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Fall 1998

## **Chironian Fall/Winter 1998**

New York Medical College

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# Chironian

New York Medical College



Fall/Winter 1998

## Inside

Brain Injury from a Research Perspective

Drawing the Line at Chimeras

Alum Protects Israel from Germ Warfare



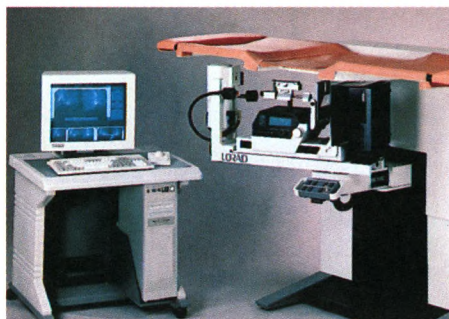
# Editor's Message

## What's A Chironian? Or, Back to the Future

Alumni with extraordinary longevity may recall that their Alumni Association appropriated the name **Chironian** for its flagship periodical in 1915. And with good reason: there was a lot of history there. The medical students had begun publishing under



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Conventional breast x-rays may give way to digital mammography. (Courtesy of Lorad Division, Trex Medical Corporation)

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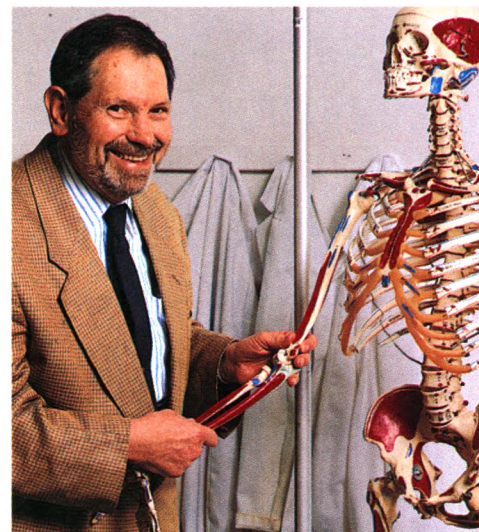
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Cover:

*The Centaur is the most famous chiron—part man/part animal creature—found in Greek mythology. Illustration by Patricia Ebersole. (see page 20.)*

*Discussing their research into brain injury are Maiken Nedergaard, M.D., D.M.Sc. and William T. Couldwell, M.D., Ph.D. (see page 3.)*



# Chironian

New York Medical College

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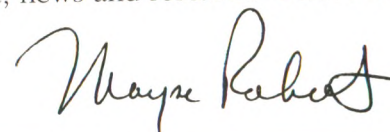
## Editor's Message (continued from Inside Front Cover)

that name in 1884. The College assumed responsibility for the journal's publication in 1906.

Flash forward to 1998, when the Office of Public Relations and the Alumni Association join in producing the new university publication: **Chironian**. We have redesigned IMAGES and combined it with the best of the alumni news and features of the old **Chironian**—one part nostalgia, two parts research, teaching and clinical care. Shakespeare pondered what's in a name. Often a great deal.

**Chironian** was named after Chiron, noblest and wisest of the half-man, half-beast centaurs of Greek mythology, who in giving humans the knowledge of herbs and plants is believed to have introduced medicinal relief to mankind. Today, we could call this creature a chimera—in Greek mythology, a fire-breathing monster usually represented as having a lion's head, a goat's body and a serpent's tail. Webster's entry on chimera includes a biological definition: "an organism having two or more genetically distinct types of cells due to mutation, grafting, etc." This definition does not take into account the wondrous techniques of molecular biology, which coincidentally brings us to Stuart Newman, Ph.D. The professor of cell biology and anatomy garnered a great deal of publicity last spring when he filed for a patent on the methodology required for creating human/animal blends. You may be surprised to find out why he and Jeremy Rifkin, the longtime watchdog of biotechnology innovation, decided to do this. (See page 20.)

Mary Jane Guffey, alumni liaison, and I welcome your review of this first edition of the university's journal of people, news and research. Please let us know what you think.



## Upcoming Continuing Medical Education

### October 29, 30

*Current Concepts in Knee Reconstructive Surgery*

Program Director: Steven B. Zelicof, M.D., Ph.D., associate professor of clinical orthopaedic surgery

CME Credits: 17 hours

Westchester Country Club, Rye, N.Y. 7:00–5:00 (each day)

### November 5

*2nd Annual Hudson Valley Children's Hospital Conference*

Program Directors: Leonard J. Newman, M.D., professor and chairman, Department of Pediatrics  
Michael Gewitz, M.D., professor and vice chairman, Department of Pediatrics

CME Credits: 8 hours

Hotel Thayer, West Point, N.Y. 8:00–4:00

### November 18

*Innovative Approaches to Surgical Dilemmas*

Program Chairman: John Savino, M.D., professor of surgery

CME Credits: 4-5 hours

Baird Auditorium, Cedarwood Hall, Valhalla, N.Y. 11:00–4:00

### January 24-30, 1999

*Current Concepts & Controversies in Medicine and Surgery*—Annual Alumni Winter Seminar

Program Chairman: Joseph F. Dursi, M.D., associate dean for continuing medical education

CME Credits: 20 hours

Westin Rio Mar Beach Resort & Country Club, Puerto Rico

For further information, please call the Office of Continuing Medical Education at (914) 594-4487





# The Professor Who Combats Brain Injury with Research

By anyone's standard,  
Maiken Nedergaard,  
M.D., D.M.Sc., has  
chalked up a decade of

accomplishment since leaving Denmark for America. She became a wife and mother of four, attained full professorship in two departments at New York Medical College and broke new ground in the investigation of brain injury. And, sums up Joseph D. Etlinger, Ph.D., the department chairman who recruited her, "She's becoming a superstar in the cellular mechanisms of stroke."

You can find the engaging scientist in her Department of Cell Biology and Anatomy laboratories where she oversees a group of eight researchers consisting of collaborators, fellows, residents and assistants who are regularly challenged by inquisitive medical students. Perhaps these fledgling physicians will be attracted to research rather than clinical care as Dr. Nedergaard was—after a

residency in neurology and neurosurgery at a hospital in Copenhagen. Still, the aftereffects of having treated patients are very much with her; they also clarify her secondary appointment in the Department of Neurosurgery and a collaboration with its chairman, William T. Couldwell, M.D., Ph.D.

## Helpless bystander

"In stroke, most injury to the brain occurs *after* the patient is admitted to the hospital. It's like an explosion—the damaged part of the brain develops over three or four days. If you can intervene you could limit the damage...When a patient is admitted, you can see the stroke developing before your eyes, and there is nothing you can do," Dr. Nedergaard insists. "For all practical purposes, the prognosis hasn't been improved upon in 40 years.

"The brain has two kinds of cells: neurons and astrocytes. Astrocytes are not independent cells; they are connected through specialized connections or channels called gap junctions. The central hypothesis of my work is that the spread of injury is mediated by calcium signals that pass between these neighboring brain cells [astrocytes] through the gap junctions. I am testing two related theories—that astrocytes are important in the development and spread of injury, and that interfering with the calcium signaling may help confine the injury and preserve brain tissue," she states. "The overall goal is to establish the role of astrocytes in normal brain function and in stroke...This should provide an entirely new target for clinical intervention—a way to limit the expansion of stroke by designing new treatments for these gap junction channels."



To simplify the clinical problem down to fundamental cell biology level, Dr. Nedergaard, in turn, must study gap junctions in a clinical way. Eventually, Dr. Couldwell will take over the clinical aspect and work with patients.

### Funding research

Her benefactors are the National Institutes of Health (NIH) and the American Heart Association. The latter bestowed an Established Investigator Award of \$650,000 for "An analysis of delayed neuronal death in hippocampus following experimental brain ischemia." The NIH named her principal investigator for several prestigious RO1 grants, one for \$1.7 million to study "The neurobiology of neuronal death in vitro," another for \$683,300 to research "In situ imaging of neuronal Ca<sup>2+</sup> in acute brain injury," and a third for \$1.5 million to examine "Control of astrocytic calcium signaling."

Dr. Nedergaard has been in the forefront of publishing on these avenues of investigation. One of her collaborators is Jane H. Lin, Ph.D., assistant professor of pathology; their work concerning "bystander death" has been published in the journal *Nature Neuroscience*. The bystanders are normal astrocytes which have been transfected with a gene (bcl2) to make them resistant to ischemia (insufficient blood supply, as in an ischemic stroke). Then they are

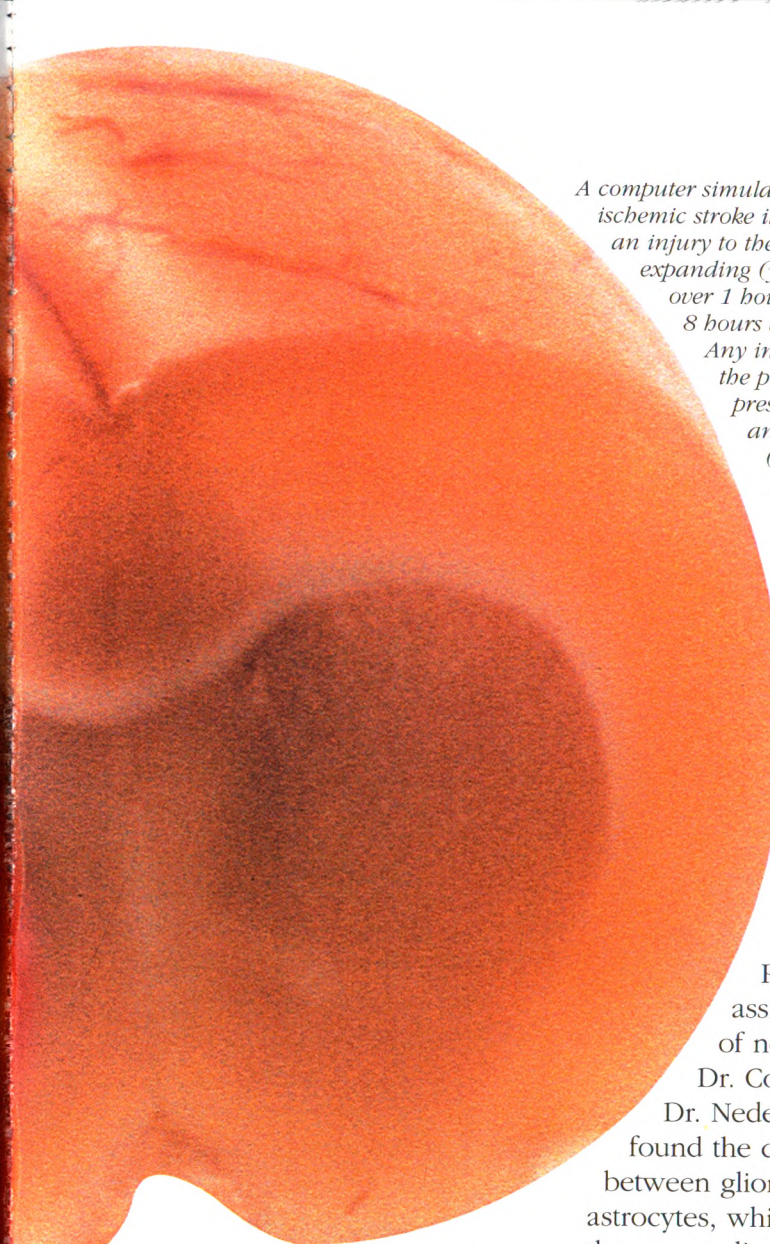


Maiken Nedergaard, M.D., D.M.Sc., left, designed this fluid percussion injury model built in the College machine shop to mimic the pressure waves that are typical in head trauma. Her collaborator in the study, who is raising the piston-like weight of the instrument, is Jian Kang, M.D., Ph.D. With rat brain or cell cultures as the target, the machine can simulate the effects of a head hitting the steering wheel in an accident when a car is traveling at 40 miles per hour.

mixed with non-transfected astrocytes. When the cell mixture is exposed to ischemia, the normal astrocytes die off first and compromise the survival of the hardier transfected astrocytes. "We believe it is caused by calcium pouring through the gap junction channels that connect the resistant bcl2-expressing astrocytes to the surrounding cells," says Dr. Nedergaard.

As for the normal brain, she and Jian Kang, M.D., Ph.D., assistant professor of cell biology and anatomy, are studying how astrocytes modulate the electrical activity of neurons and thereby, normal brain





*A computer simulation of an ischemic stroke illustrates how an injury to the brain keeps expanding (yellow to red) over 1 hour, 3 hours, 8 hours and 24 hours. Any interference in the process would preserve brain cells and limit disability. (Courtesy of Maiken Nedergaard, M.D., D.M.Sc.)*



*William T. Couldwell, M.D., Ph.D., professor and chairman, Department of Neurosurgery.*

functions. "The implication is that a person also thinks with astrocytes. This is a controversial subject because astrocytes have always been considered support cells and only neurons were involved in thinking," says Dr. Nedergaard.

### **Brain tumors, too**

The other gap junction offensive concerns their relationship to astrocytes, glioma cells and gliomas—the most malignant of brain tumors which are 100 percent fatal. Wei Zhang, M.D.,

Ph.D., research assistant professor of neurosurgery, Dr. Couldwell and Dr. Nedergaard have already found the direct connections between gliomas and normal astrocytes, which "could explain the personality changes in people with gliomas," she asserts. "The channels could also explain why gliomas are so infiltrating and why they are so hard to remove surgically; it's even hard to tell where the borders are between astrocytes and gliomas. The direct link between tumor and non-tumor glia cells may cause a phenotypical transformation of normal brain cells."

She and Dr. Couldwell are also working on another way to improve the outcome of stroke by introducing neuronal progenitors (stem cells) into areas of damaged brain tissue. "The rationale is that the newly generated neurons will

assume and restore the functions of the injured region," Dr. Nedergaard explains. Not coincidentally, there is a third party to this investigation—Steven Goldman, M.D., Dr. Nedergaard's husband and longtime collaborator. A professor of neurology at Weill Medical College of Cornell University and an attending at New York Presbyterian Hospital, Dr. Goldman is one of the discoverers of adult neural progenitor cells. The trio are preparing stem cells for both experimental and therapeutic implantation in a line of investigation that shows great clinical promise.

"Even though these projects are all very basic in terms of level of research, they apply directly to the treatment of brain injury, Dr. Nedergaard emphasizes. "I like to look at them as translational research—something in between basic and clinical research."



# *It's Been A Long Time In One Place...*

*Two members of the graduate faculty of the Graduate School of Basic Medical Sciences who collected an inordinate share of Excellence in Teaching Awards have retired from their regular teaching positions in the School of Medicine. Giancarlo Guideri, Ph.D., and Eugene P. Wenk, Ph.D., earned their Ph.D.s from and taught their entire careers at New York Medical College.*

## '69

### **Giancarlo Guideri, Ph.D.**

Sometimes it was hard to make out what Giancarlo Guideri, Ph.D., '69, was saying, but he was never difficult to understand. For despite his legendary good humor and an accent that belied his 40 years in America, the pharmacology professor played it straight with the second-year medical students who were his charges for 18 weeks, every January to May.

"There is no curve! Passing is 66—65 you fail. That's it!" he would say, clapping his hands like a pair of cymbals. He would entreat his students, "You got a problem? Talk to me. The faculty is here to help."

After nearly 30 years at New York Medical College, the educator who had won an Excellence in Teaching Award 15 times retired in June. For 10 of those years, Dr. Guideri directed the pharmacology course.

#### **Promised land**

Actually, he spent 34 years at the



College if you count the time it took to get his Ph.D. Dr. Guideri was working as a lab technician in the pharmacology department when he decided to enter the Ph.D. program that had commenced the previous year. He had emigrated from Siena, Italy, in 1958, working as a waiter while he earned an undergraduate degree in chemistry at Long Island University, and a master's degree in organic chemistry from New York University.

"How did I do it all?" he wonders. "It's a chance, so you do it. I worked like crazy!"

Dr. Guideri's initial research interest was the control of heart rhythm, and he developed a rat model for sudden death from ventricular fibrillation. But when his grants from the American Heart Association and the National Institutes of Health expired, he turned his love of teaching into a full-fledged passion.

"My greatest satisfaction has been the recognition from students," he says. "The pharmacology course is very relevant for them. It's the last course they take before the clinical experience. How to use drugs! Medical students

have previous knowledge of physiology, neuroscience, biochemistry and pathology, and so they can make the most of the course. We are aware this is the only formal course in pharmacology they will have, so we give very strong fundamentals. What they learn will help them in their careers."

#### **No ivory tower**

Dr. Guideri sat in with his students on every pharmacology lecture—whether given by department faculty or guest lecturers. "I think it's very important that students don't feel you just leave them there," he reasons. "I tell the



faculty to get involved in give and take. What I tell my students is that the grade isn't everything—you should be enjoying what you are doing...They are lucky to have this faculty, maybe the best in the country."

His colleagues have not seen the last of him. Dr. Guideri insists he will attend other department lectures here, something he never had time to do. "I'm not going to be bored, I'll enjoy whatever I do. I even had fun being a waiter," he says. "I'm healthy and I hope God will maintain me this way. My wife and I will enjoy travel and maybe I'll write something—perhaps a book on pharmacology. I'm looking forward to these new experiences. We're in New York, the center of everything. Mamma mia! There are so many things to do."

For sure they will include watching his three children perform. Violinists Jessica and Lucas are students at Juilliard and Stony Brook, respectively. Cellist Danielle attends Queens College. They did not get their talent from their father, who plays no instrument. "I play the radio," Dr. Guideri smiles.

## '72 Eugene Wenk, Ph.D.

Entering medical students get a large dose of reality when they start gross anatomy class and see their cadavers for the first time. Eugene J. Wenk, Ph.D. '72, has coddled these neophytes through

the encounter for 20 years, but with such sensitivity that they never lose their veneration for the human body. Although the professor of cell biology and anatomy stepped down from directing the course in 1996, he formally retired from his full-time tenured position only this past June. Yet all is not lost. Dr. Wenk, a co-founder of the Graduate Student Association, will continue to direct postgraduate anatomy programs for residents in surgical sub-specialties and consult with clinical departments in their research.

"I want to devote my time to this challenging responsibility without the obligation of presenting lectures and teaching first-year medical students several hours a day in the dissecting laboratory," he says. "The postgraduate



programs are an important educational opportunity for residents to get further training in anatomy relative to their specialties." The targets are  
(continued on page 17)

# Kudos All Around

## We Are Making our Presence Known

❖ When *New York* magazine offered its own list of best doctors in New York City in June, there were 78 with faculty appointments at New York Medical College who made the grade. That translates to 6.4 percent out of the total list of 1,218 physicians. Thirteen of the 78 also were alumns, while another 49 of the total 1,128 were alumni but not faculty members. The list included both primary care doctors and specialists. The preliminary survey, sent to more than 28,000 doctors, nurses, hospital executives and leading specialists in the greater metropolitan area, asked only: *Whom would you send a member of your family to see?*

❖ New York Medical College was 1998 educational honoree of the Westchester/Putnam Region of the American Heart Association when it celebrated its 50th anniversary in May. The College is currently being supported by the association with some \$500,000 in funding for 13 researchers.

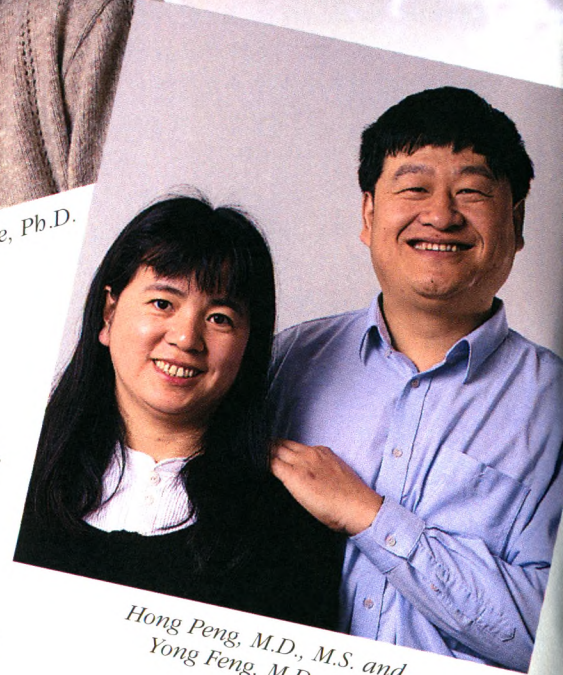


# Post- and Still

Scholars at New York Medical College come in various stages of enlightenment—undergraduate medical students and residents, master's and doctoral candidates, and postdoctoral fellows who are narrowing their investigations to a specific point of curiosity. Many of these post-docs, as they are affectionately known, have come to the U.S. through the Exchange Visitor, or J visa, program. This most complicated of visas encompasses a wide variety of individuals and activities that qualify for educational and cultural exchange purposes under the sponsorship of particular agencies and organizations which are designated as sponsors by the United States Information Agency. Here is a sampling of research scholars at the College, which has been a sponsor for many years.



Esther Belmonte, Ph.D.



Hong Peng, M.D., M.S. and  
Yong Feng, M.D., M.S.



**Esther Belmonte, Ph.D.**, 31, is working

on the post-doc in biochemistry and molecular biology that is required of all doctoral candidates who attend the University of La Coruna, her home town, in Galicia in the north of Spain. To further her interest in protein purification, she searched the Internet and discovered Ernest Y.C. Lee, Ph.D., professor and chairman of the College department. Dr. Belmonte is investigating inhibitor 3, a protein that interferes with pp1 (phosphatase) which is involved with turning other proteins off and on in cells. She is also assisting Marietta Lee, Ph.D., in the study of DNA polymerase delta complex in mammalian systems.

landscaping that makes everything "look like a park." On her short list of positives and negatives are bravos for the opportunities America offers in research, and the thrills she finds in exploring Manhattan for its theater, movies and night life. She is much less enthusiastic about the Motor Vehicle Bureau, where her ordeal to obtain a license started with having to show six pieces of identification and ended with the demand that she shorten her legal name: Maria Esther Rodriguez Belmonte. All in all, she admits, she prefers the way of life in Spain: "Here people are working all the time, even on weekends. When you finish a Ph.D. you have to think of all things in life. We enjoy life. It's very important!"

Not only is this Dr. Belmonte's first visit to the U.S., but also her first time out of Europe. She is struck by the variety of trees and the



In China, medical residents are required to do research.

**Yong Feng,**

**M.D., M.S.** (in surgery), 39, chose to do his in Valhalla, after a short stint in California. His wife, **Hong Peng, M.D., M.S.** (in cell biology), 37, wrote to Joseph D. Etlinger, Ph.D., chairman of the College Department of Cell Biology and Anatomy, from Japan where she was concurrently doing research. Dr. Etlinger's published work on the drug clenbuterol, a beta-2 agonist, was the attraction. So while their four-year-old son remains home in Shenyang with his grandmother, the couple investigate clenbuterol's influence on neuromuscular diseases where there are pathological weakness and spinal cord injury.

Dr. Feng and his wife are comfortable here where so many



# Ph.D. Learning

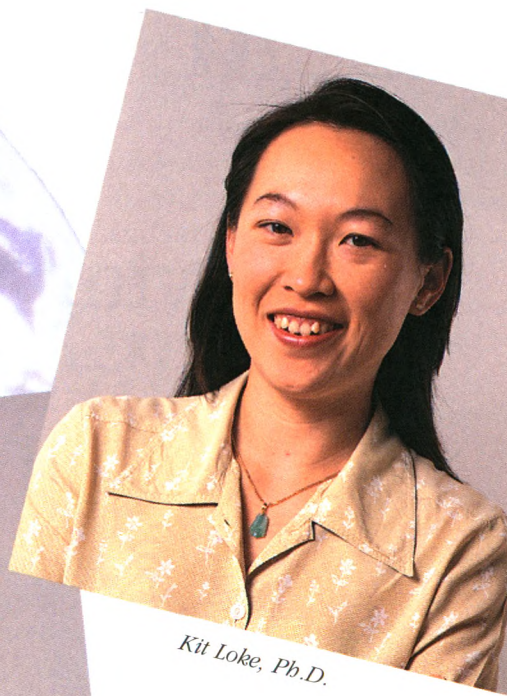


Joerg Willers, Ph.D.

scientists also speak Mandarin Chinese. They marvel at many things that are far from commonplace in China. "Here the average person goes on to higher education, and the air is so clean," he says. Travel is the best part: "In China we often go by bike, bus or train. It is very hard to find a place to park a car. Here without a car you can't go anywhere." Proud owners of a 1991 Toyota, they go often to one of Westchester's libraries, which are in short supply back home. The one thing they agree leaves something to be desired in America is the Chinese food, but that is not a problem. "My wife is very good at cooking Chinese food," says Dr. Feng.



**Joerg Willers, Ph.D.**, (pronounced York Villers), 34, has had a



Kit Loke, Ph.D.

long-standing collaboration with Soldano Ferrone, M.D., Ph.D., chairman of the Department of Microbiology and Immunology. After they attended a conference on cancer in Bonn, Germany, a fellowship was arranged through a foundation related to the German government. Dr. Willers is doing experimental basic research in melanoma that he expects eventually will lead to clinical trials. Specifically, he is looking for a peptide that can be synthesized to mimic the markers on melanoma cells (melanoma markers don't cause an immune response), and stimulate the body to respond with an antibody.

Dr. Willers became a specialist in immunology after earning his Ph.D. degree at the University of Konstanz in southern Germany. He calls his time in America "a great experience to do something different here...I like the American spirit—'Great, let's try it.' In Germany, people think more of the risk. It's much easier here to find someone to listen to you...We live much more with our traditions in Germany. Here they are only a couple of hundred years old, or,

they are whatever you brought over with you." While he relishes the new skills he is learning, Dr. Willers has no regrets about going back: "I want to apply for a professorship at a German university."



When it comes to networking, **Kit Loke** (rhymes with

Coke), Ph.D., 27, illustrates how it should be done. Her Ph.D. supervisor at Melbourne University in Australia and Thomas H. Hintze, Ph.D. '80, professor of physiology, were fellows together at Harvard. That explains how a doctor in pharmacology became interested in blood pressure, blood flow, heart rate and metabolism by studying oxygen consumption and the use of blood substitutes in transgenic animals.

This is Dr. Loke's first post-doc and first visit to the U.S., which augments her fascinating background. Born and raised in Kuala Lumpur, Malaysia, she is a permanent resident of Australia. She and her husband talk English at home because they speak different Chinese dialects. They are looking forward to more travel after having visited Niagara Falls, Toronto, Lake Tahoe (for a conference on ischemic heart disease, where she "got to see all the people I've been reading articles by"), Washington, D.C., and Disney World. This prompts her to mention that she hates to pay tolls. "There are no tolls in Australia, and I only remember a few in Malaysia," she says. When informed that one did not have to be a monthly commuter to qualify for Easy Pass, she was so elated that she said it might even compensate for having to drive on the *wrong* side of the road here.



## Two Wellcome Fellows Visit the College

History shall record that in the year 1998, two distinguished scientists visited the College as a Wellcome Visiting Professor in the Basic Medical Sciences. Only 28 people are sponsored each year by the Burroughs Wellcome Fund at universities, medical schools and other non-profit scientific research institutions within the U.S. The program is designed to promote interactions among prominent visiting scientists and scholars and the faculty, students, researchers and practicing physicians associated with the host institutions.

Visiting in the spring were Stanley G. Nathenson, M.D., professor of microbiology and immunology and cell biology at the Albert Einstein College of Medicine in the Bronx; and David G. Harrison, M.D., a professor of medicine and staff cardiologist at Emory University School of Medicine in Atlanta. Hosting the scholars were the College departments of Microbiology and Immunology, and Physiology, respectively.

# ALUMNI

## Living with the Weight of Israel on Your Shoulders

It's only 240 miles long and 40 miles wide—about the size of New Jersey. But politically and strategically, Israel is as big as they come. And with Iraq but a Scud missile away, who would want the responsibility of defending Israel from biological warfare? Well, Stephen A. Berger, M.D. '67, born in the Bronx and raised in Rockaway, Queens, does. Associate professor of medicine at the University of Tel Aviv and director of clinical microbiology and geographic medicine at Tel Aviv Medical Center, Dr. Berger is involved in policy making as well as the more mundane aspects of the job, like making sure every family has gas masks and antibiotics on hand in case the wind blows anthrax their way.

### Inside information

Almost facetiously he's asked about *developing* biological weapons and he replies, in all seriousness, "Honestly, I've never heard that Israel has biological weapons. I probably would know at some level."

And that might be as a crack software developer whose own company developed and continues to market the program GIDEON (Global Infectious Diseases and Epidemiology Network). GIDEON

is installed at 1,500 sites—health ministries, medical libraries, the World Health Organization, the U.S. and Israeli armies, clinics and laboratories—in 40 countries. Dr. Berger says it is the only program designed to "diagnose or simulate all infectious diseases in all countries based on patient signs, symptoms and laboratory tests. GIDEON also follows the status of each individual disease in each country, for example, how much typhoid is reported in Denmark, or who is getting AIDS in Brazil."

Another software venture with his 20-year-old son is headed for the Internet this fall. Called VIPatients, the compendium is an update of a book, *Of Natural Causes*, he wrote in 1991 which is a collection of the diseases and deaths of all famous persons from the Bible to the present time. "They even include animal movie stars," he says, "and it's interactive. You can find out who died the year you were born, or say, what composers died of cancer in the nineteenth century."

When did he find time to do this? "When my wife was in medical training," says Dr. Berger. "I had nothing to do at night, so I started in the upper right hand corner in the Brooklyn Public Library and went down three floors until I finished at the bottom left. I did



this before the computer and it's all on index cards. I still keep it up to date every day."

## Learning fast

That Dr. Berger would make the most of every situation is predictable from a CV that begins with an undergraduate degree from Brooklyn College and a medical degree from NYMC when it was located at Flower and Fifth Avenue Hospitals. He went on to do his residency in internal medicine at Metropolitan Hospital where "it was never boring," he recalls. "There were no interns in those days and the senior students acted as interns. We grew up medically—fast." Then came three years as a Navy doctor during which a defining moment occurred in his life:

"I was on leave from the ship in Greece and I flew over to Israel for the first time. We were on a bus when the driver stopped and pointed out the city of Jerusalem on the hill. I just started crying... There is no logical reason. It just grabbed me. I made up my mind that one day I would live there."

And indeed he did, emigrating one year later after finishing a fellowship in infectious diseases at Montefiore/Einstein in the Bronx. But the doctor he married in Israel was on her way back to the U.S. to continue her surgical training at Boston Children's Hospital. So he did another fellowship at Tufts/New England Medical Center, and a third at NYU/Bellevue. Years later he added one more in clinical microbiology from Montefiore.

## College stint

In 1977, Dr. Berger returned to his alma mater and became an associate professor of medicine and preventive medicine, and a research professor of microbiology. He also served as director of infectious diseases at the College as well as at



Metropolitan and Lincoln hospitals. (He was succeeded by Gary P. Wormser, M.D., who continues to lead the infectious diseases division today.) But as one year stretched into another, the Bergers got restless and in 1982, they returned to Israel.

"I didn't know a word of Hebrew, so I had to learn it on the job and in the street," Dr. Berger admits. "I still teach in Hebrew with a bad accent, but it can't be that bad. I got the teacher of the year award three years ago." (He also mentions that he got a similar accolade four times at the College.)

As he describes his clinical role in Israel, where there is socialized medicine free to all, Dr. Berger focuses on the geographic medicine part, which allows him to use his own GIDEON program to play epidemiologist throughout the world. "We follow travelers, armies, students, tourists and immigrants," he explains. "Israel is a microcosm of this. We have Russians, Ethiopians and Filipinos coming in, and we have Israelis, who like to travel, going out. We run a clinic where they can get shots and pills." He has written several books on infectious and travel diseases in addition to some 150 professional papers. But still he must make time for his side interests.

"As a department head, I take home \$2,000 a month. You can't support a family on a doctor's pay, so we all do other things. I have to send my kids to college," he rationalizes.

Though low pay and incidents (as he refers to terrorist attacks) make Israel something less than Shangri-La, it still offers a wonderful life, Dr. Berger insists: "Our kids grow up healthy in a mental way." But will there ever be peace for Israel? "There is no logical or practical solution to the problem," he says. "I don't think there will ever be peace unless something earth-shaking happens, like a Berlin Wall coming down or a Gorbachev coming up."

P.S. Dr. Berger says he would be delighted to hear from his friends. His e-mail address is [mberger@post.tau.ac.il](mailto:mberger@post.tau.ac.il).



# How To Be A Heavy Hitter from Day One

Joseph T. English, M.D., professor and chairman of the Department of Psychiatry and Behavioral Sciences, is a master at the game.

On the day Joseph T. English, M.D., finished his residency in psychiatry he was appointed the first chief of psychiatry for the Peace Corps. How was that possible? You can ask him yourself, if you have an hour to hear the answer. Dr. English is as good a talker as he is a listener, and his stories just add another dimension to his appointment as chairman of the Department of Psychiatry and Behavioral Sciences at New York Medical College last January. The designation caps a history of illustrious positions that followed his Peace Corps stint, where he played a major role in the selection, training and field support of all volunteers.

Dr. English's appointment as chairman is another kind of milestone, as it tops off an alliance with the College that began in 1979 when he was named a professor of psychiatry. The event was academic in more ways than one, since it was he who had negotiated the first affiliation agreement between the College and Saint Vincents Hospital and Medical Center, where he was and still is chairman of its department of psychiatry. (Representing the College was Samuel H. Rubin, M.D., now provost and dean emeritus.) Dr. English continues as associate dean of New York Medical College for Saint Vincents.

## Serendipity in spades

It all began after Dr. English finished his education at St. Joseph's College and Jefferson Medical College,

and internship at Jefferson Medical College Hospital. All are in Philadelphia, the place of his birth. During his residency there at the Institute of the Pennsylvania Hospital, he began to take an interest in late adolescents and college students, and he persuaded the powers that be to authorize the first clinical program in the area between a Catholic institution and a psychiatric facility.

It was groundbreaking, he says, because "at the time [1960], there was a perceived estrangement between Catholicism and psychiatry...We were looking at the cultural impact of a small liberal arts college [his alma mater St. Joseph's] on the development of social values in late adolescence and we began to see hundreds of students. One of the papers we published came to the attention of the director of Harvard's Student Health Service who recommended that I receive formal research training at the National Institute of Mental Health in Bethesda. I spent my third year of residency there at the clinical center."

This famous little paper next caught the attention of Sargent Shriver, brother-in-law of President John F. Kennedy and director of the Peace Corps. It had been forwarded by one of Dr. English's teachers at the Pennsylvania Hospital who knew Shriver was looking to hire a psychiatrist. Shriver was so impressed he immediately summoned Dr. English to his office.



## The serendipity continues

"I was the lowest form of human life with an M.D. degree—a psychiatry resident and a research associate. There were 12,000 people at the clinical center and it took them a week to find me," Dr. English smiles.

One month later, as a member of the U.S. Public Health Service, Joseph T. English, M.D., became chief psychiatrist for the Peace Corps. By 1966, he was Director for Health Affairs, Office of Economic Opportunity, Executive Office of the President of the United States. And by 1968, he was Administrator of Health Services and Mental Health (with the rank of assistant secretary), the largest agency for health in the U.S. Department of Health, Education and Welfare, and the highest professional appointee in health in the federal government.

One post Dr. English did turn down during the Kennedy years was the invitation to become the president's special assistant for mental health: "I felt I was too young for the position." But he was not yet finished serving the administration. "After President Kennedy was assassinated," he recalls, "I spent four days in the White House helping Mr. Shriver make arrangements for the funeral."

Dr. English was not asked to move on when the Nixon Republicans replaced the Johnson Democrats, but he only remained one year. "I resigned because I could see what was coming," says Dr. English. Yet even this resignation took a proactive turn.



New York City Mayor John F. Lindsay read of English's resignation and tapped him to be first president of the New York City Health & Hospitals Corporation, the nation's largest municipal hospital system with an expense budget then of \$800 million. After three hectic years, he left for Saint Vincents, where he currently presides over the Manhattan and Westchester divisions comprising 210 psychiatric beds, 67,000 patient days of care and 90,000 outpatient visits a year. A former president of

the American Psychiatric Association, he also continues as its chief delegate to the American Medical Association just to make sure he never has leisure time.

## Signs On

His acceptance of the College Department of Psychiatry chairmanship came only after a period as acting chairman during which he did a study of the department. "I was satisfied," he reveals, "that it had great potential. In fact the potential is enormous,

*(continued on page 24)*





# The Unnecessary Breast Biopsy Match May Have Met Its

*If his study of digital mammography with contrast dye pans out, radiologist Rand J. Stack, M.D., will reduce the rate at which breast biopsies are performed. He is looking for more patients at Westchester Medical Center who will participate in the research.*

Any woman who has had a biopsy for a suspicious lump in her breast is so elated when it turns out to be benign that the terror and mechanics that beset the surgical procedure hardly matter. But in fact, some 60 percent to 80 percent of the lesions recommended for biopsy are *not* malignant. Rand J. Stack, M.D., puts the figure at 77 percent, and he thinks he knows how to reduce that number with the advent of digital mammography and a special technique called digital COSMIC (computer subtraction mammography with intravenous contrast). If he's right, it may be possible to eliminate 57 percent of breast biopsies, he says, saving 280,000 American women annually from the related pain, anxiety and expense.

Dr. Stack, assistant professor of radiology at the College, is director of mammography services at Westchester Medical Center and

principal investigator of an ongoing study that commenced with an initial grant from Nycomed Inc. of Princeton, N.J. The company makes the non-ionic contrast dye used in CT-scans.

## **Mammography explained**

There is no question that mammography saves lives. Utilizing x-ray film within a cassette, mammography produces an image with the least dose of radiation of any medical x-ray. (This is possible due to the breast's composition of soft tissue, which is compressed during the taking of the x-ray.) But mammograms are not perfect. They fail to recognize 10 percent of cancers that are present, and cannot reliably distinguish malignant tissue from benign. The odds should improve, however, when the ImageChecker—a computerized system approved in June by the

Food and Drug Administration (FDA) to double-check mammo-grams—becomes widely used.

Now comes digital mammography, a technique that transfers an x-ray image of the breast to a computer disk for storage. The image has been converted into tens of thousands of tiny squares called pixels, each of which is assigned a number according to its place on the spectrum from black to white. The image can be called up on a high-resolution computer monitor and read immediately. Besides obviating the time it takes to develop films, the use of a view box to read them, the space required to store them and the delay and expense in delivering them for viewing by other doctors, digital x-rays have decided advantages.

"We can more easily compare the new x-rays to those from other



years," Dr. Stack says, which facilitates picking up any changes that may have occurred in the breast. "Better yet, we can use the mouse to magnify questionable areas and adjust the contrast in an x-ray." And radiologists can use computer programs to help recognize and flag any suspicious sites.

### **Extending use**

The FDA approved the application of digital mammography in 1993, but only for "spot digital" use (5cm x 5cm field of view) in stereotactic biopsy. "Dr. [Rita] Girolamo ordered the prototype machine in 1992 and we were the first in the country to use it," recalls Dr. Stack. "Now it is standard throughout the country."

(Dr. Girolamo, professor emeritus of radiology, operated the equipment in Munger Pavilion. The manufacturer was the Lorad Division of Trex Medical Corporation in Danbury, Conn.)

And soon, Dr. Stack predicts, the FDA will authorize the operation of full breast digital mammography that will afford patients a "fluoroscopy" for real-time evaluation of breast findings. Furthermore, since "digital mammography de-couples the image display from the image receptor, those vans that do screening can be anywhere," he points out, "and mammograms can be read at any computer by way of a phone line. So women won't have to be called back when a view isn't good or something suspicious is seen."

There are ancillary advantages as well. The radiologist who did the

procedure will be able to retain and retrieve an image forever, even when a patient or another doctor has taken a copy "away." Digital mammograms also will eliminate the cost of film (\$4 for a standard mammogram), but those savings will be a long time in coming; a conventional mammography machine costs about \$100,000, while a digital version is priced at \$200,000.

### **Research angle**

Dr. Stack's Digital COSMIC study was off and running after he presented a paper in April, 1997, before the American Roentgen Ray Society in Boston. The protocol calls for performing spot digital mammograms on women with a suspicious mass who have been scheduled for biopsy. The procedure is then repeated with an injection of contrast dye. "The dye will enhance the appearance of a cancer because of the increased blood flow to malignant tumors," posits Dr. Stack. "A benign tumor will not be enhanced, and the biopsy will ultimately confirm or deny the diagnosis." Though his early results are encouraging, he says, he must perform the procedure on many more subjects before reaching a definitive conclusion.

At Westchester Medical Center, Dr. Stack estimates he reads three-quarters of the 2,000 mammograms taken each year. A small percentage of them turn out to be abnormal. If Digital COSMIC is successful, it could eliminate the biopsies endured by more than half those women who have suspicious lesions, he projects. Whether more patients will reward his patience remains to be seen.

## **Cancer Research Gets \$50,000 Boost**

The grateful parents of a three-year-old leukemia patient have donated \$50,000 to support the work of the Children's Cancer Research Fund (CCRF). Linda and Andrew Brenner declared at the presentation ceremony last March that their son, Noah Rudman Brenner, might not be alive were it not for the timely diagnosis and skilled treatment he received from his pediatric oncologist, Somasundaram Jayabose, M.D. Dr. Jayabose is assistant professor of pediatrics at the College, chief of pediatric hematology/oncology at Westchester Medical Center and founder of the CCRF.

The donation, made in Noah's name, is the single largest contribution from an individual in the CCRF's five-year history. The money will primarily fund research efforts, while a small portion may go toward improving support services at the Children's Cancer Treatment Center at Cedarwood Hall on the Valhalla campus.

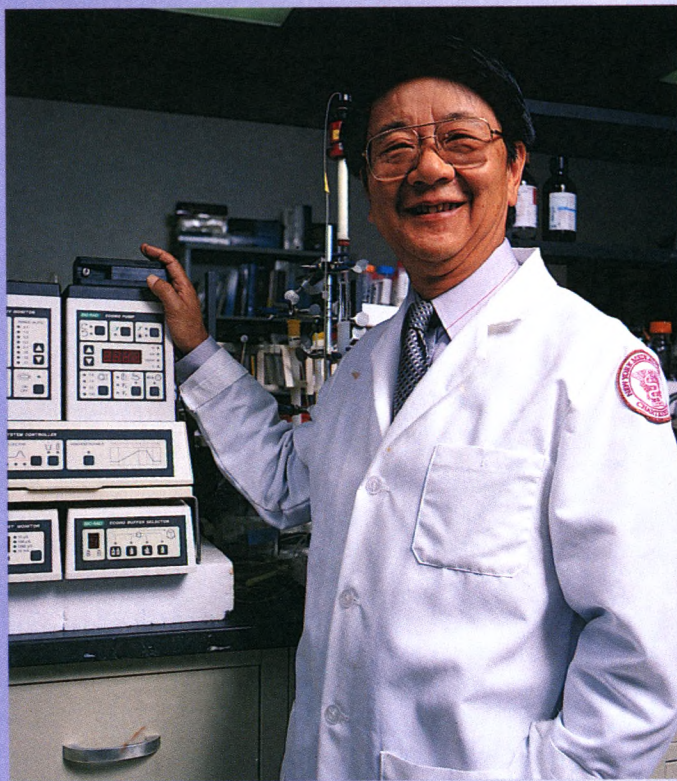


# The Biochemist who came in from the Heat for Good Science

**Ernest Y.C. Lee, Ph.D., will continue to study the protein phosphatase in the collegiate environment he craves.**

It takes more than the right stuff to spend 25 years studying the regulation of a single enzyme, even if it is the protein phosphatase. "It's becoming clear that this enzyme—part of the cellular switching mechanisms—will be very important in regulating a diverse array of all functions in the body, including cell growth," says one of its foremost researchers who is recognized internationally for his work. That person is Ernest Y.C. Lee, Ph.D., professor and chairman of the Department of Biochemistry and Molecular Biology at New York Medical College, who isolated phosphatase in 1974 from a mammalian protein. "I thought my study would last five years, but it's a very complex system," says Dr. Lee. "We continue to find new things about it."

Dr. Lee resettled last fall from Florida, where he was professor and interim co-chairman of the department of biochemistry at the University of Miami School of Medicine. He began his career there in 1967 following a fellowship at the University of Washington, Seattle, with E.H. Fischer, Ph.D., the Nobel Prize winner who pioneered the study



*Ernest Y.C. Lee, Ph.D., professor and chairman of the Department of Biochemistry and Molecular Biology, with his liquid chromatography system.*

of the regulation of proteins by phosphorylation mechanisms. A native of South Africa, Dr. Lee earned his undergraduate degrees in chemistry, physics and organic chemistry at the University of Cape Town. He traveled to the University of London at the Royal Free Hospital School of Medicine for his Ph.D. in organic chemistry.

## **Research environment**

A contemplative man who admittedly doesn't seek the limelight, Dr. Lee describes himself

as analytical and philosophical. He speaks softly and deliberately when he discloses why he decided to move his life to a campus in Valhalla.

"Thirty years in one place is a long time," Dr. Lee says simply. "I watched [Miami] grow from a small school into a huge medical center, while the city of Miami grew tremendously. I'd reached the stage in my career when I was looking for an opportunity to use my experience and skills in a leadership position, and finally I started to search for a position as head of a biochemistry department. One consideration was that my wife [Marietta Lee, Ph.D.] is a very successful bio-

chemist who had a strong research group [at the medical school]. Her work focuses on DNA replication with implications in cancer research. She had 10 people in her lab, and half did come with her...

"I was struck by the small research environment here. Size has never been a barrier to excellence...I think the faculty have a strong sense of identity and an institutional loyalty that contribute to a very collegiate environment. A university is a community of scholars, and I find here a feeling



of community—students live here, the faculty is here all the time and they are accessible. I've seen the difference. Most medical schools are in cities and are huge research centers where the sense of community quite often has been eroded. Here there is a communal environment with traditional values of scholarship and teaching," he continues to emphasize, just to make sure you comprehend.

### **Work is life**

For the Lees, atmosphere is everything because "work is our hobby, it's part of our lifestyle," he explains. "This is a very challenging time to do research. In the past decade, funding has been tight and competition tremendous. Technology is moving fast, and it's very exciting that the government wants to double NIH funding." On a personal level, he finds this gratifying because "laboratory work is hard and tedious," he points out. "It takes a lot of patience and dedication. But think of it this way. When you see a beautiful diamond, do you realize how much rock had to be crushed to find it? If you do good science, that's the reward—the search for knowledge. It's what a university is all about."

Specifically, Dr. Lee is committed to upgrading the equipment base and boosting the department to a faculty of 12 (from 9), and he is in the process of recruiting 2 more. The overall goal is merely an extension of his personal mission. "Everybody has a vision of what he would like to do," Dr. Lee observes. "My vision is an interactive environment—to build a department that is a community of scholars. I think I can do that here."

### **Wenk** *(continued from page 7)*

fledgling doctors in orthopaedics, general surgery, neurosurgery, urology, ob/gyn pelvic and fetal anatomy, emergency medicine and trauma surgery. Other departments have also expressed an interest in a course. He also hopes to expand the College body donation program, which he will continue to direct.

### **Family ties**

So after 45 years, Dr. Wenk is still not ready to separate from New York Medical College, where he started as a research associate of Kurt Lange, M.D., in the Department of Medicine. The year was 1953 and the site was Metropolitan Hospital on Welfare Island, now called Roosevelt Island, where it was located before moving to 96th Street. Dr. Wenk recalls that to get to his kidney research job he would either take a ferry at 79th Street, or walk up to 59th Street, cross halfway over the Queensboro Bridge and take the stairs down to the island—a four-mile jaunt. "I was in terrific condition then!" he grins.

In 1960, Dr. Wenk switched his research to the nervous system and worked for Seymour Levine, M.D., in Jersey City, N.J. But three years later, Dr. Levine became a professor of pathology at New York Medical College and Dr. Wenk wound up back on Welfare Island with him at Byrd S. Coler Hospital. With an ultimate plan taking shape, Dr. Wenk began his doctoral studies at the College, then located at Flower and Fifth Avenue Hospitals. (He had earned his undergraduate degree and a master's in zoology at Columbia.) When he finished his Ph.D. in anatomy, he joined the faculty.

### **New to Westchester**

"Johannes Rhodin [M.D.], the chairman of anatomy, made an exception. He hired me, a grad student from his own department. The school was just moving and I taught the first class in Westchester. The [basic sciences] building wasn't finished yet and we had to cross over moats of water with planks. The faculty were dressed like construction workers," he says.

Dr. Wenk succeeded Professor Emeritus Johanna P. Hagedoorn, Ph.D., in 1989 when she retired, and directed the gross anatomy course for seven years until Matthew Pravetz, O.F.M., Ph.D., took over the reins. Dr. Wenk is proud of his work in the minority premedical summer program that Dr. Hagedoorn founded. Later it was funded by the federal government and The Macy Foundation years before the start of any official state minority agenda. He is also pleased that College grads tell him how useful the oral anatomy exams given over dissected cadavers were in producing "articulate physicians," he says. "To my knowledge, there is no other anatomy course in the U.S. that uses this method of evaluation."

Eventually, after all the years of giving, Dr. Wenk knew when it was time to take. In 1996, within six months of each other, one of his twin daughters and his wife died from pancreatic cancer. "I had so much support from my colleagues, students and friends who helped me get through it," he says. And Dr. Wenk knows that will always be the case—for however long he chooses to stay.



## Health Sciences Offers Informatics Course

A new graduate degree in health informatics is being offered by the Graduate School of Health Sciences through its Health Quantitative Sciences program. The 45-credit course of study delves into the application of computer solutions to improve the management of medical information—comprising raw data and practical knowledge—by joining it with the tools necessary for the real-world task of administering health care.

“Clearly, there is a need for professionals educated in both the health sciences and in information systems,” says Denton Brosius, Ph.D., assistant professor and associate program director of health informatics in the graduate school, who directs the course. Other schools offering graduate and research programs in academic medical informatics include Harvard, Yale, Columbia, Duke and MIT.

## Molecular Biologist Gives Helping Hand to Science in New Jersey

Some people struggle their entire lives to find the perfect job, others are not even that lucky. But as far as Robin-Ann Klotsky, Ph.D. '90, is concerned, six years is long enough to wait for the prize.

In July 1996, she signed on as associate director for science development at the New Jersey Commission on Science and Technology in Trenton.

“Everything I’ve done up until now—teaching, training, technology transfer and research—they are all what helped me to be successful in my position,” she says. “I absolutely love what I’m doing.”

And what that is is part science, part public relations and part economic development. “I’m learning more economics and government and how science feeds into that—how it all works together,” says Dr. Klotsky, who is enthralled by the three aspects of her responsibilities to the State of New Jersey:

- ❖Facilitating economic development via science and technology at academic and industrial institutions.
- ❖Overseeing the awarding and monitoring of \$12 million in research and development excellence grants to academic institutions.

❖Participating on scientific and advisory boards at several advanced technology centers, and research and development excellence programs.

### Meeting the elite

“I am exposed to all different kinds of science throughout the state,” Dr. Klotsky says. “My Ph.D. gives me a certain amount of credibility and allows me entre into circles without which I might not be treated as an equal. I am able to discuss various kinds of science and further the interests of the state...The commission operates on two sides—the business side and the research side. I’m mostly the science part. And since I act as staff to the commissioners [who are non-partisan volunteers], I assemble the majority of the scientific information that enables our Scientific Fields Committee to decide what research and development initiatives will proceed. My boss has a Ph.D. in electrical engineering, but he spends more of his time on administrative matters, and government issues at the state and federal levels...”

“I’m learning all different kinds of science. It’s opened a new world to me. I’m beginning to see the forest instead of just the trees.”



That Dr. Klotsky would find herself in a position that requires more than scientific savvy comes as no surprise to her thesis adviser, Ira Schwartz, Ph.D., professor of biochemistry and molecular biology. "Robin carried out an excellent piece of research during her Ph.D. studies and she proved herself to be a talented researcher. Even at that stage, though, it was clear that she might combine her substantial interpersonal skills with her love of science in some unique way," he says. "We are proud that she has succeeded in doing this and that she is making a contribution to the science and technology community."

### Her view

Equally complimentary, Dr. Klotsky praises the College for "providing an excellent education and a sound technical background...We were required to give an oral proposal on a topic different from our area of study. Doing this gave me the experience and the confidence to know that I was able to proceed competently in any area of science even if I was not an expert." (Her thesis dealt with transcriptional regulation of a gene product that is necessary for making proteins within a cell; the oral proposal covered gene therapy for phenylketonuria or PKU.)

But despite how confident she felt about her future, Dr. Klotsky

found herself stymied in her job search after graduation. That is when she enrolled in what she calls "Robin University," a euphemism for the total immersion she underwent in educating herself about the business side of science, technology transfer and intellectual property, as well as the fine points of networking. In fact, after taking courses at the



State of New Jersey Professional Service Group, she volunteered as director of training there. "I got additional experience talking in front of a room full of diverse people, a skill I continue to use," she says. Eventually, a colleague at a biotech company gave her four names and the suggestion that she join certain organizations and attend professional conferences to meet people and learn about technology transfer. "I spent from 8 to 10

thousand dollars doing this," she recalls. "I decided I didn't want to do research anymore, although occasionally I still get twinges... I had reservations about walking away from it because I'm a good bench scientist. But Ira [Schwartz] had told me that the more accomplished you get the less time you spend doing science."

### Still learning

Finally, at great personal sacrifice by having to live apart from her husband and daughter, Dr. Klotsky spent a year at the National Cancer Institute, Office of Technology Development in Bethesda, Md., on a fellowship practicing technology transfer. This was the missing link in her credentials. And before too long she heard via her network that a job was open at the New Jersey Commission on Science and Technology.

"Every since I was a little girl I've wanted to be a scientist," Dr. Klotsky allows. "I wanted to know how things work...I said I wanted to be a doctor, but I really meant research, not patient care. I wanted to save people, to cure them—to make a difference in people's lives, and pharmaceutical research seemed to be a venue to do that." So now she does it by helping to encourage important new areas of research instead of running a laboratory. But getting there still benefits from having a Ph.D., according to Dr. Klotsky:

"Do you know what Ph.D. means? Perseverance, Hard work and Determination. Not only is it necessary to earn your degree, but also to succeed in life."





# ROUND ONE: DR. NEWMAN

## TAKES ON BIOTECH AND THE LAW

**Stuart Newman, Ph.D.,  
received the 1994 Dean's Distinguished Research Award  
for his creative investigations of tissue morphogenesis—**

the differentiation of cells and tissues in the early embryo that results in establishing the form and structure of organs and other parts of the body. Given this singular honor, no one could have predicted that the soft-spoken scientist, a professor of cell biology and anatomy, would join with a foe of genetic engineering to block certain investigations and commercial ventures in the discipline. Yet that is precisely what Dr. Newman did last April when he shaped a broad application to patent methods for creating "human/animal chimeras"; the description covers a wide range of experiments in which human cells are fused into an animal embryo, or vice versa.

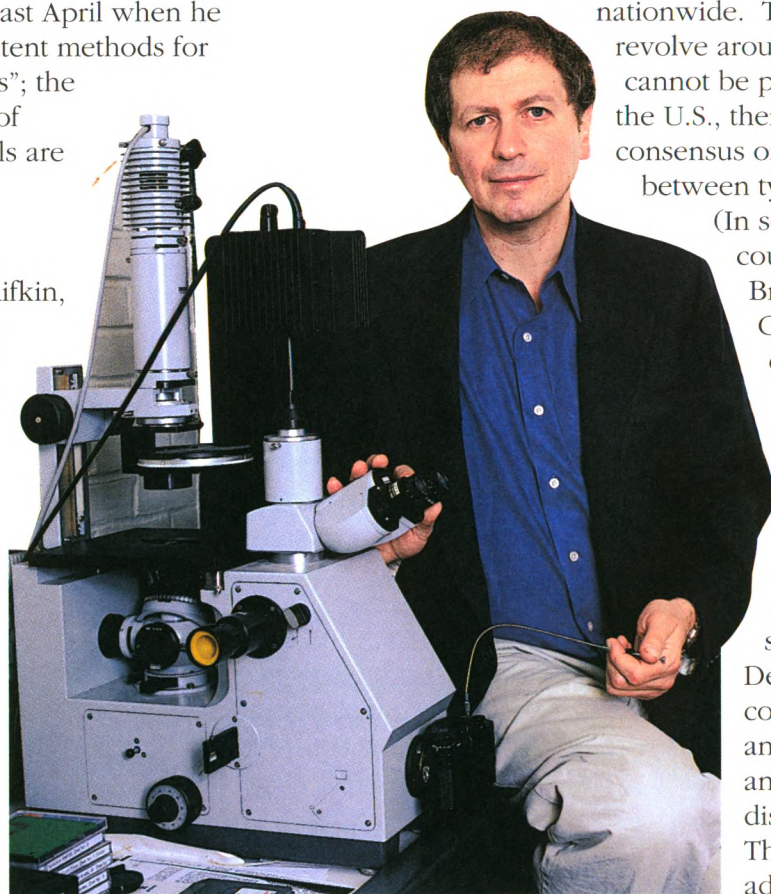
Dr. Newman's cohort is Jeremy Rifkin, president of the watchdog group Foundation on Economic Tends in Washington, D.C., and author of several books that criticize the use of genetic engineering techniques. If the patent is granted, they intend to use it for "genetic conservancy," to prevent the commercial exploitation of the methodology before there has been a full public discussion of its implications. If the application is rejected by the U.S. Patent and Trademark Office, they are bent on appealing it all the way to the Supreme

Court in order to generate a detailed debate on the extent to which human life is patentable. Getting a decision from the patent office could take years.

### No joke

The revelation of their application caused a bombshell in the esoteric biotech industry, to say nothing of the consternation of patent attorneys nationwide. The legal issues revolve around what can and cannot be patented because in the U.S., there is no legal consensus on the boundaries between types of life form.

(In some European countries, including Britain and Germany, the creation of chimeric embryos is illegal.) The application and the publicity it was designed to stimulate have also stirred debate in the scientific community. Detractors cite their conduct as frivolous and irritating at best, and potentially disruptive at worst. There are, however, advocates who view



*Stuart Newman, Ph.D.*



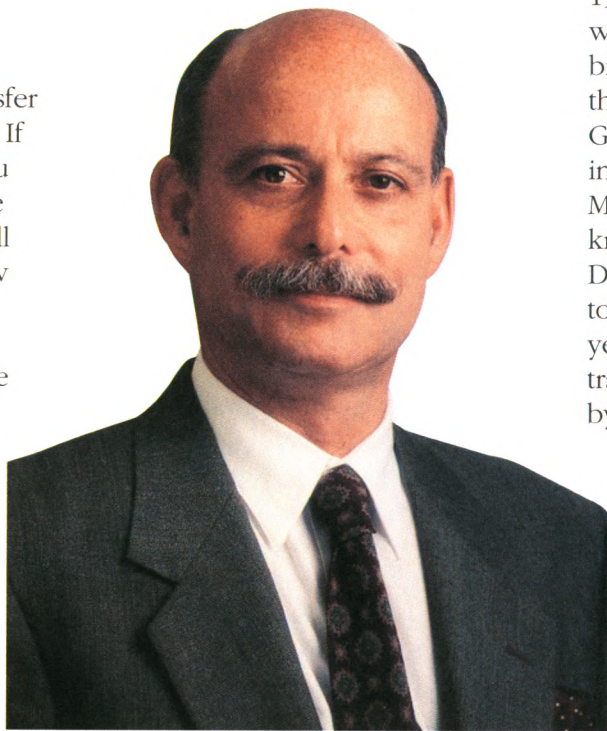
Dr. Newman's initiative as well thought out and worthy of deliberation.

"How many genes can you transfer to an animal before it's human? If the line is blurred, where do you stop?" he wonders in voicing the nitty-gritty of his fear. "...This all centers around issues of the new biotechnology, in making sure these technical advances aren't used inappropriately to harm the environment or to solve social problems through genetics. I'm concerned that eugenics is making a return to improve the species—'cleansing the gene pool,'" he quotes with raised arms, index and middle fingers. "There is a history of genetic science being distorted and used in ways to create a genetic hierarchy..."

"When you combine cells of a human and a non-human embryo into a single embryo, every tissue in the resulting developmental organism would be part human and part non-human. I think it is entirely feasible because it was done with sheep and goats in the '80s; the 'geep' looked sort of like a sheep and sort of like a goat, a mosaic of two different organisms...Biotech scientists I've spoken to are encouraging me to do this. They are people who are uncomfortable with these embryo technologies, as well as germ-line gene modifications that involve experimental manipulation of human embryos that would result in outcomes possibly worse than the disease they are trying to cure."

### **Therapy, not tampering**

Dr. Newman admits to the potential uses for chimeras in



*Jeremy Rifkin*

cardiovascular research, transplantation and experimental models for drug testing. Indeed, a list of uses is required for patentability. But he maintains that utility is only one of several social values relevant to research. He is also clear in distinguishing between his support of gene therapy for an individual, and manipulation of a biological germ-line that will alter everything that comes after it. "We should not use human embryos as experimental objects," he says flatly.

There are two reasons why Dr. Newman has put himself front and center of this argument. "I was educated in the sixties, and I've always had a sense that there are consequences to people's actions. There are no activities that should be immune to social scrutiny. This notion is not particularly in fashion

now," he says. And it wasn't in 1982 when he co-founded, along with eight other eminent bioscientists and social scientists, the Council for Responsible Genetics, a nonprofit public interest group based in Cambridge, Mass. That is how he became known to activist Rifkin, whom Dr. Newman calls "one of the few to raise a voice over the last 20 years for caution in the headlong transformation of the biosphere by biotechnology..."

"Rifkin approached me about challenging the patent process and I came up with the invention [chimeras] to challenge the law and raise the social questions," Dr. Newman explained as the second reason.

### **Why Newman**

He chose Stuart Newman, says Rifkin, because "he's distinguished himself not only as a scientist, but as a being well versed in other fields—philosophy, culture, anthropology, intellectual history—and he understands the whole context. He asks the big, tough questions: how is this science going to be applied? And Newman doesn't have commercial ties; he's the best of what we think of as a scientist. There used to be a lot like him, but there aren't many anymore..."

"He's written a very impressive patent application. These are serious social and moral questions. Can you reduce the genetic components of life, the evolutionary history of this planet, to intellectual property?"

"It is very courageous of him to do this."



# ALUMNI

## Medical Detective Work Hangs on Biostatistics and Epidemiology

What would the medical profession do without the unsung (and unpublicized) heroes who not only keep track of diseases, but of who gets them, where and why, and whether anything can be done to prevent them. These disease investigators are health scientists who have graduate degrees in biostatistics and epidemiology, which Webster defines broadly as the study of "...the occurrence or nonoccurrence of a disease in a population." That is pretty much what concerns Paul J. Christos, M.S., M.P.H. '95, except that from his vantage point on the dermatology service, department of medicine at Memorial Sloan-Kettering Cancer Center in New York City, the emphasis is on malignant melanoma.

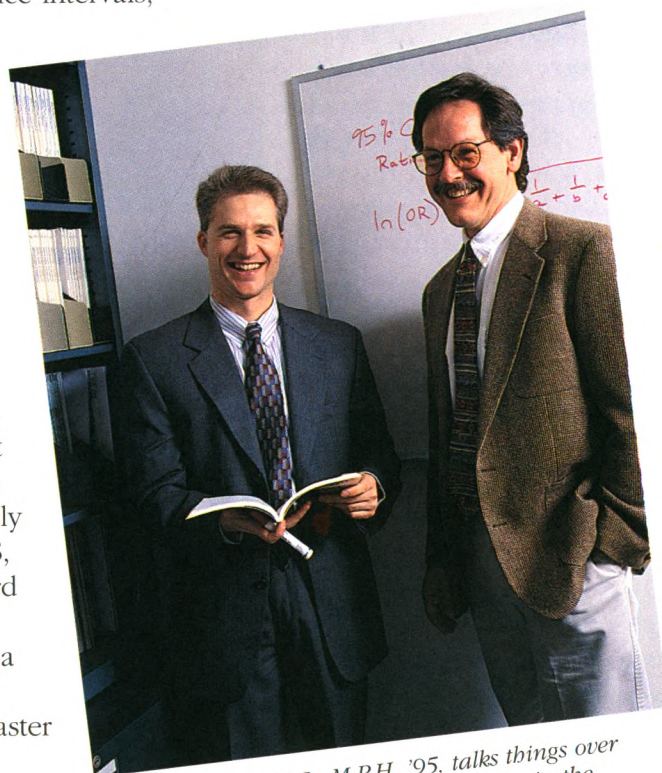
"I have always been interested in medical detective-type work," he says, "but not to the point that I wanted to be a doctor. Then I found out about epidemiology, as it applies to medical research and the population as a whole." Not only does he enjoy putting a disease under scrutiny, but teaching others the basics as well. As a lecturer for the Graduate School of Health Sciences (GSHS), Christos teaches Health Quantitative Sciences I and II. He has the same faculty appointment in the department of public health at Cornell University Medical College, and he also

teaches two courses at the New York School of Podiatric Medicine, both in New York City. In these positions he makes use of such inscrutable principles as cohort study design, normal distribution, confidence intervals, chi-square and regression analysis.

### Changes course

After Christos received a B.S. degree in business administration in 1989 from the University of Rhode Island, he worked at several positions that he felt left a lot to be desired. He ultimately enrolled in the GSHS, playing security guard at night while he concurrently earned a master of science in biostatistics and a master of public health in epidemiology. Then without missing a step, he went to work for the department of epidemiology at Strang Cancer Prevention Center, an affiliate of The New York Hospital-Cornell Medical Center. There he performed epidemiologic studies investigating genetic and environmental risk factors for cancers of the breast, prostate, esophagus and stomach/colon.

"The Role of Epidemiology in Cancer Prevention," a paper he wrote with two colleagues at Strang, explained that finding out why we get cancer is as important as understanding how to treat it:



*Paul J. Christos, M.S., M.P.H. '95, talks things over with his mentor, Paul Visintainer, Ph.D., in the Graduate School of Health Sciences.*

"The discipline of epidemiology plays a key role in cancer prevention and control... Epidemiologic methods have allowed cancer researchers to identify risk factors specific to certain cancers as well as estimate the proportion of cancer deaths attributable to established risk



factors...Environmental or lifestyle factors have been suggested as the major contributor to the burden of cancer in our society. Epidemiologists have been able to show that cancer is largely an avoidable disease and estimate that more than two-thirds of cancer might be prevented through lifestyle modification..."

### **Cancer specialists**

When his boss at Strang, Susan A. Oliveria, Sc.D., M.P.H., moved over to Sloan-Kettering last year, Christos went with her. (Sloan-Kettering is across the street from Cornell and many of the staff have faculty appointments there.) Christos actually credits the Oliveria connection to his College mentor, Paul Visintainer, Ph.D., professor of practice and program director of health quantitative sciences in the GSHS. Like Christos, Dr. Oliveria is a lecturer in Dr. Visintainer's program.

In Christos' view, "Working with Paul one-on-one was great." Besides acting as a teaching assistant, "I was a research assistant, helping him with projects that required statistical analysis on the computer." And despite Christos' fledgling teaching status, he admits, student feedback was good. One neophyte, Theresa Haviland, M.P.H., associate director of human resources, remembers just how effective he was:

"Paul Christos is the rarest combination of biostatistician and teacher for those who have no background in the field. He can teach anyone, and he has the patience to do it!"

### **Medical sleuthing**

Still, Christos puts in a full day at Sloan-Kettering where he is

engaged in several projects. He is using computer-assisted photography to keep track of skin lesions from year to year in an attempt to see if and when they become malignant. The goal is to promote early detection of skin cancers. Another study is comparing outcomes of patients who have had radical mastectomies to those who have undergone breast conservation (lumpectomies) in order to determine which group, if any, has better survival rates. So far, the research (begun in the mid-1980s) appears to indicate that recurrence after lumpectomy is low.

In yet another study, Christos and his colleagues are regularly monitoring sputum samples to check the lungs of heavy smokers. They are looking to see whether constantly undergoing this test will motivate subjects to stop smoking; a control group that does not get lung checks is being used for comparison purposes.

In addition, Christos is still working on a prostate cancer program at Strang which is following 400 men through their PSA (prostate specific antigen) tests. And he recently completed a colon cancer study to determine how effective Fortune 500 companies are in promoting colorectal cancer screenings for employees at their work sites.

On a lighter side, Christos admits to an avocation that is based on speculation although he is a man whose life is steeped in statistical certainties. He attends "UFO watches" because "I find it almost impossible to believe that there is no other life in the universe. I really would like to go to Roswell," he says, wondering, however, if it might not be too commercialized.

## **Physical Therapy Ranks in Top Third of Programs**

*U.S. News & World Report* has placed the Graduate School of Health Sciences Physical Therapy Program in the top third of the nation's 114 programs. But it's not just the ranking of 38th that pleases program director James Gordon, Ed.D., P.T. It's the fact that only one year after accreditation and three years since its inception, the College's program has attracted national notice that may call attention to its high quality and excellent teachers. In that regard, Dr. Gordon mentions the integration of traditional, content-based curriculum that makes up the bulk of first-year study with the more innovative problem-based curriculum that students encounter in their second year. He also cites the contributions of faculty and staff in the departments of Anatomy and Physiology in the Graduate School of Basic Medical Sciences.



## Cancer Research Institute Renamed

The Cancer Research Institute at New York Medical College has been renamed The Brander Cancer Research Institute after Joel Brander, a co-founder of THIS CLOSE for Cancer Research, Inc. THIS CLOSE is a fundraising organization that for the past eight years has provided steady, significant financial support of the institute. The renaming pays tribute to the memory of Mr. Brander, who was treated by College faculty during his illness. Fundraising efforts before his death in 1993, which were continued by his wife, Julie, have generated nearly \$750,000.

## English *(continued from page 13)*

and we're hard at work trying to realize that potential." The impetus includes hard and soft areas of concentration.

"Our department will embrace one of the largest programs of clinical care and teaching of psychiatry in the U.S.," he promises. "We have a major presence at the two Saint Vincents locations, plus our affiliations with St. Vincent's in Staten Island, Metropolitan Hospital and Danbury Hospital. We are developing a clinical infrastructure that can permit the fulfillment of our educational objectives as well as the development of programs for clinical research. We can't achieve anything without a clinical base and the right facilities."

So the department has expanded its affiliations with the VA Hudson

Valley Healthcare System (Montrose and Castle Point hospitals), and three state facilities: Hudson River Psychiatric Center, South Beach State Hospital in Staten Island and Kirby Hospital, part of the Manhattan Psychiatric Center on Ward's Island. And to help preside over the expansion Dr. English has created two major positions. Lawrence Levy, M.D., assistant professor of psychiatry, is serving as vice chairman of the department and clinical director at Westchester Medical Center. Dr. English will soon announce an appointment to the newly established post of associate chairman for research.

On the initiative side, the department is collaborating in the development of a Neuroscience Center of Excellence with the departments of Neurology and Neurosurgery that will incorporate a biopsychosocial approach to the diagnosis and treatment of patients with disorders such as Parkinson's disease and stroke. Other liaisons with pediatrics, ob/gyn and liver transplantation are designed to help ambulatory patients and those in rehabilitation needing this kind of support. Still other services will cater to those who need geriatric care, stress management, child-adolescent support, emergency psychiatric treatment and community outreach. And a major expansion of the Faculty Practice is in the works.

You would have to look far and wide to find someone with the credentials to pull all this off. Fortunately for New York Medical College, Dr. English has been here all along.

## Farewell Bid to the Class of '98



The 139th Commencement of New York Medical College at Carnegie Hall in May delivered 324 graduates from all three schools into promising careers in the medical and health sciences. They included 189 with doctor of medicine (M.D.) degrees, 45 with master of science (M.S.) degrees in physical therapy, 33 with other M.S. degrees, 52 with master of public health (M.P.H.) degrees and 5 with doctor of philosophy (Ph.D.) degrees. From left are Rev. Msgr. Harry C. Barrett, D.Min., M.P.H. president and chief executive officer; Jeremiah A. Barondess, M.D., president of The New York Academy of Medicine, who received an honorary doctor of science degree and delivered the Commencement address; George K. Cooney, College trustee; and Ralph A. O'Connell, M.D., provost and dean of the School of Medicine.



# W

elcome to the alumni news section of the new **Chironian** magazine. As you glance over this issue, you'll notice there's something new: information about alumni from the Graduate School of Basic Medical Sciences and the Graduate School of Health Sciences. You'll find alumni Milestones, Alumni Association news and upcoming events, as well as new columns like Inroads, which feature alumni who are leading their fields with innovation and skill.

To deliver more of the news you want to read, we need your help. Please fill out the form in this section to suggest a topic or alumni contact of interest, or use the online form at <http://www.nymc.edu/alumni/>.

We're looking forward to hearing from you!

Mary Jane Guffey  
Alumni Liaison

## MEDICINE

### Inroads: Brain Trust

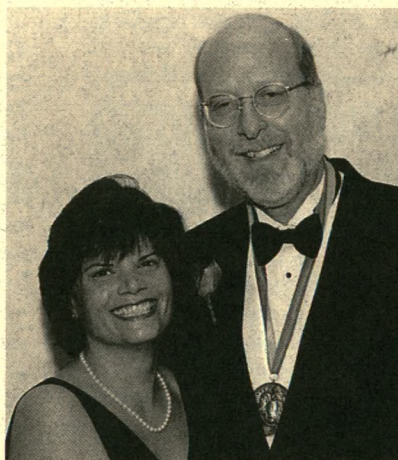
H. Warren Goldman, Ph.D. '69, M.D. '73, winner of the Alumni Association's 1998 Medal of Honor, had no thoughts of neurosurgery when he began doctoral studies in pharmacology at New York Medical College. It was a chance doctoral assignment in neuropharmacology that first piqued his interest in neurosurgery.

After completing his residency at Flower and Fifth Avenue Hospitals, Dr. Goldman spent 16 years at Medical College of Pennsylvania, teaching pharmacology, managing neurosurgery residency training, and ultimately serving as chief of neurosurgery. In 1982, he became clinical professor and vice chairman of the department of neurosurgery at Thomas Jefferson University in Philadelphia. Drawing colleagues from other leading medical institutions, he set out to expand Thomas Jefferson's neurosurgery department into a premier center for minimally invasive neurosurgery.

Today, Dr. Goldman serves as director of technology-enhanced neurosurgery at Thomas Jefferson University Hospital and is clinical professor and vice chairman of its department of neurosurgery. The center, boasting 13 full-time neurosurgeons, is one of the largest in the country.

Minimally invasive neurosurgery uses computer-guided equipment and gamma knife technology to enhance precision and safety. It brings the benefits of the specialty to patients who were previously too young, too old or too weak to endure traditional surgery. And computer-guided surgery has led to inroads in treating the movement disorders typical of Parkinson's disease. Furthermore, this 'kinder, gentler' approach to brain surgery often means that Dr. Goldman's patients walk out of the hospital the same day.

Dr. Goldman says he likes translating new techniques into better patient outcomes. But he believes the field's real potential lies in diagnosis. "The greatest challenge is taking



H. Warren Goldman, Ph.D. '69, M.D. '73  
and his wife, Behane

advantage of the newest diagnostic techniques like MRI to find problems much earlier, when we can do something about them," he believes.

Dr. Goldman maintains a full-time teaching schedule at Thomas Jefferson and says he enjoys training the next generation of surgeons in the techniques he is pioneering. He serves on the editorial board of the *Journal of Neuroimaging* and has authored a prodigious volume of papers, monographs, and journal articles. He and his wife, Bethane, have four children and reside in Bala Cynwyd, Pa. ■

# ALUMNI NEWS



## Inroads: Making a Difference, One Mammogram at a Time

Some people are motivated by power, some by money. For Richard N. Hirsh, M.D. '69, it's the satisfaction that comes from making a difference. Winner of the Alumni Association's 1998 Humanitarian Achievement Award, he has become an international advocate for women's health by leading mammography teaching missions to developing countries. Since 1994, he has visited Nepal, Israel's West Bank, Honduras, Armenia and most recently, Cuba. His next challenge will be to bring together Arab and Israeli physicians in a unique collaboration at Nazareth Hospital in the Galilee this fall. His non-profit organization, Radiology Mammography International, recently received a generous grant from the Barbra Streisand Foundation in support of the Galilee mission.

"Women's health is often the lowest of priorities in developing countries," Dr. Hirsh notes. "Many physicians simply do not see it as a pressing concern. But women are the foundation of the community. If we can plant the seed, provide information about early detection and get the medical establishment interested in mammography, it's really an accomplishment. We can make a difference."

Dr. Hirsh settled in Akron, Ohio, after completing his residency in diagnostic radiology at Metropolitan Hospital Center in New York City. He maintains an active schedule teaching diagnostic radiology at Northeastern Ohio Universities College of Medicine and leading Akron City Hospital's diagnostic radiology division.

It was 1989 when he first joined colleagues on a trip to India to teach mammography to health professionals. The trip kindled an interest in using mammography to raise the standard of women's health care in developing countries.

Like most true pioneers, he has a vision and delights in sharing it. As he likes to say, "We teach them to fish and leave the fishing pole." His wife, Marcia, and their two daughters, Deborah and Jennifer, have accompanied him on recent missions. But he does more than teach technique—he acts as an ambassador for women's health. He organizes mission financing and donation of mammography equipment, recruits the technical team and transcends political barriers to arrange entree to some of the world's most impoverished and war-torn areas.

"Our goal is to train a cadre of professionals who will ensure the delivery of mammography in a developing area," Dr. Hirsh says. His criteria are demanding: "We select people who share our commitment to sustaining the mission. There has to be an infrastructure for providing



Richard N. Hirsh, M.D. '69

mammography across the economic spectrum, but focusing on the neediest. And they have to be serious about raising public awareness of the importance of early detection." Because full-time female technologists are utilized to perform mammographies, the effort also opens up professional opportunities for women in these countries.

Dr. Hirsh is board certified in diagnostic and nuclear radiology and was recognized as a fellow of the American College of Radiology in 1997 in honor of his humanitarian work. He was also named Member of the Year by the American Physicians Fellowship for Medicine in Israel for establishing the Solomon Hirsh Nursing Education Fund. Established in memory of his father, it is the first fund of its kind to provide advanced training for Israeli nurses in the United States. ■

## Leavitt Foundation Supports Children's Cancer Research

The Children's Cancer Research Fund of New York Medical College received an \$11,000 gift from the Stuart Jay Leavitt Memorial Foundation for Pediatric Oncology. It is the largest alumni gift to the fund.

The Leavitt Foundation was established by the family and friends of Stuart Jay Leavitt, M.D. '56, who died of cancer in 1992 at the age of 59. He was chief of anesthesiology at Glen Cove Hospital in Glen Cove, N.Y., and practiced anesthesiology at Doctors Hospital in New York City the last 11 years of his life. "It seems most appropriate that this foundation support the efforts of New York Medical College," said his wife, Nancy R. Leavitt.

According to Somasundaram Jayabose, M.D., founder of the Children's Cancer Research Fund and chief of pediatric hematology/oncology in the Department of Pediatrics, "Gifts such as this are making it possible for us to fulfill our mission to support basic science and clinical research of the most life-threatening childhood cancers." The fund supports basic science research at the Children's Cancer Research Laboratory in the Basic Sciences Building, and clinical research in association with children's hospitals. "Most of our work is focused on basic science research of acute lymphoblastic leukemia (ALL), the most common form of childhood cancer, and neuroblastoma, another common cancer in children," Dr. Jayabose said. The fund also provides support services to children with cancer. ■



## Primary Care Preceptors Benefit Professionally and Personally

It's obvious what students gain from working with primary care preceptors in clinical practice during their first and second years of medical school.

But what's in it for the *preceptor*? Why has the program grown from 39 primary care physicians who served at the program's inception in 1988 to more than 360 today? And why have some preceptors remained for as long as a decade?

There are practical benefits. Preceptors become eligible for appointment to the College faculty. They have direct access to the College's informatics systems as well as the opportunity to participate in continuing medical education programs that are helpful to the generalist physician. They can also take advantage of a 50 percent reduction in tuition for some courses in the Graduate School of Health Sciences. Plus, it's a good way to recruit a future partner or associate.

But there are also personal benefits, according to Deborah Brotman, M.D. '83, medical director of the Center for Comprehensive Health Practice in Manhattan and a preceptor continuously for 10 years. "It's an opportunity to give something back, of course," she says. "But working with students is also a good way to keep up with your skills. I'm constantly learning; students ask challenging questions that often take me on a search of the medical literature. And they bring fresh perspectives—they ask things those of us who have been in practice a while don't often think of."

According to a six-year study published in the *Journal of General Internal Medicine*, 82 percent of the primary care physicians surveyed who trained medical students in their offices said that a major benefit of teaching students was increased enjoyment in their practice. (This study was conducted by Martha Grayson, M.D., and her colleagues at New York Medical College. Dr. Grayson is senior associate dean for primary care and director, Center for Primary Care Education and Research.)

As an internist in a multi-disciplinary practice, Dr. Brotman offers her students first-hand experience with a team. "We've now had about six students who have worked with us through their first and second years and have asked to come back during their third year to do internal medicine," she reports.

She also cites a third beneficiary: the patient. "Working with students gives patients an opportunity to contribute to the teaching process by telling their life stories and how their illnesses affect their lives. They really enjoy this role, and students invariably say that what they hear gives them an entirely new perspective on clinical practice," she says.

Primary Care's Dr. Grayson celebrated the program's first decade at a dinner last summer honoring 24 physicians who served as preceptors continuously for the past five and ten years. "We're especially proud that some of our primary care students are now returning to the program as preceptors," Dr. Grayson says.

Among the preceptors honored are two alumni who have been involved continuously for the past five years: Anne Mullin, M.D. '87 and Eileen Dieck, M.D. '86. Another two have served continuously for 10 years: Deborah Brotman, M.D. '83 and Greta Daun, M.D. '77. ■

## Stepping Up the Pace of Research

Mary Jo Wildey, Ph.D. '90, may be the one of the few people in corporate America to enhance job security by introducing robotics.

Dr. Wildey is research fellow and team leader for new leads at Robert Wood Johnson Pharmaceutical Research Institute (PRI) in Raritan, N.J., a subsidiary of Johnson & Johnson. The microbiologist works with vendors and her colleagues to develop the hardware and software needed to make Johnson & Johnson a leader in drug discovery. She also guides the development of robotic research and provides data analysis for three PRI laboratories.

Dr. Wildey and her colleagues test the effects of new chemical compounds against particular diseases or disease states, searching for the keys to the next wonder drug. "The easy drugs are out there," Dr. Wildey points out. "We're looking for solutions to unmet medical needs and disease states."

Dr. Wildey pioneered the use of robotics for drug screening at American Cyanamid (now a division of American Home Products), where she worked as a research microbiologist while pursuing a graduate degree in microbiology from the Graduate School of Basic Medical Sciences.

"When I joined Cyanamid," she says, "I was part of a team responsible for developing assays to detect novel antibiotics for use on infectious diseases. But screening is boring, slow work. We thought, what about robotics?" Success introducing her first robots in 1990 led to her promotion to group leader, automated technology at American Cyanamid. After she joined PRI in 1995 as principal scientist and team leader for new leads, she was soon promoted to her present position as research fellow and team leader for new leads.

According to Dr. Wildey, it can take three to four years of laboratory screening and development to prepare a new drug for clinical trial. Any innovation that expedites the process offers a competitive advantage.

Taking a cue from assembly line manufacturing efficiencies, Dr. Wildey's latest success is "Allegro," a robotic screening system designed and built in conjunction with a vendor and another major pharmaceutical company that can automate more than one research function at a time. As its name implies, Allegro is fast. It can screen as many as 100,000 compounds per day (versus about 5,000 using earlier robotics), shortening the discovery cycle from eight months to weeks.

Impressive as Allegro is, Dr. Wildey believes the potential for innovation lies not in the use of robotics, which is now common in the industry, but in how companies use automation to identify promising new drugs. "If you give the same machine to 10 different scientists, each one will use it differently. Where we divide is how we think about the challenges we want to put before it. The hard part is to think outside the box—that's where the opportunities are to innovate," she says. ■



Mary Jo Wildey, Ph.D. '90





Jane Maher, M.D. '67, with Julie A. Kubaska, Director for University Alumni Relations, at Student Physician Awareness Day

## Making a Profession Out of a Passion

Jane Maher, M.D. '67, wasn't exactly giving a pep talk when she told students, "You have to be determined and disciplined to hang in there during post-graduate training, and your marks have to be very good, because there are fewer positions to go around." The talk came during a presentation at Student Physician Awareness Day on the Valhalla campus in April. One of only a handful of female plastic surgeons in the New York metro area, (women make up 4 percent of all plastic surgeons in the U.S.), Dr. Maher thinks students should know it takes a special kind of commitment to be a plastic surgeon.

"Let's face it, it's a tough profession for men and women," she says. "And by the time you complete your surgical training, you could be 35 before you even begin practicing." That's a little late to begin a family, especially with the rigors of establishing a new practice, which may be one

reason so few women go into the field.

Still, Dr. Maher, who is chief of plastic surgery at Saint Vincents Hospital and Medical Center in New York, says she would do it all over again.

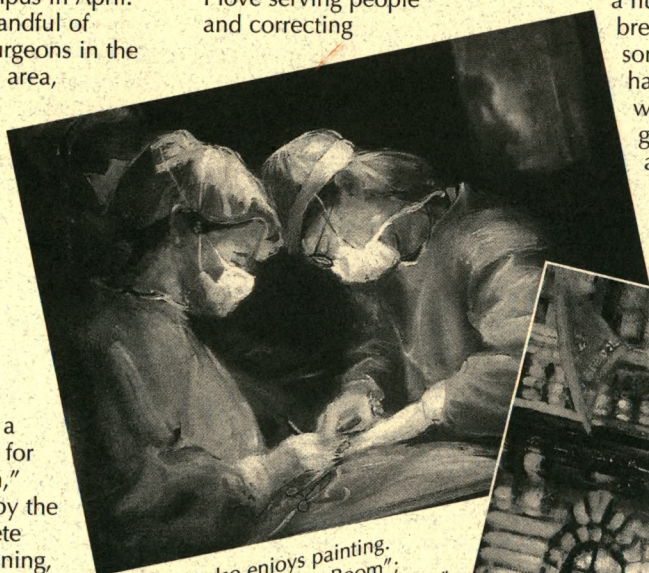
In practice for 23 years, she says, "I love the thrill of being in the operating room. I love serving people and correcting

things immediately that are bothering them. They feel better about themselves, they're happier."

Dr. Maher says improvements in anesthesia and technique have steadily elevated the practice and allowed plastic surgery to solve more problems. "We're using liposuction, which used to be a cosmetic remedy, as an aid in reduction mammoplasty and gynecomastia," a condition in which male breasts become enlarged.

Dr. Maher believes surgeons must do a better job of educating the public about the profession to correct misconceptions. Citing a recent survey by the American Society of Plastic Surgeons, she said, "We found that people think liposuction is easy to perform, that anyone can do it. They don't see the years of training that go into making it look easy—or the danger of having surgery by someone who isn't properly trained."

She also takes issue with the common perception that plastic surgery is a choice dictated solely by vanity. "I have a 16-year old patient with a huge benign tumor in one breast. This isn't something anyone should have to live with. Or what about the man with gynecomastia? These are problems that can be corrected with surgery. Surgery can improve their lives." ■



Dr. Maher also enjoys painting. Above, "The Operating Room"; right, "Marymount School in Spring"



## FROM BIOSTATISTICS TO BLOCKBUSTER

Now there's help for all those who wrestle with getting medical research published, and it's from an unlikely source: a biostatistics expert.

According to Daniel W. Byrne, M.S. '91, "Medical researchers spend years learning by trial and error how to write a paper for publication, and learning how to write a paper that could be published by a prestigious medical journal might take decades." As the medical field becomes more competitive, more healthcare professionals see publishing in academic publications as a competitive career edge.

Prior to receiving a master's degree in biostatistics from the College's Graduate School of Health Sciences, Byrne worked for the Department of Surgery as a computer/data analyst. It was during this time that he began a research consulting practice, advising medical researchers, pharmaceutical firms and academic physicians in Westchester County, New York City and Connecticut how to solve complex research problems and publish the results. After six years, he left his full-time job at the College to form Byrne Research, which he runs from his home office in Ridgefield, Conn.

*Publishing Your Medical Research Paper - What They Don't Teach in Medical School* (Williams & Wilkins, 1997) offers practical tips for avoiding common pitfalls in designing a research project and writing a paper, and it provides specific advice for getting it published. The book also features more than 400 Internet sites to facilitate electronic collaboration.

Byrne's publisher liked his *What They Don't Teach in Medical School* subtitle so much that they are developing a series by the same name. Last June, the American Medical Writers Association honored Byrne with two



# Physical Therapy in the Fast Lane

Like most graduates of the Graduate School of Health Sciences Physical Therapy Program, Thomas B. Gallagher, M.S., P.T. '97, had quite a few options when he left the university. He could have worked in an outpatient practice, at a rehabilitation facility, in a hospital, or as a school-based physical therapist helping children with disabilities. He chose Beth Israel Medical Center in Manhattan. "I wanted to be exposed to lots of different kinds of experiences," Gallagher says.

He's certainly getting experience. While his first nine-month rotation in acute care/orthopaedics gave him a chance to work with good doctors and top surgeons, his second, geriatrics, is providing its own challenges.

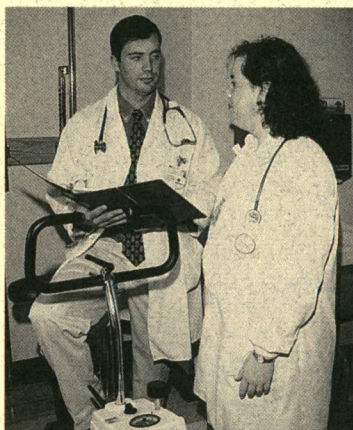
For one thing, many of the 20 to 40 geriatric patients he sees each week aren't interested in therapy. "My patients are typically 80 to 85 years old," Gallagher says. "Maybe they've been weakened by disease, illness or inactivity. They don't realize they've become deconditioned and don't see the need for therapy." He becomes their personal coach, encouraging them by pointing out the benefits of getting out of bed. "It can be tough when they're telling you to leave them alone," he laughs. Where dementia is an obstacle, Gallagher enlists the aid of family members, friends and caregivers to help them understand the therapy and act as on-site coaches.

Not surprising for someone who studied psychology as an undergraduate, Gallagher enjoys motivating his patients. He is collaborating with an occupational therapist to develop a home-like "gym" at the hospital where patients can get real-life practice in negotiating chairs, stairs and getting up from the floor if they fall. He's also

developing a group therapy program that will give patients a sense of teamwork and allow them to inspire each other.

He maintains a dialogue with physicians, nurse practitioners, social workers and case managers to develop a regimen that will give patients the balance and strength they need to manage the activities of daily living. "I've learned a lot from my colleagues, and they've seen the benefits of physical therapy first hand," Gallagher says.

The fast-paced environment of a hospital has also forced him to be pragmatic. "There are at least a couple of schools of thought on how physical therapy should be practiced. I'm finding you end up incorporating a little of each of them to find what works for the patient," he says.



Thomas B. Gallagher, M.S., P.T. '97  
at Beth Israel Medical Center

Gallagher predicts more of us will need physical therapy as the population ages. Those who remain active will have a decided advantage, he believes, and even arthritis patients can learn how to maintain their range of motion, function and strength. "That's why I tell patients who are mobile that it's really up to them—if they want to be active, they can be," he says. ■

## Milestones 1990s

**Nicholas V. Cagliuso, M.P.H. '98**, is currently serving as research assistant to the medical director in the office of medical affairs for the New York City fire department.

**Richard Epstein, M.S., P.T. '98**, e-mailed us to advise that he is presently working in Darien, Conn., at Moore Center for Rehabilitation, an orthopaedic/sports medicine center. He reports that it's a great environment to work in and everything is going well. "I wish everyone well on the boards and in their jobs."

**Richard Boscarino, M.P.H. '96**, was promoted to manager of environment, health and safety at one of Con Edison's Manhattan power plants shortly after receiving his M.P.H. in Environmental and Occupational Health Sciences.

**Carla E. Errico, M.P.H. '96**, was named director of employee relations and organizational development for Tri-State Health Systems, Port Jervis, Pa.

**C. Corbett Wilkinson, M.D. '97**, is in his first year of residency in neurosurgery at West Virginia University in Morgantown, W. Va.

**Weijen Chang, M.D. '94**, moved to Boston in June to take up a position at Massachusetts General Hospital as an attending in the Medical/Pediatric Clinic.

**Darrin Fryer, M.D. '94**, just finished his ER residency and had his second child in December. He has two boys: Derrick, aged 2, and Brandon, 5 months.

**Philip G. Hirshman, M.D. '94**, was married on November 8, 1997, to Jennifer Sherwood, M.D. They are both ob/gyns.

**Sholey Argani, M.D. '93**, is enjoying her fellowship in renal medicine at Massachusetts General Hospital in Boston. She says hello to all class members.

**Michael D. Bernot, M.D. '93**, is an attending psychiatrist in the psychiatric emergency room of Bellevue Hospital in New York City. His second child, Adena Michelle, was born on January 19 and joins her brother, Matthew Jared, now 2 years old. His wife, **Randy Resnick Bernot, M.D. '92**, is an attending physician in emergency medicine at Elmhurst Hospital Center in Queens. They are building a house in North Hill on Long Island.

**Lawrence Rosen, M.D. '93**, and his wife are proud to announce the birth of their son,

Matthew Saul Rosen, on March 31. Dr. Rosen is working in a private pediatric practice in Old Tappan, N.J.

**Maria Torroella Carney, M.D. '92**, recently gave birth to her second child, Joseph. She has moved to Long Island and is completing a geriatrics fellowship. "Life is busy!"

**James (Jay) Pennock, M.D. '92**, married Annette on October 4, 1997, on the beach in Carmel. They live in Pacific Grove, Calif. with two dogs and are about to start a family. Their e-mail address is spazole@earthlink.net.

**Todd M. Hertzberg, M.D. '91**, and wife, Susan Hertzberg, announced the birth of their daughter, Jessica Ruth, on June 9. **Howard Hertzberg, M.D. '62**, and Sheila Hertzberg are now proud grandparents.

**L. J. Morledge, M.D. '90**, is a partner at Madison Medical LLP in New York City and has admitting privileges at Lenox Hill Hospital and Saint Vincents. He was married to Alexis Brashich in the summer of 1997 and they are expecting their first child this October.

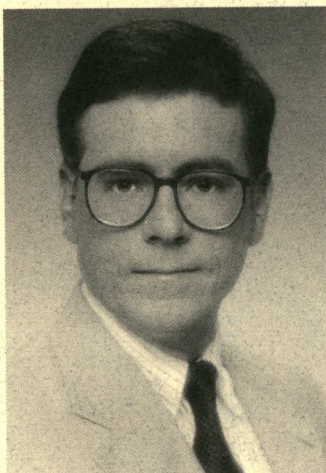
**Elaine Klinge Schwartz, M.D. '90**, has completed an internal medicine residency followed by a fellowship in pulmonary sciences and critical care medicine at the University of Colorado Health Sciences Center. She is now a partner with her husband, Michael D. Schwartz, M.D., at North Colorado Heart and Lung Clinic in Greeley, Colo. She was recently appointed director of the Intensive Care Unit at North Colorado Medical Center.

## 1980s

**David G. Lastomirsky, M.D. Fifth Pathway '89**, has opened an office for the practice of internal medicine in Stratford, Conn.

**Henry Roy, III, M.D. '89, F.A.C.P.**, has been elected a fellow of the American College of Physicians (ACP), the society of internists. Dr. Roy has been a member of the Northern Cumberland Memorial Hospital medical staff, Bridgton, Me., since 1992. He also has been a faculty member of the University of Vermont and currently serves as clinical instructor in medicine. He is a member of the Maine Medical Society and Cumberland County Medical Society. He resides in Casco with his wife, Mammi, and daughter, Anju.





Daniel Byrne, M.S. '91

awards for his book: The Will Solimene Award of Excellence and the Ralph A. Deterling Award for Distinction in Medical Communication.

Byrne holds two faculty positions with the College's School of Medicine as a research assistant professor in the Department of Community and Preventive Medicine and in the Department of Surgery. He lives in Ridgefield with his wife and two children. ■

## BASIC MEDICAL SCIENCES

### Cardiovascular Researcher Wins AHA Grant

Joseph Miano, Ph.D. '92, has won a four-year, \$265,000 Scientist Development Grant from the American Heart Association.

Dr. Miano, who received his doctoral degree in experimental pathology from the College, is a cardiovascular research center member and assistant professor of physiology at the Medical College of Wisconsin. He is studying the mediating influence of all *trans* retinoic acid (ATRA) on the growth and differentiation of smooth muscle cells in an animal model of arterial blockage. ATRA is a derivative of vitamin A that occurs naturally in the body. Smooth muscle cells play a complex, interactive role in regulating blood pressure and in blood vessel response to injury or disease. His research could lead to more durable balloon angioplasty of coronary arteries by reducing re-blockage after the procedure. ■

## BASIC MEDICAL SCIENCES

### Dr. Kim Wins Abbott Research Award

Young Ran Kim, Ph.D. '90, won the Abbott Laboratories 1997 Outstanding Researcher Award for her "achievement in the pursuit of scientific excellence and significant contribution to Abbott's scientific advancements."

Dr. Kim, who received her doctorate degree in cell biology and anatomy, is research and development manager for new assay development and a member of Abbott's diagnostics division. She was recognized for her contribution to the development of the Cell-Dyn® 4000 system, a new hematology instrument that is called the first device to combine three powerful technologies onto one instrumentation platform. The system, which helped Abbott to secure 11 patents issued and 6 patents pending, has advanced the company's position as a technology leader in hematology lab instruments for hospitals and medical laboratories.

As a recipient of the award, Dr. Kim selected the Department of Cell Biology and Anatomy of the Graduate School of Basic Medical Sciences to receive a \$5,000 endowment from Abbott. "I am very proud that a graduate of our program has earned such a prestigious award," noted Joseph D. Etlinger, Ph.D., professor and chairman of the department. "We will use this award to support the work of promising students and fellows." ■



Young Ran Kim, Ph.D. '90

**Peter J. Gruber, M.D. '88**, is associate director of the Jacobi/Montefiore residency program in emergency medicine, Bronx, N.Y.

**Nora Hansen, M.D. '88**, recently joined the John Wayne Cancer Institute in Santa Monica, Calif. She is a surgical oncologist and is assistant director of the Joyce Eisenberg Keefer Breast Center.

**Joseph P. Rafferty, Jr., M.D. '87**, lives in Duxbury, Mass., with his wife, Kathe, daughter, Daylene, and son, Luke. He is medical director of the Transitional Care Unit at Jordan Hospital in Plymouth, Mass.

**William Kaiser, M.D. '87**, is currently chief, vascular surgery service at William Beaumont Army Medical Center in El Paso, Tex. He and his wife, Shannon J. Kaiser (Bowen), D.D.S., report they are thrilled by the arrival of their first child, William, born on September 11, 1997.

**Douglas M. Berger, M.D. '85, Ph.D.**, is living in Tokyo, where he first lived as a fourth-year medical exchange student. Weekdays, he consults with pharmaceutical companies on clinical drug trials and is presently working with a division of Hoffman LaRoche Pharmaceuticals on nerve growth factor clinical development for diabetic neuropathy. Evenings and weekends, he maintains a private psychiatric practice, serving the expatriate community and local Japanese patients. He still maintains the title of visiting assistant professor of psychiatry at the Albert Einstein College of Medicine in the Bronx, where he worked as an attending for a few years after his residency at New York Medical College.

**Stephen Ducey, M.D. Fifth Pathway '85**, has been elected president of the New London (Conn.) County Medical Association. Dr. Ducey, in private practice in New London, specializes in internal medicine and is an attending physician at Lawrence & Memorial Hospital. He is also a member of the American Academy of Hospice and Palliative Medicine.

**Romina Kee, M.D. '84, M.P.H.**, and her husband, Reginald Lee, announced the arrival of their first child, Reyna Namazzi Lee, on May 4. Dr. Kee has been medical director for the Chicago Department of Public Health's STD/HIV Program for the past four years.

**Patricia Barry, M.D. '83**, started a practice two years ago at Manhasset Mammography and Ultrasound, a comprehensive women's health center. Her husband, **John Cosgrove, M.D. '83**, is chief of laparoscopic surgery at Long Island Jewish Medical Center. He has edited a textbook on minimally invasive surgery. Their son, John, 12, is a top student and soccer star. Susan, 11, and Patrick, 6, are excellent students, sailors and swimmers.

**Gabrielle Marshall-Salomon, M.D. '83**, has a private practice in child and adult psychiatry in New Jersey. She is married to Amir Salomon, M.D., and has two daughters: Arielle, 10 and Tara, 8.

**Rebecca Steckel, M.D. '83**, reports she has three children: Jacob, 5; Asher, 3; and Adina, 1.

**Harriet Dickenson, M.D. '82**, is still at the New York Transit Authority, New York City. She reports she spoke with retired anatomy professor Johanna Hagedoorn. "Let's get together in Florida!", she says.

**Elizabeth Figueroa, M.D. '82**, has been living in North Carolina for 10 years. She practiced at East Carolina School of Medicine and began their adolescent medicine section. She is married to neuroradiologist Henry Kowalski and they have three boys, 20-month-old twins, and a 7 year old.

**Sarina DiStefano-Lynch, M.D. '80**, is practicing ob/gyn in Tarrytown and Briarcliff, N.Y. She has four children: Sean, 13; Genevieve, 12; Katrina, 8; and Juliette, 5.

**Regina Giuffrida, M.D. '80**, is practicing ob/gyn at the Mount Kisco Medical Group in Mount Kisco, N.Y., and has three children: Kaitlin, 14; Joe, 14; and Patrick, 6. She reports she's still married to Jack McMenemon after 20 years. She would love to hear from old friends.

**Victor Stelmack, M.D. '80**, has been initiated into the American College of Surgeons. He is a surgeon at Martin General Hospital in Williamston, N.C.

## 1970s

**John Repke, M.D. '78**, was named the Chris J. and Marie A. Olson Professor of Obstetrics and Gynecology and chairman of the department of obstetrics and gynecology at the University of Nebraska Medical Center in March 1998. An expert in maternal-fetal medicine, Dr. Repke has a research interest in hypertension.



**Jack A. DiPalma, M.D. '78**, is professor of medicine and director, division of gastroenterology, at the University of South Alabama, Mobile.

**Alan J. Stein, M.D. '72, and Jeffrey Vieira, M.D. '77**, announced their association as Infectious Diseases Associates of Brooklyn. The practice is a New York State Yellow Fever Vaccine Center and specializes in travel medicine, AIDS and other infectious diseases.

**Jonathan N. Goldfarb, M.D. '75**, associate professor and chief of dermatology, has been named medical director of South Illinois University Physicians and Surgeons at SIU School of Medicine. He is responsible for organizing physician services, new member orientation and credentialing, faculty relations, risk management, quality assurance and utilization review and informatics. Dr. Goldfarb joined SIU's full-time faculty in 1992. He will continue his patient care and teaching responsibilities in his new position.

**Richard A. Kresch, M.D. '71**, is president and CEO of Pride Institute, which owns and manages psychiatric and chemical dependence treatment facilities in California, Minnesota, Illinois, New York, New Jersey and Washington, D.C.

**Sandra Raff, M.D. '71, M.B.A.**, moved to Princeton, N.J., and accepted a position at the U.S. headquarters of Bristol-Myers Squibb as director, clinical trials, metabolism. Please contact her if you're nearby: e-mail: sraff@usccmail.bms.com; work phone: 609-897-2878; home: 609-333-0114.

**James A. Slater, M.D. '71**, was honored for outstanding voluntary teaching efforts in the Norwalk Hospital Department of Medicine/Yale University medical residency program by the Norwalk Hospital board of trustees. Dr. Slater has a private internal medicine practice in New Canaan, Conn.

**Charles Barrett, M.D. '70**, reports that he is enjoying the laid back life in the Golden State and playing more tennis and golf to ease into retirement. He is still practicing ob/gyn in the image of **Marty Stone, M.D. '44, Sandy Sall, M.D. '59**, Alex Sedlis, and Alan Weintraub, but hates managed care and HMOs. He attended the wedding of the son of his brother-in-law and classmate, **Len Newman, M.D. '70**, in Philadelphia on July 5.

**Michael R. Berman, M.D. '70**, is founder and president of Hygeia Foundation, Inc., a non-profit organization in New Haven, Conn., whose mission is to bring Internet technology to underserved medical communities to deal with pregnancy and neonatal loss. Contact him at the Hygeia Foundation, P.O. Box 3943, New Haven, CT 06525. e-mail: berman@hygeia.org; Internet: <http://www.hygeia.org>; phone: 203-387-3589.

## 1960s

**Edward Feil, M.D. '67**, is more than half-way finished with an M.B.A. and is head of orthopaedics at Lovelace Medical Center, Albuquerque, N.M.

**Richard J. Fogler, M.D. '68**, was named chairman of the department of surgical services for Brookdale University Hospital and Medical Center in Brooklyn, N.Y.

**Ira L. Raff, M.D. '64**, has been working with urology residents part-time over the past few years at Metropolitan Hospital Center. He reports that he is slowing down his practice in Danbury, Conn. and Putnam County, N.Y., only because changes in medicine affect a single sub-specialist.

**Anthony (Tony) Chatowsky, M.D. '62**, is medical director of New Horizons, Inc., a community mental health center that serves Indian River, St. Lucie, Martin and Okeechobee counties on the east coast of Florida. With three children still in college, he has to keep working but would rather be fishing.

**Thomas Connolly Sr., M.D. '62**, and his wife, Patricia Dwyer Connolly, have lived in Needham, Mass., for 30 years. He is a partner in Needham Pediatrics and is still active in the practice. They have four sons, all graduates of Harvard College: William, Tom Jr., Brian and Mark. Tom Jr. is senior ob/gyn resident at the New England Medical Center.

**Howard A. Jewell, M.D. '62**, is happily starting his ninth year of retirement and would like to hear from his classmates at [hajewell@juno.com](mailto:hajewell@juno.com).

**Ira D. Glick, M.D. '61**, professor of psychiatry at Stanford University Hospital, writes that he is "still kicking" and combined two lectures at Oregon Health Science Medical Center with the Nike World Masters basketball games in Portland, Ore. last August.

## MEDICINE



## 1998 Reunion Weekend

The Alumni Association hosted its 1998 Alumni Reunion Weekend May 15 - 17, welcoming back 265 alumni from the School of Medicine, including the Class of 1948 for their Golden Jubilee and the Class of 1973 for their Silver Anniversary.

The weekend began on Friday with a reunion dinner for the Class of 1973 at the University Club in Manhattan. On Saturday, alumni from the Class of 1948 received Gold Diplomas at the Plaza Hotel at a special reception hosted by College President Rev. Msgr. Harry C. Barrett, D.Min., M.P.H. After the reception, a banquet and award presentation was held for all alumni.

Alumni Association President Dennis J. Allendorf, M.D. '70, presented the association's Medal of Honor to H. Warren Goldman, Ph.D. '69, M.D. '73. Richard N. Hirsh, M.D. '69 was honored with the Certificate of Achievement (See *Inroads*.) In addition, Dr. Allendorf presented a special Lifetime Achievement Award to College Trustee Philip A. Marraccini, M.D. '59.

More than 75 alumni celebrating their five-year reunions and their guests attended the banquet and award ceremony. They returned to the Alumni Center for lunch and a tour of the grounds on Sunday. ■



## Teaming Up with the Pros

Everyone knows professional sports are hot. But College alumni are rapidly forming a league of their own—as physicians for the top professional teams.



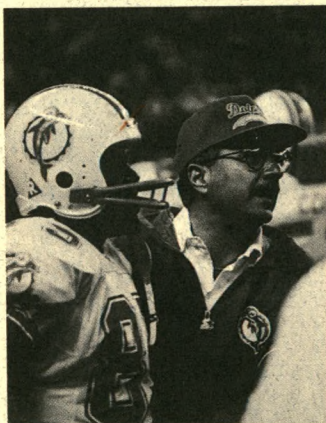
Stephen Nicholas, M.D. '86, second from left, with the New York Jets

Stephen Nicholas, M.D. '86, an orthopaedist who is team physician for the New York Jets, followed in the footsteps of his father, James Nicholas, M.D., who served as team physician for the New York Jets, the New York Knicks and the New York Rangers.

Stephen Nicholas learned the ropes working with the Jets during his residency and became team physician in 1991. For Dr. Nicholas, who maintains an orthopaedic practice in addition to his team work, sports medicine offers a proving ground for new surgical techniques.

Ronald Weissman, M.D. '77, a cardiologist who provides internal medicine for New York Rangers players, family and coaches, has been with the Rangers since 1987. He is one of six official team physicians along with Howard Chester, M.D. '70, who also provides internal medicine, and Anthony Maddalo, M.D. '81, one of the two team orthopaedists.

Some find the fast pace of professional sports ample compensation for the demanding season schedule and playoffs. For Dr. Weissman, the high point was when the Rangers won the Stanley Cup in 1994. "It was the best time in my life—the experience of being in the locker room, in the midst of all the tension, the receptions at Gracie Mansion, the parades—I loved it!", he said.



Peter Indelicato, M.D. '69, with the Miami Dolphins

Peter Indelicato, M.D. '69, who was team physician for the Miami Dolphins from 1988-1996, found himself in the spotlight when he repaired Dan Marino's damaged Achilles tendon in 1994. "The operation was routine, but the media attention was an experience," he said.

For those who are orthopaedists, working with professional athletes means staying at the forefront of advances in sports medicine. Dr. Indelicato says he joined the University of Florida as director of sports medicine 21 years ago for the academic challenge and the chance to work with an NCAA Division I program. "Since then, we've had a tenfold increase in our understanding of the microstructure of the shoulder and knee," he said. Dr. Indelicato is developing a biodegradable meniscal template that will stand in for damaged meniscus (the shock absorber between the bones of the knee) until the body can replace it with its own. ■

## Kilbourne Emcees 10th Graduate Student Research Forum

Edward Kilbourne, Ph.D. '91, who received his doctorate degree in biochemistry and molecular biology from the Graduate School of Basic Medical Sciences, returned to the school to serve as master of ceremonies for the Tenth Annual Graduate Student Research Forum in April. The day-long event gave graduate



Edward Kilbourne, Ph.D. '91, left, and Howard K. Schachman, Ph.D.

students who have conducted significant research an opportunity to present their findings to an academic assembly of their colleagues.

Dr. Kilbourne is a research scientist in the Women's Health Research Institute at Wyeth Ayerst Research, a division of American Home Products. His current research focuses on the cardioprotective effect of estrogen in hepatocyte and vascular endothelial cells, and on liver specific expression of Apo lipoprotein A1. Dr. Kilbourne's goal is to understand why female hormones, especially estrogen, seem to protect women from heart disease.

Dr. Kilbourne welcomed Howard K. Schachman, Ph.D., a noted molecular biologist and enzymologist at the University of California at Berkeley, as the forum's keynote speaker. More than 35 students presented research papers. ■

Howard D. Harrison, M.D. '61, and his wife Elizabeth Burns, D.M.D., are fully retired and loving it. He is currently serving as fleet captain and fleet surgeon of Fort Myers Beach Yacht Club. "Call me for info on how to retire."

Thomas E. Donnelly, M.D. '60, was elected president of the Cayuga County (N.Y.) Health Department Board. He has finished paying for all five of his children's tuitions and presently has three grandchildren.

Louis Fierro, M.D. '60, reports that his daughter, Caroline Fierro, M.D. '95, became chief resident at Lenox Hill Hospital, where she has been doing an ob/gyn residency for the past four years.

Stanley Ostern, M.D. '60, has retired after 31 years of private practice in internal medicine in Santa Barbara, Calif., and is very happy to leave HMO medicine and micromanagement. He is enjoying volunteer work in his local opera company, teaching racial tolerance in schools, playing with his grandchildren and doing some work for the California Medical Board.

## 1950s

Benjamin Sadock, M.D. '59, professor of psychiatry at NYU School of Medicine, recently published the eighth edition of his classic textbook, *Kaplan and Sadock's Synopsis of Psychiatry*, now translated into 12 languages.

Howard Kline, M.D. '58, is continuing to practice and teach cardiology in San Francisco and plays in a handball league in northern California "with continued vigor".

Edward L. Pendagast, M.D. '58, retired September 1997 and feels great. He joined the triple bypass club May 1995; he didn't feel great afterwards, but experienced surprisingly less pain/disability than he expected. His daughter was married September 1996, and his son was married February 1997.

James P. Roach, M.D. '58, chief of the department of urology for St. Vincent's Medical Center, Bridgeport, Conn., received the St. Vincent de Paul Award for "outstanding service exemplifying the philosophy, mission, and values of St. Vincent's Medical Center" as a member of the hospital's active medical staff.



**Daniel M. Baer, M.D. '57**, retired as chief of pathology from the VA Medical Center and professor and vice-chairman of laboratory medicine at Oregon Health Sciences University in Portland, Ore. He is co-author of four books: *The Physician's Office Laboratory*, *LabWorks*, *Basic Office Microbiology* and *Interpretations in Therapeutic Drug Monitoring*. He also continues as editor of the continuing education update section of the journal *Laboratory Medicine* and as editor of the Tips from Clinical Experts column of *Medical Laboratory Observer*. He bakes and sells artisan breads in Lake Oswego, Ore.

**Rev. Michael Dolan, M.D. '57**, married 38 years to the late Loretta Dolan (who died in 1993), has 7 children and 14 grandchildren. He practiced medicine/pathology for 36 years and was ordained to the priesthood in 1997 for the Archdiocese of Washington. He is presently assigned to St. Francis of Assisi Church in Derwood, Md.

**Albert Huber, M.D. '57**, is still in solo full-time allergy practice. The rest of the time he is busy with sheep (They'll be shearing their 22 sheep in the spring.), mowing pastures and growing a year-round vegetable garden. His tenth grandchild was born in March.

**Sanford Anzel, M.D. '54**, is chief of orthopaedics, Long Beach Veterans Administration Hospital.

**Joseph E. Davis, M.D. '53**, continues an active practice of general urology in New York City. He is director of professional review programs at Cabrini Medical Center and a member of the board of trustees of the New York County Medical Society.

**Walter M. Chemris, M.D. '51**, has been retired eight years at the Jersey Shore. He enjoys lots of golf and fishing, travel and quiet, easy living and his four grandsons.

**Gregory J. Zann, M.D. '50**, writes: "Kudos to our 49-year 'experience' together, as we await the millennium: Best of good health to all and God bless you. Looking forward to 'our bash' in the Big Apple at the Plaza Hotel, for the Gold."

## 1940s

**Laura Grey Morgan, M.D. '49**, is busy remodeling her 100-year-old Spanish style "castle" in Old Greenwich, Conn. and trying to live "on budget" since retiring from an active pediatric practice in September 1991. She enjoys reading alumni news and is happy to see so many women participating in the work of the College. "Best wishes for the years ahead."

**Ada Biffar Ryan, M.D. '47**, is looking forward to celebrating her 50<sup>th</sup> wedding anniversary with spouse, 6 children, 13 grandchildren and 1 future great grandchild.

**Jay H. Stubenhaus, M.D. '47**, found **Charles Neustein, M.D. '47**, on vacation in Miami Beach and played a good game of tennis.

**Martin L. Sumner, M.D. '47**, is still in practice in New Haven, Conn., as senior member of a 12-man group, The Center for Orthopaedics, P.C. His son, Jeffrey, covers spine and major trauma for the center.

**George P. Potekhen, M.D. '44**, has been retired since 1985; his companion, Opal L. Tomlin, died July 20, 1997. "Sold the house in Arizona, freezing in Wyoming." In March he cruised to the Caribbean on the UMS Estostendani.

**Charles W. Shlimbaum, M.D. '44**, who is enjoying retirement, is upset at what has happened to medical practice today. "We are not fighting nearly hard enough!" He enjoys golf, the theater and civic and political organizations.

**Margaret (Peg) R. Harte-Madden, M.D. '44**, writes that she is "into vegetable and flower gardening in my dotage. This retirement center (in Chapel Hill, N.C.) is the BEST! Now if muscles, tendons and ligaments behave, I'll have cantaloupes, watermelons, tomatoes, cucumbers, herbs and green beans, enough for all of you who come to visit and say hello."

**Adelaide T. Scanlon-Sheehy, M.D. '43**, reports that Sara Sheehy, who was married March 7, became the first of her 33 grandchildren to do so.

## In Memoriam

**Harold Bennett, M.D. '62**, died June 21, 1998, in Short Hills, N.J.

**Herbert A. Conner, M.D. '43**, died June 13, 1998.

**Marion Agnes Schauler Brancucci, M.D. '57**, died April 11, 1998, in Yonkers, N.Y.

**Edward F. Dougherty, M.D. '48**, died April 25, 1998.

**David Dragutsky, M.D. '37**, died April 14, 1998.

**Max Gratz, M.D. '32**, died October 11, 1997.

**Louis Hoffner, M.D. '30**, died November 23, 1996.

**Robert D. Jones, M.D. '52**, died July 7, 1998, in Elkhart, Ind.

**John F. Ljunggren, M.D. '47**, died May 1, 1998.

**Robert Michael Oliverio, M.D. '34**, died October 5, 1996.

**Richard M. Siegel, M.D., '48**, died June 20 in Ridgewood, N.J.

**Clifford J. Tichenor, M.D. '40**, died July 6 in Hilton Head, S.C.

**Joseph M. Zicarelli, M.D. '67**, died May 15, 1998, in Staten Island, N.Y.

## Calendar

*February 6, 1999*

American Academy of Orthopedic Surgeons  
NYMC Alumni Reception, Anaheim, Calif.

*March 30, 1999*

Graduate Student Research Forum  
Graduate School of Basic Medical Sciences

*May 7, 8 and 9, 1999*

School of Medicine Reunion Weekend 1999

*May 7* Class of '74—25th Reunion  
Awarding of Silver Diploma  
University Club, New York City

*May 8* Alumni Banquet and Awards Presentation  
Class of '49—50th Reunion  
Awarding of Gold Diploma  
The Plaza, New York City

*May 9* Fifth-Year Class Reunions  
Alumni Center, Valhalla  
Reunion Classes: 1934, 1939, 1944, 1949,  
1954, 1959, 1964, 1969, 1974, 1979, 1984,  
1989 and 1994

*Commencement Week 1999*

*May 10* Fifth Pathway Completion Ceremony  
and Reception  
Tent, Alumni Center

*May 11* Dean's Medical Student Research Forum and  
Award Luncheon  
Tent, Alumni Center

*May 12* Basic Medical Sciences  
Commencement Luncheon  
Health Sciences Dinner and Awards,  
Tent, Alumni Center

*May 13* University Champagne Reception  
Tent, Alumni Center

*June 3*

Annual Alumni Golf Outing  
Mount Kisco Country Club, Mount Kisco, N.Y.

## We're on the Web...

If you haven't visited the Alumni Association section of the New York Medical College web site lately, you're in for a treat! It's full of information about graduates of the School of Medicine, the Graduate School of Basic Medical Sciences, the Graduate School of Health Sciences, the Fifth Pathway program, upcoming events, Alumni Association membership, continuing education and contacts at the College. There's even an on-line form for letting us know about the milestones in your life.

To find out more, visit us at <http://www.nymc.edu/alumni/>.



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