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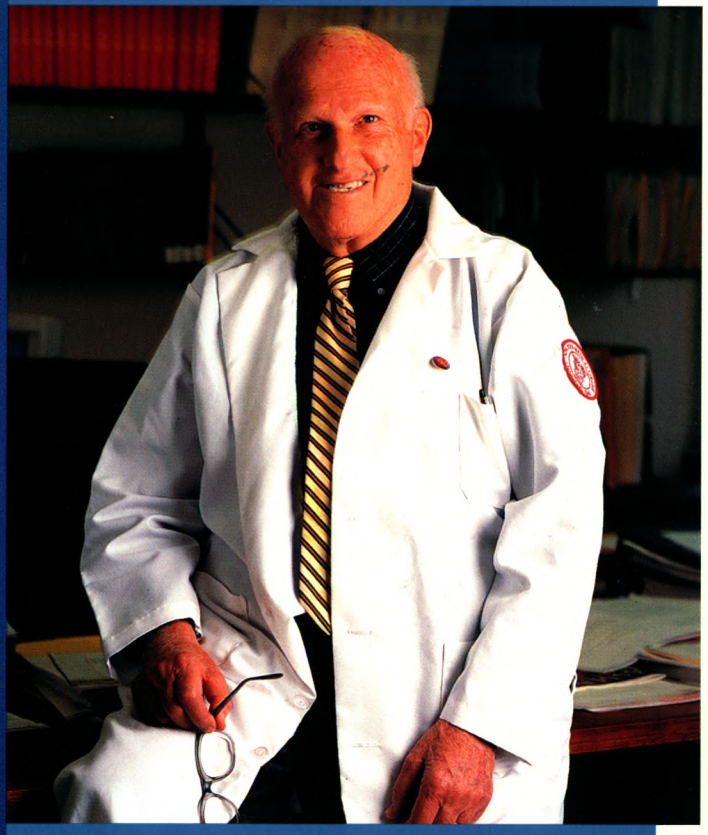
Chironian

New York Medical College



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Battling The Painful Legacy of Shingles

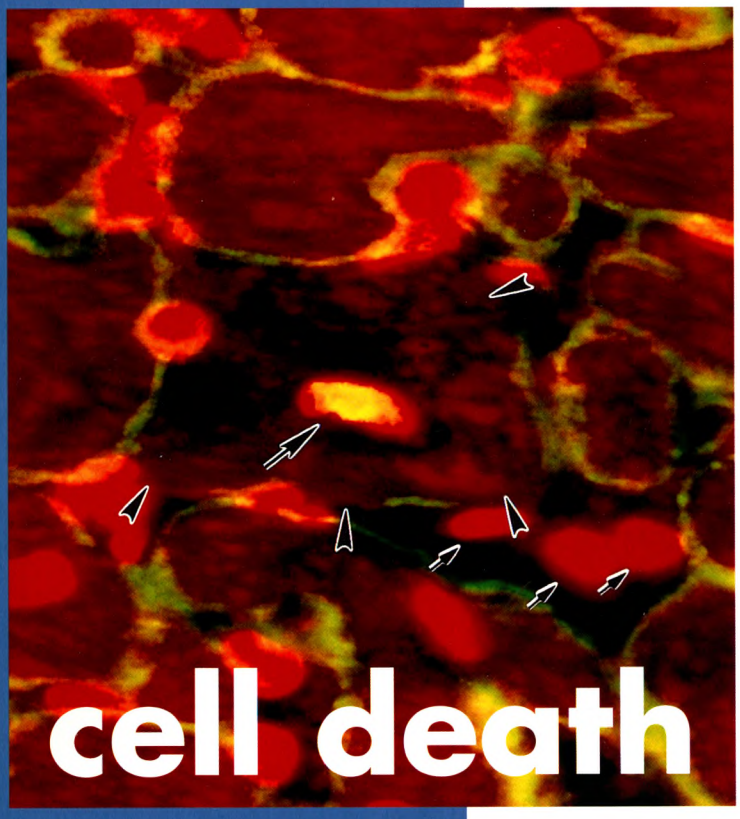
Media Give/Get Posttraumatic Stress Disorder

Tracking Diabetes → Cell Death → Heart Failure

Fall/Winter 2000

Feature Story

The Heart According to Piero Anversa, M.D.



Confocal microscopy, x1000, is used by the Cardiovascular Research Institute to detect dying heart muscle cells (myocytes) in the failing heart. The large arrow shows a nucleus labeled with a probe specific for DNA damage that occurs during necrosis (yellow fluorescence). Arrowheads are pointing to the disrupted plasma membrane, indicated by missing segments of vinculin, a protein component of the membrane (yellow fluorescence).
Courtesy of Jan Kajstura, Ph.D.

One important measure of a research paper is to have the report featured on the cover of the journal in which it is published. This should provide the first clue that the Cardiovascular Research Institute at New York Medical College has hit its stride. In the first three months of this year, all three of its published

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Anatomy researchers are healing spinal cord injuries in rats using the drug clenbuterol. Clinical trials will involve the Department of Radiation Medicine and just-injured patients. Illustration by Patricia Ebersole. *(see page 5)*

Though most men his age are retired, Felix E. Wassermann, Ph.D., is going strong as acting chairman of microbiology—for the second time. *(see page 8)*

Chironian
New York Medical College

Writer/Editor:
Marjorie Roberts, Director of Public Relations
E-mail: marjorie_roberts@nymc.edu

Alumni Liaison:
Angela J. Harris
E-mail: chironian@nymc.edu

Rev. Msgr. Harry C. Barrett, D.Min., M.P.H.
President and Chief Executive Officer

Ralph A. O'Connell, M.D.
Provost and Dean, School of Medicine

Francis L. Belloni, Ph.D.
Dean, Graduate School of
Basic Medical Sciences

Sheila M. Smythe
Dean, Graduate School of Health Sciences

Donna Moriarty
Acting Director, Communications

Editorial Board:
Michael A. Antonelle, M.D. '62
Caroline Baisley, B.S., M.P.H. '96
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Philip Jensen-Carter

Please direct all inquiries to:
New York Medical College
Chironian
Valhalla, New York 10595

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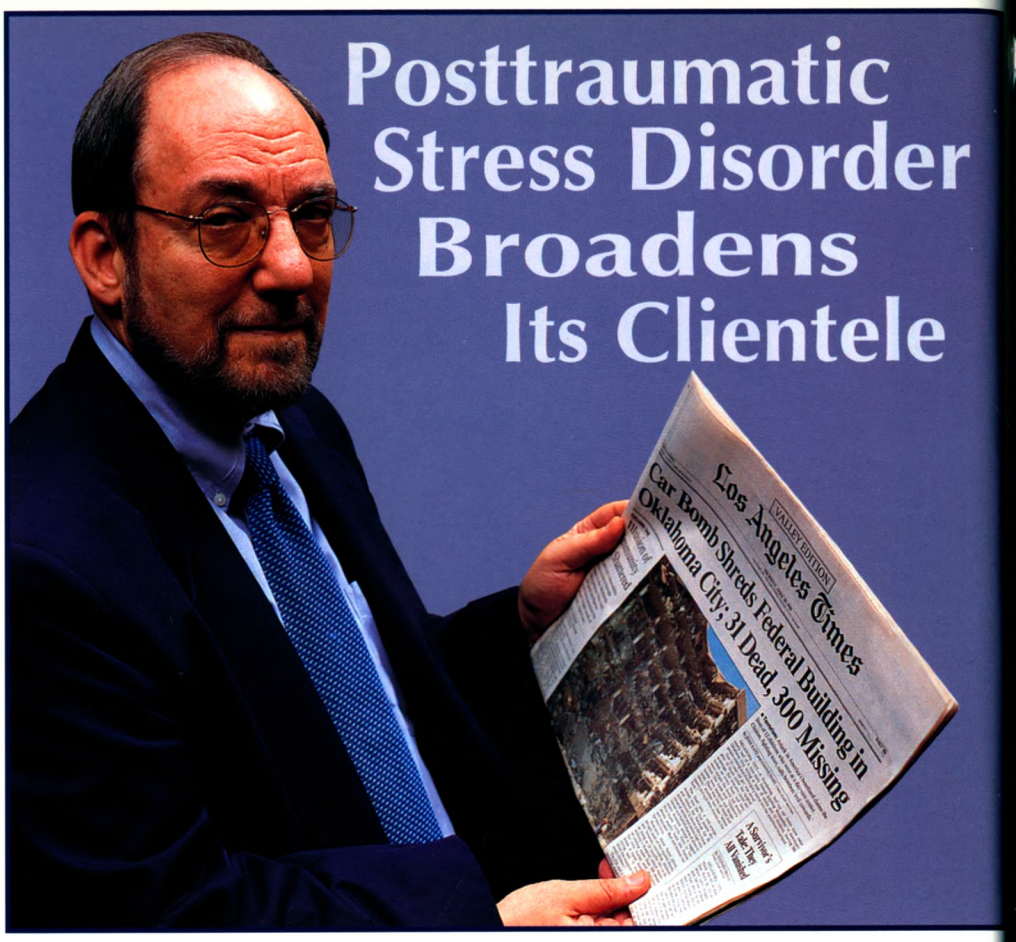

Psychiatrist Michael Blumenfield, M.D., focuses on the media, who both suffer from and aggravate the syndrome.

Posttraumatic stress disorder (PTSD) is a diagnosis that conjures up images of Vietnam vets using drugs and alcohol to block their lingering horrors, or if you're old enough, the infantrymen in World War I and II who were discharged as "shell-shocked." A younger generation attuned to terrorism probably is more likely to think of the innocent bystanders who survive disasters or witness them. Either way, those affected will suffer the same debilitating symptoms of anxiety, severe depression, intrusive recollections, avoidance, and impaired sleep and sexual function,

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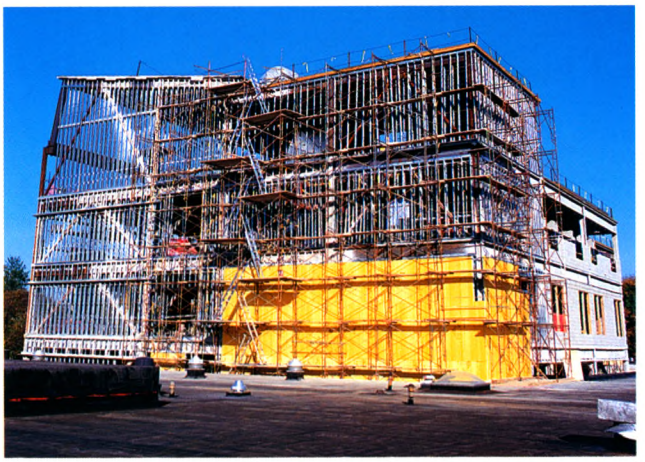
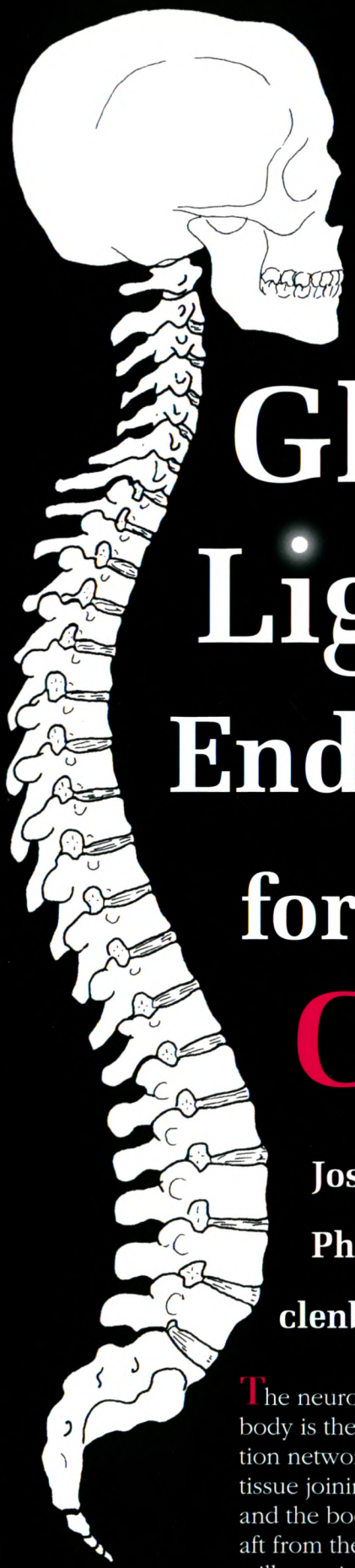


The skyline of the Valhalla campus has changed as the Medical Education Center proceeds on schedule for completion this spring. The Class of 2004 is slated to move in during April to finish out the school year.



Glimpsing Light at the End of the Tunnel for Spinal Cord Injury

Joseph D. Etlinger, Ph.D., and Richard J. Zeman, Ph.D., can mend spinal cords in rats with clenbuterol. Human trials are in the offing.

The neurological lifeline of the human body is the spinal cord—the distribution network of central nervous system tissue joining what the brain composes and the body disposes. Running aft from the base of the skull to the tailbone, it forms an organic information superhighway cloaked by the infrastructure of the back's 33 vertebrae, 31 pairs of nerves, 40 muscles and abundant connecting tendons and ligaments. Still, there is a downside to this exquisite arrangement: any damage to the spine

spreads further injury to the spinal cord and beyond. Depending on where the vertebrae and nerves are damaged, a victim may be unable to move his muscles (which ultimately contract in spasms or atrophy from disuse); lose all sensation incorporating hot and cold, pressure, pain or equilibrium; be unable to regulate body temperature; and lose control of bowel, bladder and sexual functions. Such catastrophic injuries strike an estimated 10,000 individuals in the U.S. each year, most of them men between the ages of 15 and 33.

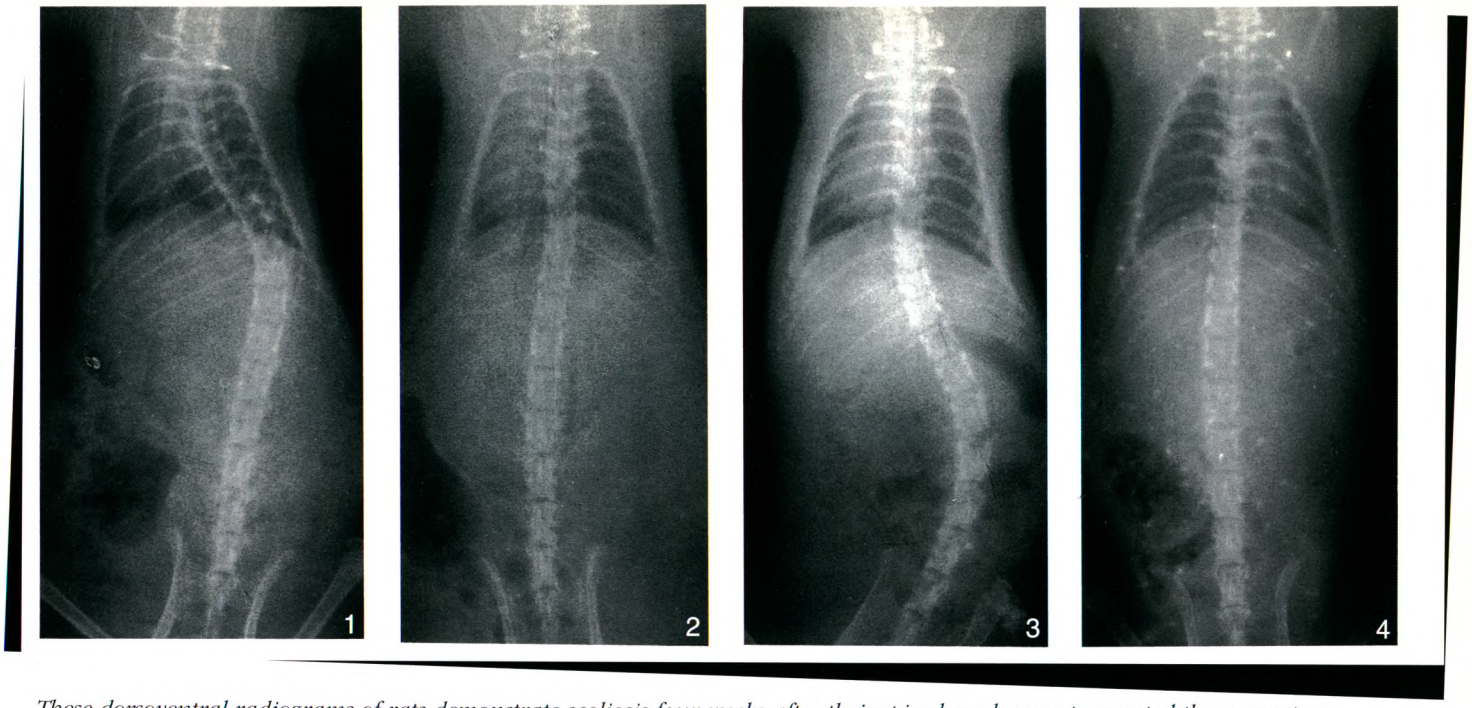
What are the odds that a single drug could repair a severed spine or reverse the damage wrought by a spinal cord contusion? If you ask two researchers in the Department of Cell Biology and Anatomy at New York Medical College, you might hear them whisper *clenbuterol* in reply. As basic scientists, Joseph D. Etlinger, Ph.D., professor and chair, and Richard J. Zeman, Ph.D., assistant professor, are reticent investigators accustomed to the painfully slow pace of research and are indifferent to probabilities. They have been working for more than a decade with clenbuterol, a cousin to the active ingredient albuterol found in broncodilators used by asthmatics. (Another relative, adrenaline, is the better known member of this family of beta-adrenergic agonists, an appellation denoting their ability to combine with cell receptors to initiate a reaction.) But there is one complication concerning clenbuterol that must be resolved. It has never been licensed for clinical use in the U.S.

When Richard J. Zeman, Ph.D., left, and Joseph D. Etlinger, Ph.D., first used clenbuterol in muscular dystrophy-related research, they found the drug could reduce degeneration of exercised or aged dystrophic (MDX) muscle. It appears that clenbuterol also plays a role in regenerating the injured spinal cord. The poster presentation behind the researchers was displayed at the San Diego meeting of the Federation of American Societies for Experimental Biology in April.

Slow but sure

Drs. Etlinger and Zeman have published seven papers together on clenbuterol since 1987, when the former left SUNY-Health Science Center in Brooklyn to head up the Department of Cell Biology and Anatomy here. Dr. Zeman, who also directs the Fluorescence Microscope Imaging Facility in the department, followed one year later. Fueled by Etlinger's longstanding interest in muscle atrophy and degeneration, their collaboration on clenbuterol began with a paper relating to denervation and atrophy. (They actually had worked together since 1981.) Then came a study revealing clenbuterol's ability to reduce net bone loss in the denervated hind limbs of rats. When their fifth paper showed how clenbuterol was able to reverse the scoliosis they had generated in nearly severed rat spines, they knew they were on to something.

That scoliosis study was published in 1997, two years after actor Christopher Reeve fractured the top vertebrae of his neck during a show jumping accident with his horse, leaving him paralyzed from the neck down and unable to breathe. Prompt medical attention and surgery saved his physically wrecked life, but it was his great intellect and the spirit he fashioned that turned the scant awareness of spinal cord injury into the major investigative interest it has become. Whether Reeve would be able to benefit from clenbuterol is not something that has been addressed since Drs. Etlinger and Zeman have used only just-injured animal subjects in their experi-



These dorsoventral radiograms of rats demonstrate scoliosis four weeks after their spinal cords were transected three-quarters through. From left, panel one shows thoracic scoliosis after transection at T5; panel three shows lumbar scoliosis after transection at T11. Panels 2 and 4 illustrate that the scoliosis was greatly reduced by treatment with clenbuterol. (Courtesy of the Department of Cell Biology and Anatomy)

ments. They are skeptical that their drug could reverse a long lasting injury like Reeve's, but the possibility surely will be looked at in studies planned with the Department of Neurosurgery.

Next query

Clenbuterol's success with an animal model of scoliosis earned the research duo a patent and the conviction to study human disease. But first they were faced with a larger question: Did the drug work by preventing degeneration of the spine or by regenerating the spine? The resolution can be found in "Clenbuterol, a B2-Adrenoceptor Agonist, Improves Locomotor and Histological Outcomes after Spinal Cord Contusion in Rats." Published in the top-rated journal *Experimental Neurology* last year, it named department colleagues Drs. Yong Feng and Hong Peng as additional contributors. The big difference in this study was their decision to cause injury by impact as "most injuries are a combination of compression, twisting and impact, such as in an auto accident," says Dr. Etlinger. "We used a device based on the 'NYU impactor,' which was developed at NYU in 1911. It's the gold standard for investigating these types of injuries."

Ninety animal subjects were given clenbuterol in their drinking water, and then measured for return of function in their limbs. And by later examining their spinal cords to see if nerves had been spared, researchers were able to correlate their findings with actual behavioral recovery.

"We concluded in our paper that clenbuterol produces a substantial recovery of function as well as a sparing of tissue—maybe even regeneration," Dr. Etlinger states.

Why clenbuterol?

Dr. Zeman explains, "Clenbuterol is known to affect cyclic AMP and calcium within the muscles. We became interested because we knew these substances regulate the pathways in muscle that lead to atrophy and hypertrophy (thickening), and clenbuterol may provide a neuroprotective mechanism via these pathways as well...To get clenbuterol approved as a drug we must go through clinical trials. We could use albuterol and there are reasons to believe it would work just as well, but clenbuterol is more potent, so we need to interest a company in backing these trials."

With a patent pending for this spine-healing process, the doctors will further their research through their incorporated company MotoGen. "We have received support from Neurosurgery and Radiation Medicine and a grant from the NIH, and we'll lease space from the College to carry out our work," says Dr. Etlinger. "Zeman will be the PI. Based on our animal data, we have the ability to design a human clinical study that will allow us to look at clenbuterol alone or combined with radiation

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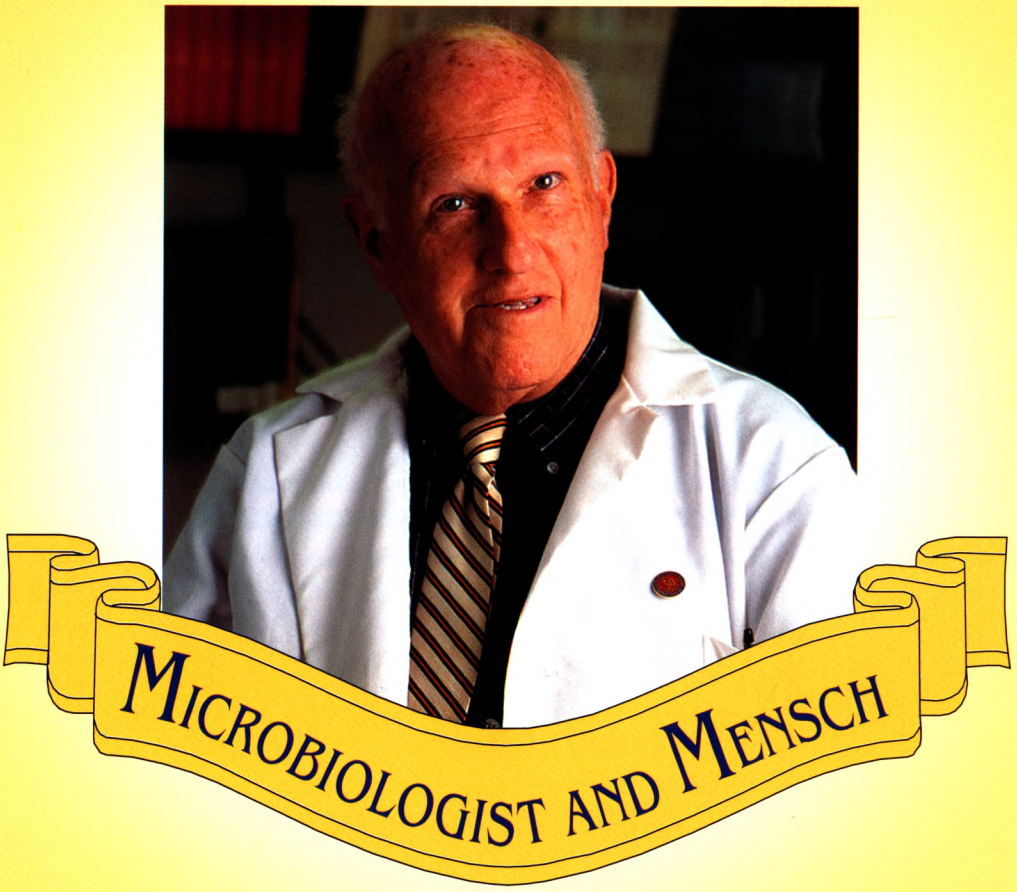
Felix E. Wassermann, Ph.D.



If a university is fortunate, there is one professor on the faculty who has seen it all, remembers *everything*, and tells it like it is with the audacity and self-confidence granted men of a certain age. New York Medical College is endowed with Felix E. Wassermann, Ph.D., whose institutional memory is exceeded only by his talents as a scientist, ethicist and pundit. At the age of 76, when his contemporaries have long since retired, Dr. Wassermann agreed—for the second time in his career—to become acting chairman of the Department of Microbiology and Immunology. "I never wanted to be chairman, either time," he insists. "When you are, you alienate somebody—even if you just change a doorknob!"

Notwithstanding that assertion, Dr. Wassermann accepted the job on April 1, 1999. "I told the dean that April Fool's Day was a very appropriate time for me to do this," he says, cracking the first of many one-liners that would do a stand-up comic proud. "I'm too old and I'm not aggressive enough. People like me should be put out to pasture. You have to fight for your people and your discipline…I took the job for a few reasons. It means I don't have to take anybody else's nonsense [writer's discretion]. And since I'm obviously not in the running for the permanent position, I don't have to give the impression of pushing innovation. I'm just keeping things going until the search committee does its job, but it would be nice to find someone who is not doing research in cancer or immunology. We need to branch out, in fungi and parasites, to build a well-rounded micro department."

Et tu Felix?

Or, perhaps a virologist, like himself, would do. Not only is medical science in Dr. Wassermann's blood, it's in his genes. The Wassermann test for syphilis, which in days of yore was essential for getting a marriage license, was developed in 1912 by his intern father and his father's famous first cousin. They were both physicians doing research at the Kaiser Wilhelm Institute in Berlin. Felix Wassermann was born in

Germany—in Bamberg, Bavaria—but he lived there only for 12 years, until the family fled to Prague ahead of the Nazi war machine.

"It seemed like they were coming after us," he recalls of their next move to England, when Germany invaded Czechoslovakia in 1939. One year later they had made it into Mexico through Acapulco. The final leg of their trek ended in early 1941, when they set foot in America by way of Cuba. "You had to wait three days to enter the U.S. because that was the incubation period for trachoma, an eye infection caused by Chlamydia trachomatis. It's transmitted by flies," Dr. Wassermann advises, polishing off a memory undiminished after 60 years, with no detail too small.

He served in the army of his new homeland from 1943 to 1946 in Europe, rising through the ranks to first lieutenant by the time he was discharged. "I was in the military intelligence service interrogating prisoners of war. That's why I'm on the Admissions Committee now," he smiles. "There were no lie detectors. We just used our brains."

When the war was over, Dr. Wassermann used those brains to earn bachelor and master's degrees in agricultural bacteriology at the University of Wisconsin, a curious choice of university for a lad who'd spent his teens growing up on East 70th Street in New York City. "My father had a friend who taught biochemistry at Wisconsin," he explains, suddenly recalling an insult that would never go away. "Actually, I had already been accepted to MIT and was attending the summer session when they withdrew the acceptance, apologetically, because I wasn't a citizen. At the time I was Czech."

Early lesson

During the years before and after he received his Ph.D. in microbiology from New York University in 1958, Dr. Wassermann taught for a living. There was, however, one other job he would rather forget. "As a bacteriological supervisor in the Methods Research Section at Camp Detrick, Maryland, I loaded dried anthrax spores into artillery shells for the Army Chemical Corps. They were shooting them off to see if the spores would survive. Biological warfare is a disgusting thing to do. They kept saying it was a defensive weapon, but artillery is not a defensive weapon—it's *really* offensive."

> "I'M JUST KEEPING THINGS GOING UNTIL THE SEARCH COMMITTEE DOES ITS JOB, BUT IT WOULD BE NICE TO FIND SOMEONE WHO IS NOT DOING RESEARCH IN CANCER OR IMMUNOLOGY. WE NEED TO BRANCH OUT, IN FUNGI AND PARASITES, TO BUILD A WELL-ROUNDED MICRO DEPARTMENT."

When he was hired by the Public Health Research Institute of the City of New York, Dr. Wassermann worked in the departments of infectious diseases and epidemiology, focusing on the influenza virus. But he "tired of going from lab to lab," and after seven years there, found his calling as an assistant professor of virology in the Department of Microbiology at New York Medical College, Flower-Fifth Avenue Hospitals, in New York City. The rest is indeed history; he was promoted to associate professor in 1967, "executive officer" in 1969, acting chairman from 1970 to 1976, and professor in 1977. He still holds an adjunct associate position at The Hastings Center, a medical ethics think-tank in Garrison, N.Y.

Ethics credentials

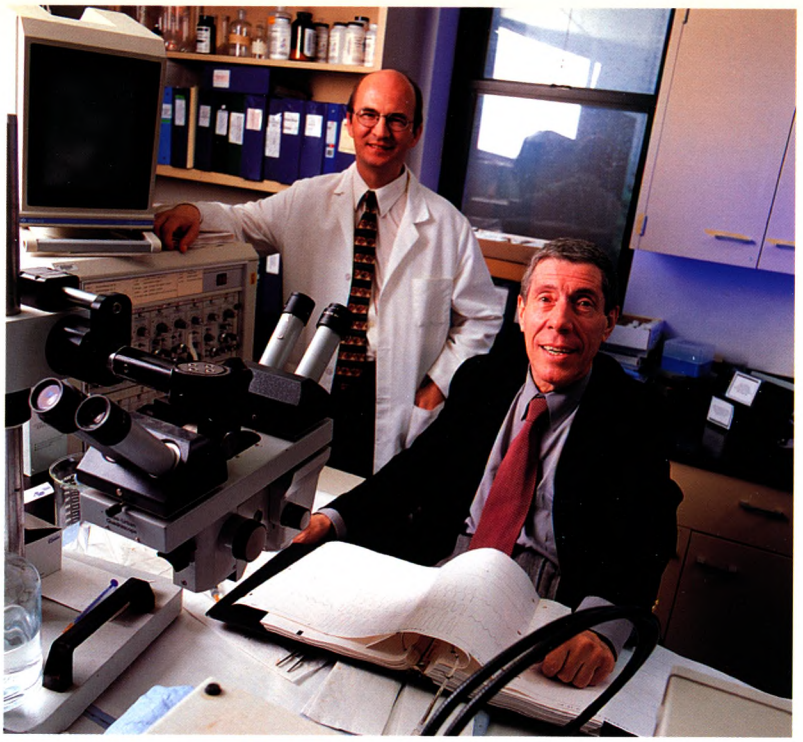
Dr. Wassermann's passion to instill ethics in his medical students resulted, he believes, in the first formal ethics program at the College. "It was around 1974, I think, when I organized a brown-bag lunch group for people interested in talking about problems and aspirations.

(continued on page 14)

The Heart *(continued from page 2)*

papers received this distinction. With the seeming regularity of a monthly magazine, so much landmark data is offered to and accepted by elite journals in the field that Director Piero Anversa, M.D., and his team can barely find the time to do the grant applications and research papers that are essential to the task. Their scientific passion is heart failure, the number one cause of death and hospitalization in people over 65. Dr. Anversa accounts for his ingenuity and their industry this way:

"If you put together 3,000 cardiologists to get the definition of heart failure, you'll get 3,000 opinions. Mine is simple: cell death. There is no heart failure without cell death, and that's why I study cell death and cell growth, the two critical cellular events in the onset and progression of heart failure...When you lose more cells than you generate, you're in serious trouble."



The Cardiovascular Research Institute team, directed by Piero Anversa, M.D., seated, is conducting groundbreaking research in heart failure and the role of diabetes in cardiomyopathy. His right hand man, Jan Kajstura, Ph.D., assistant professor of medicine, left his native Poland eight years ago expressly to join Dr. Anversa's investigation of coronary heart disease.

Clinical evaluation

If it sounds deceptively simple, that is his genius. Colleague John A. McClung, M.D. '75, associate professor of medicine and a clinical cardiologist, is effusive when he talks about Anversa's research—especially its focus on the link between diabetes and coronary heart disease, the single largest killer of males *and* females in America:

"For years there has been controversy about the cause of diabetic cardiomyopathy. Piero's work is elegant stuff—the first clear exposition of cell death and high blood sugar—independent of heart attack, atherosclerosis and blood clots." He is so impressed with the findings that he is designing a clinical trial to complement Anversa's investigations. In their Vosburgh Pavilion laboratory, 15 scientists—many from Italy and mostly MDs—have established that high concentrations of glucose can induce a loss in number and hypertrophy (thickening) of myocytes (heart muscle cells), leading to the cardiomyopathy, diastolic dysfunction, loss of heart mass and cardiac insufficiency that accompany diabetes.

Joins faculty

Dr. Anversa and the university began their fruitful association in 1972, when the Italian born and educated physician signed on as a visiting assistant professor of pathology. Some three decades later his reputation extends to the appointments he holds at Albert Einstein College of Medicine in the Bronx, and three institutions in Italy in addition to those at the College, where he is a professor in the departments of Pathology, Microbiology and Immunology, and Medicine. His work has been recognized with the Dean's Distinguished Research Award for 1996, and an appointment as vice chairman of the Department of Medicine last year. Says William A. Frishman, M.D., the chairman who appointed him:

"Piero Anversa has made many of the seminal discoveries in cardiac pathology. His work, and that of his colleagues, have provided a better understanding of myocardial cell death, and the contribution of necrosis and apoptosis to cardiac pathology. He was one of the first to observe that the heart is not a terminally differentiated organ and that it has the potential to reproduce itself—even in old age."

Dr. Anversa is not only principal investigator on five National Institutes of Health grants totaling $1.9 million, but he also shares in an interdepartmental Physiology

Program Project Grant that brings another $.3 million to the College annually. The nature of his research prompts him to use mostly human hearts, an expense he finds critical to studies that involve glycosylation, the addition of sugar. "Our animal model is a rat, but it does not get type 2 diabetes, which is the more common variety; it does get type 1 [juvenile diabetes], which is more serious…I plan to eventually submit a paper that shows our studies can be applied to both types of diabetes." The human hearts are currently acquired from patients having biopsies or undergoing transplantation in Italy, but they presumably would be obtained more easily when heart transplant procedures—approved but not yet scheduled—commence at Westchester Medical Center.

Preceding the focus on diabetes, the laboratory's most important papers dealt with myocyte death and regeneration, which appeared in *Proceedings* and the journal *Circulation Research*, Dr. Anversa says. (As is customary for established researchers, his name is placed last in both publications.) While this quest to heal the heart is decidedly basic research, Dr. Anversa designs the studies with a clinical effect in mind.

Dwarfs cancer

"Heart failure—despite the number of drugs on the market—still affects a tremendous number of people," Dr. Anversa advises. "Each year they feel a little better and live a little longer, but they still die like crazy. We need to develop new strategies to treat cardiac problems. For the last several years the approach has targeted the imbalance between cell growth and cell death. If we can prevent

(continued on page 15)

How Diabetes Leads to Heart Failure

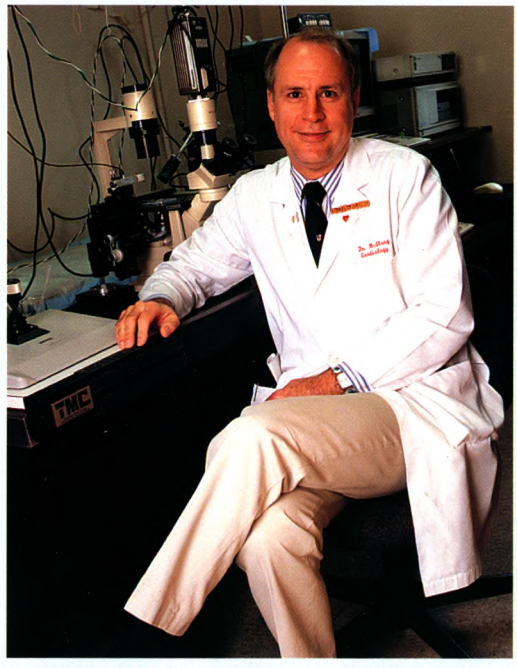
The association between diabetes and coronary heart disease is so strong that it is often a cardiologist who takes care of a diabetic patient. This is why John A. McClung, M.D. '75, associate professor of medicine at the College and chief of critical care cardiology at Westchester Medical Center, seldom misses early morning meetings at the Cardiovascular Research Institute led by Piero Anversa, M.D. His studies showing that high blood sugar kills heart muscle cells have motivated Dr. McClung into parallel research that he says has never been done in a human model.

"Anversa is looking at a purely cellular event. We are looking at what the heart is doing as an organ," he explains. "Over time, high blood sugar kills heart cells. The remaining ventricular muscle cells hypertrophy, causing the ventricle to lose its elasticity. These bigger cells require more blood flow, making the heart pump harder and harder to feed itself. The bigger cells also take up more space as the other heart cells are killed off…The diastolic dysfunction that results from cell death and cell hypertrophy is probably the first sign of heart failure in humans. In diabetics, unfortunately, it has not been shown to be reversible."

In the trial Dr. McClung has designed, colleagues will look for signs of diastolic dysfunction in the hearts of diabetic patients by echocardiogram. Then, to establish whether the subject's blood sugar is under control, they will use a simple hemoglobin AIC blood test to obtain a mean glucose reading for the previous two months. The researchers are betting that a high AIC level will correlate with poor ventricular diastolic function.

"We will treat these patients and get their sugar down, and half of them will also be treated with an AT1 receptor blocker [losartan]. After six months we will repeat their echocardiograms. If Piero is right, the echoes should be just as bad in those patients who did not receive the AT1 blockade, even though their sugar is under control, because heart cells have died. We are hoping that diastolic function will improve in patients who were treated with the AT1 blocker.

"We can keep a diabetic patient's blood sugar stable," Dr. McClung states, "but we probably cannot stop the damage without controlling the mechanism that Dr. Anversa has described."



In its quest to establish whether cardiac failure occurs at the cellular level, the Cardiovascular Research Institute has gained the clinical assistance of cardiologist John A. McClung, M.D. '75. Here he is lending a hand with a system that measures the force developed by a single heart muscle cell. Dr. McClung is planning a trial with diabetic patients to clarify the role of diabetes in cardiac myopathy progressing to heart failure.

Stress Disorder *(continued from page 4)*

possibly for the remainder of their lives. (The criteria to diagnose PTSD are conveniently listed in section 309.81 of the Diagnostic and Statistical Manual IV of Mental Disorders, the bible of psychiatry commonly known as DSM IV.)

But those in anguish are not the only walking wounded. There are hidden victims also in distress and vulnerable to ending up as psychological casualties of natural and man-made disasters. Michael Blumenfield, M.D., has been a vital part of the crusade to identify these individuals. "We're trying to make mental health people aware that you have to look for forgotten victims, to make sure they are taken care of. I teach a course at the American Psychiatric Association (APA) annual meeting that deals with the secondary victims of disaster. It always fills up every year," he says.

Credentials earned

After nearly a decade of analyzing PTSD, Dr. Blumenfield has become a recognized expert who is often summoned for consultation to the scene of horrifying events. His regular day job, however, is professor of psychiatry, with secondary appointments as professor of medicine and of surgery, at New York Medical College. At Westchester Medical Center he is director of Consultation Liaison Psychiatry in the Department of Psychiatry, putting him in charge of the seriously ill inpatients who display depression and other psychological disorders in the medical and surgical part of the hospital. Once a psychiatric consultant for the Burn Unit, he is also director of the clerkship in psychiatry for the College.

The hidden victims in Dr. Blumenfield's landscape are not the relatives of victims, who may also be affected, but secondary sufferers who range from emergency medical technicians, police and firemen, to school teachers (when children are involved), funeral home personnel, and in particular, the media: newspaper and television reporters and film editors.

The hidden victims in Dr. Blumenfield's landscape are not the relatives of victims, who may also be affected, but secondary sufferers who range from emergency medical technicians, police and firemen, to school teachers (when children are involved), funeral home personnel, and in particular, the media: newspaper and television reporters and film editors.

"Sometimes they are inadvertently the victims of disaster, or just by doing their jobs are themselves traumatized. But it's hard to detect their angst because they don't ask for help," Dr. Blumenfield advises. "They will admit their problems when confronted, but even then they don't do anything about it. The upshot is they may turn to drink, or burn out, or take it out on their families." He recommends that anyone qualifying as a secondary victim of a major trauma have the opportunity to be debriefed in a group as soon as possible after a tragedy. Then there can be follow up with psychotherapy and medication if needed to alleviate symptoms.

Informing colleagues

Ironically, Dr. Blumenfield also happens to be chairman of the Joint Commission on Public Affairs of the APA, which renders *him* a PR person of sorts. One of his colleagues, Robert Ursano, M.D., chair of the Department of Psychiatry at the Uniformed Services University of the Health Sciences School of Medicine in Bethesda, Md., offers this appraisal of his colleague's quest:

"Dr. Blumenfield has drawn the mental health world's attention to both the importance of media after disasters and the particular stress experienced by reporters. He recently organized and chaired an outstanding workshop at the APA [annual convention in June] that was overwhelmingly appreciated and applauded by all." Entitled "The Media and Disasters and Other Traumatic Events," the

symposium featured Helen Chickering, an NBC-TV reporter in Charlotte N.C., and Drs. Ursano and Blumenfield.

Chickering continues, "He is very well thought of among his colleagues in the APA and he was a big hit among the broadcast journalists at the AMA conference. Michael Blumenfield makes us think before covering a story." Her latter comment alludes to his conviction that the media should not interview the close relatives of disaster victims. Zealous TV reporters who exploit grief and psychic pain by shoving cameras in their faces deserve a special slap on the wrist. But whether the media is the menace or the victim in the disaster, "we must not forget about them," urges Dr. Blumenfield. "We must approach members of the media differently, try to first establish a relationship, and then convince them that getting help does not make them weak or defective."

Another wrinkle

A close cousin to PTSD is Acute Stress Disorder, which takes its toll immediately after an event. "In a place like New York City," says Dr. Blumenfield, EMS people are constantly on the go and exposed to traumatic events that are outside the realm of human events. The human psyche attempts to defend against this either by blocking them out or playing them over and over again, in an attempt to master the event. Meanwhile, the repetition interferes with sleeping and terrible thoughts intrude during the day."

Dr. Blumenfield's first paper on PSTD was "Development of Posttraumatic Stress Disorder" in 1997. With the assistance of a research assistant, he distributed detailed questionnaires to 2,051 New York City EMS employees over 28 months (from September 14, 1990, to January 8, 1993). It was a landmark study that evaluated the potential risk factors for developing PTSD.

His penchant for tackling psychiatric subjects that are less well traveled obviously is alive and well. The July-August 2000 lead article in *Psychosomatics* featured his research report with colleagues from the College on "Constant Observation in the General Hospital." Not to be confused with voyeurism, *constant observation* is a technique in which continuous monitoring is used to assure the safety and well being of an individual patient or others.

Whether Dr. Blumenfield's concerns are mainstream or not, they may inspire at least one of the 27 residents in psychiatry who spend four months on his service. Presumably, the rotation comes with very little stress that is likely to cause a lasting disorder. ■

"The Media and Disasters and Other Traumatic Events," a workshop presented at the last American Psychiatric Association annual meeting, was led by Michael Blumenfield, M.D., left. The panel included Robert Ursano, M.D., chair of psychiatry at the Uniformed Services University of the Health Sciences School of Medicine in Bethesda, Md., and Helen Chickering, NBC-TV reporter in Charlotte, N.C., who represented the media. (Ellen Dallager Photo)

Wassermann *(continued from page 9)*

It turned out they wanted to talk about ethics. We met fairly regularly and it developed into a formal group for ethics. So I got in touch with The Hastings Center, which used to be right near here in Hastings-on-Hudson. I was appointed to the center in 1984, but I had been one of their groupies before that," he says. Now Dr. Wassermann channels his ethical concerns into the lectures he delivers for the required medical ethics course that spans all four years at the medical school.

That his sensitivity is matched by sentimentality is evident in the scores of Commencement programs and yearbooks he had saved since 1958. All he had to do was look at a photograph and he could remember who a student was—something exceedingly helpful for alumni staff. (Alas, the books were ruined recently from a downpour that breached the BSB roof under repair.) And his grasp of micro-minutiae is so keen that he's become the source to end all sources for everything from opera to the West Nile virus.

Dr. Wasserman has been married since 1953 to his "peacenik" wife, Hannah. They are the parents of three sons—Eric '85, a neurologist at the N.I.H.; Ross, a restaurateur in upstate New York; and Joel, a graduate of Brown Medical School who practices emergency medicine at Boston City Medical Center. Eric is the father of their granddaughter, Sophia, age 9. The Wassermanns have always lived in New York City (and at a weekend home in upstate New York) despite the number of years he's commuted to Valhalla. The College has never suffered for it; during any snowstorm, he's the first to make it in—delayed start or closing notwithstanding.

Ruminating at large

When it comes to voicing an opinion, especially in an election year, Dr. Wassermann has never been known to be shy. "Norman Thomas isn't around anymore. I'm a knee-jerk, bleeding heart liberal," he admits, leaving no speculation for whom he voted. When he gets around to the College he is no less frank: "We have a damn good medical school. The students are content with what we are giving and we know the areas that need input…I want to continue to teach and even improve the high quality of our courses. We must continue to encourage the faculty to challenge our students, because as the saying goes, if you don't progress you retrogress. You should never wait for students to complain before making changes."

Whether he is too idealistic or just plain cranky, it still seems fair to ask Dr. Wassermann when he will finally give it up. "Retirement is constantly in my thoughts, but I don't know what to do about it," he ponders. "I would be looking for a job just like this, but without the budgetary concerns and other assorted minutiae of being chairman. But when they finally do appoint a new chairman, I think it might be time to pack up and go home." ■

358 Graduates Gain Diplomas at Carnegie Hall

Ready for their close-ups at the 141st Commencement of New York Medical College are, from left, Rev. Msgr. Harry C. Barrett, D.Min., M.P.H., College president and chief executive officer; Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases, National Institutes of Health, who delivered the Commencement address; and Ronald F. Poe, chairman of the College's Board of Trustees. (Robert Floyd Photo)

The Heart

(continued from page 11)

cell death and enhance cell growth, or find the proper balance between the two, the future lies in gene therapy—treating the overexpression of a gene product or the deletion of a gene."

Meanwhile Dr. Anversa continues to explore diabetic cardiomyopathy and the loss of heart muscle cells, which he presented in abstract form at the American Heart Association annual meeting in November 1999. Subsequently published in *Laboratory Investigation*, the paper showed how sugar and apoptosis are dose- and duration-related, and it implicated angiotensin II in the triggering of cell death. Angiotensin, a family of peptides (amino acids), has the ability to narrow blood vessels (vasoconstriction), a dubious claim to fame since sound cardiac health hinges on unrestricted blood flow. In cardiac myocytes, he found, sugar increased the presence of angiotensinogen, the precursor of angiotensin II. In fact, sugar amplified the presence of renin *and* angiotensin.

"This suggests that it is angiotensin II binding to its receptor, AT1, that induces apoptosis. It is the consequence of a glycosylation process and how glucose contributes to the regulation of cell death and ultimately, to weaker hearts and cardiac myopathy," states Dr. Anversa.

His bottom line is to establish that diabetes per se leads to cardiac myopathy and heart failure. Or, to put it "Jeopardy"-style, What are Piero Anversa and the Cardiovascular Research Institute well on their way to proving? ■

Spinal Cord Injury

(continued from page 7)

or surgical intervention…Our results with clenbuterol so far are as effective as any drug given for human spinal cord injuries to date, and that includes steroids and free radical scavengers."

Next step

While animal studies proceed in their labs, Drs. Etlinger and Zeman look forward to receiving data from two other clinical trials that are planned to begin in 2001. The principal investigator is Chitti R. Moorthy, M.D., professor and director of clinical radiation medicine at the College and Westchester Medical Center. His protocol calls for using patients between 18 and 75 years of age with spinal cord injury from C3-L1 levels, resulting in complete loss of motor and sensory function below the level of injury. (Other patients with some sensory function will be tested separately.) All patients will be treated as soon as they are medically judged stable and recovered from the injury-related "unstable" status.

Patients will get radiation in one trial, clenbuterol in the other. As they have different mechanisms of action, the outcomes should be much more intriguing. Radiation is expected to hinder the degeneration process of spinal cord injury by minimizing the cavity that forms within the injured site, preventing fibers from reconnecting. Clenbuterol appears to promote nerve regeneration by protecting surviving neurons from further injury and stimulating their reattachment.

The tempo of their research into the drug's pathophysiology in animals undoubtedly has primed Joseph Etlinger and Richard Zeman for the down time ahead. They will occupy the sidelines while physicians in radiation medicine, neurosurgery, neurology, radiology and rehabilitation medicine take over the investigation. Actually, that should leave them time to figure out what else clenbuterol can do. ■

Supporting the spinal cord injury research are, from left standing, Hua Song, Ph.D., Tamiko Sato, M.D., Yong Feng, M.D., M.S., and Hong Peng, M.D. With the exception of Dr. Sato, who is an associate professor, all are research fellows in the Department of Cell Biology and Anatomy. Dr. Peng is seated before a cryostat, used to freeze the muscle and spinal cord tissue for cross section.

Our Own Grad Directs the Leukemia Service and Fosters Research on Campus

Karen P. Seiter, M.D. '85, carries on the tradition that drug trials are critical for patient care.

How do hematology oncologists practice medicine knowing that three-quarters of their patients with leukemia, lymphoma and multiple myeloma will die? Here's one stereotypical answer: These doctors—veterans with a track record of failed chemotherapy—stay uninvolved, utterly pessimistic and hard to reach, emotionally and by phone. How refreshing it must be then for patients to meet Karen P. Seiter, M.D., associate professor of medicine and director of Leukemia Service at New York Medical College and Westchester Medical Center. Eager and petite as an undergraduate, Dr. Seiter displays the intense but easygoing persona of her youth—a lover of music and science who could not decide which interest to pursue. But when solid M-CAT scores tipped the scales, she knew what she should do. That she made the right choice is evident from the achievements of a decade, enabling Dr. Seiter to attain the experience, credentials and esteem befitting the student who graduated first in the School of Medicine's Class of '85.

Early respect

Above all, enthusiastic and optimistic are words that best describe how Dr. Seiter treats her patients. This disposition was spotted early on by none other than William H. Frishman, M.D., professor and chairman of the Department of Medicine. Though it was long before he joined the College faculty, his memory serves him well:

"I have had the opportunity to work with Karen Seiter on two occasions in different settings. She worked with me as a medicine intern and resident at the Albert Einstein College of Medicine training program, where I was chief of medicine at the Einstein college hospital. Karen was an outstanding house officer who worked tirelessly on behalf of her patients in a quiet but highly effective manner. She always got the job done without fanfare and I rated her as one of the best residents I have ever worked with…

"Now Karen directs one of the most highly rated leukemia services in the region and the country. She has combined an outstanding career as a clinician, researcher and teacher…and she is a credit to New York Medical College and the medical center," he says with pride.

Almost in disbelief, Dr. Seiter shakes her head, amazed at how it all turned out. "I had changed my mind so many times and there was nothing in my family background to encourage medicine," she says. At Hofstra University, barely 20 minutes from her home in Bethpage, Long Island, she had changed majors in business, music, chemistry and finally biology, causing her to scramble for the pre-med courses she needed to apply. By the time she was a third-year student, she had decided to do her rotations in New York City. And from working at St. Vincent's Hospital and then-affiliated Lenox Hill Hospital, Dr. Seiter knew she was observing the rise of a yet unnamed disease.

Great unknown

"The thing I remember was AIDS had just gotten started. Nobody knew what caused it and there were so many patients. You had to put on gowns and booties to enter the floor," she recalls, though AIDS was not to be her thing. "During the fourth year, when we were allowed to take electives at other hospitals, I decided to do a month at Memorial Sloan-Kettering on hematological malignancies and oncology in general. I also went to NYU for general anatomic pathology because I am a visual person. I'm still interested in art and photography."

In the end, Dr. Seiter chose internal medicine over surgery because, "I like follow-up," she maintains. "In surgery you hardly ever see the patient again. I like problem solving, differential diagnosis—where there can be 20 causes for a rash—and thinking through a situation to make a diagnosis." This lasting interest in medical specialties outside her own is something she stokes by regularly attending Department of Medicine Grand Rounds.

After graduation

"I was very happy to be a resident at Einstein [Albert Einstein College of Medicine]…In city hospitals you had more responsibility, especially in those days. We made decisions and actually did procedures," she reveals of those years at the Bronx Municipal Hospital Center, now called Jacobi Hospital. Dr. Seiter followed her training with a three-year combined hematology/medical oncology fellowship at Memorial Sloan-Kettering.

Karen P. Seiter, M.D. '85

She chose the brutal sub-specialty, she says, "because I always wanted to take care of seriously ill patients. Nothing drove me crazier than seeing people with sniffles in a clinic. Besides, I also had an interest in molecular biology, and there is a lot of it in leukemia research… Since I began practicing, there has been great improvement in the treatment of leukemia—new therapies and dramatic improvement in outcomes and supportive care too. For example, in those days every patient on chemo vomited. Now we have true anti-nausea medications like Kytril and Zofran."

After completing the fellowship, Dr. Seiter signed on as a clinical instructor at Mount Sinai Hospital. She also joined a small group in private practice. "I hated it," she admits. "You go to work everyday, see your patients and go home. The next day you do it all over again… I like to work on a research project that goes on for three or four years. You write a protocol and begin treating patients. Then you get to analyze the results and use them to design further studies. After a few years doing research, you're part of the advances being made and you can improve on the treatment you give your patients."

An idol

The inspiration to join the thriving College leukemia program had been brewing ever since Dr. Seiter was interviewed for a fellowship by legendary leukemia expert Zalmen A. Arlin, M.D. "It seemed he lived and breathed leukemia research, and his passion was contagious," she remembers. Dr. Arlin had come from Sloan-Kettering to start the College program, and he subsequently recruited Eric Feldman, M.D., Dr. Seiter's partner, who resigned two years ago to join another organization. "I never got to work with Dr. Arlin. He died from a brain tumor around the time I came in 1992," she says. But the ardor of his legacy surely lives on in Dr. Seiter, who's treated 200 newly diagnosed patients since he died and countless more who have relapsed.

"Sloan-Kettering is using mitoxantrone, the drug Zal developed, in one of its studies based on the success of our regimen here…We have 12 studies presently underway in all three phases. Some are in-house, others are with pharmaceutical companies. The truth is that within leukemia circles, people know Valhalla. M.D. Anderson and Sloan-Kettering know us…This place has enormous potential," says the oncologist, who adds that often it's so hectic she thinks about taking an industry job. "But I know that when I'm off-service, it makes me realize I could never take a job that didn't have patient care." ■

Can *One* Vaccine Prevent *Two* Diseases?

Varicella-zoster virus causes chicken pox and shingles. Boosting immunity in adults may prevent herpes zoster and the dreadful pain that can linger forever.

Herpes zoster, better known as shingles, erupts into blisters that can itch, burn and feel like an electric shock all at the same time. The pain is considered to be among the worst in medicine.

Hardly anybody dies from shingles, but some victims almost wish they had after recovering with a legacy of pain. A reincarnation of the varicella-zoster virus (VZV) that causes chicken pox in children, herpes zoster is the name of a syndrome when VZV reactivates after hiding dormant in sensory nerves, perhaps for decades. It can reappear insidiously, heralding its arrival with pain that usually lasts from a few days to a week. When the skin eruptions follow, they evolve from a distinct patch of erythema to vesicles that pustulate and crust over in 7-10 days. It may be a month before they heal, often leaving a change in skin pigmentation and leftover scars as mementos of the episode. Still, they will pale in comparison to the pain that can hang on and on as postherpetic neuralgia, persecuting the aging, most vulnerable population. The older the patients are, the greater their risk in bearing it. In a 1996 review article in *The New England Journal of Medicine*, it was estimated that 75 percent of patients over the age of 70 are destined to suffer the torment of postherpetic neuralgia.

"Pain is probably the most common complication of herpes zoster," agrees John Raffalli, M.D., assistant professor of medicine at New York Medical College and attending physician in the Division of Infectious Diseases at Westchester Medical Center. "This pain can be debilitating and miserable for an old person to experience." And there are other clinical syndromes associated with the varicella-zoster virus—myelitis, an inflamed spinal cord; damage to the nervous system resulting in paralysis and numbness; and stroke, when the arteries behind facial lesions are involved.

Other perspectives

Stephen Marks, M.D. '80, associate professor of neurology, agrees "it is among the worst pains in medicine. Usually it's a chronic burning itch, but it can also manifest as a brief but severe electric shock pain. Many patients have both kinds at the same time."

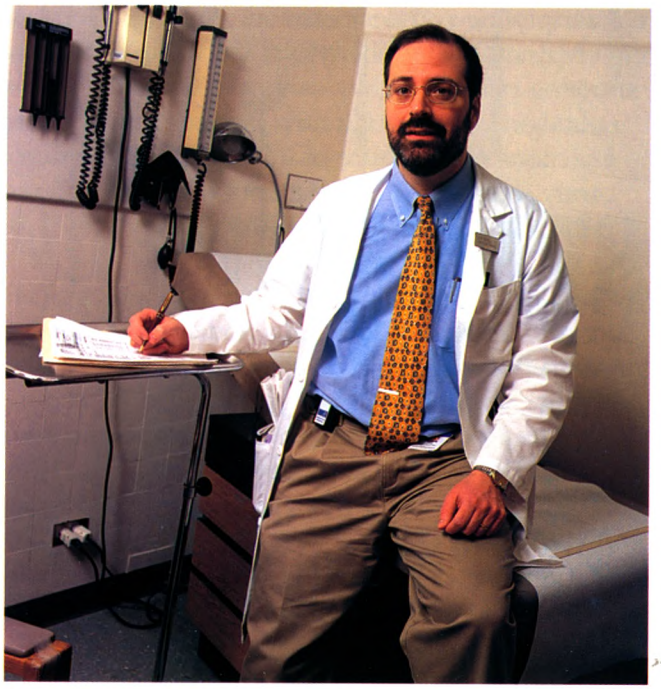
The third specialist dealing with shingles is the dermatologist who tends the rash that has an affinity for the chest and neck. (The eyes are another common, very nasty target.) Peter Engber, M.D., assistant clinical professor of dermatology based at St.

Vincent's-Staten Island, has been treating zoster in children and in adults for 25 years. He became intrigued with the disease after seeing an unusual patient, a six-year-old boy with shingles whose mother claimed he had never had chicken pox. "I take this disease very seriously," Dr. Engber says. "The impact of postherpetic neuralgia on elderly people in particular can be devastating. It can ruin their lives."

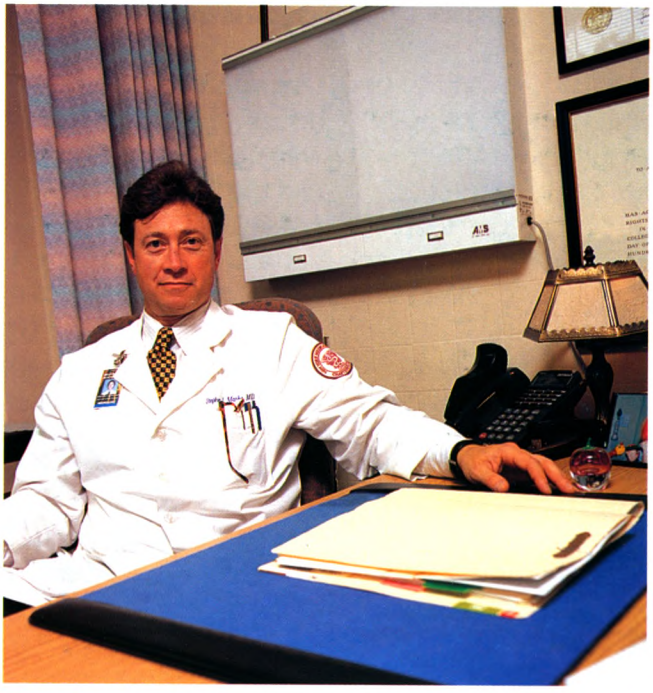
Owing to such a dreadful outcome and the number of cases involved, it begs the question why medical science has neglected shingles and its aftermath. Nor is the infection a priority topic with the medical media, despite the fact that shingles cannot be prevented, treated satisfactorily or cured. Granted, herpes zoster can be pampered with anti-virals and other palliatives, but relief is transitory and substandard. One solution would be to consider another approach—to prevent the disease altogether. The trouble is it will take several generations to learn if the methodology works.

Immunity challenged

Chicken pox confers lifelong immunity to chicken pox, but not to shingles. Shingles usually confers immunity to shingles, although it does recur in up to 5 percent of cases,



John Raffalli, M.D., Division of Infectious Diseases, believes the shingles trial sponsored by the NIH, the Veterans Administration and Merck should yield very important results. The study will determine if the chicken pox vaccine can prevent shingles in a population over age 60.

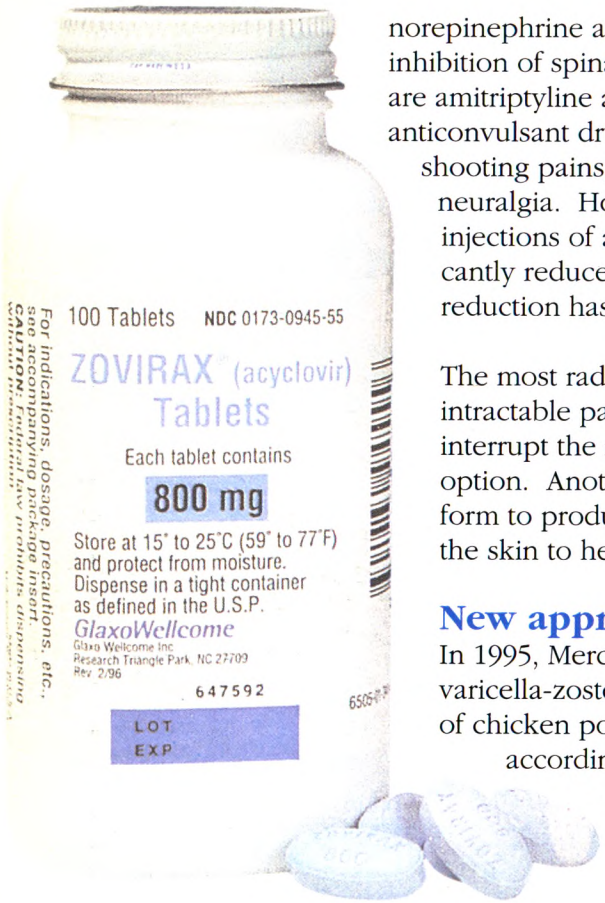


Neurologist Stephen Marks, M.D. '80, says, "someone every month comes in with pain thinking he has an appendix or a heart attack and then a few days later, the shingles rash appears." There is a good chance that after the rash heals, the pain of postherpetic neuralgia will remain.

according to Dr. Marks. There is a memory to immunity that would keep herpes zoster under control as well were it not for the fadeout of cellular immunity that preys on patients of advancing age, and those who are immune-compromised from disease or chemotherapy. Once the virus makes its way to neurons and nerve-associated satellite cells, it ultimately spreads to the skin via peripheral nerves.

(It is the skin's appearance that gave shingles its name. Some say it came from the lesions that appear in bands or layers, like a row of shingles. Others prefer a variation citing the Latin word for belt, *cingulum*, because of the resemblance. The letter "s" apparently was added at the end when the word made its way into the English language.)

Researchers believe postherpetic neuralgia pain results from injury to the peripheral nerves and an exaggerated response of the central nervous system. The growth of axons after the lesions heal produce nerve sprouts that also are prone to hyperexcitability. These changes may be so complex that no single therapeutic agent is capable of restoring the system to normal. Doctors have tried everything from B vitamins to snake venom and a multitude of interventions in between. The first drug actually approved by the Food and Drug



Acyclovir (Zovirax), the first drug to overcome a virus, won the 1988 Nobel Prize for Medicine or Physiology for its inventors at Glaxo Wellcome. Although it can reduce pain when shingles erupts, acyclovir does not alleviate the distress of postherpetic neuralgia.

Administration (FDA) for postherpetic neuralgia was capsaicin, the substance in chilies that makes them hot. Regrettably, one study shows capsaicin cannot be tolerated by up to one-third of patients due to a burning sensation when applied in cream form.

Other therapies

The first medications to safely block any virus were the nucleoside analogues, or antiviral drugs. Acyclovir (Zovirax) was such a breakthrough that it won its co-discoverer, Dr. Trudy Elion, a shared Nobel Prize for Medicine or Physiology in 1988. Acyclovir, and next generation famciclovir and valacyclovir, can significantly reduce pain after onset of zoster, but some studies show they are of no use in postherpetic neuralgia.

There are doctors who prefer to first treat their patients conservatively. The old standbys—analgesics and anesthetics—include aspirin, ibuprofen, naproxen, acetaminophen, topical formulations of aspirin and indomethacin with ether, and lidocaine (Lidoderm) used topically as a patch. When something stronger is called for they prescribe neuroactive agents like the tricyclic antidepressants, which block the reuptake of norepinephrine and serotonin. The rationale is to relieve pain by increasing the inhibition of spinal neurons involved in pain reception. The favored tricyclics are amitriptyline and desipramine. Another useful though limited agent are the anticonvulsant drugs; phenytoin, valproate sodium and carbamazepine can overcome shooting pains, but they cannot mitigate the chronic burning pain of postherpetic neuralgia. However, a new Japanese study showed that a series of four spinal injections of a mixture of lidocaine and the steroid methylprednisolone significantly reduced pain in patients who had suffered for at least one year; the pain reduction has so far lasted two years.

The most radical alternative is the neurosurgical procedure, a last resort for intractable pain. Electrical stimulation of the thalamus, and a cordotomy to interrupt the neurologic pathway between the thalamus and the spine, is one option. Another is counterirritation, a procedure utilizing ethyl chloride in spray form to produce a freezing sensation, along with electrical nerve stimulation of the skin to help small inflamed fibers in the spinal cord return to normal.

New approach

In 1995, Merck received FDA approval of its VARIVAX vaccine to prevent the varicella-zoster virus, previously responsible for an estimated 4 million cases of chicken pox, 11,000 hospitalizations and 100 deaths each year in the U.S., according to the Advisory Committee on Immunization Practices. The vaccine *is* effective in preventing chickenpox, not only in children, but also in adults who've never had the disease. Theoretically, VARIVAX should also boost immunity in older people whether they have had chicken pox or not. Ergo, if the varicella virus can be foiled, shingles can be prevented. Additionally, several studies show that the risk of getting zoster does not appear to be increased in persons getting the vaccine.

Dermatologist Peter Engber thought the opposite when his six-year-old patient (vaccinated at four) walked in with shingles despite his mother's insistence that he never had chicken pox. Dr. Engber explained there were two possibilities: either her son *did* have chicken pox without her knowing it, or he got shingles from the vaccine. DNA typing proved the child's zoster virus was a wild strain that did not match the type used to make the vaccine, so Dr. Engber had his answer. The VARIVAX vaccine did not protect the boy from zoster. Whether he got the mild case of chickenpox before or after the vaccination will never be determined.

Shingles is not so passive, though perhaps its days of torment are numbered. In March 1999, a consortium of the VA Medical Centers, Merck and the National Institute of Allergy and Infectious Diseases began seeking 37,000 volunteers to test a more potent version of the original chicken pox vaccine. Enrollment is open through the summer of 2001; as of November, more than 25,000 were registered. To participate in the Shingles Prevention Study call the national screening line at 1-877-841-6251. For questions about the trial call Heather Williams, RN, national study coordinator, at 1-858-552-8585, ext. 4638. ■

STUDENTS

WHO STAND OUT FROM THE CROWD

Whether graded A B C or pass/fail, certain students in every graduating class rise to the top with the best grades, the most related outside activities and display particular interests that earn them the respect and admiration of their teachers. The criteria in each school may vary, but ultimately they single out those special persons who merit recognition for going the extra mile. In the Class of 2000, these scholars came away with their schools' top awards at senior honors ceremonies and much more than their diplomas.

School of Medicine

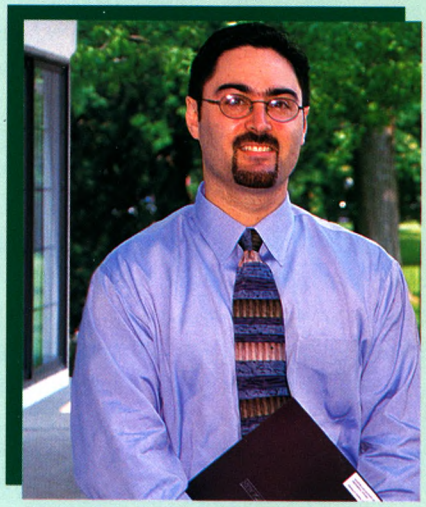
WILLIAM CULLEN BRYANT AWARD

winner was Renee C. Comizio, M.D., president of the Student Senate. Established by the Board of Trustees to honor the president of the board for 10 years, this award is presented to the graduate who has achieved a distinguished academic record and has contributed outstanding service to the College community and student body. Dr. Comizio, the daughter of Robert J. Comizio, M.D. '63, is doing a residency in general surgery at Beth Israel Hospital in Boston.

School of Basic Medical Sciences

MARTHA LUCAS PATE, PH.D. MEMORIAL AWARD

went to Matthew J. Scholer, M.D., Ph.D. Established by the Board of Trustees in memory of the trustee of the College, this honor is awarded annually to a graduate student who has demonstrated academic excellence and leadership in social and humane concerns in medicine, science or health. Dr. Scholer, who earned his doctorate degree in pharmacology, is doing his residency in emergency medicine at North Carolina Memorial Hospital in Chapel Hill.



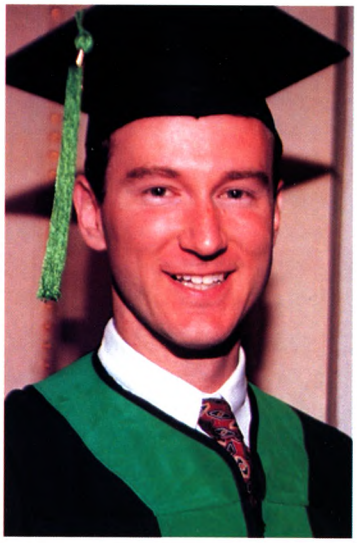
Graduate School of Health Sciences

ACADEMIC EXCELLENCE AWARDS are presented in three areas to graduates who, in the judgment of the faculty, have exhibited excellence in their academic work over the course of their graduate education. From left are Diana Jean Sinclair Cunningham, M.P.H. in health policy and management; Kevin Robert Cummings, M.P.H. in public health; and Jennifer Jordano, M.S. in physical therapy. The winners coincidentally represented all facets of the College community. Cunningham is associate dean and director of the Medical Sciences Library; staff member Cummings is the university webmaster; and Jordano was a student in one of the school's newest programs.

Chironian will keep in touch...

Here's what the two '99 grads we profiled had to say after one year as novice M.D.s...

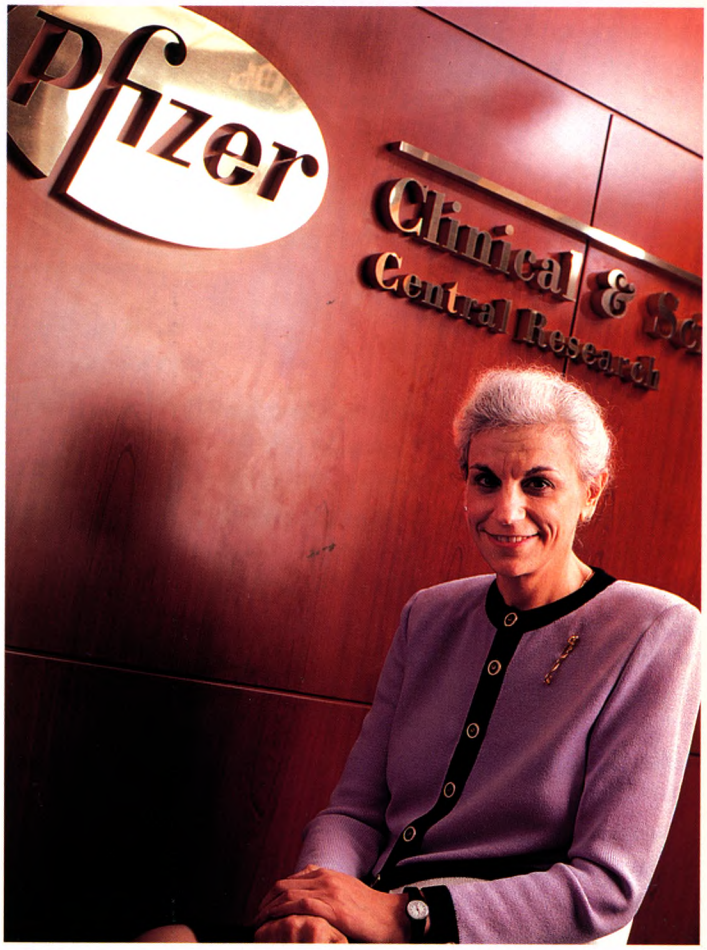
Jacqueline Bender, M.D. '99, at North Eastern Ohio College of Medicine in Akron, says: "Things are going pretty well. Now that I am in the OR more often work is more fun. (I try, of course, to work with the surgeons who listen to Motown while they operate.) Once in a while a patient is shocked to have a young female urologist, but they end up letting me take care of them once they get over their initial surprise. Most of the cases I am doing are the smaller ones (bladder biopsies and laser lithotripsy of kidney stones) but of course each year of residency brings more responsibility...I still manage to swim occasionally (thus counteracting the free food at work). I have been dating a resident in another program since last year and that's going pretty nicely so far."



Robert McCormick, M.D. '99, confides he finished his intern year with sanity intact. "I am at UCLA slaving away at a combined emergency medicine/internal medicine residency and enjoying the pace changes of switching between these departments every three months. I enjoy the puzzle solving of the internist as well as the hands-on procedural style of the ER...There are many NYMC grads on both house staffs, so I often find myself in the company of old friends...The hard work at the hospital is contrasted with the fun I have at home. As residencies go, the program allows a very generous amount of time off which I spend with my wife and two growing boys. The hardest part of my program is supporting a family on a resident's salary, so to help make ends meet I referee soccer...I'm very happy to be back in California with my family and the sun and surf."

Pfizer Product Physician Treats Infectious Diseases with Research

Alice M. Baruch, Ph.D. '82, M.D., is nurturing phase III trials of the anti-fungal drug voriconazole.



Alice M. Baruch, Ph.D. '82, M.D.

It takes infinite patience and great dedication to work on getting a new product for a drug company licensed. But it's no problem for Alice M. Baruch, Ph.D. '82, M.D., the designated Product Physician and Medical Director at Pfizer Pharmaceutical Group, Pfizer Inc., in New York City. She's done it all before. Though her title may not sound provocative, don't be fooled. Dr. Baruch is so happy in her job that she does "cartwheels on the way to work" for the hottest company in the industry. At Pfizer, she has oversight for phase IIIb/IV (later phase III and post-approval) clinical trials of voriconazole, and then educating the medical liaison personnel and the marketing force. Moreover, Vfend®—the proprietary name for voriconazole—is targeted to eliminate serious fungal infections, a branch of infectious diseases with precious few drugs to overcome their highly evolved cells. And since four rivals are also working on anti-fungals, the product physician will only tell you that trials are "ongoing in every populated continent except Antarctica." Dr. Baruch could give you more details, but then she would have to find another job.

It's worth it

To bring a drug to market takes an average of 10 years, she says. Patents are only good for 17 years, and the clock starts ticking the day of discovery. The remaining seven years are devoted to conjuring up more studies to find a new use for the drug, and so it goes. There is no downtime for Dr. Baruch, who chooses to work only on infectious diseases. "We make people better," she explains with a smile. "We cure them." Then why, having an M.D. degree, does she not practice medicine?

"I hated clinical practice," Dr. Baruch admits. "It was in a hospital with not enough supplies. But that aside, I like my hours off, and you can't do that as a

practicing physician. You're on call 24 hours, 7 days a week, 365 days of the year. Here I get a vacation, with nights and weekends off." And she doesn't even work past 5:30 p.m., which sounds privileged until she informs that she rises at 4 to be in the office by 5:30 a.m. "Pfizer is a great company and a great company to work for," is how she justifies her 12-hour day.

City gal

Dr. Baruch signed on with Pfizer in 1998, with phase III trials of voriconazole well underway. This was her return ticket to Manhattan, the only domicile she feels is worth calling home. "I love New York. I get lonely when I'm not with my friends and family," she claims of her fortitude in leaving other good jobs in New Jersey with Janssen Research Foundation in Titusville, and Hoffmann-La Roche in Nutley. But that doesn't mean she is always residing at home, now on the Upper East Side. Dr. Baruch travels extensively because, "a global development project warrants a great deal of travel," she says, recently having to visit Argentina, France, India, Brazil and make her way across Europe within a short period of time. She is one of 250 employees, and one of four in the New York group, who are readying the drug for FDA submission.

In a sidebar to her job, she wears a beeper to cope with an emergency request for voriconazole. "An emergency can be a lesion in the head, for example. But the patient has to fail all the available antifungals before we can release the drug," she advises, which comes in oral and IV formulations. "We get requests for compassionate use almost everyday, and sometimes

> "We make people better," she explains with a smile. "We cure them."

I have to make the decision to give or not to give. The needy patients usually are immune-compromised—from chemotherapy or bone marrow transplants for leukemia and lymphoma."

Whence anatomy

This is all a far cry from the Ph.D. dissertation she wrote on the neonatal development of one specific auditory area of the brain in mice for the Department of Anatomy and Cell Biology in the Graduate School of Basic Medical Sciences. "I received a great medical [science] education at the College," says Dr. Baruch, mentioning that her thesis advisor was Robert Browner, Ph.D., associate professor and co-director of neurosciences from 1973 to 1991. He is currently a biotech consultant who remains a good friend after 25 years, says Dr. Baruch. Calling her a hard worker, Dr. Browner must be alluding to her final year in Valhalla when she was concurrently writing the dissertation and coping with the first year of medical school at the College of Physicians and Surgeons of Columbia University. "Not only did they waive the anatomy course for me, but also asked me to teach it because of my Ph.D.," she says.

After graduation in 1985, Dr. Baruch did an internship and residency at New York Hospital, followed by a fellowship in the Division of Infectious Diseases, Department of Medicine, at Columbia-Presbyterian Medical Center. But after two more years as an instructor and an assistant attending physician in the Mount Sinai system, she opted out for clinical research at Hoffmann-La Roche. Her modestly worded CV shows she wrote the new drug application to the FDA for saquinavir (Invirase®), the first HIV protease inhibitor approved worldwide.

Maternally proud

"Saquinavir was my baby and the first on the market," she beams. "It became part of the basic therapy for HIV, using multiple drugs to keep the viral load under control." Which makes one wonder, when so many drugs are being given, and the infection isn't obvious, when do you suspect a fungus is the cause? Dr. Baruch replies, "If you've been giving antibiotics for four days, and the patient is still neutropenic and febrile, we know that 5 to 10 percent of these cases will have a proven fungal infection. It can be anywhere in the body—the brain, the lung—you have to look for it, with blood cultures, x-rays and CT-scans. Any fever over 100.8F with no white cells is dangerous."

Lest you wonder whether Dr. Baruch is in fact treating infections, she anxiously puts any such thought to rest: "I was responsible for making sure that the U.S.-based phase III trials of voriconazole ran appropriately, that the data were received, and that they were available for Pfizer's new drug application on time and with good quality. Now I'm on to phase IIIb/IV." ■

Health Sciences Grad Plys Her Trade in Nirvana

People who work in social services mostly help the needy and disadvantaged.

This can be one perception, but it hardly applies to Caroline C., Baisley, B.S., M.P.H. '96. Before earning her degree from the Graduate School of Health Sciences at New York Medical College, she was already protecting the health and environment of the Town of Greenwich. This well-bred community on Connecticut's Long Island Sound gold coast is celebrated for cultivating the elite of business, baseball and the arts, and it surely has rubbed off on her. Indeed, the sophistication attendant to her daily routine is sometimes over stimulating to the point of surfeit. "Not a day goes by that I don't want to come to work," she swears. "As director of health for Greenwich, I have a very stressful position, but when I get to the office I am completely absorbed. Suddenly it's time to go home before I know it, and I never get everything done because there just isn't enough time in the day."

Perhaps that can be ascribed to the way Baisley runs the department with the glamour and efficiency of the CDC. By way of illustration, the influenza vaccine was in short supply everywhere this year, and Greenwich was forced to direct residents under age 65 to visit their own doctors. Despite the shortage, the Greenwich Department of Health managed to come up with enough vaccine to inoculate all the elderly who wanted it, making it available in various locations around town. "People here want service and they are willing to pay for it…We have top quality programs," she says. "We run the office like a business."

In the loop

Baisley says she's not a micro-manager, but relishes getting into the action herself. In an effort to estimate the rate of West Nile virus infection in the community, health workers had to ask residents door to door for blood samples. A reluctance to participate provoked Baisley to ask a local newspaper to encourage the community to comply and have blood drawn. After an article and photo appeared on the front page, the donors came out of hiding

Caroline Baisley, B.S., M.P.H. '96

and there were enough volunteers to get the study going.

Baisley is keenly aware, and still rather astonished, at how "fortunate I am to be in this place. I'm more than just a worker and I'm good at what I do, but I can't see doing it in any other community. This makes me want to do my job even better," allows the Yonkers, N.Y., native who never got a bump on her way up the ladder. Nineteen years ago, Baisley took her B.S. in biology from Mercy College in Dobbs Ferry, N.Y., and her credentials as an environmental health consultant for the New York State Department of Health, to Greenwich. As the town's Registered Public Health Sanitarian, she exercised a mandate to inspect and enforce compliance with the rules and regulations governing food, potable water (wells, water treatment devices), housing, day care, bathing, sewage disposal, environmental pollution, solid waste/pest control, and barber shops/beauty salons.

New pew

In 1989 her promotion to director, Division of Environmental Health and Laboratory was as important as it sounds. Greenwich is in Fairfield County, a designation useful only for location, area and zip code. In New York State, counties oversee the health and welfare of municipalities via a layer of government officials and big budgets. Connecticut did away with all that decades ago and except for the state judicial system, each town runs its own show. So when she assumed complete responsibility for clinical and laboratory operations in Greenwich, Baisley had no one else to bail her out. Turns out she didn't need to. She did the job for seven years with a budget of around $450,000.

Director of Environmental Health was her next title, as she directed a comprehensive environmental health program for the town's 59,000 citizens. It was also in 1996 that she earned her M.P.H. degree, a rung she had to pass to continue advancing. The opportunity for top spot came sooner than she expected when her boss retired as director of health due to illness.

Keeping up

"Greenwich is like no other place you've ever lived," says Baisley, who resides a few miles away in Norwalk. As health director she administers a $2.5 million annual budget, with a nursing program accounting for half of that. "...What we do best is prevention and promotion of healthy living by giving access to health care for everyone. We also are a resource for all the town agencies and advisors to Nathaniel Witherall [nursing home], she explains." Her purview ranges from dental health to HIV and STD information and services as well as the environmental issues that apply.

Of course Baisley faces the same problems as health officials in surrounding communities and she has the budget to treat the unexpected just as easily. But in Greenwich, ancillary issues have a way of overriding other concerns. It's Lyme disease and how to get rid of deer that have already found their way to the main shopping street. (Don't even ask about the geese!) It's providing health care, but with an emphasis on teenagers and the elderly, not on single mothers. And it's the noise generated by two highways, the flight paths of three airports and the din of thousands of leaf blowers, whose use finally was restricted to the fall leaf pick-up.

More mainstream

Greenwich has seen an increasing incidence of asthma, aggravated by a high ozone count and air pollution, and officials anticipate the arrival of the West Nile virus (300 dead birds and hundreds of mosquitoes were found to be infected last summer). There also has been an ongoing fear of rabies since 1995, when a Greenwich youngster, Maria Fareri, died of a bat-born strain. "It was the first case of rabies in the state in 60 years," says Baisley. (Maria Fareri was correctly diagnosed at Westchester Medical Center shortly before she died. The new Children's Hospital under construction there has been named in her memory.)

Assured and deliberate, even at the end of a long day, Baisley enjoys discussing her "uneventful rise to stardom in public health. I never envisioned myself to be where I am today," she says. Perhaps the College contributed to her success? "It was an excellent program," she replies. "The faculty were very committed. They didn't waste our time or theirs. My experience with all the teachers was outstanding... I think I've been in the right place at the right time, especially when it relates to Greenwich. It's been just the best experience being associated with a community that has these resources. I hope to stay here until I retire." ■

25 Years Later, '75 Graduates Recall the Great Experiment and How They Endured the Upheaval of Mud and Moving

When the Classes of '75A and B celebrated the 25th anniversary of their graduations from New York Medical College last spring, the cocktail party conversation ranged from medicine in the era of managed care to the new medical college building, to reminiscing about lectures in Hetrick Hall. Although this milestone commemorated their successful completion of medical school, the forces that shaped the experiences of 273 men and women had actually been initiated 30 years ago.

Five years before the members graduated, the Carnegie Commission on Higher Education had issued a dire pronouncement to the leaders of medical education programs nationwide: "The United States faces one serious manpower shortage and that is in health care personnel." The commission urged medical schools to establish university health science centers, increase their student population and institute a three-year medical school curricula.

New York Medical College responded with an ambitious initiative—the development of an academic medical center in Westchester and a concerted effort to increase the number of its graduates. "If we are to reconcile the shortage of physicians with the increasing demand for their

(continued on page 32)

33 Members of the Class of '75A at their 25th Reunion
The Class of '75A concluded a major era in the College's history: they were the last class to attend lectures in Hetrick Hall or participate in labs in the Cullen Research Building, the academic hub of the College, located on 5th Avenue and East 106th Street in New York City. Unlike the Class of '75B, who were known as "The Pioneers," the Class of '75A had no particular name. One alum noted, "We were just trying to survive." Members of the Class of '75A traveled from 15 states to become reacquainted with their classmates. Robert Floyd Photos

Class of '75B at their 25th Reunion
The first NYMC class to complete medical school in three years and the first group of students to study at the Valhalla campus were known as "The Pioneers." Traveling from 14 states (from as far away as Washington, California and Colorado and as close as Yonkers and White Plains), 32 Pioneers reunited with their classmates at the Plaza Hotel.

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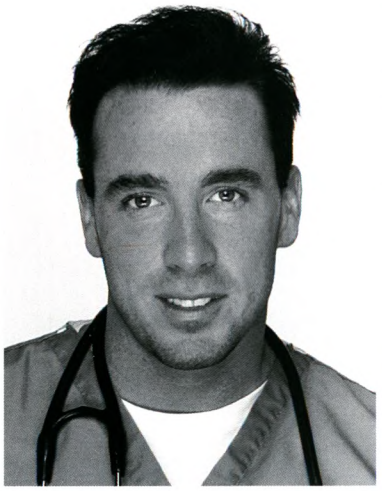
Dr. Sean Practices **Survival** Instead of Neurology on TV



Sean Kenniff, M.D. '95

When **Sean Kenniff, M.D. '95,** read his horoscope on October 8, 1999, he was instantly struck by the prophecy and power of the message: *Let go of encumbrances that hold you back needlessly. Display imagination and courage. Proceed in your own way.*

A member of a busy neurology practice on Long Island, Sean (as he was to be known by millions) had become disillusioned with the economic and business demands of medicine. "I was working 90 hours a week, caring for patients with serious neurologic disorders, people with brain tumors or those who had suffered strokes. But because of managed care requirements, I could only devote 15 minutes to each patient. I didn't want money to be my bottom line. That's not how I wanted to spend the next 20 years of my life," he said.

Within days of informing the senior physicians that he would leave the practice in two months, that astrological message appeared, suggesting he pursue a new path. He had also read a *Time* magazine article that described "Survivor," a new CBS series that would televise, in 13 weekly episodes, the experiences of 16 Americans marooned for 39 days on a remote tropical island off the coast of Borneo. Deprived of 21st century amenities (like food and shelter) and forced to cope with relentless heat, hordes of rats and poisonous snakes, the cast-aways would compete in periodic tests of their physical stamina, athletic prowess and creativity. After each episode, one participant would be voted off the island by the others at a tribal council and the last survivor would win $1million.

"Eureka!" Sean recalls exclaiming. "That's for me!" One of 6,100 applicants, he transformed his shower stall into a rainforest for the application video he submitted, and indicated that his preference for political office would be First Lady. "I knew they wanted smart, edgy responses to the questions," he strategized. After a series of interviews in New York and Los Angeles, he was picked. "I received the producer's phone call in mid-January, two weeks after I left the neurology practice."

The only physician in the group, Sean was acutely aware of the medical risks of this adventure. "Some of the most poisonous snakes in the world, either neurotoxic or hemotoxic, inhabit this island," he said. The rats and snakes invaded the beach every night, crawling through their campsite and around the sleeping survivors. A member of the Tagi tribe, Sean subsisted on fish, but maintains "we were always starving." He lost 22 pounds during his stay on the island and endured equatorial heat—the average daytime temperature was 106 degrees—dangerous lightening and torrential storms with "buckets and buckets of rain." He also swallowed the Malaysian Butok, a live beetle larvae, in an early competition. Sidestepping snakes and completing the physical challenges may have been the easiest part of the ordeal on the island of Pulau Tiga. The definitive challenges were to project an aura of charm and cooperativeness, form delicate alliances with team members and craft complex power strategies to assure that he would "survive" tribal council and stay on to win the $1 million prize.

Sean Kenniff, M.D. '95 *(back row, third from right) and the 15 other members of "Survivor."*

Although he did not survive to win the $1 million and a new car, Sean maintains that his participation on a show watched by 50 million viewers was one of the major experiences of his life. "I'm 30 years old," he said. "I'm a physician and I was on the number one television show in the country." The highlight was winning a night on a luxury yacht, where he enjoyed a gourmet dinner, a hot shower and a surprise reunion with his father. Sean describes their evening together as "the most memorable event of my time on the island."

Now recognized and known by millions of viewers as "Dr. Sean," he is the medical reporter on the nightly television show "Extra" and he recently played a doctor on "The Guiding Light." "I can use my fame and notoriety to draw attention to serious medical issues and reach millions of people through one television program," he told Matt Lauer on "The Today Show." He is not, however, lured by the prospect of a full-time career in television. "Medicine is my calling," he said. "My life outside of medicine is empty. Caring for people is the meaning of my life." ■

Dormant Talents Are Awakened In Retirement

Bella Singer, M.D. '31 *at graduation*

To steal moments out of time
In quiet thought and deep reflection
Means not to squander
The lean hours of each precious day. . .

Bella Singer, M.D. '31, treasures every moment of her precious days, spending them in pursuit of passions and interests that she has nurtured since childhood. After practicing radiology for 40 years, Dr. Singer has devoted her retirement to music, art and writing poetry. A resident of the Byron Park Retirement Residence in Walnut Creek, Calif., she divides her time among playing classical piano, painting in oils and water colors, and writing free verse. She has written over 200 poems; some are included in a bound collection of ones that were bestowed upon friends and colleagues.

"I started to write poetry in the first year of medical school," Dr. Singer recalled, "inspired by George Stein, who also wrote poetry. We became friends and I helped type his poems which were submitted for publication in the *Daily News*." Drs. Singer and Stein married in their fourth year of medical school, and eventually moved to California. Between juggling the initial demands of residency training and later, the responsibilities of chief of radiology at the Walnut Creek branch of Kaiser Permanente Hospitals—and raising her children Anne and David—she had little time to write poetry. "I began to write poetry in earnest after my husband's death. His death occurred ten years ago. He was nearly 84-years-old."

We gather to ourselves
The essence of loved ones gone
And name it immortality.
Imagination takes the leap

Dr. Singer *in September '00.* *Alex Bernardin Photo*

Beyond denuded bones or scattered dust
To shape once more
The spirit and flesh into a living body
That permeates the mind with memories...

Dr. Singer, who recently celebrated her 95th birthday, is a pianist. She prefers to play only classical music, generally choosing Schubert, Beethoven, Bach and Brahms, she says. "I am in the process of making dubbings of the master tape I made recently of Beethoven's entire *Moonlight Sonata*. I have always loved a challenge!"

Her other passion is art. "Painting in oils, but mostly in water colors, have been of keen interest to me. I enjoy drawing in pen and pencil, too," she added. Unlike the piano, which she began studying at the age of seven, Dr. Singer never took an art lesson. "My travels everywhere to museums and cathedrals taught me much," she noted. "I also learned from my art books. All my relatives on the east coast have decorated their homes with my art."

Although she has glaucoma (she is blind in one eye) and impaired hearing, she does not allow them to limit her pursuits. "I lead an active and busy life, despite my infirmities," she reports. "I do the things I enjoy. I see my family of children, grandchildren and great grandchildren. I do not know the meaning of loneliness." ■

...Renewal comes each year
In budding yellows and light greens.
So must the spirit that lives in Man
Rejoice in the vigor of the mind
That blossoms ever in boundless thought
To the very end of time.

Bella Singer, M.D. '31 Physician, Poet, Painter, Pianist

Chironian asked **Dr. Singer** to share some of her medical school memories from seven decades ago. Following are excerpts of her recollections:

When I entered New York Medical College in 1927, it was named the New York Homeopathic Medical College and was located on 67th Street between Second and Third Avenues. In our second year, the name "homeopathic" was dropped and our school was given an improved rating as an authentic medical college.

On our first day of anatomy class, 100 medical students—97 boys and 3 girls—marched into a large room where we witnessed the shocking scene of 25 NUDE, DEAD BODIES, seemingly all male, laid out on slabs. The anatomy professor shouted out gruffly "Get busy! Four students to a body and oil those bodies." The female students were too frightened to touch the body. Another shout from the professor shattered the silence. "You ladies—get to work on that body right away!" Humbled and embarrassed by this command, we did just that.

A comic, but gruesome twist occurred during the skull dissection. One well-worked over skull was hidden inside the belly of a corpse and later used by some students in their own dissection. None of the examiners suspected this ruse.

After months of emphasis on anatomy, we got to the point where we could eat our sandwich lunches in the company of those dead bodies.

There were no accommodations for students at the medical school. We traveled, by long subway rides, to apartments in either upper Manhattan, the Bronx or Brooklyn. During final examinations, we all rented a brownstone to avoid wasting so much time and effort on subway rides.

Our graduation took place in Carnegie Hall in 1931. Twenty-five boys flunked out, but all the girls graduated. My classmates, Elizabeth and Marion, and I received a great round of applause when we received our degrees. At that time, girls were considered special to graduate as doctors of medicine.

Alumni Celebrate Colleagues'

Members of the Classes of 1950, '75A and '75B gathered at the Alumni Association gala held in May at the Plaza Hotel to celebrate their class reunions and the achievements of three alumni, **Bernard V. Wetchler, M.D. '50**, **Nicholas F. LaRusso, M.D. '69** and **Dennis J. Allendorf, M.D. '70**.

Bernard V. Wetchler, M.D. '50, recipient of the 2000 Certificate of Achievement, has devoted his professional career to advancing the field of anesthesiology. During his 40 years of private practice in Peoria, Ill., he served as director of the departments of anesthesia and ambulatory surgery at the Methodist Medical Center of Illinois, and chief of the division of anesthesia at the University of Illinois College of Medicine. Currently clinical professor of anesthesiology there, he is medical director of Vital Signs, Inc., an anesthesia, respiratory and critical care products company.

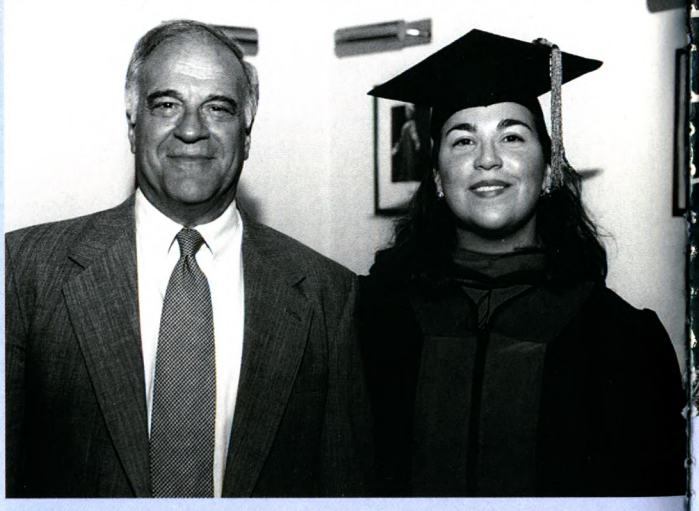
In addition to fulfilling his clinical and teaching responsibilities, Dr. Wetchler founded the Society for Ambulatory Anesthesia and was its first president. He is also the past chairman of the executive committee of the World Federation of Societies of Anesthesiologists, and past president of the American Society of Anesthesiologists and the Illinois Society of Anesthesiologists. His book, *Anesthesia for Ambulatory Surgery*, is recognized as the premier text on the subject.

Dr. Wetchler has won numerous awards, including the Distinguished Service Award from the Society for Ambulatory Anesthesia. In 1999, the New York State Society of Anesthesiologists bestowed upon him its highest honor: the Rovenstine Lecturer for its Postgraduate Assembly.

"It's hard to realize that it's been half a century since my graduation from New York Medical College," Dr. Wetchler said after receiving his Certificate of Achievement from **Louis E. Fierro, M.D. '60**, President of the Alumni Association. "We were the first post war class and I want to thank my classmates for guiding, nurturing and tolerating a socially immature young man. Without your help, I might not have been here this evening."

"You brought to the office of president of the Alumni Association a vision of the College and its alumni as that of a true family, you have succeeded remarkably in fulfilling that vision," said Dr. Fierro as he presented the 2000 Medal of Honor to **Dennis J. Allendorf, M.D. '70**. "Your devotion to making the ties that bind the alumni and their College mutually beneficial has yielded the ever-increasing support and active participation of alumni from across the country."

Above: *Ralph A. O'Connell, M.D., provost and dean of the School of Medicine, is joined by Alumni Association honorees* ***Dennis J. Allendorf, M.D., '70, Nicholas F. LaRusso, M.D. '69,*** *and* ***Bernard V. Wetchler, M.D. '50,*** *as well as by* ***Louis E. Fierro, M.D. '60,*** *president of the Alumni Association, and Rev. Msgr. Harry C. Barrett, D.Min., M.P.H., College president and CEO.* Robert Floyd Photos



DREAMS COME TRUE AT COMMENCEMENT 2000: Robert Comizio, M.D. '63 *and* ***Renee Comizio, M.D. 2000.*** *"I always dreamed that one of my kids would go into medicine," said Dr. Comizio. "Seeing my Dad practice has made a difference. I knew that I would be a doctor from the time I was a child," said the daughter, returning the compliment. Any words of advice from father to daughter? "Be a good doctor. Remember the welfare of your patients always comes first," he responded. How they care for patients is where the Comizios will part. Dad recently retired after 30 years practicing internal medicine. Renee is in her first year of a four-year general surgical residency at Beth Israel Deaconess Medical Center in Boston.*

Dr. Allendorf served as president of the Alumni Association from 1997 to 1999. During his tenure, more alumni participated in chapter meetings, attended alumni gatherings across the country and, according to Dr. Fierro, "more than ever, felt that they were part of a family." More alumni serve as members of the Board of Trustees and on the President's National Advisory Council, and more children of alumni attend the College. "The number of entries for Milestones, the Alumni news section of *Chironian*, has increased from a river to a flood," Dr. Fierro noted.

Achievements and Contributions

FATHER AND SON AT THE PLAZA HOTEL: Hugo Gruendel, M.D. '50, *celebrated his golden anniversary of graduation from the College with classmates at the Plaza, accompanied by his son,* ***John Gruendel, M.D. '87.*** *Dr. Gruendel, père, practices internal medicine in New Rochelle, N.Y. Dr. Gruendel, fils, is a cardiologist in Carmel, N.Y.*

A SPECIAL ANNIVERSARY: *22 members of the Class of 1950 traveled from as far away as the island of Jamaica to receive their Gold Diplomas at the Plaza Hotel reception. The alums reminisced about College life a half-century-ago, chatted about the rewards of practice and the joys of retirement, and renewed old friendships. "You are now emeritus members of our Alumni Association,"* ***Louis Fierro, M.D. '60,*** *president, told them. "This is a very big milestone."*

Clinician, researcher, author, academician, teacher and adviser, Alumni Association Medal of Honor recipient **Nicholas F. LaRusso, M.D. '69** has accumulated an extraordinary record of professional achievement and contributions to the field of gastroenterology since graduating from the College 31 years ago.

"My success reflects the training I received at outstanding institutions and the learned intellectuals I've been privileged to work with," Dr. LaRusso said. "Be courageous and involve yourself in your patients' lives," Dr. LaRusso told the Class of 2000. "You can't always cure them, but you can comfort them."

Former chairman of the division of gastroenterology at the Mayo Medical School, Clinic and Foundation, Dr. LaRusso nurtured the division into its position as the premier gastrointestinal resource in the world. He is currently chairman of the department of internal medicine at Mayo Clinic, an equally prestigious division. Other concurrent positions at Mayo include director for the Center for Basic Research in Digestive Diseases, distinguished investigator of The Mayo Foundation, and consultant in gastroenterology and hepatology and in biochemistry and molecular biology. He has also been professor of medicine at Mayo Medical School for 15 years and professor of biochemistry and molecular biology since 1992.

Dr. LaRusso served as the editor of *Gastroenterology* for five years and is currently on the editorial boards of other leading journals. His studies in gastroenterology have received millions of dollars in funding from the National Institutes of Health and his research has attracted scientists and scholars from around the world to his laboratory.

He received the Distinguished Service Award from Mayo Medical School, Clinic and Foundation; a MERIT Award from the National Institutes of Health and the Distinguished Achievement Award from the New York Medical College Alumni Association. He was inducted by the College alumni into the Alpha Omega Alpha Honor Medical Society in 1998.

A member of the President's National Advisory Council, Dr. LaRusso was featured in recent College radio advertisements. ■

In addition to increasing alumni participation in the governance and life of the College, Dr. Allendorf also stimulated their financial support. In 1999, the Alumni Association donated $2 million to endow a chair in biochemistry, the first in the history of the College and the largest contribution ever made by alumni.

In accepting his award, Dr. Allendorf turned his attention to the newest members of the Alumni Association, the Class of 2000. "Over the next 40 years, you will touch the lives of more than 10,000 patients," he said. "Learn the art of lingering and choose to linger at your patient's bedside. Just your presence in the room of a sick patient is comforting."

Besides having a private practice in New York City, Dr. Allendorf is an attending pediatrician at New York-Presbyterian Hospital and at St. Luke's-Roosevelt Hospital Center, where he serves as director of inpatient services and pediatric education.

services, we have to break the bottleneck of medical manpower," College President Dr. Frederick L. Stone informed the graduating Class of 1970. "Our objective is to produce the largest possible number of highly qualified professionals in the health field—through a Medical School with a substantially increased enrollment..."

Two years later, the College achieved both objectives. By July 1972, the four-year medical school curriculum had been revised to a three-year program and classes were held at the College's new campus in Valhalla, N.Y. Twenty-six other medical schools, including Duke, Dartmouth, Albert Einstein and Stanford, also instituted three-year programs. Some schools, including Dartmouth and Stanford, abolished all summer vacations and crunched the curriculum into 39 months. Others revised the curriculum, eliminated some electives or admitted students with advanced standing.

Members of the Class of '75B, admitted in June 1972, coped with heat, construction and the loneliness of being the only class on campus. **Amy Rosenman, M.D. '75B** wrote about these experiences in the 1973 edition of the College newspaper: "When we came in June, there was one unfinished Basic Sciences Building, one medical school class, one anatomy department, construction workers, noise, mud and heat."

Elaine Fox, M.D. '75B remembers the Valhalla mud serving as "a perfect breeding ground for tadpoles," and the difficulty adjusting to the lack of housing and transportation on campus. The most demanding challenge was compensating for the abbreviated clinical experiences provided during the three-year program. "In my internship, 75 percent of my teammates graduated from a four-year program and 90 percent of those had done sub-internships that were twice as long as my entire elective time," Dr. Fox said. "It was absolutely too short a period [36 months] to adequately make an informed decision or choice of one's specialty, one's lifelong career!"

In addition to shortened electives, the class was deprived of three summer vacations. "It was a terrible curriculum," commented Felix Wassermann, Ph.D., acting chairman of the Department of Microbiology and Immunology, who served as co-chairman of the Curriculum Committee during that period. "It was too crammed. There wasn't enough time for preparation. Do you just talk faster? Or are there certain areas in the medical school curriculum that we don't have to teach or don't have to spend as much time on? The students were more stressed out," Dr. Wassermann added, "and there was a lot of griping among faculty about not having enough time to present the curriculum."

New York Medical College responded with an ambitious initiative—the development of an academic medical center in Westchester and launched a concerted effort to increase the number of its graduates.

The Class of '75A, enrolled in the four-year program, was undergoing a different angst. They had attended classes at the New York City campus for two years when the College moved to Valhalla. "We finished our second year and Hetrick Hall, the basic science building, was just vacated," recalled **John McClung, M.D. '75A**, associate professor of medicine and associate director of the Cardiovascular Fellowship Program at Westchester Medical Center. "It was a pretty confusing time. If you were in New York City, there was always a feeling that things were going on in this new place that you didn't know anything about. We were worried about rotations because suddenly clinical placements had to be found for almost 300 people."

The need for more sites was resolved by adding St. Vincent's, Lenox Hill and Stamford hospitals to Metropolitan and Flower-Fifth Avenue hospitals, which were already affiliated with the College. Rotations decided, the next challenge was coordinating the logistics of Commencement. Carnegie Hall, the traditional graduation site, could not accommodate the two classes at one ceremony. Relocating graduation to the Valhalla campus would facilitate a unified ceremony. This suggestion was met by "uproar on both sides of the aisle," Dr. McClung remembers. "Both '75A and '75B vociferously protested, 'Graduation has always been at Carnegie Hall and we're going to graduate from Carnegie Hall!'" And they did. Two separate Carnegie Hall ceremonies were held on June 3, 1975: 10 a.m. for the Class of '75A and 2:30 p.m. for the Class of '75B.

In the end, sacrificing summer vacations, resolving rotations and settling the Commencement conundrum were short-lived dilemmas. In January 1974, the Curriculum Committee unanimously voted for the College to return to a four-year curriculum. Other medical schools followed a similar course, and by 1979, only 6 percent retained the three-year curriculum. "The speeded-up programs imposed unnecessary emotional, physical and economic demands on students. The intense pace and excessive stress of learning concerned both faculty and students," noted Robert L. Beran, M.D., the former associate director of the Association of American Medical Colleges.

Nearly 85 percent of the Class of '75B survived slogging through the mud at the newly constructed campus, studying all the time, and advocating for meaningful rotations to graduate as doctors of medicine. "They were the pioneers," Dr. McClung maintains, "we were the survivors." ■

Milestones

1990s

Matthew Hilmi, M.D. '99, is a maxillofacial surgeon and a member of the medical staff of Benedictine Hospital in Kingston, N.Y. He also holds a doctor of medical dentistry degree from Fairleigh Dickinson University College of Dental Medicine where he graduated first in his class.

Maurice Zaccardo, M.P.H. '98, recently retired after practicing dentistry in Tarrytown, N.Y., for 46 years. Plans to continue working in public health.

Kristina Deeter, M.D. '98, is Chief Resident of the UTHSC San Antonio Pediatrics program. Married to **Matthew Deter, M.D. '98,** she writes "Matt is returning from a GMO year in Korea and will continue his general surgery residency at Brooke Army Medical Center in San Antonio, Texas."

Mary Grace Pagaduan, M.P.H. '97, has been appointed assistant director of The Community Center in Katonah, N.Y. She also volunteers at the Bedford Hills Correctional Facility in Westchester.

Ben Ha, M.D. '96, has joined a group practice in obstetrics and gynecology in Terre Haute, Ind. He completed his residency at the State University of New York/ Buffalo Children's Hospital.

Thomas H. Rhee, M.D. '96, has moved from Verona, N.J. His new address is 1 Fourteenth Street, Apt. 1101, Hoboken, N.J. 07030.

Matthew A. Bank, M.D. '95, started a fellowship in trauma surgery and critical care at Yale/New Haven University Hospital in July. He was formerly chief resident in general surgery at Long Island Jewish Medical Center.

Susan Pizzuto Campanile, M.D. '95, is board certified in internal medicine and practices in Scarsdale, N.Y.

Lawrence J. Fliegelman, M.D. '95, married Pamela R. Schneider on April 8, 2000. He writes "I completed my residency in otolaryngology/head and neck surgery at The Mount Sinai Medical Center in New York in June and have begun a fellowship in facial plastic and reconstructive surgery there."

Kathy Messina, M.D. '95 and **Thomas Insinna, M.P.H. '95,** proudly announce the birth of their second daughter, Natalie Rose on May 30. She joins big sister, Kaitlyn, who celebrated her third birthday in May. Residents of East Meadow, N.Y., Kathy practices pediatrics on Long Island and Tom works for Winthrop South Nassau Health System.

Joshua D. Rittenberg, M.D. '95, a clinical instructor at Northwestern University, recently completed a spine fellowship at the Florida Spine Institute and currently works at the Center for Spine and Sports at the Rehabilitation Institute of Chicago.

Regan Welsh, M.D. '95, made history in Redding, Conn.! Her son, Ian Davies-Welsh born on January 6, was Redding's first baby of the new millennium. Mom had just completed her residency in obstetrics and gynecology at Bridgeport Hospital in December. Sister, Erin, age 4, and dad, Dr. Arthur Davies, an emergency room physician, welcome the newest member of the family.

Karen M. Buckley, M.D. '94, has been named assistant director of the Burn Center at Westchester Medical Center in Valhalla, N.Y. She is responsible for supervising the care of seriously burned patients in the 10-bed unit, treats patients in the plastic surgery clinic, and supervises a team of fellows, residents and medical students. Dr. Buckley completed her internship and residency in general and plastic surgery at Cooper Hospital in Camden, N.J. "It's good to come back home," she said.

James L. Januzzi, M.D. '94, completed his fellowship in cardiology at Massachusetts General Hospital and has joined its cardiology staff. An instructor in medicine at Harvard Medical School, he reports "I will continue my research in the areas of acute coronary syndromes and acute aortic dissection." He and his wife, Roberta are expecting their second child in October. Caterina is $2^{1/2}$ years-old.

Michael A. Sanford, M.D. '94, completed his residency in urology at Mount Sinai Medical Center in New York City and moved to Indio and Rancho Mirage, Calif., with his wife, Lori, and children, Daniel and Abigail. His father is **Robert S. Sanford, M.D. '64.**

John Z. Chrabuszcz, M.D. '93, has joined Catskill Orange Orthopaedics in Sullivan County, N.Y. Fellowship-trained in foot and ankle surgery, he was a practicing podiatrist before attending medical school.

Mark J. Flynn, M.D. '93, writes "my wife and I, along with Jonathan, 4, and Stephen, 8 months, live in Silverdale, Wash. I am still in the U.S. Navy, and on the teaching staff of Puget Sound Family Medicine, Naval Hospital Bremerton, Washington."

Psychiatrist Advocates For Effective Pain Management

The World Health Organization describes palliative care as "the total care of the patient whose disease is not responsive to curative treatment." For **Pamela Call, M.D. '83**, helping a patient in pain "is one of the most important skills I have as a physician."

As chief of Psychosocial Services at the Comprehensive Cancer Center and Department of Psychiatry at Saint Vincents Manhattan, Dr. Call, a psychiatrist, collaborates with an interdisciplinary team of pain management specialists, oncologists, nurses, and psychologists who strive to relieve the suffering of people with cancer. She realizes her professional commitment from "having the opportunity to contribute to the quality of my patients' lives. For a patient with a terminal illness, the key issue is the quality of each day of life, rather than the quantity of months or years that remain," Dr. Call says. "As the physician, I must understand and individualize the experiences and needs of every patient who is going through a difficult illness. I am very involved with my patients. I enjoy a level of intimacy and intensity with them at a critical stage in their lives. It is very satisfying."

In the 12 years since she completed a fellowship in psychiatric oncology at Memorial Sloan-Kettering Cancer Center, Dr. Call has witnessed a gradual shift in how patients with acute and chronic pain are treated. She is encouraged by the "enhanced awareness of the need for the care I provide. In general, patients are undertreated for pain." Physicians are concerned about side effects of pain medication. Patients believe that they are giving in to the disease if they take pain killers. The role of the physician is to educate patients about the proper use of pain medication. We must give them permission to feel comfortable."

Pamela Call, M.D. '83

Since joining the staff at Saint Vincents in 1988, she has had a variety of jobs that led her to these conclusions. She managed the Psychiatric Evaluation Program where she assessed emotionally ill patients who sought treatment either through the emergency room or the outpatient clinics. "I saw an extremely heterogeneous community of people, patients from Greenwich Village and surrounding areas. It was very interesting. Quite colorful," she smiled. She has also served as a consultation liaison psychiatrist in the general hospital, evaluating trauma patients, individuals on the oncology and cardiac units, as well as people with cystic fibrosis and AIDS. While treating this varied group of patients, she became increasingly aware of a common theme that permeated her work. "I became concerned with the attitudes and practices regarding the management of patients' pain," Dr. Call recalled. "There were always concerns about appropriate medical treatment for patients, but inadequate concern with their comfort and pain management. If the pain is treated, the patient's sense of psychological well-being is improved."

In addition to her clinical work, Dr. Call teaches first- and third-year College students and lectures second-year residents in psychiatry. Her contributions have been recognized by her colleagues who, since 1998, have selected her for inclusion in the last three editions of *New York* magazine's "The Best Doctors in New York." ■

Christopher M. Conti, M.D. '92, Delaware's first Mohs Micrographic Surgeon, has joined the staff of Panzer Dermatology Associates. He completed a fellowship in Mohs—a reconstructive technique that limits the amount of skin removed during surgery.

Gene Kennedy, M.D. '92, has thrown his hat in the ring and is running on the Republican ticket for coroner in Belmot County, W.Va. He and his wife Marion have lived in Morristown, W.Va. for seven years and have a son, age 8, and a daughter, age 4.

Karen Pomian Lewison, M.D. '92, has joined the radiology staff at Geisinger Medical Center in Danville, Pa., where she resides. She was formerly a radiologist with Pacific Imaging Consultants in Oakland, Calif.

Alexander Pushchin, M.D. '92, an ob/gyn in Syracuse, N.Y., recently joined the staff of St. Joseph's Maternal Child Health Center.

John P. Swidryk Jr., M.D. '92, has joined the medical staff of Crockett Hospital in Lawrenceburg, Tenn. He and seven partners comprise the Southern Radiology Group, providing radiological and specialty services to Crockett and Maury Regional hospitals.

Victor J. Weiss, M.D. '92, is assistant professor of vascular surgery and director of the Non-Invasive Vascular Laboratory at Emory University in Atlanta.

Robert Capodilupo, M.D. '91, practices cardiology part time at Charles A. Dean Memorial Hospital and Nursing Home in Greenville, Me.

Maurizio Nichele, M.D. '91, practices surgery in Old Saybrook, Conn., and is a life member of "Who's Who."

John A. Perrotti, M.D. '91, instructs NYMC students at Saint Vincents and Metropolitan hospitals and practices plastic surgery in New York City.

Jeffrey J. Raizer, M.D. '91, a neuro-oncologist at Memorial Sloan-Kettering Cancer Center in New York City, was a member of the team who cared for the late John Cardinal O'Connor, the Catholic Archbishop of New York. Dr. Raizer completed residencies at Yale-New Haven Hospital, New York University Medical Center and Bellevue Hospital, and was a fellow in neuro-oncology at Sloan-Kettering.

Richard E. Zambernardi, M.D. '91, has been appointed to the medical staff of Central Maine Medical Center in Lewiston. An anesthesiologist, he and his wife, Aileen, have two daughters, Christine and Caroline.

Elias Chua, M.D. '90, and his wife, Paula, announce the birth of Lauren Michelle. He is practicing anesthesiology in Newark, Del. "with two other College graduates, **Tak Lin, M.D. '90,** and **Mark Mulvihill, M.D. '88**."

Richard J. Ryan, M.D. '90, has been appointed director of emergency medicine at The Jewish Hospital in Cincinnati, Ohio, and director of clinical operations, Vanguard Medical Inc. An assistant professor in the department of emergency medicine at the University of Cincinnati, he and his wife, Melissa, have a daughter, Hailey.

1980s

Edward G. Dainesi, M.D. '89, reports "I'm having a good time practicing internal medicine in a group practice in McMurray, Pa. Busy playing with my two daughters, ages 5 and 3. Golf game improving."

Lawrence J. Green, M.D. '89, is the author of *The Dermatologist's Guide To Looking Younger,* a layperson's guide to the array of over-the-counter skin products, medical and surgical alternatives for treating wrinkles and aging skin. An assistant professor of dermatology at George Washington University School of Medicine in Washington, D.C., he practices dermatology and dermatologic surgery in Rockville, Md.

Victor Sloan, M.D. '89, writes "my wife Sandra and I returned from China in March where we adopted our beautiful daughter, Mei-lin Emma Gong Sloan. She has brought great joy to our lives, and at 16 months, she has already developed a strong personality."

Michael Snyder, M.D. '89, who practices in Willingboro, N.J., reports "I delivered the first Kosovar baby born in the United States when the refugees came to New Jersey in May, 1999. I was interviewed on *Good Morning America, The Today Show* and *CNN.* An article on the delivery appeared on the front page of the metro section of *The New York Times.*"

Richard P. Bodony, M.D. '88, is "alive, well and living in Marin County, Calif. I am married to Michelle Perro, M.D., a former attending in pediatrics and the emergency room at Metropolitan Hospital."

Jeffrey S. Farber, M.D. '88, has been named medical director of Panegyrist Rehabilitation Hospital in Delray Beach, Fla.

Cheating Death Through Attention To Detail

Vigilance, meticulous attention to the smallest detail and an earnest desire to resolve complex situations are the attributes that guide Ed Briggs' work as chief sanitarian in Ridgefield, a 35 square mile suburban Connecticut community with 22,000 residents. These qualities also contributed to saving his life.

Edward Briggs, M.P.H. '90

Considered an "environmental specialist," **Briggs, M.P.H. '90,** assures that federal and state public health standards are met by the schools, day care centers and other public facilities in town. He inspects more than 100 restaurants quarterly, grants licenses to 12 swimming pools and manages issues ranging from West Nile virus and rabid animals to controlling communicable diseases and halting the spread of salmonella poisoning. He is also an experienced emergency medical service technician trained to recognize life-threatening conditions. Two years ago, he identified his own.

"We had just returned from taking a patient who had overdosed on drugs to the hospital when I started having chest pains," Briggs recalled. "I was sweating profusely, so I put myself on the EKG machine. The rhythms were crazy. I knew I was having a heart attack. I walked into the emergency room at Yale New Haven Medical Center and told the nurse, 'I'm having a heart attack.'"

Briggs, 43, did not have a family history of heart disease nor had he experienced prior symptoms. He underwent a quadruple bypass the next day and was out of work for two months. His cardiologist told him that his diagnostic acumen saved his life. "If I hadn't put myself on the monitor, I would have died. It was a serious heart attack," he said.

Fully recovered, the chief sanitarian for 12 years describes his job as "demanding," though not stressful. I'm not stuck in a static environment. One day, I'm testing beach samples; then, I may be dealing with a case of food poisoning or inspecting a new septic system. I have to respond to questions about levels of radon, asbestos or lead contamination in housing units, the latest test for Lyme disease, or the suitability of soil for a new septic system. But my biggest challenge is keeping people happy. No matter who you deal with, someone isn't going to be satisfied," he added.

Briggs, who was named "Sanitarian of the Year" by the Connecticut Environmental Association and the New England Region of the National Environmental Health Association, teaches the sanitarian training course at Southern Connecticut State University. In addition to his M.P.H. degree, he holds an M.S. in medical laboratory sciences from the University of Bridgeport. His long-term goal is to enroll in a Ph.D. program in public health and eventually teach part time at a university. ■

David M. Nganele, Ph.D. '87, has launched Harmony Health Communications, a medical education company located in Harlem, N.Y., that will provide training in cultural competency, effective communication and other programs to physicians and consumers. His goals are to "increase the access of minority people to health care and to educate consumers about health care" here and across the country.

Howard B. Kaplan, M.D. '85, was recently inducted into the American College of Physicians, American Society of Internal Medicine, and practices in Darien, Conn.

Francis A. Garofalo, M.D. '84, practices urology in Norwalk, Conn., and is a member of the medical staff of Norwalk Hospital where he provides laser treatment for benign prostatic hyperplasia.

William Varr III, M.D. '84, specializes in LASIK surgery at Kent Ophthalmology in Warwick, R.I. Last year he underwent LASIK surgery and happily reports he now has 20/20 vision.

John M. Feder, M.D. '83, proudly announces the birth of Eli Solomon on April 18, 2000. He joins older brother, Benjamin, age 2½.

Lawrence H. Fein, M.D. '82, specializes in treating patients with sports and dance injuries in a recently established practice, Orthopedists Associates of Saratoga, N.Y., along with two other orthopaedic surgeons. He and his partners focus on sports medicine, and bone and joint surgery, with emphasis on education and research.

Scott Spector, M.D. '82, of Westport, Conn., participated in "Mission Cataract 2000" providing free cataract surgery to 24 patients who did not have health insurance. He believes he was the only ophthalmologist in Connecticut who donated his time and the facilities of the New Vision and Cataract Center to this nationwide program.

Matthew J. Arduino, M.S. '81, Ph.D., is chief, healthcare environment section, diagnostic and environmental microbiology branch, hospital infections program, National Center for Infectious Disease at the Centers for Disease Control. At the 49th annual Epidemic Intelligence Service conference, held at the CDC in April, he received the Donald C. Mackel Award for Excellence in Epidemiology and Laboratory Science and a special recognition award for outstanding performance from the Food and Drug Administration/Center for Devices and Radiologic Health.

Edward Kirby, M.D. '81, recently celebrated the first anniversary of his practice, Orthopedic Specialties of the Hudson Valley, in Poughkeepsie, N.Y. He treats patients of all ages, specializing in injuries and diseases of the musculoskeletal system, as well as sports and work related injuries. He is affiliated with Saint Francis, Northern Dutchess and Vassar Brothers hospitals.

Brian P. McCann, M.D. '81, successfully completed his recertification and fulfilled the requirements of the American Board of Emergency Medicine. He is affiliated with Franklin Memorial Hospital in Greenville, Me.

Anthony J. Aricola, M.D. '80, sends greetings to all, "especially my mates in the class of 1980. I have stopped practicing urology in Florida and opened my new office in Warren, Pa. I missed the four seasons and snow, believe it or not." His daughter is at the Eastman School of Music in Rochester, N.Y., and hopes to be a conductor. He would like to hear from alumni who are practicing in the Warren area.

Justin Salerno, M.D. '80, practices high-risk obstetrics and gynecology in Berwick, Pa.

Record Net of $400,000+ Raised at Founder's Dinner

New York Medical College celebrated its 140th anniversary in September as more than 600 alumni, faculty and friends braved a nor'easter to attend the event at the Rye Town Hilton. Besides honoring the memory of founder William Cullen Bryant, tribute was paid to three men whose accomplishments were in the best tradition of Mr. Byrant. The honorees were, from left, Dr. Max Gomez, health and science editor for "NewsChannel 4," who received the first Jackson E. Spears Community Service Award, named for the longest running (57 years) College trustee; Trustee George J. Ames, general partner and limited managing director of Lazard Freres & Co. LLC; and Louis R.M. Del Guercio, M.D., professor and chairman of the Department of Surgery. Richard Harbus Photo

1970s

Charles B. Slonin, M.D. '78, reports, "I particularly enjoy reconstructive surgery. It feels good to improve a patient's eyesight and function, as well as reducing unsightly scars." An associate clinical professor of ophthalmology at the University of South Florida, he has practiced cosmetic and reconstructive surgery of the eye at Ophthalmic Plastic Surgery Associates in Tampa, Fla., for 18 years. "He is world renowned for his contact lens practice," notes his partner, J. Justin Older, M.D.

Michael W. Prystowsky, M.D. '77, has joined LowCountry's Women's Specialists in Charleston, S.C., as an associate in obstetrics and gynecology. Formerly in private practice, he taught at the University of Maryland School of Medicine.

Arthur Taubman, M.D. '77, reports "I have a large orthopaedic practice in Jersey City, N.J."

Joanne Kurtzberg, M.D. '76, professor of pediatrics and associate professor of pathology at Duke, is director of the Pediatric Bone Marrow Transplant Center and director of the Pediatric Bone Marrow Laboratory at Duke University where she oversees research in bone marrow transplantation and the collection, storage and transplantation of umbilical cord blood.

Stephen Marcus, M.D. '76, is vice president, oncology and biotechnology at Ivax Corp. in Miami, Fla.

Jane Norton, M.D. '76, is the only plastic surgeon in the Coachella Valley in California who specializes exclusively in cosmetic surgery. She has discussed laser technology and other advances in plastic surgery on "The Leesa Gibbons Show," "Sally Jesse Raphael" and "The Joan Rivers Show" on national TV and is frequently quoted in articles appearing in *Elle, Glamour, Allure, Beauty* and *Marie Claire.* Her practice includes a state and nationally accredited outpatient surgery center.

Anthony Gray Ellrodt, M.D. '75B, was appointed chairman of medicine and program director of internal medicine at Berkshire Medical Center in Pittsfield, Mass. A cardiologist, he was director of the division of general internal medicine and the internal medicine training program, and vice chairman of medicine for clinical affairs at Cedars-Sinai Medical Center in Los Angeles. He was professor of clinical medicine at UCLA, where he received the Golden Apple Award for outstanding clinical teacher.

Cono M. Grasso, M.D. '74, was recently elected to the board of directors of Maspeth Federal Savings in Maspeth, N.Y., his home town. He has practiced ophthalmology for more than 20 years and is chairman of the ophthalmology department of the Catholic Medical Center. He has developed eye care programs for people living in medically underserved areas of Brooklyn and Queens and has been a member of the board of directors of the New York State Ophthalmological Society and a councilor for the American Academy of Ophthalmology.

Steven Weinstock, M.D. '74, writes "I survived gallbladder surgery and ERCP pancreatitis this year. I'm looking forward to participating in the 5th consecutive two-mile ocean swim competition." He finished 14th in his age group last summer.

Mark L. Fox, M.D. '73, was recently elected vice speaker to the House of Delegates of the Medical Society of the State of New York. A past president of the Westchester County Medical Society, he has been a spokesperson for unionizing physicians. He received the "Young at Heart" award from the Young Physician Section of the Medical Society of the State of New York in "appreciation for his continued support and encouragement of younger colleagues." Chief of Otolaryngology-Head and Neck Surgery at Lawrence Hospital in Bronxville, N.Y., he is immediate past president of the New York State Society of Otolaryngology-Head and Neck Surgery.

Scientific Sleuth Uncovers New DNA Technology

When **Lorah Perlee, Ph.D. '94**, was in third grade, she wanted to be a detective. "I always loved solving things. I loved figuring things out," she said. Childhood ambition realized, Lorah Perlee today is a sleuth of sorts. Her investigations don't entail interrogating suspects in smokey basements of police precincts or participating in midnight stake-outs. Her work is in the laboratory where she supervises the isolation and analysis of DNA samples for both clinical use and criminal investigations nationwide. With her colleagues at Lifecodes Corporation in Stamford, Conn., she has developed newer, faster and more accurate technology for DNA analysis that is used to classify donor lists for bone marrow and organ transplantation. This same technology is used in national databases for identification of convicted felons.

Dr. Perlee is director of laboratory operations at Lifecodes where she's worked for 13 years. She oversees the clinical laboratory operations of the paternity, forensic and transplantation laboratories in Stamford, Nashville, and East Lansing. A resident of nearby Wilton, Conn, she started as a forensic scientist, involved in isolating and examining DNA samples. "It was very exciting," Dr. Perlee recalled. "I would rush into work on Monday, I was so excited to find out if a DNA sample had matched. That's when I knew I wanted to do this work. It was so much fun."

Lorah Perlee, Ph.D. '94

She also realized that she needed a more thorough understanding of the fundamentals of molecular biology, enrolled in the College's master's program and ultimately pursued her doctorate in biochemistry and molecular biology. Her doctoral thesis researched the identification and sequencing of genes in *Borrelia burgdorferi*, which causes Lyme disease. "Through my thesis research, I learned different techniques and methodologies for manipulating DNA and developed a much broader understanding of the field." Her mentor, Ira Schwartz, Ph.D., professor of biochemistry and molecular biology, imparted a few life lessons as well. "He generated real excitement and enthusiasm for the outcome of experiments," Dr. Perlee recalled. "From him I learned that you have to work at making sure you do the things you really enjoy."

Within a year of graduation, Dr. Perlee became involved in researching and developing a DNA-based testing kit that would make it easier to match donor samples for organ and bone marrow transplantation. "The HLA field was transitioning from using a serological base test and was starting to move into molecular base testing. A serological test is not as accurate as the DNA test, so our kit hit the market at the perfect time," she said. Today, Lifecodes is one of 11 contract labs for the National Marrow Donor Program, testing and typing more than 100,000 donor samples annually. More than 90 percent use the kit that Dr. Perlee and the Lifecodes team developed, she said. ■

Marshall Lewis, M.D. '70, has joined the medical staff at Corcoran District Hospital in Corcoran, Calif., to provide orthopaedic and surgical care for people with injuries or degenerative diseases of the joints and spine. He is a senior partner of Pacific Orthopedic Medical Group in Bakersfield.

1960s

Theodore E. Eisenstat, M.D. '68, was recently elected vice president of the American Society of Colon and Rectal Surgeons and currently serves as president of the Pennsylvania Society of Colon and Rectal Surgeons. A past president of the American Board of Colon and Rectal Surgery, he was listed in *New York* magazine's "The Best Doctors in New York."

Richard Fogler, M.D. '68, was recently appointed chief medical officer at The Brookdale University Hospital and Medical Center in Brooklyn, N.Y., and remains as chairman of surgical services. A clinical associate professor of surgery at SUNY Health Science Center, he has been chairman of Brookdale's Cancer Committee and director of its tumor board for 21 years.

Martin J. Bertman, M.D. '65, is fully retired and lives in Golden Beach, Fla. "My four daughters are married and I have five grandchildren."

Albert Pineda, M.D. '63, a former clinical instructor in obstetrics and gynecology at NYMC and attending physician at Metropolitan Hospital, was honored in May by the Passaic, N.J., chapter of the American Cancer Society for his "dedication to community service and commitment to the fight against cancer." A specialist in gynecological oncology, he was executive committee chairman and member of the board of managers of the American Cancer Society and chairman of the Neoplastic Committee of Passaic County. He also has been a board member of the Passaic County Medical Society and St. Joseph's Hospital and Medical Center.

Howard Jewell, M.D. '62, writes "I have been happily retired for 10 years. Marian and I travel a lot, including cruising with our family to celebrate our 50th wedding anniversary." A resident of Ocean, N.J., he would like to hear from classmates through e-mail (haywell@juno.com).

Neil A. Kurtzman, M.D. '61, was awarded the Telesio Gold Medal at the Second International Conference on Edema held in Cosenza, Italy, in May, for his "outstanding contribution to nephrology." He is university distinguished professor, Arnett Professor of Medicine and professor of physiology in the department of internal medicine at the School of Medicine, Texas Tech University Health Sciences Center in Lubbock, Texas.

Robert Fabricant, M.D. '60, lives in Bricktown, N.J. "After more than 500 deliveries, I will retire from obstetrics and continue with gynecology."

Ronald H. Hartman, M.D. '60, practices ophthalmology in Lakewood and Los Alamitos, Calif., is chairman of the governing board at Lakewood Regional Medical Center and is clinical professor of ophthalmology at the University of California at Irvine Medical School. "Fortunately, my family is well," he writes. "I have four boys who are all successful and married and I am blessed with seven grandchildren. I would like to report on another blessing that I enjoy. My son, Carl, has become my partner in the practice of ophthalmology."

Eugene Sweeney, M.D. '60, was promoted to associate clinical professor of dermatology at the College of Physicians and Surgeons of Columbia University, and associate attending in dermatology at the New York Presbyterian Hospital. "I am still in practice and enjoyed the alumni luncheon."

1950s

Roland K. Molinet, M.D. '59, lives in Fort Lauderdale, Fla., and reports that his daughter Arielle graduated from high school with honors. She is currently enrolled in the honors program at Tulane University.

Walter Uhlman, M.D. '59, has been the medical examiner in Hunterdon County, N.J., for 17 years. He attributes his career choice to a serendipitous event that occurred during his residency. "One day I was asked to help perform autopsies and it sort of stuck with me." The widower enjoys hunting and skiing with his two sons and has no immediate plans to retire. "What other job can you do that is intellectually challenging and will always be interesting?"

James M. Gibbons Jr., M.D. '58, a widower for two years, retired in April from an orthopaedic pratice at Mount Auburn Hospital in Cambridge, Mass., where he was also a faculty member at Harvard Medical School. "I was very successful in practice," he writes. "I served on the Board Registration of Medicine and was past president of the New England Orthopedic Society. Thank You New York Medical College!"

William E. Mattey, M.D. '58, has practiced radiology for 36 years with the Saint Barnabas Health Care System in New Jersey. He served as chairman of the department of radiology at Community Medical Center in Toms River for 23 years, and enjoys winter radiology ski conferences and European travel. "No plans to retire."

Joseph F. Fennelly, M.D. '56, received the Edward J. Ill Award from the Academy of Medicine of New Jersey in recognition of his "tireless involvement with political and other influential leaders on behalf of the medical ethics community." An attending physician in the department of medicine at Morristown Memorial Hospital, he is immediate past chairman and served on the BioEthics Committee of the Medical Society of New Jersey and the New Jersey Bioethics Commission. He also wrote the New Jersey "living will" statute and has contributed to the medical society's Supreme Court argument against physician-assisted suicide. He has held teaching appointments at Rutgers Medical School, New York Medical College and Columbia University.

John Davis, M.D. '55, is part-time medical director at ViaHealth of Wayne, N.J. He served as president of the regional chapters of both the American Heart and American Lung associations and is former state president of the latter. He and his wife, Martha, a third grade teacher in Newark, run an antique and collectible business through a co-op called "Alan's Antique Alley." They have seven grandchildren.

James J. Finnerty, M.D. '55, of Charlottesville, Va., returned to the College for a happy occasion. His son Emmet, a member of the Class of 2000, was awarded a Master of Science in Clinical Research Administration.

Paul Tucci, M.D. '51, clinical professor of urology, was elected to the boards of New York College of Podiatric Medicine and the Foot Clinics of New York, the clinical component of the college. He lives in Rye, N.Y., and is active in a number of professional and educational programs.

John J. Vagell, M.D. '51, is enjoying retirement. "I am looking forward to our 50th class reunion next year. Best wishes to all my classmates."

Rudolph D. Shoucair, M.D. '50, writes, "I enjoyed the 50th Class Reunion festivities which were well planned and went off beautifully. Since my return, I was honored by the Medical Association of Jamaica for outstanding medical service to the country."

Ralph E. Snyder, M.D. '50, was recently honored by the Medical Review of North Carolina, Inc., with an annual quality conference in his name: "Ralph E. Snyder, M.D. Conference on Improving Health Care in North Carolina." A resident of Whispering Pines, N.C., Dr. Snyder has given 15 years of "distinguished service to improving quality health care for Medicare beneficiaries."

1940s

Laura Grey Morgan, M.D. '49, reports she is enjoying every moment of full retirement. She spends her leisure time tending her window box garden on her balcony in Old Greenwich, Conn. "I had to give up my large garden because I couldn't compete with the deer, rabbits and other varmints!" She has fond memories of NYMC and especially remembers Dr. Evans' reassuring words to the anatomy class: "Don't worry, you'll all be Sophomores!"

Stephen Fromer, M.D. '44, is currently working on a book on life during and after medical school that will contain "a few hundred pictures, cartoons and incidents."

Harold M. Gordon, M.D. '43, is retired and enjoying life in Santa Cruz, Calif. "I have an ocean view and enjoy Monterey Bay and the pleasant weather." He continues to earn CME credits at the local hospital.

John L. Tyler, M.D. '43, retired in 1983 after directing the emergency room at Dover General Hospital in Dover, N.J., for 14 years. He served as a medical officer at the Signal Corps Station in Asmara, Eritrea, from 1944 to 1947, and was discharged from the Major Medical Corps in 1947.

1930s

Malcolm C. Colmer, M.D. '38, reports, "I'm still around and kicking despite cervical cord pressure which required open resection of vertebral bodies, bone graft and titanium plate to stabilize." He wonders if there are "any '38s in southwest Forida?"

In Memoriam

Irwin H. Ardam, M.D. '54, died April 28, 2000.
Leopold Bellak, M.D. '44, died March 24, 2000, in Mamaroneck, N.Y.
Arnold Bernstein, M.D. '69, died February 10, 2000, in Atlanta, Ga.
Letizia C. Ciaramelli, M.D. '42, died May 23, 2000, in Moorpark, Calif.
Dominick H. Cerritelli, Jr., M.D. '62, died February 23, 2000, in New Haven, Conn.
Catherine Dalton, M.D. '48, died June 9, 2000.
Anne E. Dyson, M.D. '77, died September 21, 2000 in Millbrook, N.Y.
John F. Egan, M.D. '49, died February 29, 2000, in Portland, Me.
Ralph Emerson Hurst, M.D., '49, died February 8, 2000, in Winter Park, Fla.
Viola Fleischmann, M.D. '36, died June 20, 2000, in South Orange, N.J.
Thomas L. Ippolito, Sr., M.D. '36, died September 6, 2000, in Norwalk, Conn.
Mavis Kaufman, M.D. '44, died March 21, 2000.
Edward J. Kelly, M.D. '44, died July 23, 2000 in Scranton, Penn.
William A. Leibler, M.D. '56, died June 19, 2000, in New York, N.Y.
Thomas F.X. Lenihan, M.D. '44, died July 11, 2000, in Mahwah, N.J.
Craig Andrew Lipkin, M.D. '96, died May 6, 2000.
Elias Livingston, M.D. '37, died July 19, 2000, in Morristown, N.J.
Robert D. MacKenzie, M.D. '79, died October 29, 1999.
Edward J. McDermott, M.D. '42, died July 29, 2000 in the Bronx, N.Y.
E. Edward Napp, M.D. '33, died March 15, 2000, in Northfield, Vt.
Anthony Noto, M.D. '37, died March 28, 2000, in Falls Church, Va.
Dele Olujobi, M.D. '85, died May 28, 2000, in Canandaigua, N.Y.
Ralph J. Ragosta, M.D. '39, died April 22, 2000, in Springfield, Va.
Joseph Bernard Shapse, M.D. '42, died September 28, 2000, in Morristown, N.J.
Thomas V. Stack, Jr., M.D. '47, died February 13, 2000.
Stanley H. Warmund, M.D. '49, died April 17, 2000, in Delray Beach, Fla.
Ezra A. Wolff, M.D. '30, died on February 2, 1999.

Faculty

Charles E. Ford, Ed.D., died May 23, 2000, in Bridgeport, Conn.

Calendar of Events

January 19 and 20, 2001
Los Angeles Area Alumni Receptions

January 28–February 2, 2001
Winter CME Seminar
Hyatt Regency Cerromar Beach Resort
Dorado, Puerto Rico

May 5–6, 2001
Reunion Weekend 2001

May 5
Alumni Banquet and Awards Presentation
Class of 1951 Awarding of Gold Diplomas
Class of 1976 Awarding of Silver Diplomas
The Plaza Hotel
New York, New York

May 6
Fifth-year Class Reunions
Luncheon and Campus Tours
Alumni Center
Valhalla, New York
Honorary Classes: 1936, 1941, 1946, 1951, 1956, 1961, 1966, 1971, 1976, 1981, 1986, 1991, and 1996

For additional information, please call the Alumni Office at (914) 594-4556.

We're on the Web...

Visit us at http://www.nymc.edu/alumni/ and tell us about yourself. And don't forget the Home Page (www.nymc.edu) for the latest College news.

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