Greenwich.

**Michael Sclafani** has joined the staff of the Orthopaedic Institute of Central New Jersey in Sea Girt, NJ. He specializes in sports medicine and arthroscopic surgery. As a fellow at the American Sports Medicine Institute in Birmingham, AL, he did extensive work (in surgical and orthopaedic) reconstruction of the shoulder, elbow and knee. He lives in Spring Lake, NJ, with his wife, Kathy, and children, Michael, 9, and Jennifer, 3.

**Theodore Stamatakis** is now a urologist at South Texas Medical Center. He completed his residencies at the University of Minnesota and NYMC affiliates.

**Mark Sutherland** is in the U. S. Navy, working in family practice at the Naval Hospital, Camp Pendleton, San Diego.

**John Sutton,** a family physician, has been appointed to the medical staff of Warren General Hospital in Warren, PA. He has also joined a group known as Primary Health Care, with offices in three locations. For the past two years he has been stationed in Naples, Italy, working in the U.S. Navy’s Department of Family Practice. He is board certified in family practice and holds certifications in neonatal resuscitation, and basic, advanced cardiac, advanced trauma, and pediatric life support.

**Robert Tacyvich,** Marianne, and Eddie, announce the birth of Daniel Andrew in July ’94. Robert, having been promoted to the rank of Major, will complete his residency in the Department of Emergency Medicine at Madigan Army Medical Center in Tacoma, WA in June. He says, “Hi to all.”

1989

**Donna Gallagher,** who is a fellow in mammography at NYU, wrote that she and Mario Giuduci, M.D. planned to marry in April ’95.

**David Lastomirsky** has opened an office for the practice of internal medicine.
in Stanford, CT. He is on the staff of Bridgeport Hospital, where he completed his residency.

**Daniel Perri**, a psychiatrist, has been named medical director of the Farnum Rehabilitation Center at the Cheshire Medical Center in Keene, NH. His outpatient practice will focus on the management of neck and back pain, sports, and work injuries. Dr. Perri is board certified in physical medicine and rehabilitation. He lives in Keene with his wife, Mary, and their two children, Meghan and Matthew.

**Van Lewis Wagner** has joined the Sutter North Medical Group in Yuba City, CA, and will practice general, vascular, and thoracic surgery. He completed five years of surgical residency at UMDNJ.

**1990**

**Donna Lantner** has been named medical director of the inpatient rehabilitation unit of The Regional Medical Center of Orangeburg & Calhoun Counties in South Carolina.

**Brian Murphy** is completing requirements for an M.P.H. degree in health policy and economics at the Harvard School of Public Health while serving concurrently as a fellow in the medical program at Harvard Medical School.

**Kathleen Murphy** has been appointed to the active medical staff of Putnam Hospital Center in Carmel, NY, working in the Department of Emergency Medicine. She completed both her emergency medicine internship and residency at Metropolitan Hospital.

**Maureen Donnelly Passaro** is doing a fellowship in endocrinology at the National Institute of Health, NICHI, and celebrated the first birthday of her son Andrew, in September '94.

**1991**

**Osvaldo Rodriguez, Jr.** has joined the Department of Internal Medicine of Watson Clinic in Lakeland, FL, after completing a residency program of the University of Florida in Gainesville.

**Michael Traurig** is a member of the staff at Waterbury Hospital in Waterbury, CT, and has opened a medical practice in that city. He completed his residency at Waterbury Hospital through Yale University School of Medicine.

**1993**

**Mario Amleto** was married to Josephine Ponticelli in June '94. He is in a family practice residency at Middlesex Hospital in Middleton CT. The couple live in Portland, CT.

**Lovella Caluya** and her husband, Roberto Diaz, M.D., have announced the birth of their daughter, Tatyanova Lovella, September 2, 1994. She is doing a residency in psychiatry in California.

**Joseph Mullen**, a lieutenant in the U.S. Navy, has been on board the USS Wasp, which is homeported in Norfolk, VA, and was responsible for running the forward battalion aid station, according to a newspaper article.

**Maria Scunziano** is enjoying her second year of residency in internal medicine at Mount Sinai Medical Center in New York, where she plans to continue through June '96.

**John Travers** wrote a wonderful report on seven classmates and himself, all in the Health Professions Scholarship Program (HPSP). Before we give the rundown on the group, we will share the happy word that John and his wife, Carol, welcomed fraternal twins Mary Ellen and Laura on January 17 of this year. They join Matt, who is 2-1/2. The twins were just three weeks old and in great voice when we called John. Now for the news John reported.

**Bill Lowe** and he were deployed with the Army to Haiti as part of operation Restore Democracy. Bill was assigned to the 710th Medical Support Battalion in support of the 10th Mountain Division. John was assigned to the 27th Engineer Battalion of the XVIII Airborne Corps, where he ran a Battalion Aid Station. They arrived in Haiti September 26, '94 and both are now back in the U.S. and have been active duty general medical officers (GMOs) since August '94. Bill is normally at Ft. Drum, NY, John is at Ft. Bragg, NC, Barney Rosen and John Mullins (Jake) are Navy GMOs with the Marines at Camp Lejeune, NC. Jake had also been sent to Haiti, but John could not connect with him while he was there. Their Army HPSP classmates are Sam Ellonardo, now a PGY2 in internal medicine at Tripler AMC, HI, Venerando Seguriten (Rondo) PGY 2 in radiology, and Lakeshion Vadelani Pgy2, now at Walter Reed Army Medical Center.

**1994**

**Weijen Chang** writes: "Doing well at Duke and am now on the pediatrics side of Med-Ped there. Had the chance to get the 'hands-off' from Greg Guccione '93, a 2nd year ob/gyn resident at Duke, on several occasions while in the full-term nursery."

**James Januzzi, Jr.** writes that he is an intern in the internal medicine department at Brigham and Women's Hospital in Boston and is applying for cardiology.

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**In Memoriam**

| Louise Stauderman '19 | Saul A. Greenberg '37 | Robert Dunn '50 | Alan H. Parker '64 |
| Irving Singer '24 | Stuart A. Mason '38 | Lionel Chertoff '51 | Donald R. Balaban '65 |
| Saul Fortunoff '28 | John J. Greco '39 | Waldo E. Martin '52 | Jon M. Block '65 |
| Aaron M. Lefkowitz '28 | Anthony M. LoCastro '45 | Arthur C. Hickey '56 | Howard M. Siegler '65 |
| Emanuel Freund '29 | Edward P. Perley '45 | Donald F. Mesec '57 | Edward R. O'Keefe '66 |
| Emanuel Rubin '30 | Frank Primitich '45 | James McCann, Jr. '58 | Stephen J. Lembo '73 |
| Edward Fenimore '34 | Charles D. Kuntze '46 | Rita Macnow '60 | Theresa Kierenia '83 |
| Donald Meisel '34 | James E. Ehringer '47 | William Farlow, Jr. '62 | Steven Simon '84 |
| Martin M. Fisher '35 | Edward Bowen '48 | Martin Straussfogel '63 | Gerald T. Hannon '88 |
| Charles A. Priviteri '35 | Arthur C. Dietrick '48 | James F. Stover '63 | Jeffrey L. Crosby '91 |
Calendar of Events

<table>
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<tr>
<td>May 19-23, 1995</td>
<td>ALUMNI/AE REUNION WEEKEND</td>
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<tr>
<td>Friday</td>
<td>Class of 1970, 25-Year Reunion</td>
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<td>May 19, 1995</td>
<td>Roof of Terence Cardinal Cooke</td>
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<td>Saturday</td>
<td>Annual Alumni Banquet</td>
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<td>May 20, 1995</td>
<td>The Plaza, New York</td>
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<td>Sunday</td>
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<td>May 21, 1995</td>
<td>Milestone Reunion Luncheon</td>
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<td>Tuesday</td>
<td>136th NYMC Commencement</td>
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<td>May 23, 1995</td>
<td>Golden Anniversary of the Class of ’45</td>
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<td>Carnegie Hall, New York</td>
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New York Medical College
TWELFTH ANNUAL TRUSTEES’ CELEBRATION
TO BENEFIT THE TRUSTEES’ SCHOLARSHIP AND LOAN FUND

Your participation in the Gala Program Journal is invited.

The Annual Celebration Journal offers an opportunity to provide vital support for our medical students. To join the roster of individuals and organizations extending good wishes in the pages of the Journal contact: Janet H. Murphy, Office of Institutional Advancement, New York Medical College, Valhalla, NY 10595. (914-993-4550).

SAVE THE DATE AND PLAN TO CELEBRATE