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Making an Old Drug Do New Things
Ending the Misery of Kidney Stones
The Master of Medicine, Teaching and Baseball
Even in prison, child abuse merits such disgust that pedophiles and others who mistreat the young are often targeted for attack themselves. However, there is one offense that warrants particular revulsion, perhaps because the victims are so tiny and helpless: shaken baby syndrome. This severe form of head (continued on page 8)
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Alumni News
Mario Inchiosa, Jr., Ph.D., would use phenoxybenzamine to overcome the syndrome's burning pain.

Is there anything better for a pharmacologist than finding a new drug? Mario Inchiosa, Jr., Ph.D., thinks so. The longtime professor of pharmacology and research professor of anesthesiology at New York Medical College is excited about his discovery of a new use for the old drug phenoxybenzamine (Dibenzyline). The principal investigator in a Phase II trial of the drug, Dr. Inchiosa has struggled to persuade the FDA that phenoxybenzamine is more than just an anti-hypertensive, and

(continued on page 10)
When you can't breathe, nothing else matters.

This particularly apt slogan of the American Lung Association (ALA) does a very good job of articulating the terror felt by those who struggle with the wheezing, tightness of chest, coughing and shortness of breath that signal an asthma attack. Not only can asthma land its victims in the hospital—there are 470,000 hospitalizations nationally for asthma each year—it can also kill, taking more than 5,000 lives annually. In our region of New York State, according to the ALA's Hudson Valley Division, nearly 100,000 residents are afflicted, including 33,000 under the age of 18. It might be safe to say that things will soon be looking up for all of them. The direct benefits of cutting-edge research will be theirs now that New York Medical College and The Children's Hospital at Westchester Medical Center have been designated one of 19 national Asthma Clinical Research Centers (ACRC) in partnership with the lung association. The collaboration's raison d'être is a high profile, five-year clinical research study, which is the latest phase in the ALA's ASTHMATTACK! initiative to improve patient diagnosis and care.

"Society has recognized what we have known for years. Asthma is epidemic and increasing decade by decade," insists Allen J. Dozor, M.D., associate professor of pediatrics and chief of pediatric pulmonology at the College and Westchester Medical Center. “The government, not-for-profits and the pharmaceutical industry are spending a tremendous amount to deal with this.” He goes on to clarify that while asthma has been saddled with baggage for being a psychogenic ailment, "it is a real physiological phenomenon, although it may be aggravated by emotional factors. Now that all these dollars are being put into research, perhaps we will be better able to understand the dynamics of this chronic inflammatory disorder of the airways.”

Obstructed airflow
There are many cellular compo-
Jared Atzmon has been an asthmatic since he was nine months old. But since he’s been under the regular care of Allen J. Dozor, M.D., and the Division of Pediatric Pulmonology, his mother says, Jared is doing well. The five-year-old uses two inhalers as a prophylactic and a nebulizer to aid his breathing.

Precipitants that provoke airway inflammation: mast cells, eosinophils, T-lymphocytes, macrophages, neuorphils and epithelial cells. What set these elements off are environmental and other factors that include inhaled allergens to which a patient is sensitive, irritants and viruses, and cold. Inflammation is always present to some degree no matter how severe the condition. Ultimately, the symptoms bring about a widespread but variable obstruction of airflow in response to edema, a constriction of the bronchi, chronic mucus plug formation and thickening of the airways. So vessels that already are inflamed become overreactive to stimuli and it becomes even harder to breathe.

A pediatrician can successfully control a child’s asthma with medication and inhalers, but this accomplishment is not a fait accompli. An asthmatic’s condition will change constantly depending on what he or she is doing, the environment and amount of exposure to whatever precipitates an attack, and how well the patient cooperates in managing the disease. Asthma demands ongoing supervision, which clarifies why 80 percent of the 6,000 patients in Dr. Dozor’s pediatric pulmonology practice at Westchester and six other sites (mostly College-affiliated hospitals) present with asthma. Nationally, it affects about 5 million children and, according to the lung association, is the most chronic illness among school children.

Tertiary specialists

“We are the only pediatric pulmonology division in the Hudson Valley. We want every patient to come here, and the challenge of my career is to do that and balance the books at the same time,” Dr. Dozor says. “We are dedicated to research, teaching and quality of care and that's why patients should come here. If they don't, they are not likely to get proper care...We have been doing an increasing amount of clinical research and currently are working on two studies. A new flu medication is being tested on children who have asthma and children who don’t. We are also studying the relationship in children between asthma and changes to the heart. When the lungs are acting up, it seems to change the electrical pattern of an EKG.”

Like the other new asthma clinical research centers, NYMC’s asthma center has been spawned by the national organization but must be funded by the local affiliate. The Hudson Valley Division is raising $200,000 and giving Dr. Dozor’s group $150,000 per year, a sum that will accumulate to $750,000 over five years. The ALA division has already done its part thanks to contributions from The

Maple, grass and ragweed pollens cause histamines and other chemicals to be released in the bodies of people who are allergic to them. These chemicals inflame the linings of the nose, eyes and sinuses and can precipitate an asthma attack. (courtesy of the American Academy of Allergy, Asthma and Immunology)
Children's Hospital at Westchester Medical Center and the Department of Pediatrics that will support the required changes in infrastructure at department offices in Munger Pavilion on campus and at the faculty practice space at 19 Bradhurst Ave. in Hawthorne. The money also will cover salaries for staff and faculty and equipment to run the center.

"Many members of the College faculty have volunteered for the American Lung Association and been on the Hudson Valley board," Dr. Dozor advises, "and we have developed an excellent regional reputation. But this designation brings us into the big time. Such a large grant and those that come after will put us on the national stage..."

“We also anticipate great things to come courtesy of the FDA ruling that states if children can benefit from a new drug, they must be included in the study. We have already started expanding the Department of Pediatrics and the amount of clinical research done by the faculty. They have plenty to investigate. For instance, while allergies are the most common trigger of asthma in adults, infections are the common denominator in children. It would be very useful to find out why.”
injury, which occurs when a baby’s brain rebounds in its skull when shaken, is almost always caused by trauma that is not accidental. A parent or caregiver may act out of anger and lose control and shake a baby to punish or quiet it. The results are inevitably disastrous: bruising of the brain, swelling, pressure and bleeding, which may lead to permanent, severe brain damage or death. There may also be injuries to the neck and spine, and retinal hemorrhages that can result in blindness.

And yet, the syndrome is not easy to diagnose. There usually are no outward physical signs of trauma such as visible bruising, bleeding or swelling. The symptoms—change in behavior or irritability, lethargy or loss of consciousness, pale or bluish skin, difficulty in breathing—can be subtle or easily attributed to something else. You have to look for shaken baby syndrome, and that’s why Robin L. Altman, M.D., assistant professor of pediatrics and chief of general pediatrics at New York Medical College and Westchester Medical Center (WMC), spent the last two years with an NIH grant of $150,000 investigating “Shaken Baby Syndrome in Infants Who Have Had an Acute Life Threatening Event.”

A masquerade
The most common cause of death in infants between one month and one year of age is sudden infant death syndrome (SIDS). The typical victim is younger than 12 months, previously healthy and found dead in bed. Another group in the same age range is found not breathing and limp, but they are successfully resuscitated. These infants are classified as having had an apparent life-threatening event (ALTE), or near-miss SIDS. But despite the similarity in symptoms of an ALTE and shaken baby syndrome, there has been no systematic investigation of the relationship between the two, according to Dr. Altman. She was intrigued enough to see whether there was a correlation.

"By the time babies arrive at the hospital after an ALTE, they often look fine," she says. "The clinician may be left wondering what caused the event, so an extensive work-up is ordered that is costly and lengthy. The literature says that at discharge, about 50 percent of these cases remain undiagnosed, and we never know what caused the near-miss SIDS event..."

"When I did my residency [Columbia Presbyterian Hospital], an evaluation for ALTE never included consideration of shaken..."
atypical research trial, nothing interventional was done to the nearly 300 babies who were evaluated. There was no control group, nor was parental consent required because the research team, which included an ophthalmologist, pediatric neurologist and pulmonologist, worked strictly from the children’s medical records.

“Our goal has been to construct a diagnostic algorithm for the evaluation of infants with ALTEs which will include ruling out shaken baby syndrome,” says Dr. Altman. This is no easy feat, witness the anything but clear-cut example of Louise Woodward, the British nanny convicted in the death of Matthew Eappen. She still maintains her innocence and was able to win enough sympathy to be permitted to return to England. Insists Dr. Altman, who is more than familiar with all the defenses surrounding shaken baby syndrome, “You simply cannot tell just by looking at someone or speaking to someone whether they are capable of shaking a child to the point of causing injury or death.”

Her NIH study began in 1997, with the formal collection of data concluding last June; analysis will take awhile longer. During the

baby syndrome. After I came to Westchester in 1991, I began incorporating two tests into the ALTE evaluation—a head CT scan or MRI to detect intracranial bleeding, and a dilated fundoscopic exam to spot the telltale retinal hemorrhages of shaken baby syndrome. In 1995, I picked up 5 cases out of 75 ALTE admissions where shaken baby syndrome had not been suspected.”

The Diagnostic Testing Protocol ALTE Project

**Initial Testing**

All ALTE Babies

- Retinal exam, by resident, pediatric attending, neurology attending and ophthalmology attending
- Lumbar puncture
- Blood and urine (culture and sensitivity)

**Further Testing**

**Trauma Suspected**

- Brain MRI
- Coagulation profile
- Skeletal survey
- Bone scan
- Child protective services evaluation

**Trauma Not Suspected**

- ECG
- Chest x-ray
- SMAC/CBC (blood tests)
- Venous blood gas
- Head CT scan
- Pneumogram
- Oximetry (blood oxygen)
- pH probe study
- EEG
- Metabolic screen
the Patent Office that his delivery system is unique. If the FDA agrees, those who suffer the severe and persistent pain of reflex sympathetic dystrophy syndrome (RSDS) will be grateful for Dr. Inchiosa’s efforts and pain management specialists will have a new addition to their armamentarium.

RSDS is a relatively rare neuropathic disorder that appears to involve the sympathetic nervous system. Characterized by chronic, severe pain, the condition also goes by the names of complex regional pain syndrome, algodystrophy, causalgia syndrome and Sudeck’s atrophy. The sympathetic nervous system is that part of the autonomic nervous system that regulates involuntary bodily functions such as increasing heart rate, constricting blood vessels and raising blood pressure. Though RSDS is difficult to diagnose, with incongruous symptoms that include pain, swelling, muscle spasms, skin and joint changes, vasoconstriction and joint tenderness, there is one common element in every case: terrible burning pain that is usually the legacy of trauma or surgery.

**Clinical opinion**

“I would guess that 5 to 10 percent of the chronic pain patients we see have RSDS,” says Stephen Stowe, M.D. ’74, acting director of the pain management service in the Department of Anesthesiology. “If phenoxycbenzamine works, a significant percentage of them will benefit tremendously... I’ve been practicing too long to know that everybody doesn’t benefit from everything. I consider this very important research and an example of the important link between the basic sciences and the clinical sciences at the College.”

Indeed, it was a clinical colleague at Lincoln Medical and Mental Health Center in the Bronx—a College affiliate back in 1993—who sparked Dr. Inchiosa’s interest in RSDS. “People are in such severe, sharp pain, all out of proportion to the stimulus, that they become depressed over their inability to get relief from it. The local anesthetics being used at the time had transitory effects. They only worked for as long as they were present and active, about six to eight hours, to block the sympathetic nerves that supply the affected limb,” he says. The drugs—lidocaine, guanethidine (Ismelin), and phentolamine (Regitine)—are still in use today.

**Feeds on self**

“There are different ways pain is perceived in the brain by people having chronic pain,” says Dr. Inchiosa. “When pain persists, it also tends to produce a heightened pain response. It critical terms this is called ‘pain windup.’ I knew of a drug that would block the sympathetic nervous system for a longer period.

Phenoxycbenzamine is the only drug of its kind that blocks the alpha-adrenergic receptors at the synapse of the nerve for ten days to two weeks or more. We hope this prolonged period of blockade will restore the normal balance of nerve function” and halt the pain altogether. If it does, phenoxycbenzamine may also be effective against phantom limb pain.

Only patients over age 14 who suffer RSDS in their arms and legs are invited to participate in the current trial which is taking place at four sites; Cleveland Clinic in Ohio, Fawcett Memorial Hospital in Port Charlotte, Fla., and College affiliates Metropolitan Hospital Center in New York City, and Westchester Medical Center on the Valhalla campus. The drug is administered after being dissolved in an alcohol base, then injected into a vein along with lidocaine for a synergistic effect.

“In the pilot study we did with seven patients,” says Dr. Inchiosa, “all of them fared extremely well.” These results persuaded the FDA to approve
his double-blind, randomized study of 50 patients and Berlex Laboratories, the funding source, to invest $130,000 in the trial. A U.S. patent on the process has been issued to co-inventors Inchiosa and Kamil Mustafa, M.D., of Bronxville, N.Y., and assigned to New York Medical College; patents in Europe, Canada and Japan are pending. “This shows how intellectual property protection enables research,” Dr. Inchiosa points out. “Berlex would not have considered funding the trials had not the Office of Research Administration and its technology development division filed a patent application. Nor would Berlex even have been aware of the technology if not for their intensive efforts to identify an appropriate commercial partner...

“At their last interview, people in the pilot study were still pain free, some for as long as 17 months,” reports Dr. Inchiosa. “By interrupting their pain for two weeks we hoped for a more normal balance between the stimulus and the perception of the response to that stimulus... I know the results were accumulated in an objective way, and on that basis, I believe phenoxybenzamine holds considerable promise. I think the results are too dramatically positive to be accounted for by a placebo effect.”

**GROUND BREAKS IN SEPTEMBER FOR MEDICAL EDUCATION CENTER**

Let construction begin for New York Medical College’s 50,000 sq. ft. Medical Education Center on the Valhalla campus! The ceremonial team comprised, from left, Andrew Spano, Westchester County Executive; Ronald F. Poe, chairman of the College’s Board of Trustees; Christina Zeoli, Ph.D. candidate; Ralph A. O’Connell, M.D., provost and dean, School of Medicine; Stuart Bentley-Hibbert, medical student; College President Rev. Msgr. Harry C. Barrett; and Suzanne R. Swanson, county legislator. The new building will provide up-to-date facilities for students in the School of Medicine who currently share space with researchers in the Graduate School of Basic Medical Sciences. (Susan Woog Wagner photo)
Stubborn Kidney Stones Are Routine for Majid Eshghi, M.D.

Urologists have several ways to dispose of stones and the excruciating pain that goes with them. Dr. Eshghi gets the toughest cases.

They say it's the worst pain you can possibly have—with all due respect to women in labor. In fact, it's called "renal colic" by urologists, which makes a lot of sense if you've ever known an inconsolable infant. What it is is the excruciatingly sharp pain of a kidney stone—below the ribs in back, traveling around and radiating toward the groin, often with a side dose of nausea and vomiting. Since the kidney has no pain fibers, the pain actually originates from the blocked flow of urine and, depending on the stone's location, the resulting increase in pressure inside the kidney. It is especially the stomach and intestines in front of it, that queasiness is the consequence.

The specialist who knows his way around the kidney at New York Medical College is Majid Eshghi, M.D., the urologist's urologist who solves his colleagues' toughest kidney stone problems. Every week he relieves about three kidney stone patients of their misery, who in total comprise a large portion of his surgical cases. The Iranian-born professor joined the

"Sometimes the stabbing pain is so excruciating that it makes people fall to the ground in a sweat."

Deanne Skivington had to battle kidney stones with every pregnancy, but nothing compares to what she went through with Ryan, shown here at five months. Her salvation was the risky surgery performed in her sixth month by Majid Eshghi, M.D.
College in 1985 after completing a residency and chief residency in urology at Long Island Jewish-Hillside Medical Center on Long Island. Dr. Eshghi offers this highly simplified version of how the unglamorous organ works: "In the healthy kidney, the renal artery enters the kidney and branches into tiny blood vessels that feed the filtering tubes called nephrons. Nephrons filter the blood, and the result of this filtration is urine, which drips inside tubes called calyces. The calyces join and funnel the urine into a long tube called the ureter, which then drains into the bladder." Unless, that is, something blocks its way.

From one snowflake...
A kidney stone can be made from a variety of substances—calcium salts such as calcium oxalate or phosphate, uric acid, mineralized tissue from bacterial damage which are known as struvite stones, and cystine stones, an uncommon stone that befalls people who suffer the hereditary disorder cystinuria. But regardless of their composition, all kidney stones are formed by means of the same principle: saturation. If you keep putting cubes of sugar into a cup of tea, at some point there will be a heap of crystals and no liquid. Likewise, when urine becomes saturated, crystals of the offending substance settle out and form stones. And like grains of sand, they keep growing as the urine flows, sometimes even filling the whole inside (gutters) of the organ creating a staghorn pattern which can eventually destroy the kidney.

During pregnancy, the dissolved substance is usually calcium oxide, which organizes from an elevated calcium output. "Some pregnant women just have a tendency to form stones. About 5 percent develop them," says Dr. Eshghi. "They can cause a very serious condition, and you have to do something to relieve the pain and open up the blocked flow of urine. So we put in stents to bypass the obstruction."

Case history
That is exactly what Deanne Skivington’s urologist in Newburgh, N.Y., did when she developed hydronephrosis in a kidney that would not drain due to a stone impediment. Her history of kidney stones dated to age 18. During her third pregnancy in 1998, she underwent three surgeries to implant stents, and had to rely on a morphine pump to combat the agony from stones that had lodged in her ureter.

“The pain was worse than labor,” she says, as if the comparison described the ultimate misery. “Sometimes the stabbing pain is so excruciating that it makes people fall to the ground in a sweat,” Dr. Eshghi certifies. Mrs. Skivington continues, “It turned out that one stent had fallen into the bladder, and the other was stuck in the ureter because it was encrusted with calcium salts. My urologist was going to leave me alone until after I delivered. That’s when I decided the group was over their heads in treating a pregnant woman and I got a referral to Dr. Eshghi.”

“Her decision was a wise one,” he concurs, “because severe pain and associated infection can precipitate premature labor and other complications.” Within a few weeks both kidneys were invaded in separate surgeries by Dr. Eshghi. The stones and stents were removed and nephrostomy tubes were inserted to promote drainage of the kidneys. Mrs. Skivington still had to battle repeated infections in the hospital and at home via an IV, but several months later it was over and her third son, Ryan, was born. “The stones would have been very large if we had waited until after the delivery,” says Dr. Eshghi, “because the encrusted stents would literally have grown to the size of golf balls at the bladder and the
kidney.” Hearing that and thinking of what she would have faced, Mrs. Skivington winced.

**New techniques**

“Historically, you got a long incision in the back or the side when a stone didn’t pass,” Dr. Eshghi observes. “Now with endoscopic techniques, open surgery is rarely performed anymore... When stones are tiny, 90 percent do pass spontaneously. If they don’t pass, anything up to 3/4 of an inch can be taken care of with lithotripsy—shock waves delivered from outside the body. All the energy is concentrated on the stone and there is no incision.” Nor is it necessary any longer to immerse a patient in water for what is now an outpatient procedure.

Larger stones can be manipulated by ureteroscopy—advancing a laser or other energy source through the urinary channel into the kidney to fragment the gravel. Larger stones can be mastered in an arthroscopic-type procedure called percutaneous nephrostomy, where a small telescope is introduced through a needle in the back; ultrasonic energy, a laser or other energy source does the pulverizing in this treatment of last resort. (Mrs. Skivington underwent this procedure twice.) But when a stone is stuck in the funnel of the kidney due to a congenital narrowing, there is another option: endopyelotomy. In an operation Dr. Eshghi pioneered, the ureter is made wider by incising it from inside with a telescopic knife, leaving gravity to take its course.

Despite his prowess, Dr. Eshghi credits much of his success to the Department of Urology’s cutting-edge equipment that enables him to defeat even the most stubborn stones. “We have a new Holmium laser, with a very small fiber that goes through a minuscule instrument to reach into the cavities of the kidney and pulverize the stones into sand. Incidentally, it can also be used for prostate resection, small lesions and superficial cancers,” he advises.

Lest anyone think urologists live by kidney stones alone, Dr. Eshghi clarifies their roles. “Everyone in our department does everything, but each of us has a subspecialty. I also take care of the urological problems of kidney transplant patients,” he points out. That leaves the bladder, prostate, male genitalia, and kidney and urinary problems in women and men within the urology sphere of influence.

**WANT TO AVOID KIDNEY STONES?**

1. Drink plenty of fluids to decrease urine saturation; water is best and strong lemonade is next best.
2. Avoid colas and iced tea, both high in minerals.
3. Avoid foods high in protein and high protein diets.
4. Do not consume excess vitamin C—more than 1,000 milligrams daily.
5. Do not take large quantities of antacids.
6. Take magnesium and vitamin B₆ to retard the formation of most stones.

Six retiring faculty members of New York Medical College have been named emeritus professors following approval of their nominations by the Board of Trustees. The honored are:

**George Nagamatsu, M.D. ’34**
Department of Urology, chairman from 1958-1970

**William F. Panke, M.D.**
Department of Surgery, based at Saint Vincent’s Hospital and Medical Center in New York

**William S. Rosenthal, M.D.**
Department of Medicine, director of the Division of Gastroenterology

**Kinichi Shibutani, M.D., Ph.D.**
Department of Anesthesiology, director of research and acting chairman, 1990-1992

**Paul Singer, M.D.**
Department of Psychiatry and Behavioral Sciences, researcher, primarily into post-traumatic stress disorder

**William M. Stahl, M.D.**
Department of Surgery, vice chairman since 1980.
If it’s true that baseball is a metaphor for life, it helps to explain why in the past 48 years, William H. Frishman, M.D., has missed only one opening day at Yankee Stadium: in 1966, when he deferred to a medical school exam. The reason he brings the same Bart Giamatti-like devotion, intelligence and tenacity to his profession and position as professor and chairman of the Department of Medicine at New York Medical College and Westchester Medical Center is a reverence for life and healing. The quintessential academic physician, Dr. Frishman is board certified in multiple academic disciplines—internal medicine and cardiovascular disease, for which he regularly recertifies because “a teacher should be able to pass the same exams as his students and residents,” advanced achievement in internal medicine, clinical pharmacology, critical care medicine and geriatric medicine. (If there were a Yankee fan exam, he would beat Steinbrenner at his own game.) The fundamental Dr. Frishman, however, is just a country doctor at heart. He will not stop seeing patients despite administrative and professional responsibilities that would fell a lesser man.

Breaks the mold
One of the things you notice first about Bill Frishman is how engrossed he can become in *your* conversation. He is as interested in what you are saying as he is in talking about how he used to take care of Al Pacino’s grandmother. Indeed, this doctor has time for everything and everybody, including prompt return of phone calls, notwithstanding an illustrious career as clinician and researcher that would allow for an ego commensurate with his national stature.

Says Provost and Dean of the School of Medicine Ralph A. O’Connell, M.D., who lured him to Valhalla, “Dr. Frishman is a first-class academic physician. And yet, he is a Renaissance man, a multi-faceted individual who is as knowledgeable in history, the arts and especially baseball, as he is in medicine. He is also a strong leader. Everybody does well and everybody moves up because he raises the intellectual curiosity of all those around him. Frankly, he is a perfect example of the type of chairman I hope to continue bringing to New York Medical College.”

When he came aboard in 1997 after 25 years at the Albert Einstein College of Medicine in the Bronx, Dr. Frishman was well within a boundary he long ago had resolved to maintain. “Except for college and medical school, I’ve always wanted to live within 50 miles of Yankee Stadium,” he reveals, easily allowing any move Steinbrenner might make across the Hudson. A native New Yorker and graduate of the Bronx High School of Science, Dr. Frishman managed to culturally survive the six-year accelerated program in medicine that earned him B.A. and M.D. degrees from Boston University in 1969.
Medical students get to see a broader spectrum of patients with public and private affiliates, and there is a strong commitment to train highly competent physicians. Bronx Municipal Hospital is private and staffed by Einstein faculty; Westchester Medical Center is public and staffed by College faculty. The situation at Westchester is actually very interesting. It is one of the few public hospitals nationwide that really works, a model of a public institution providing tertiary care that isn’t a disaster.”

Diplomacy is not necessarily a required skill in medicine, but since department funds come from the College as well as from the medical center, Dr. Frishman sometimes finds himself in a “tough position. It is a challenge to satisfy the interests of academic medicine and patient care and to represent everyone—medical students, medical residents, fellows, the clinical attending staff and the research staff, and the teaching faculty.” By all accounts, he is doing just that.

There were only six years when William H. Frishman, M.D., lived more than 50 miles from Yankee Stadium—when he went to college and medical school in Boston. The professor and chairman of the Department of Medicine at New York Medical College and Westchester Medical Center easily rivals Rudolph Giuliani as the quintessential New York Yankees fan.

“That’s where I got the research bug,” he says, “and decided internal medicine was the most scholarly of the specialties.” He hastened back to Montefiore Medical Center and Bronx Municipal Hospital Center for postgraduate training, then took a fellowship in cardiovascular medicine at Cornell University Medical College in Manhattan. After four years in the Cornell system, which included a stint as chief of cardiology for the Army at Fort Dix, N.J., Dr. Frishman began his alliance with Einstein where he remains a visiting professor of medicine, epidemiology and social medicine.

Apples and apples
“There are many similarities between Einstein and New York Medical College,” he says, having departed Einstein as associate chairman of the department of medicine. “They are both large, private institutions with similar facilities. Neither owns a hospital.

Progress plan
In recognition of his research interests, Dr. Frishman has also been appointed a professor of pharmacology. He is advancing his goal to increase research at the College by utilizing what he calls the “strongest cardiovascular basic science research groups in New York State. The departments of pharmacology and physiology, and the Department of Medicine’s Cardiovascular Research Institute under Dr. Piero Anversa are doing cutting-edge research that is recognized worldwide.” To move things along he has created two vice-chairs for scientific affairs and research development to ensure both the clinical and basic science aspects of responsibility. On the personal side, Dr. Frishman’s research in cardiovascular pharmacology and epidemiology has earned him an international reputation and the distinction of having had the greatest number of articles (10) published by
Making the Most of a Master’s Degree in the Basic Sciences

If you think only Ph.D.s can have a successful scientific career, talk to Richard Bonomo, M.S. ’83, who earned a master’s degree in biochemistry and molecular biology from the Graduate School of Basic Medical Sciences (GSBMS) at New York Medical College. Not only has he invented part of a process that makes blood plasma safe for transfusion, but he also has created a niche for himself that is rooted in a lifelong hankering for architecture. Indeed, the evolution of his occupation from clinical chemist to biotech consultant shows how valuable a master’s can be even though it offers a different kind of opportunity.

Richard Bonomo, M.S. ’83

Bonomo is president of Turn-Key Biotechnology in Cross River, N.Y., a five-year-old firm catering to facility development in biotechnology. “I like setting up the environment for biotech start-ups. We also help established companies going through a growth phase, and we are recommended by the New York Biotechnology Association,” he says. Clients have included OraPharma Inc., Regeneron and Immunotherapy Inc., in The Landmark at Eastview park in Elmsford, N.Y., and V.I. Technologies in Melville, L.I., the manufacturing arm of the New York Blood Center that was spun off as a private company.

Back to the future

Bonomo’s association with the blood center actually dates to the
time he spent at the College getting his degree. A graduate of the University of Wisconsin with a B.S. in zoology, he was supervising clinical chemistry for the Health Insurance Plan of New York when he began to think seriously about becoming an architect. But destiny intervened in the form of a brochure on the new graduate degree program being offered evenings by the GSBMS, which Bonomo spotted in his graphic designer friend's office. “I went to the orientation and I signed up on the spot,” he recalls. “Around the same time [1978], I changed jobs and went to work for the New York Blood Center. They had interviewed 40 people before me, but maybe I had an edge because the man who hired me—Martin H. Stryker [Ph.D. '71]—was a College graduate.

Starting as a technician in research and development, Bonomo rose to become senior project manager at the blood center. First he ran a quality control lab that evaluated plasma used in preparing the hepatitis B vaccine, which predated the currently used recombinant version. Next he was assigned to organize the manufacture of alpha interferon from human leukocytes. The product wound up being used in the first clinical trials in the U.S. of natural interferon, he says.

**Clean blood**

Eventually, Bonomo moved on to research into the viral inactivation of blood products, what he calls “killing viruses in blood. We worked on adding organic solvents and detergents such as triton x-100 and TNBP to plasma to destroy viruses with a lipid envelope, such as hepatitis B and C, and AIDS.” The plasma was separated into factions such as albumin, immune globulin (then called gamma globulin) and clotting factor 8 for treating hemophilia; before plasma was cleansed of viruses, factor 8 infected thousands of hemophiliacs with AIDS. “But then we were left with another problem—the cleaning solvents had to be removed from the plasma. I developed a process using a chromatography resin that is hydrophobic [anti-water], which acts as a chemical magnet and draws out the hydrophobic chemicals,” he explains. Developed in 1988, this process has assured virus-free plasma products. In 1993 it was licensed in Europe, and in 1998 it received FDA approval.

After 10 years at the blood center Bonomo left to join Regeneron. The third employee to sign on, he designed the pilot plant for neuroscience research and its first recombinant drug. And he continued to coordinate the construction of all Regeneron’s facilities. Now Bonomo says he wouldn’t mind working again in the vicinity of Elmsford, say, with New York Medical College in developing its biotechnology initiatives. He has already introduced himself to Stella Manne, the director of technology development in the Office of Research Administration.

**Piero Anversa, M.D., Is Named Vice Chairman of Medicine**

Piero Anversa, M.D., a cardiovascular researcher with an international reputation, has been named vice chairman of the Department of Medicine by William H. Frishman, M.D., professor of medicine and department chairman. Director of the College’s Cardiovascular Research Institute, Dr. Anversa is a professor of medicine, pathology, and microbiology and immunology.

A faculty member since 1972, he was honored in 1996 with the Dean’s Distinguished Research Award for his investigation of the cellular and subcellular mechanisms of congestive heart failure. Dr. Anversa has made landmark discoveries in the pathophysiologic mechanisms of heart disease, and has authored more than 200 articles and reviews in prestigious medical journals.
140th Commencement at Carnegie Hall

Sharing a humorous moment at Commencement in May were Speaker Whitney W. Addington, M.D., left, and College President Rev. Msgr. Harry C. Barrett, D.Min., M.P.H. Dr. Addington, president of the American College of Physicians and director of the Primary Care Institute at Rush-Presbyterian-St. Luke’s Medical Center, was presented with an honorary doctor of science degree. The university awarded 349 diplomas to the graduating class of physicians, scientists and healthcare professionals. Honorary doctor of humane letters degrees went to Col. Melvin D. Freeman, a member of the College’s Board of Trustees, and Helen Freeman, and Richard A. Berman, president of Manhattanville College, Purchase, N.Y. (Robert Floyd photos)

Chironian will keep in touch...

We thought our readers might like to follow two members of the Class of ’99 as they embark on their graduate training and careers. We have selected two students who contributed more than their share to the New York Medical College legacy. Look for updates in future issues of Chironian.

Jacqueline Bender, M.D. ’99, grew up in Bethesda, Md., watching her father suffer from lymphoma from the time she was six until he died when she was seventeen. “It certainly affected my decision to become a doctor,” she says. After graduating from Cornell University with an undergraduate degree in biology, Dr. Bender spent a year at Georgetown earning a master’s in cardiac physiology. During her first year at NYMC she founded and coordinated “Sign Communication in Medicine,” an enterprising group that retained a deaf teacher to train members in sign language. Their goal remains helping deaf patients to interact with physicians and healthcare providers. Dr. Bender expects to continue using sign at the Northeastern Ohio College of Medicine and Akron General Hospital, where her five-year residency program in urology is well underway.

Robert McCormick, M.D. ’99, hails from the San Jose area of California. He met his wife, Cindy, at UCLA while he was earning an undergraduate degree in psychology. “I always knew I’d go to medical school,” he says, despite a delay of three years working in hospital administration at UCLA Medical Center during which he “got married and paid off loans.” Dr. McCormick’s years at NYMC were exceedingly productive as he and Cindy became the parents of two boys. He served all four years on the Student Senate and was president of the School of Medicine student body in his last year. He also worked on the High School Enrichment Committee and was chosen editor of the class yearbook. Having moved his family back West to the hills overlooking the San Fernando Valley, Dr. McCormick is hard at work in a combined internal medicine/emergency medicine residency at UCLA Medical Center.
Physicians who are disgusted with managed care might wish to consider emulating J. Craig Stevens, M.D. '76. He resigned from the staffs of three hospitals, closed three offices in the Washington/Baltimore area, and moved to Clark Fork, Idaho, pop. 600, in May 1998. Now he drives a 1978 International Scout “jeep” instead of a BMW 740i. (There’s not a single car in town newer than 1990, he says.) And he continues to be awed by the bald eagles, swans, black bear running free and moose that are as much a part of the landscape as his patients, who just as often pay in eggs or firewood as they do with Medicare or other traditional insurance.

“There is no managed care whatsoever here...I have gone from being an ultra-specialist to an ultra-generalist,” says the internist who is also board certified in physical medicine, rehabilitation and electrodiagnostics. “I was doing way too many electromyographic studies. Now I do everything that walks through the door—high blood pressure, immunizations, geriatrics, sewing lacerations, office gynecology. I haven’t delivered a baby yet, but I could do it if I had to, thanks to New York Medical College. I did 30 or 40 on my o.b. rotation.” Dr. Stevens is also his own pharmacist (Idaho allows it), takes his own x-rays and performs minor surgery. The patients are satisfied and grateful. Before he arrived they had been looking for a doctor for 15 years.

Childhood remembered
“You could call it a mid-life crisis,” Dr. Stevens considers. “I just wanted to live a different lifestyle. I had tried to cut back but I couldn’t...I made much more money...
before, but the quality of life, the stress factor, were something else. I couldn’t have continued with the workload much longer. I found myself thinking about my father [Ronald G. Stevens, M.D. ’53] and how he used to take me along on house calls in his little Karmen Ghia. He always carried a big black bag. I thought about how rewarding his practice was, in Wellsboro, Pa. I finally decided to move and become an old-fashioned family doctor.”

This was not a new idea. A decade before he did it, Dr. Stevens had similar notions but his wife would not cooperate. Now remarried, Dr. Stevens works very closely with his wife, Luciann, who assists him as nurse, receptionist, bookkeeper and anything else that comes along. Her two children live with them; his three continue to reside back East. How they got to Clark Fork is a story in itself. “I had looked in rural Pennsylvania, but it was fairly well saturated with doctors. So I started with a map. The Pacific Northwest looked perfect,” he recounts. “We flew into Spokane and began a 1,000 mile trip by car. We were looking for an area that needed a physician, but other things were important, too—the scenery, how people acted. There was a mindset that was different from town to town. We settled on Clark Fork, Idaho, three miles from the Montana border.”

**Perfect solitude**
The closest town with a familiar name is Missoula, Mont., 150 miles to the east. British Columbia is 40 miles north. The nearest doctor is 37 miles west in Sandpoint, Idaho, where a 40-bed hospital is located. Dr. Stevens has set up his office in a doublewide modular home, 30 steps from his log cabin home. “I used to drive 80 to 100 miles a day,” he shudders...“Here, half the town goes fishing every afternoon,” he says in some sort of comparison, wearing jeans and gloating that he never even needs a sport coat.

“Sure, I’m on call 24 hours a day and the phone rings in my home, but most often I get eight hours sleep,” he continues. And if he overslept, it wouldn’t matter that much. “Clark Fork is three miles from the Montana border, which is also the dividing line between Mountain Time and Pacific Time. The patients often come an hour early or late, and I do too,” he admits.

When he is not working, Dr. Stevens makes the most of nearby Lake Pend Oreille and the mountains that surround his habitat (one is 4,000 feet high). “I am an outdoor person. Life is so much better. When I make my house calls with my wife by my side, and surrounded by that scenery, I realize I’m doing what my father did,” he says. But then he mentions that late in life, his father had switched from general practice to psychiatry “to make more money and it killed him. I remember how hard it was on him.” At 47, Dr. Stevens is exactly the same age his father was when he died.

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**Health Sciences Offers Speech-Language Pathology Course**

A two-year, full-time program in speech-language pathology is the newest course offering of the Graduate School of Health Sciences.

The first class to enter the 80-credit course of study, designed to eventually accommodate some 28 students a year, commenced in June. Ben C. Watson, Ph.D., professor of practice and program director within the graduate school, is in charge of the curriculum.

Speech-language pathologists identify, assess and treat a variety of speech and language problems and swallowing disorders. The program is designed to provide academic and clinical training for professionals who want to work with the most severe and complex cases.
Athletic Philanthropy Works Both Ways

There has always been the perception that those who choose careers in medicine are altruistic. While that may or may not be true, three medical students at New York Medical College are validating this viewpoint by having spent parts of their summer vacations huffing and puffing for charity. (Training injuries precluded several others from participating.) We are pleased to present these representative philanthropic athletes.

This year's Team in Training for the Leukemia Society of America, Westchester chapter, flew to Anchorage, Alaska, in June for the marathon that also supports research in lymphoma, Hodgkin's disease and myeloma. **Tracy Zaslow**, Class of 2001, was among them to run her first grueling marathon after months of training that "weren't so bad but were exhausting. Running was really a great balance for studying," claims the biochemistry major from UC San Diego who lives in Encino, Calif. Zaslow was matched up and "ran" for a five-year-old boy who is halfway though his three-year chemotherapy treatment. Says Zaslow, "When you realize the struggle he's going through it makes it easier for you to train because you're doing it for someone else."
Grandma's Marathon (26.2 miles) in June was the first race Rachel May, Class of 2002, ever ran. She had trained with three classmates—Brandon Zabukovic, Edward Huynh and Bryan Berkey—but a herniated disk and other ailments took them out of the race before they could make it to Duluth, Minn. So May went alone, even paying her own plane fare to participate. The foursome had decided to donate whatever money was raised from sponsorships to ASTHMATTACK!, the pediatric asthma research initiative of the American Lung Association (see story on NYMC's new asthma center on page 5). But though May, a California native who graduated from Berkeley, determined she would go it alone, she did not opt for sponsorship. "The race was a personal challenge," she says. "I guess it's something that's been in the back of my mind a long time. The opportunity arose and I pursued it. It was more an endurance test of myself than a race against the clock or other people. Next year, when we all run as a group, I will feel right about asking people to back me."

Richard Kwun, Class of 2001, squeezed a 330-mile, four-day bike ride starting in Raleigh-Durham, N.C., into the three-week window between Step I of the USMLE boards and the start of his first rotation, in surgery. The "Washington, D.C. AIDS Ride 4," sponsored by Tanqueray in June, was not the only beneficiary. Says the Cornell graduate whose interest is in emergency medicine, "It put me in a position to ask others for help. I've always been pretty self-sufficient, but this meant asking total strangers for money. I think it's good to be able to ask your peers for help." He also competed because "if you're going to be a complete healthcare provider, you should be able to do more than just have a career."
Imagine driving two hours each way after work for five years to earn a master's degree—in anything. And if you lived and worked in Sullivan County, way up in the snowy Catskills, what could possibly make it worthwhile? Why, a master's degree in international health from the Graduate School of Health Sciences at New York Medical College, of course.

"Everything is two hours from here," smiles Dyan Campbell, B.S.N., M.P.H. '91, which leaves her interest in international health in need of explanation. "International health is public health for the globe. International health is the epitome of public health because everything's connected—the ozone layer, Desert Storm and the burning of Gulf oil, the killings in Rwanda, antibiotics being fed to cattle...Public health in general is all politics; the expression of health care in a society is a reflection of that society's values," she muses.

Many hats
Campbell has been public health director for Sullivan County since 1986. It has a population of 70,000, spread over 1,000 square miles, who pay taxes that are among the highest in the state, thanks to the loss of the "Borscht Belt" tax base following the demise of Catskills resorts. It makes for a lot of needy people.

Campbell leads a proactive and efficient public health department and is responsible clinically and fiscally for a staff of more than 100 and a $14 million budget. She must also assure compliance with federal, state, county and professional standards and regulations. (Sullivan County is one of 44 in the state that delivers certified public home health care; Westchester uses only private agencies, she says.) Campbell reports to the county manager as well as to the county legislature on these divisions under her purview:

* Certified Home Health Program
  "Our primary responsibility is to teach the patient and family how to do a procedure, prevent a recurrence where possible, and make sure caregivers stay well enough to take care of the patient," she says. With her nursing background, she has been able to lure intensive care nurses who can set up IVs, deliver chemotherapy, care for burn patients, change packing in extensive wounds and do other hospital-type procedures at home. This competence also allows for a "nursing home without walls" service, the Long Term Home Health Care Program that permits patients who qualify for admittance to nursing homes to opt for home care instead—as long as there is a support system at home and services can be rendered at less than 75 percent of nursing home cost.
Children with Special Needs Program
This combines a number of programs that enable the agency to find, screen and case manage children under five who are at risk for developmental disabilities. Rehab therapy services are provided either at home, at day-care centers or at center-based programs.

WIC
The federally funded program for women, infants and children serves more than 1,900 pregnant and breast-feeding women, and children, at six clinic sites. Special emphasis is on teaching expectant mothers how to prevent having low-birth weight babies.

There are regular public health concerns that include HIV infection (it becomes a reportable disease in January), tuberculosis, rabies, Lyme disease and sexually transmitted diseases, among others.

Working vacations
Campbell has been serving the needs of Sullivan County since 1971, when she joined as a staff public health nurse. It is only the second job she has held. After earning her nursing degree at Rutgers University in 1969, she spent two years in psychiatric nursing at Mount Sinai Hospital, New York City. It would be 1985 before she started on her M.P.H. degree, which she actually began at SUNY-Albany. No dilettante in international health, Campbell spends her vacation time abroad. Last year in her seventh trip to India, she was nursing director at a cataract surgery camp near Bombay where 1,201 surgeries were performed in five days. She considers her studies at the College to have been invaluable:

"It's important to reach out to the employed student. It really provides the best interaction with your peers and teachers—especially in the international track, where classes are small and can be made exciting in terms of exploring issues in depth. I also met a lot of students from other countries like Haiti, Pakistan and Sri Lanka. They came here for undergraduate study and then went on for graduate degrees so they could go back and make changes in the healthcare systems of their own countries."
New York Medical College showed what it had to offer at a Biotechnology Open House in March. Some 90 potential collaborators and Basic Sciences faculty convened to take notice of College facilities such as the confocal microscope, flow cytometer and mass spectrometer. Per B. Fog, right, president and CFO of the Pharmaceutical Discovery Corporation, talked shop with Rev. Msgr. Harry C. Barrett, D.Min., M.P.H., College president and CEO. Attendees were given the new Biomedical Facilities and Resources Guide produced by the Division of Technology Development, Office of Research Administration. (Susan Woog Wagner photo)

Metropolitan and College Sign New Agreement

New York Medical College and Metropolitan Hospital Center in New York City will continue to enjoy one of the nation’s longest continuing affiliations, dating from 1875, between a private medical school and a public hospital. The “tough but fair” three-year contract, according to Ralph A. O’Connell, M.D., provost and dean of the School of Medicine, runs through June 30, 2002.

The College’s major goals for a new contract included maintaining the faculty staffing level at Metropolitan, setting productivity benchmarks that could result in improved benefits for faculty, and laying the groundwork for possible expansion of services into network sites. In reporting the College had met its goals, Dr. O’Connell said, “The integrity of our operations at Metropolitan has been sustained, and the necessary funding to support both our faculty and the faculty practice plan has been made possible.”

THE PATENT OFFICE SAYS NO

One year ago in Chironian, we told you about Stuart Newman, Ph.D., and biotechnology activist Jeremy Rifkin’s application to the U.S. Patent and Trademark Office for a patent on creatures (chirons) that would be part animal and part human, presumably for use in medical experiments. In June Dr. Newman, professor of cell biology and anatomy, learned the application had been rejected, in part, because his invention would be too human to be patentable. Since he never intended to make the animal-human hybrids, Dr. Newman is elated. He and Rifkin applied for the patent to gain the legal standing to challenge U.S. patent policy, which allows patents on living entities. Dr. Newman has already filed an appeal to the patent office. He and Rifkin are prepared to carry their challenge all the way to the Supreme Court.
A Family Tree Grows at New York Medical College

As they watched their daughter, Melissa Dawn Gennarelli, M.D. ’99, walk onstage at Carnegie Hall to be hooded and receive her medical degree, Louis and Maria Perrotta Gennarelli thought back to their years together at New York Medical College. In the 1960s it was located at Flower and Fifth Avenue Hospitals in New York City. Like Melissa, Louis B. Gennarelli, M.D. ’70, was graduated at Carnegie Hall; Maria Perrotta, as she was then known, received her master’s in nursing in 1967 at nearby Cathedral of St. John the Divine.

As Maria tells it, she really met Louis over a cadaver in 1966, when he was in his first year of medical school. At that time, the College reportedly had the only two-year graduate course in nursing in the nation. Students became professional nurses with a master’s degree, and they shared clinical practice lectures and classes with the medical students. Maria reports that Louis said to her, “Why don’t you come up and see my cadaver? Then you’ll experience what you’re studying and understand it better.” Maria did, and, as she says, “the rest is history.”

But the Gennarelli family history at the College actually began with Louis’s father, Arnold L. Gennarelli, who received his M.D. degree in 1939. As for the Perrottas, although neither was a College alumnus, Maria’s father, Louis A. Perrotta, M.D., was a clinical professor of surgery at Flower and Fifth Avenue in the 1950s and her brother, Louis A. Perrotta, Jr., M.D., is currently a clinical assistant professor of surgery at the College. In addition, on a distant branch of the family tree hangs James J. Murdocco, M.D., Louis B. Gennarelli’s first cousin, who graduated from the College in 1965.

The merging of the Gennarelli and Perrotta families produced a third generation of three children, all connected with the College: Melissa Dawn Gennarelli, M.D., a 1999 graduate; Louis A. Gennarelli, M.D., an ob/gyn resident at College-affiliated Our Lady of Mercy Medical Center in the Bronx; and Maria E. Gennarelli, D.M.D., an attending faculty at Our Lady of Mercy.

“All of my children have a great deal of compassion, perhaps because there were physicians around them all the time while they were growing up—grandfathers, parents, and uncles—swapping stories and talking about...

(continued on page 28)
Alumni Score
High on Number of Full-time Faculty at Medical Schools
NYMC ranks among the top fifth of U.S. schools in the number of School of Medicine alumni who are full-time faculty at American medical schools. Almost 7 percent—579 from a total of 8,483 alumni—have full-time faculty positions, putting the College in 26th place out of 125 schools nationwide. The five New York area medical schools with the greatest number of alumni on their faculties are NYMC-130, Albert Einstein-67, Cornell-50, Mt. Sinai-29 and SUNY-Stony Brook-21.

"The rating reveals that our alumni play a prominent role in educating the next generation of physicians and attests to the solid training they received at the College," says Ralph A. O'Connell, M.D., provost and dean, School of Medicine.

In Praise of Excellence:
The Alumni Wall of Honor
Alumni, university leaders and faculty gathered in June to dedicate the Alumni Wall of Honor plaque, installed in the lobby of the Basic Sciences Building. The plaque lists the names of prominent alumni who have been awarded a Medal of Honor or Certificate of Achievement, presented by the Alumni Association at annual alumni banquets held at the Plaza Hotel. Among those attending the ceremony were, from left, Medal of Honor recipients Michael A. Antonelle, M.D. '62, medical director at Saint Agnes Hospital in White Plains, N.Y., a member of the Board of Trustees and past president of the Alumni Association; and Edward Wasserman, M.D. '46, professor emeritus and former chairman of the Department of Pediatrics. Joining them was Julie A. Kubaska, director for university alumni relations.

Ed. note: We would like to keep track of other families who have had at least two generations of alumni from New York Medical College. Let us know who you are by writing to the alumni relations office or e-mailing us at chironian@nymc.edu
Happiness Is Changing a Child’s Life

Back from a recent medical relief mission to Latacunga, Ecuador, Robert M. Gross, M.D. '93, M.S. '92, M.P.H. '99, can’t wait for his return to Ecuador this coming February. Dr. Gross, an anesthesiologist, was part of a healthcare team of 14 volunteers sent to Ecuador by the organization CHANGE (Children’s Healthcare and Nutritional Goals Through Education). During the five-day mission, the group worked in 12- to 14-hour shifts, performing 46 reconstructive maxillofacial surgeries on children who would otherwise never receive treatment.

The two plastic surgeons, two anesthesiologists, three nurses, pediatrician and speech therapist volunteered their time and financed their own trips. They also collected and shipped all the equipment, except the largest pieces, because the hospital, like many in the poorer regions, was not adequately supplied. The medicine and equipment were paid for by donations to CHANGE, a not-for-profit organization founded in 1983 by Dr. Harvey Clermont, a plastic surgeon from the University of Massachusetts Medical Center in Worcester.

“We were all extremely well prepared,” Dr. Gross says. “I brought everything I needed to give the best anesthesia care possible.” Still, the team had to use its ingenuity dealing with what they had, including plugging a leaky tube before Dr. Gross could administer anesthesia.

He continues, “I absolutely beam and radiate when I talk about this trip. It was life-changing for the doctors as well as for the children we healed. We did some amazing things. The patient who touched me most was Maria, an 18-day-old girl with a cleft lip and palate. We operated on her—an anesthetic challenge even in the U.S.—and were able to make a positive change in her life before it barely had started!”

Dr. Gross is currently practicing as an anesthesiologist in the New York metropolitan area. As he received his M.P.H. from the College in May, he is considering administration and medical communications as avenues of interest. He began the M.P.H. program while still in medical school, but delayed finishing until he completed his residency and internship. “There was actually one point at which I was enrolled in all three College schools at the same time,” he says.

Dr. Gross noted that while a medical student, he was president of the Student Senate and an organizer of Student-Physician Awareness Day (SPAD). “I believe my interest in going on a medical mission to Ecuador, getting my M.P.H. and attending medical school all stem from the same motivation—the need to interact with people and provide them with support and care,” he says.

Ed. note: For further information on CHANGE, please call (508) 842-9372 or e-mail Dr. Gross at rmg_md@hotmail.com

1990s

Kushik Jaga, M.P.H. '98, of Elmsford, N.Y., co-authored an article on the association between DDT exposure and some types of cancer, published in the January-March issue of Reviews on Environmental Health.

Andrea M. Charboneau, M.D. '97, writes from Providence, R.I.: “Nice to see us on the Web! Good job, guys.”

Randy A. Goldberg, M.D. '97, has been appointed chief medical resident at Westchester Medical Center for the academic year starting July 1, 2000. He can be reached by classmates and friends at 914-665-5437 or goldberg@nymc.edu.

Mordecai N. Potash, M.D. '97, writes that he and his wife, Michelle, are doing well in New Orleans. He is in his third year of psychiatry residency at Tulane University School of Medicine. Michelle is clinical director of a 125-bed substance abuse treatment facility. “If any friends find themselves in the Big Easy for a conference or the Mardi Gras, please call us at 504-861-8452 or e-mail me at mpotash@mailhost.tcs.tulane.edu.”

C. Corbett Wilkinson, M.D. '97, finished his PG-1 in general surgery and started PG-2 in neurosurgery in July at West Virginia University in Morgantown. He is engaged to AnaGloria Rodriguez, an early childhood education professional, whom he met at the UC SF Fetal Treatment Center in San Francisco. “We plan to be married in October 2000— if I survive residency!”

Donna Marie Fry-Bradner, M.P.H. '96, B.S.N., is president of Valley Home & Community Health Care, one of New Jersey’s largest agencies. She received her M.P.H. in health policy planning and management, and her B.S.N. from William Paterson College in 1981.

Dung D. Tran, M.D. '96, is finishing his internal medicine residency at Loma Linda University Medical Center and will be practicing with Bristol Park Medical Group in Mission Viejo, Calif. He can be e-mailed at trinhmd@ips.net.

Matthew A. Bank, M.D. '95, says “Hi,” and reports that he is finishing his fourth year of surgical residency at Long Island Jewish Medical Center.

Gerard P. Curran, M.D. '95, living in Fayetteville, N.C., completed his emergency medicine residency in 1998 and received the ABEM board certification in 1999. He and his wife, Lira, are expecting their first child in October.

Debra H. Eteson, M.D. '95, on staff at the Children’s Hospital of Westchester Medical Center, is credited with saving the lives of triplets who stopped breathing minutes after each other. The story made the front-page headline of the New York Daily News and was featured in the Westchester section of News. Dr. Eteson married Adam Mayblum in 1998.

David M. Hong, M.D. '95, is an emergency physician at Newark Beth Israel Hospital in New Jersey.

Douglas E. ESBerg, M.D. '94, practices at Thomas Jefferson University Hospital in Philadelphia.

Philip Hirshman, M.D. '94, is stationed at Fort Hood, Tex., and practices as an obstetric staff physician at the Darnall Army Community Hospital.

James L. Januzzi, Jr., M.D. '94, is entering the last year of his fellowship in cardiology at Massachusetts General Hospital. He and his wife, Roberta, live in Belmont, Mass., with their 16-month-old daughter, Caterina.

Maja Lundborg-Gray, M.D. '94, and her husband Dan Gray, M.D. '91, moved to the Thousand Islands region in upstate New York in 1998 and “are enjoying all the area has to offer.” They practice at the Samaritan Medical Center, a busy rural hospital in Watertown—the emergency medicine and radiology. Dr. Lundborg-Gray reports she met Lisa Marie Vieira, M.D. '95, at an Oral Board Review Course on Hilton Head Island and reports that Dr. Vieira “is doing well in Connecticut.”

Annette E. Kussmaul, M.D. '93, completed her chief residency in preventive medicine at the SUNY-Stony Brook School of Medicine in 1998. She is now a medical officer in the Kansas City office of the Health Care Financing Administration (HCFA), Division of Clinical Standards and Quality. Dr. Kussmaul has an M.P.H. from Columbia University.


Michael L. Cesta, M.D. '92, reports that after training in internal medicine and psychiatry and a brief stint in private practice, he is now medical director of behavioral health at Augusta Hospital Center in Fishersville, Va.


Daniel Glatt, M.D. '92, who also has an M.P.H. from the Harvard School of Public Health, was promoted to the rank of lieutenant commander in the U.S. Navy in July 1998. He’s looking forward to returning to California after his Navy obligation finishes in August 1999. His wife is a county prosecutor “putting bad guys in jail.”
Four Given Special Awards

The Alumni Association once again honored its own at a banquet held at Manhattan's Plaza Hotel during the Reunion Weekend in May. Dennis J. Allendorf, M.D. '70, president, presented awards to four alumni for their outstanding professional achievements. The Medal of Honor went to John T. Repke, M.D. '78, and Certificates of Achievement were awarded to Robert A. Barish, M.D. '79, Robert A. Schwartz, M.D. '74, and Edward Leonard Snyder, M.D. '73.

John T. Repke, M.D. '78, has come a long way fast in his professional career. Within a few years after receiving his M.D. degree, he joined the faculty at The Johns Hopkins University School of Medicine. He then went on to a faculty appointment at Harvard Medical School. In 1998, he was named the Chris J. and Marie A. Olson Professor and Chairman of the Department of Obstetrics and Gynecology at the University of Nebraska Medical Center. He also serves as director of obstetrics and gynecology at the Olson Center for Women's Health, with responsibility for managing patient care, education and research.

Busy as he is on the plains of Nebraska, Dr. Repke has instant recall of his student days: "I shall never forget those Thursday and Friday afternoons with Dr. John O'Grady during my internal medicine rotation at the 'Lenox Hilton,' as we called it then. We knew the ground rules and that Dr. O'Grady was putting in as much effort as we were, and we wanted to look sharp."

Dr. Repke became a consummate student, earning numerous awards. He was given the Cor et Manus for distinguished service to the College community, was elected to the national honor medical society, Alpha Omega Alpha, received the Parents' Council award as the senior student who contributed most to College life, and was selected for Who's Who Among Students in American Universities and Colleges.

Dr. Repke completed his ob/gyn residency and a fellowship in maternal-fetal medicine at Johns Hopkins. During that time, he decided to enter academic medicine and began his decades-long research in calcium metabolism and pregnancy-induced hypertension, for which he became renowned; he is currently president-elect of the North American Society for the Study of Hypertension in Pregnancy. All the while, he continued to receive awards. In Baltimore, Boston and Omaha, he was listed as a top maternal and fetal medicine specialist for his region in Naifeh and Whittemore's Best Doctors in America. For his teaching accomplishments, he received the Golden Apple Award from the The Johns Hopkins Hospital and the Outstanding Teacher of Operative Obstetrics Award in 1994, 1996 and 1998 from Harvard Medical School-Brigham and Women's Hospital, where he was director of the Center for Labor and Birth.

"I have countless memories of the College faculty," says Dr. Repke. "For us, the common thread of those years was the knowledge that the faculty gave of themselves so we would succeed."

The life of Robert A. Barish, M.D. '79, reads like a novel. Besides being a physician, he has been a researcher, military officer, NASA astronaut finalist, and flight surgeon during Desert Storm in Iraq. He was also included in a group of physicians that were hand-picked by the governor of Maryland to serve the Kuwaiti population at the war's end.

Dr. Barish's career in his chosen field of emergency medicine has been no less extraordinary. In 1985 at the University of Maryland Medical Center, he became the youngest chief of emergency services at a university hospital in the nation, ultimately creating the largest emergency medicine residency program in the U.S. Starting with a nucleus of three attending physicians, Dr. Barish built the staff to its current level of 44 physicians and 50 residents. The program also serves six community hospitals and is one of only two university centers nationally to provide emergency services to a Veterans Administration hospital.

Dr. Barish is now a full professor of surgery and medicine at the University of Maryland School of Medicine. He is also one of the few emergency physicians to have been named a university dean, becoming associate dean for clinical affairs and responsible for the practice plan and all clinical issues for the nearly 800 medical faculty. Students there voted him into the Alpha Omega Alpha national honor medical society, and his colleagues have twice elected him Baltimore's most outstanding emergency physician.

In 1996 Dr. Barish became chief executive officer of UniversityCARE, a program of integrated healthcare centers serving the largest minority population of inner-city west Baltimore. Ever since he was fresh out of medical school, when he was a volunteer in refugee camps in Thailand and Somalia, Dr. Barish has made caring for the needy a top priority. "Working in those camps made me realize that our problems here are almost minimal compared to those in the rest of the world," he says.

Dr. Barish believes the College prepared him thoroughly for every contingency he would face as a physician. "The clinical training I got at the College was superb, and I studied with some of the best physicians I have ever known," he says. "I can tell you that College-trained physicians compare with any others, anywhere. I can say that now, being on the faculty of a major university."

Robert A. Schwartz, M.D. '74, clearly puts his heart into all he does and his heart has been planted in two places: the U.S. and Central Europe. Stateside, he became the founding head of dermatology at UMD-New Jersey Medical School, as well as the founding director of its dermatology residency program, the state's first, in 1983. He was twice elected president of the UMD-New Jersey Medical School faculty, and his current appointments—professor and head, dermatology, professor of medicine, professor of pediatrics, professor of pathology, professor of preventive medicine and community health—all reflect an exceptional medical range and ability. Thoroughly immerging himself in every aspect of faculty-student life, he finds mentoring to be particularly rewarding: "We give our students a challenge and encourage them to advance. So many of them have succeeded in dermatology, which may be the most competitive specialty in all of medicine."

In Central Europe, Dr. Schwartz's teaching and aid to dermatology faculties and students earned him a special award and prize from the Polish Dermatologic Society at its Jubilee 25th Congress in...
es Old Memories

Lódz. He enjoys helping refugees find residencies in the U.S. and enter American medicine. His interest in Poland was cemented through his marriage to Dr. Camila K. Janniger, a Polish national, who had been in the Solidarity movement while she was a medical student in Poland. Dr. Janniger came to the U.S. and met Dr. Schwartz at a seminar. He says, "I married her and kept her here. Now we go to Poland all the time instead of to San Francisco," where Dr. Schwartz grew up.

In 1978, Dr. Schwartz pioneered breakthrough studies on Kaposi's sarcoma. This research helped to identify the disease long before it became an opportunistic infection among AIDS patients.

Married later in life, Dr. Schwartz and his wife are the parents of a three-year-old son. "Often," he says, "I make trips with my wife and our little son to the area around Gracie Mansion and pass the place that Mike Fox [Michael D. Fox, M.D. '74] and I shared between York and 1st avenues. Life as a medical student, living on Manhattan's Upper East Side and being in contact with our inspiring faculty, was a heady experience." Yet one of his fondest memories is of "falling asleep in neuroanatomy in my very first week and having Professor Louis Bergmann yell at me." Despite this initial setback, Dr. Schwartz went on to become a member of this initial National Honor Medical Society and later to win a leading role in the specialty of dermatology.

In 1997, Dr. Snyder became president of the American Association of Blood Banks, comprising some 10,000 volunteers who collect more than 80 percent of the blood supply in the nation. During his tenure, the National Heart, Lung, and Blood Institute of the National Institutes of Health increased federal funding of transfusion medicine, and Dr. Snyder addressed Congress concerning blood banking issues on multiple occasions.

"Blood banking really permeates the whole fabric of clinical medicine and surgery," says Dr. Snyder. "If you look at textbooks, the blood banking section is usually somewhere at the end. My aim is to get blood banking out of the back of the book and into the chapters, where it belongs."

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Kenny Yat-Chai Kwong, M.D. '89, is junior faculty at LAC+USC Medical Center in Los Angeles. He has been married for five years and has a toddler, 19 months. "Taking care of him is more difficult than any residency/fellowship."

Fredric M. Steinberg, M.D. '89, is living in the United Kingdom at Baldock, Herts.

Joseph Rafferty, Jr., M.D. '87, is a family practice physician at Jordan Hospital in Plymouth, Mass. He lives in nearby Kingston with his wife, Karie, daughter Kaylene, age 4, and sons Luke, 2, and Patrick, 8 months.

Disa G. Sacks, M.D. '86, medical director for the Wuesthoff Women's Health Center, was appointed to the Florida Medical Association (FMA) Board of Governors in May. She has been serving on FMA Council on Legislation and is president of the Brevard County Medical Society. She lives with her husband, Robert Barden, M.D., and two children in Merritt Island.

Thomas Abbamont, M.D. '85, of Syracuse, N.Y., announces the birth of daughter Catherine Ann in March.

Elizabeth M. Clark, M.D. '85, reports that after nine years as a general internist at Metropolitan Hospital Center in New York City, she joined the department of geriatrics and adult development at Mt. Sinai Hospital, where she was recently promoted to medical director of Coffey Geriatric Associates. She and her husband, Richard Claman, a lawyer, have two daughters, ages 7 and 9, and live in Manhattan. Their older daughter, Emily, who was an infant at Dr. Clark's College commencement, entered the freshman class at Stuyvesant High School.

Janet C. Lin, M.D. '85, and her husband, Sabino R. Torres, of Short Hills, N.J., welcomed the arrival of twin girls in January 1998. She joins her sister Jennifer, 5.

Duane F. Austin, M.D. '84, and his wife, Arlene, had a son Michael Alexander in June 1998. They also have two daughters, Christine, 7, and Caroline, 4, and live in Avon, Conn.

Adria Burrows, M.D. '84, was appointed director of ophthalmology at Metropolitan Life Insurance Company in New York City.

Frank I. Navetta, M.D. '84, of Tyler Cardiovascular Consultants, PA, reported that two more College graduates are working in Tyler, Tex.

Christopher S. Boylan, M.D. '90, joined his practice in November 1988, and Scott Michael Lieberman, M.D. '87, is with another cardiology group in Tyler.

James R. Simcoe, M.D. '84, of Norwich, N.Y., was recently named certified medical director in long-term care by the board of directors of the American Medical Directors Certification Program (AMDCP). He will also be among the group of physicians recognized at the 2000 Annual Symposium of the American Medical Directors Association this coming March in San Francisco. Dr. Simcoe is director of geriatric services and medical director for the Residential Health Care Facility at Chenango Memorial Hospital and three other nursing facilities.

Howard L. Sussman, M.D. '84, was appointed assistant chief of surgery at Mercy Medical Center in Rockville Centre, N.Y.

Toni Lynn Valentino, M.D. '84, was appointed chief of pediatric critical care services at Our Lady of Mercy Medical Center, a College affiliate in the Bronx. She has served as clinical professor of pediatrics at New York University Medical Center and assistant professor of pediatrics at Albert Einstein College of Medicine, Bronx.

Amy Batterman Ditchez, M.D. '83, and her family in Brooklyn, N.Y., enjoyed the 15-year alumni reunion and especially liked the playground. Dr. Ditchez wonders "if any of my classmates also has four kids?"

Deborah Fried, M.D. '83, is teaching psychotherapy to residents and enjoying practice in New Haven, Conn., "where our kids, ages 7 and 9, are in such a hurry to grow up!"

Susan A. Klein, M.D. '83, is an associate professor of clinical radiology as well as program director, diagnostic radiology, at New York Medical College.

Joan P. Liman, M.D. '83, M.P.H. '93, was awarded an honorary membership in the New Jersey Medical School alumni association in May. She is currently associate dean for student affairs at NJMS, "the school I turned down to attend NYMC!"

Thomas J. Magrino, M.D. '83, was recently appointed assistant professor of surgery at the Uniformed Services University of the Health Sciences in San Diego.

Gabrielle Marshall-Salomon, M.D. '83, lives in New Jersey and practices child psychiatry. She is married to Amir Salomon, M.D., whom she met at Jefferson Medical College in Philadelphia. They have two daughters, ages 9 and 11.

Brian K. Solow, M.D. '82, is practicing family medicine and teaching at the University of California at Irvine Medical School. He enjoyed a recent visit from classmates Howard L. Quentzel, M.D. '82, and his wife.

Ronald J. LoPinto, M.D. '81, "thrilled to be back in New York after 11 wonderful years in Florida," is associated with a practice in Plainview, L.I., and lives in Port Washington.

Brian P. McCann, M.D. '81, was named emergency department physician at Franklin Memorial Hospital in Farmington, Me., in June. For the past eight years, he has been in family practice with Norumbega Medical Specialties in Greenville, where he provided 24-hour emergency coverage on a rotating basis. "The emergency department is an exciting place to work, where a doctor may take care of everyone, regardless of the patient's ability to pay," he says. His wife is

Haralampos (Harry) Ischiropoulos, Ph.D. '90, M.S. '87. Understanding these functions became a driving force in his doctoral studies in experimental pathology at the Graduate School of Basic Medical Sciences (GSBMS). Working with a scholarship under his first mentor, Yutaka Kikikawa, M.D., professor and chairman of pathology, he probed into why large doses of normally life-giving oxygen could damage the lungs and why neonates appeared to be more resistant than adults to this damage. Over the years, Dr. Ischiropoulos has continued to study how oxygen becomes toxic in the body and why certain interactions contribute to the mechanisms of diseases.

Dr. Ischiropoulos is currently an associate professor in the department of pediatrics, biochemistry and biophysics at the University of Pennsylvania, and a Stokes Investigator at The Joseph Stokes, Jr. Research Institute at The Children's Hospital of Philadelphia. He and other researchers in his laboratory have been studying the role played by by-products of oxygen metabolism in the development of acute respiratory distress syndrome, an often fatal disease, and have also begun investigating Parkinson's disease.

Dr. Ischiropoulos's research on oxygen toxicity led him to investigate three key oxidants: nitric oxide, which has important biological functions; super-
Chironian Fall/Winter 1999

John K. Castle Hosts Alumni at His Palm Beach Estate

John K. Castle, left, chairman and chief executive officer of Castle Harlan, Inc., chairman of the College Board of Trustees from 1979 to 1990 and trustee since 1978, hosted a brunch for alumni at his oceanfront estate in Palm Beach, Fla., in March. Also attending were, right, Rev. Msgr. Harry C. Barrett, D.Min., M.P.H., president and chief executive officer, and Ralph A. O’Connell, M.D., provost and dean of the School of Medicine, who brought news of scientific and educational achievements and future College plans. The landmark estate had been owned by the Kennedy family from 1933 until Mr. Castle bought it in 1995.

All in the Family: Primary Care Preceptors Honored at Dinner

Enjoying the Annual Preceptor and Seminar Leader Appreciation Dinner held in New York City in May are preceptors, centered, Donna J. Lombardi-Goldfus, M.D. ’93, a pediatrician in Fairlawn, N.J., and her father Paul J. Lombardi, M.D., a clinical assistant professor in pediatrics at the College, who is past president of the Parents’ Council and a 10-year honoree. Father and daughter are flanked at left by Ralph A. O’Connell, M.D., provost and dean of the School of Medicine, and at right by George V. Tsiovasianis, M.D. ’82, a pediatrician in Darien, Conn., and a five-year honoree. The primary care preceptor program has grown from 39 physicians at its inception in 1988 to more than 360 who train medical students in clinical practice from their offices. The dinner honors those who have served continuously for the past five and ten years.

(Robert Floyd photo)

1970s

Richard H. Becker, M.D. ’79, has been chief of medicine for the past 10 years and president of the medical staff for the past three years at Hudson Valley Hospital in Peekskill, N.Y. He is also a founding member of a five-physician, single-specialty cardiology practice and has been a voluntary associate clinical professor at the College for 14 years.

William Zarowitz, M.D. ’78, reports that “after more than 17 years in managed care practice with the Westchester Community Health Plan and Kaiser Permanente in White Plains, N.Y., I have now ventured into fee-for-service private practice.” In January 1999, Dr. Zarowitz joined the internal medicine, pulmonary, and critical care group Frimer, Meixler and Vizioli, MDs, LLP in White Plains to continue practicing internal medicine. One of his new colleagues, Louis D. Vizioli, M.D. ’87, is also a College alumnus. “I am very happy and my love of practicing medicine has been recharged!”

Christine J. Helmstedter-Beck, M.D. ’77, a graduate of Ramapo College in New Jersey, received the President’s Award of Merit at Ramapo’s 41st commencement. She is the sixth recipient of the award, the highest honor conferred on the college’s alumni.

Robert S. Port, M.D. ’77, has been chairman of the department of radiology at Palisades Medical Center in New Jersey since 1991.

Robert D. Small, M.D. ’77, was recently appointed chief of orthopaedic surgery at White Plains Hospital Medical Center, White Plains, N.Y. He has been a partner at Westchester Bone & Joint Associates since 1983.

Joseph J. Schermerman, M.D. ’76, a family practice physician in Hyde Park, N.Y., has become the chairman of the board of MVP Health Plan.

Robert A. Stern, M.D. ’76, is currently director of ob/gyn at Vassar Brothers Hospital, Poughkeepsie, N.Y. One daughter, Karyn, is in her second year at Tufts Dental School. His other daughter, Jodi, will start law school in September, and his son, Josh, is in premed at Brown University.

Catherine L. Dunn, M.D. ’75, of Seattle, is planning to attend the 25th class reunion in 2000 and hopes “to see many classmates (especially my favorite roommate from East 72nd Street!”

Jeffrey P. Nadler, M.D. ’75, has been promoted to professor of medicine at the Infectious Diseases Center, Tampa General Hospital in Florida. He also continues as director of clinical research in infectious diseases and is engaged in an extensive HIV research program.

Mark D. Sletchnik, M.D. ’75, currently practices at LoganCare for Women in Russellville, Ky.

Lewis S. Coleman, M.D. ’74, of Bakersfield, Calif., retired from the active practice of anesthesiology in May.

Michael J. Lieberman, M.D. ’74, an ophthalmologist in Farmingdale, L.I., and his wife, Andrea, who manages his office, celebrated their 30th wedding anniversary in the summer. They have three daughters: Shira, a certified public accountant; Shelly, a graphic artist who married in January; and Devorah, a high school student. Dr. Lieberman joined his class for the 25th reunion at the College in May.

Steven Weinstock, M.D. ’74, of Los Angeles, participates in long-distance ocean swimming and was “looking forward to breaking 55 minutes for a two-mile swim this summer.”

Steven C. Reiner, M.D. ’73, was appointed vice president of medical staff affairs at Pomona Valley Hospital Medical Center in California in June. Previously, he had served as regional medical director, Inland Empire, Med-Partners, Inc., and medical director of U.S. Family Care Medical Center and Vineyard Medical Group.

Jeffrey S. Trilling, M.D. ’73, has been appointed acting chair of the department of family medicine at SUNY-Stony Brook and chief of staff of family medicine at University Hospital there.

Gerald S. Bahr, M.D. ’72, of New York City, sat for recertification in critical care at age 51. “I don’t have to do this again until 2008.”

Ann M. Barbaccia, M.D. ’72, in private ob/gyn practice in Rockville Centre, L.I., was elected president of the medical staff of Mercy Medical Center in April. She is also attending at Nassau County Medical Center.

Eugene M. Schaufler, M.D. ’72, says, “Hello to the Class of 1972!” He is in full-time ob/gyn practice with his wife, Margaret Downs Schaufler, M.D., in LaGrange, Ga. After a short stint in pediatrics, he did a second
residency in ophthalmology at Emory University School of Medicine in Atlanta, with a fellowship in maternofetal medicine. "Fifteen years of marriage have produced three children, Adam, Gray and Maggie."

David H. Young, M.D. '72, reports that his wife, America, is an oncology nurse; his daughter, Danielle, is a junior in premed at Creighton University in Omaha, Neb.; his son, Ethan, is a junior in high school; and the family has a dog, Sasha.

Thomas V. Gregory, M.D. '71, was recently elected president of the Medical Staff Executive Committee at Shore Medical Center in Somers Point, N.J. Since 1990, he has served as director of ob/gyn at Shore Memorial. He is also chief attending at Atlantic City Medical Center. He and his wife, Geraldine, have two children, Paul, a law clerk, and Tonilyn, an accountant.

Thomas B. Graboys, M.D. '70, of Brookline, Mass., lost his wife of 29 years to cancer and is "bereft without her."

1960s

Francis J. Pizzia, M.D. '68, of Skillman, N.J., is planning his class's 30th year reunion weekend to be held in the fall in New York City.

Richard N. Hirsh, M.D. '69, of Akron, Ohio, was given the Alumni Association's 1998 Humanitarian Achievement Award for his many mammography teaching projects in developing countries.

Theodore E. Eisenstat, M.D. '68, with Associated Colon and Rectal Surgeons, P.A. in Edison, N.J., was listed as one of "The Best Doctors in New York" in 1998 by the New York magazine. Dr. Eisenstat is a past president of the American Board of Colon and Rectal Surgeons and is currently the director of the Colorectal Residency Training Program at the University of Medicine and Dentistry of New Jersey, and Wood Johnson University Hospital, in New Brunswick.

Kenneth B. Juechter, M.D. '68, an ophthalmologist, was named Physician of the Year in 1997 at an ophthalmic society, was named physician of the year, received the Class of '61 now? S

1950s

Charles P. Cavaretta, M.D. '61, is living in El Paso, Texas, and retired on December 31, 1998.

Howard Harrison, M.D. '61, is still enjoying retirement—wintering in Florida, summering in Massachusetts. He asks, "Where is the Class of '61 now?"

Burton P. Hofiner, M.D. '61, of Woodmere, N.Y., reports that "as of January 1, 1999, I retired from the practice of ophthalmology. Thus far, I am happy and having no trouble keeping busy."

Harvey Reback, M.D. '61, recently stepped down after 12 years as chief of the division of medicine at Charlton Memorial Hospital in Fall River, Mass. He is, however, still actively practicing internal medicine full time in Fall River.

Wilmut S. Draper, M.D. '60, living in Dover, N.H., retired at the end of 1998.

Rafael E. Perez, M.D. '60, of Los Angeles, is proud to learn that he "will finally be a grandfather." His younger daughter, Daniela, is due in November.

James H. Stewart, M.D. '60, retired in the summer of 1998 after practicing urology for 32 years in Honolulu.

James M. Rubin, M.D. '60, is chief of the allergy division of Beth Israel Medical Center in New York City. He was recently the keynote speaker for a public education program in Orlando, Fla., sponsored by the American Academy of Allergy, Asthma and Immunology.

Bernard Sonnenblick, M.D. '59, is now fully retired, living in Delray Beach, Fla. His daughter, Amy, is in full-time ob/gyn private practice in Plantation, Fla., and his son, Scott, is an attorney in New York.

John J. Stapleton, M.D. '59, living in Incline Village, Nev., reports that his grandson Rowan Stapleton Hart joined his 3-year-old brother, Connal Stapleton Hart, in June. "Mother (Nicole, our youngest daughter) and baby are hale and hearty!"

Mark F. Anapoel, M.D. '57, of Covina, Calif., reports the arrival of grandchildren Brandon Louis and Alexander Noah Sax in March.

Albert L. Huber, M.D. '57, is still busy with his allergy practice in Charlottesville, Va. He also has 20 sheep to shear and a large organic vegetable garden to tend. His daughter, Julia, just finished an emergency medicine residency at the University of Kentucky. He has at last count, 10 grandchildren.

Guy A. Settipane, M.D. '57, clinical professor of medicine, Brown University School of Medicine, is director of the eighteenth annual meeting of the Eastern Allergy Conference of combined state societies.
In Memoriam

Raymond A. Beyrouthy, M.D. '54, died March 16, 1999, in New York City.
John S. Bogacz, M.D. '42, died April 13, 1999, in Jersey City, N.J.
Joseph Brisbane, M.D. '43, died April 1999.
Walter Mark Chemis, M.D. '51, died January 27, 1999.
Henry J. Cutler, M.D. '59, died June 20, 1999, in Waterbury, Conn.
John H. Doherty, M.D. '49, died June 17, 1999, in Pelham Manor, N.Y.
Silvio M. Guglielmelli, M.D. '35, died April 1999.
Theodore Loizeaux, M.D. '44, died February 5, 1999, in West Palm Beach, Fla.
Paul S. Pizzo, M.D. '45, died February 8, 1999, in Hartford, Conn.
David B. Voorhees, M.D. '61, died April 18, 1999, in Nantucket, Mass.

Faculty

Harold Blumberg, Ph.D., research professor of pharmacology, and faculty member from 1974 to 1986, died June 7, 1999.
John A. Chadbourn, M.D., associate professor of clinical medicine at Saint Vincent's Hospital and Medical Center, died July 23, 1999, in New York City.

Calendar of Alumni Events 1999–2000

The list of coming events is preliminary and provided for your future planning. Additional alumni events are being scheduled for the year 1999–2000. To schedule an event in your area or for further information please call Julie A. Kubak, director for university alumni relations, at (914) 594-4556.

November 8, 1999
Reception for New Haven Area Alumni

January 2000
Reception for Northern California Area Alumni

Date and Place to Be Determined

January 30–February 5, 2000
Winter CME—“The Treatment and Prevention of Common Sports Injury”
The Hyatt Regency Cerromar Beach Resort, Dorado, Puerto Rico

March 17, 2000
Reception for Alumni at American Academy of Orthopaedic Surgeons Conference, Orlando, Fla.

April 2000

May 13–14, 2000
School of Medicine Reunion Weekend

May 13
Alumni Banquet and Awards Presentation
Class of '75–'25 Reunion
Awarding of Silver Diplomas
The Plaza, New York City

Class of '50–50 Reunion
Awarding of Gold Diplomas
The Plaza, New York City

May 14
Fifth-year Class Reunions
Alumni Center, Valhalla