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Is a Clinical Trial Right for You?

The Saga of Michael Murray Continues
Michal L. Schwartzman, Ph.D., put inflammation under the microscope much before other investigators suspected it could injure as well as heal.

Basic researchers like Michal Schwartzman, Ph.D., are in it for the science—to theorize the tiniest of outcomes and rejoice when the hypothesis is affirmed. Sometimes their findings lead elsewhere, and though a connection does remain, it is the seductive new interest that becomes more compelling than the old. Dr. Schwartzman, professor of pharmacology, knows all about such things. She has devoted 20 years to investigating the implications of inflammation and it has earned her an international reputation. Now that her findings are ripe for recognition, her timing isn’t bad either. Winner of the New York Medical College Dean’s Distinguished Research Award for 2001, Dr. Schwartzman was selected “for demonstrating the role of cytochrome P450 metabolites of arachidonic acid in the regulation of renal function, hypertension and inflammatory conditions of the eye.” These achievements have garnered four patents and the interest of pharmaceutical companies looking for therapeutic products to develop.
Fogarty fellow

Dr. Schwartzman arrived on the Valhalla campus as a National Institutes of Health (NIH) Fogarty Grant fellow at the behest of John C. McGiff, M.D., professor and chairman of the Department of Pharmacology, who sponsored her. (They had met previously in Erice, Italy, at a conference on prostaglandins.) The year was 1981, and she was preoccupied with defining the relationship of eicosanoids and ion transport in the kidney—specifically, how arachidonic acid and its metabolites—the products of metabolism—regulate the movement of particles across a kidney membrane. There came a defining moment one day when an ophthalmologist visiting her laboratory told her she was using the wrong organ in her studies. He suggested the cornea of the eye, not only for its multiple epithelial layers that were easier to get at, but also for its enzymatic activity and transport properties that are similar in the kidney. Two decades and many thousands of cow eyes later, with continual funding from an NIH RO1 grant that was competitively renewed four times, Dr. Schwartzman leads a laboratory distinguished for having discovered (and named) the 12(R)-HETE and 12(R)-HETrE compounds essential in inflammation. The work is so promising that Gillette, Allergan and Taisho pharmaceutical companies are continuing to back further studies.

Inflammation has become a hot topic. Researchers know that although it is the body’s fundamental way of protecting itself internally and externally, there is a destructive side to the defense. When the site of an injury continues to be red, swollen, warm and painful—the hallmarks of inflammation—there is likely to be damage to the very tissues it was meant to heal. It is evident in the crippled joints of rheumatoid arthritis and the demyelinated nerve fibers in multiple sclerosis. Moreover, scientists are working on the assumption that inflammation plays an underlying role in the chronic diseases of old age—diabetes, atherosclerosis and Alzheimer’s disease—and see further implications of inflammation in ailments as diverse as asthma, psoriasis, cystic fibrosis, meningitis and cancer.

Under the influence

Michal Laniado Schwartzman was a head nurse in the Israeli army when she was accepted to medical school in 1981. But when the physicians she worked with discouraged this choice, she decided to build on her undergraduate degree in biology. “I love science. It’s in my blood,” she smiles, “so at the last minute I switched to biochemistry.” While earning the requisite degrees at Tel-Aviv University, she worked there as an instructor and a research assistant in the biochemistry department. Then came the Fogarty, but the rules required her return to Israel when the two-year grant period expired.

“As we made new discoveries, I wanted to stay on rather than have to go home and wait to come back,” Dr. Schwartzman says. “It was Dr. McGiff who got the waiver from the NIH and Congressman Benjamin Gilman (R-NY) took care of the rest.” For all his generosity, Dr. McGiff was the first to be acknowledged in the lecture she gave the day she got her research award.

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**On the Cover:**
Experts in infectious diseases have to contend with new and improved bugs on a regular basis. Since 1981, Gary P. Wormser, M.D., has led the College ID division in research and treatment of AIDS, Lyme disease and ehrlichiosis.

Stannous chloride, a non-toxic inorganic salt of tin, is used to alter the key P-450 enzyme in the laboratory of Michal Schwartzman, Ph.D., in her studies on inflammation. Photo: Michael W. Davidson, The Florida State University.

CT scans are used to screen for early lung cancer by the Department of Radiology in a multi-center trial. Former and present long-term smokers need apply.
CAN CT SCANS GIVE (EX) SMOKERS A JUMP ON EARLY LUNG CANCER?

The Department of Radiology is one of 11 sites investigating a screening technique to see if it can catch lesions when they are most treatable.

WANTED

500 INDIVIDUALS, AGED 60+,
WITH A 10-PACK/YEAR HISTORY OF CIGARETTE SMOKING, NO PRIOR INCIDENCE OF CANCER, FIT TO UNDERGO THORACIC SURGERY, IF NEEDED.

If you're a perfect match, it behooves you to sign up for a painless 30-second computerized tomography (CT) scan that could save your life. Lung cancer, the leading cause of cancer deaths in the U.S., kills 160,000 men and women each year—more than the combined total fatalities from the next three leading cancers of the breast, prostate and colon. The scan will cost you nothing, unless you need follow-up diagnostic or treatment services that normally are covered by health insurance.

The $6.5 million study is called the New York Early Lung Cancer Action Project (NY-ELCAP), and its goal is to screen up to 10,000 New Yorkers who are heavy or former smokers for lung cancer. The benevolent sponsor is the Academic Medicine Development Company—better known by the abbreviation AMDeC—a statewide consortium of 39 academic medical centers, teaching hospitals and research centers that includes New York Medical College, a founding member. Terence A. Matalon, M.D., professor and chairman of the Department of Radiology, is the principal investigator directing the Westchester Medical Imaging Center site, assisted by Kathy Hutcheon, lung study coordinator.

More volunteers

By mid-May, only 115 of the 500 subjects the College is targeting had undergone scanning at the radiology department's suite in 19 Bradhurst Avenue, across the Sprain Brook Parkway from Westchester Medical Center. To help sign up more (continued on page 12)
The only way to get an experimental drug is to enter a trial. Here are some other reasons why folks volunteer to test drugs and devices.

Consider altruism, benevolence, self-interest and remuneration and you have some of the reasons why volunteers who are not sick subject themselves to medical research. Clinical trials—by themselves or from the side effects of what is being tested—can be invasive, time consuming, uncomfortable and rarely, deadly. Anyone thinking about joining a trial might find it difficult to suppress thoughts of the well-publicized young man in Pennsylvania who despite his unwell but stable condition, died following gene therapy intended to replace the defective genes underlying his enzyme disorder. It is equally unpleasant to ponder the fate of the woman in Baltimore who died a month after her throat was sprayed with a chemical irritant by an investigator studying asthma. Realistically one might surmise that such adverse events are always a possibility, albeit rare, because clinical trials involve real people who are not exactly alike. They may also have medical conditions they are not aware of.

At New York Medical College research is routed through the Office of Research Administration and scrupulously reviewed by the Institutional Review Board (IRB) when human subjects are involved. As one of the stated missions of the university, research is a key ingredient of academic medicine that by its very presence continues to provide career opportunities for a number of medical students each year. From a more universal viewpoint, research addresses the needs of society and contributes to national economic growth. And from the university’s vantage point, research is a meaningful and productive way for the institution to measure itself.

How it works
Clinical trials always involve people, which a decade ago invariably meant men. But pressure from the Food and Drug Administration (FDA) has led pharmaceutical company investigators to include women in their protocols. Moreover, children are now being studied to provide pediatricians with real data and precise dosages instead of
leaving doctors to figure it out as if their patients were little adults.

All medical treatments, drugs, devices, prevention methods and diagnostic tests are subjected to clinical testing before the FDA will give its approval for marketing. In three distinct phases that can take more than a decade to conclude, drug trials are expected to show that a product is both safe and effective. The first phase verifies the drug is safe to take and may involve only a small number of subjects to determine levels of toxicity. Phase 2 extends the safety test and begins the quest to determine effectiveness. It is in phase 3 that researchers gather additional evidence of effectiveness for specific indications and precisely defined adverse effects. Phase 3 studies are typically conducted in a large number of subjects.

Further distinctions
Study design has a vocabulary all its own. Subjects testing a drug may be randomly assigned to different groups, which will later be compared to results in a randomized study. When neither the doctor nor subject knows who is getting the drug and who is getting a placebo (an inert substance), the trial will also be called double-blind, placebo controlled. The subjects who receive either a placebo or the standard treatment, or perhaps nothing at all are controls. Some trials are designed as observational, simply to collect information about patients who have already received an experimental treatment or perhaps a newly approved treatment. Another type of study is meta-analysis, a technique that synthesizes research conclusions by using statistical methods to retrieve, select and combine results from previously separate but related published studies. Other study designs include case-control, cross-over and dose-response.

Doing it right
For those in charge at the Office of Research Administration, the protocol design is the most important thing, not the outcome. For better or worse, “a clinical trial should be good science,” advises Catharine Crea, associate dean of research administration. Once a study gets going, there are more regulations stipulated by the FDA and the NIH concerning the reporting of patient side effects and adverse events. It is Clayton Heydorn, director of human subjects administration, who fields the reports when things go wrong. But as he is the staff member who coordinates the Institutional Review Board, he also gets to give researchers the good news—approval of a human research application, which is always necessary before any study utilizing humans can be submitted for funding.

When seriously or terminally ill patients are involved in a phase 1 trial, a small number may be offered early access to a new treatment and on occasion, get free medical care. Regulations prohibit researchers from charging for experimental drugs, although patients can be asked to pay for devices not yet approved. As for the altruistic-driven patients, it can be enough to know they are learning about their medical conditions from experts, and that they are helping others while helping themselves.

Newest wrinkle
Still, all the fears and hang-ups that keep folks from volunteering can pale in comparison to those that surface when children are involved. A great many parents are understandably reluctant to turn their youngsters into study subjects unless they have a chronic or a rare disease. Yet pharmaceutical companies must seek out children because of new FDA regulations that specify “if a company wants to market a use in children, it has to study that use in children,” says research director Crea.

Fevzi Ozkaynak, M.D., has advocated this for some time. The Turkish-born
pediatrician was recruited in 1994 from Los Angeles Children’s Hospital, part of the University of Southern California system. An associate professor of pediatrics, he is also director of pediatric bone marrow transplant at the College and at Westchester Medical Center. “In the 1960s, survival from childhood leukemia was zero,” says Dr. Ozkaynak. “In the 1990s it became 80 percent.

Children do better

“Actually, pediatric cancer is rare—one per 100 adult cases of all kinds of cancer. The cure rate of all childhood cancers has gone way up and it is research that has made the difference. [In this context cure means there is no evidence of cancer five years after diagnosis.] It is 90-95 percent for early stage Wilm’s tumor, a kidney cancer, and neuroblastoma, found mostly in the abdomen. It drops to 80 to 85 percent in average-risk A-L-L (acute lymphoblastic leukemia); we get about 18 to 20 new cases of A-L-L a year.” Dr. Ozkaynak goes on to explain that the present thrust of leukemia research is to find out why some 20 percent or so will relapse, and then to figure out who will by analyzing their tumors and genes.

“Children are biologically different from adults and there are inherent differences in their cancer cells. Cancer will spread more rapidly in children, but on the other hand, children respond faster to treatment…We know that teenagers treated for leukemia with a pediatric protocol fare better than those treated with an adult protocol. I would say that is a pretty compelling reason to enter your child in a study. Besides, most of the time, studies historically have always offered treatment that is superior to standard care,” he states. Dr. Ozkaynak’s opinion should give hope to the parents of children suffering from rare and devastating diseases.

DON’T TRY THIS AT THE OFFICE?

There is much controversy now over the marketing of full-body scans to the public at large. For the medically savvy, bordering on hypochondriacal, it is a dream come true to have every body part pierced by radiation, reflected back and turned into a blueprint of the interior of the human body. But do most people feel the need-to-know-everything-but-are-afraid-to-ask? Here’s what happened to one woman who volunteered for a lung scan study and is not so sure she’s glad she did.

The College is participating in a multi-center trial to ferret out lung cancer before symptoms appear (see story on page 5.) And this prospective subject fit the parameters perfectly: stopped smoking after having smoked a minimum of 10 pack-years (one pack a day for 10 years, or two packs a day for 5 years, etc.) age 55 or over, and never had cancer. A lung scan would find any cancer that was brewing, at an early stage when presumably easier to cure. Another scan scheduled one year later and compared to the old one, all at no cost to the volunteer. Altruism personified, with a little self-serving motivation thrown in.

After the scan was read by two radiologists, she was told she had a tiny little cyst in the lung that was nothing to worry about, except she should have a follow-up scan in six months instead of the usual 12. She thought, why not biopsy it to make sure? Too small for that, was the reply.

Two days later another call came from the radiologist that in going over the films, they both had spotted another tiny little cyst, this time on the liver, which somehow had worked its way into the picture. Nothing to worry about, she was assured, but just to make sure an ultrasound was scheduled for the next morning. This test was at her expense, as are any procedures necessary for follow-up, although it was covered by her health insurance. Now our volunteer had more information than she’d wanted. In addition to her liver and lung cysts, she also had two tiny little cysts on a kidney. They were so sure it was nothing there was no need to follow up on the kidney.

Of course there never was anything to worry about, except that now she wonders about the tiny little cysts on her lung, liver and kidney. She can hardly wait until it’s time for the six months follow-up lung scan.

ABOVE: Extensive research into childhood leukemia has rewarded pediatric oncologists with a very high cure rate for what was once a deadly disease. Fevzi Ozkaynak, M.D., who directs pediatric bone marrow transplant, is researching why some 20 percent of patients relapse in order to predict just who those victims will be.
GARY WORMSER'S WORK ETHIC IS INFECTIOUS

Whether he's up against AIDS, Lyme disease, ehrlichiosis or an emerging infection yet to be named, Dr. Wormser uses research for guidance in treating mankind's natural predators.

Need to reach Gary Wormser fast? Use e-mail, but don't be insulted if the reply is terse and written strictly in lower case. It's nothing personal. Dr. Wormser allows he can't be bothered with the shift key despite the long hours he spends at New York Medical College and Westchester Medical Center as chief of the divisions of Infectious Diseases (ID). If this, among other quirks, labels him idiosyncratic, it comes with the territory.

Considered brilliant by his peers, the professor of medicine and pharmacology joined the College faculty in 1981. It was the same year his name appeared on the first paper (in The New England Journal of Medicine) to describe what would ultimately be called AIDS, an immune system failure he had seen while he was ID chief at a Bronx veterans hospital. The next AIDS paper (in Annals of Internal Medicine)—on which he was first author—revealed that an uncommon pneumonia was striking inmates in New York State prisons. By the time the infection with human immunodeficiency virus (HIV) was recognized to be ultimately fatal, it had changed the practice of medicine worldwide. Researchers were back at their benches, struggling to understand how the "new" retrovirus could hide and survive to live another day. On the clinical side, Dr. Wormser was meeting his challenge at the bedside. He literally wrote...
the book—actually four of them—on
treating the opportunistic infections
that characterized the disease, and it
earned him an international reputation.

Laurels without rest
A decade later it was a different kind of
upstart contagion. Dr. Gary P. Wormser
marshaled his resources on the tick-
borne pathogens that had taken a liking
to living in Westchester. His ID division
spearheaded the research of several
College basic and clinical science
departments that were collaborating to
understand, treat and prevent Lyme dis-
ease, and later, ehrlichiosis, a fellow
traveler. By founding the Lyme Disease
Diagnostic Clinic at the medical center,
Dr. Wormser enabled patients with tick
bites and rashes to get prompt diagno-
sis and treatment. Soon Valhalla
became known as a center for the ration-
tal treatment of Lyme disease and later,
a site for testing preventive vaccines.
Lyme disease had replaced AIDS as the
ID division's main focus, and that of
researchers in the departments of
Biochemistry and Molecular Biology,
and Microbiology and Immunology.

Whither low profile
“Gary Wormser is one of the great assets
of the Department of Medicine at New
York Medical College and Westchester
Medical Center. He is a rigorous, schol-
arily individual who has made major
contributions as a clinician-scientist, a
highly regarded colleague and a revered
mentor and teacher,” offers William H.
Frishman, M.D., the Barbara and
William Rosenthal Chair in Medicine.
Five years ago he formally recognized
Wormser’s accomplishments by award-
ing him the newly created position of
vice chairman for research in the
Department of Medicine. One glance at
Wormser’s CV confirms the wisdom of
the selection: of the 47 pages in the
document, fewer than 4 contain bi-
ographical essentials. The rest detail a
scientific chronology of a career steeped
in research for the practice of medicine.

He may yet face another challenge in the
form of bioterrorism. When anthrax and
the mere mention of smallpox were last
year’s scares, Dr. Wormser underwent a
quick course in old plagues and the new
ways to deliver them. “When you don’t
expect it, even one case is an epidemic,”
he insists. “It's important to take these
diseases more seriously, even though
we’re not fully prepared for a large scale
attack... I'm not sure how we would han-
dle smallpox. A limiting factor would be
the number of hospital beds.”

He suggests that the government
quickly approve new anthrax and small-
pox vaccines, and to conduct more trial
runs on defending against the next
threat, whatever it is. He is adamant
that those who speak for health depart-
ments “speak with one voice. Mixed
messages are confusing,” he warns.
“Correct information has to be transmit-
ted rapidly to the public by the press
and public health figures.” Sometimes
he becomes one of them. Dr. Wormser
is called on regularly for an expert opin-
ion not only by local Gannett reporters,
but also by press and broadcast media
cross the country. Lately though, he
has demurred from giving publicity
interviews unless he perceives a clear
need for the public to know. Instead he
prefers to step back and leave the spot-
light for his staff, whom he champions
at every turn.

Born in the USA
Gary Wormser’s parents left Germany
in the late 1930s when “they saw the hand-
writing on the wall,” he says. All of his
mother’s family got out, but his father’s
wasn’t so lucky. He grew up in rural
Mercersburg, Pa., 90 miles from
Baltimore. The math major sailed
through the University of Pennsylvania
in three years, and did the same thing at
Johns Hopkins Medical School, where
he was able to binge on electives all
during his fourth year. He chose an
internal medicine residency at The
Mount Sinai Hospital in Manhattan,
and stayed on for an ID fellowship.
He left nearly 10 years later as an assistant
professor of medicine.

The College appointed him an associ-
ate professor concurrent with his
becoming the first full-time ID specialist
at then Westchester County Medical
Center. It was two years before he could
begin to build a staff. “I couldn’t do
everything by myself,” he recalls. “I
needed a core group of faculty and the
potential was here.”

He doesn’t say juggling AIDS and Lyme
was a mistake, but he does call the lat-
er “very distracting. I was not at all for
getting into another disease because it
is very hard to conduct meaningful
research in multiple and disparate
fields. But we needed information on
Lyme disease, and some of my col-
leagues said, ‘If you don’t do it, who
will?’ Plus I got full moral and financial
support from my department chairman.”

Religious instruction
When Dr. Wormser refers to his “ecu-
menical” experiences, he surprises in
his candor and enthusiasm to reveal,
“I have had a diversity of influences in
my life, starting with prep school. The
Mercersburg Academy [he graduated
valedictorian] was a United Church of
Christ-related school. Mount Sinai
Hospital reinforced my Jewish roots
and New York Medical College has a
Catholic tradition. I have been
enriched by them all.”

Ditto for continuing to live in
Manhattan, despite a 12-hour day in
Valhalla. “I commute because life would
be boring up here and I love the city,”
says the creature of habit who claims
he’s been seeing the same woman for
12 years. “I really like to order in dinner
from a whole series of menus I have... And I enjoy traveling, though I
almost always try to combine a vacation
with meetings,” he says, à la last year’s
trip to Prague, Paris and Slovenia,
where he presented twice.

With no apparent interest in moving on,
Dr. Wormser acknowledges having
spurned offers from other medical cen-
ters. “If I took another job it would be
at the administrative level, like a dean,”
he says. “I would like to develop and shape
an academic program on a more global
level, something like a department of
experimental medicine...Our entire
division is focused on basic or applied
research, but of course we will always
be here to take care of sick patients.”

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I owe so much of my success to Dr. McGiff. He paved the way for me—not a smooth one but one that was full of hard work, sweat and tears.” When the post-doc was over, Dr. Schwartzman accepted an appointment as assistant professor and proceeded to separate her work from that of Dr. McGiff. Asked to reflect on her accomplishments, Dr. McGiff had this to say: “Miki Schwartzman is a force of nature, a pillar of the department who keeps seven balls in the air at once.”

Games begin

“When I became part of the program project grant, my colleagues were working on a profile of arachidonic acid metabolism in kidney epithelial cells to determine how its metabolites regulate cell transport. I began to realize we were dealing with a new metabolic pathway,” Dr. Schwartzman says. Arachidonic acid is a 20-carbon fatty acid found almost everywhere in the body. It binds to the phospholipids (the major structural lipid) in cell membranes and ultimately is released within the cell in response to injury. Once free, arachidonic acid is rapidly metabolized in a tissue/cell-specific way via one of three metabolic pathways, creatively dubbed COX, LOX and CYP.

During the initial studies, “we isolated microsomal fractions from the corneal epithelium, the outmost layer of the surface of the eye,” she says. This became the object of attention for the many graduate students and fellows who assisted Dr. Schwartzman in her laboratory through the years, as they analyzed how arachidonic acid metabolites were formed and how they functioned in the eye.

12-HETE turned out to be an intermediate in the formation of 12-HETrE and was found to reduce the intraocular pressure of glaucoma. 12-HETrE was proved to dilate blood vessels, attract neutrophils (special white cells), increase the permeability of cell membranes, and activate endothelial cells to proliferate and reorganize into new capillaries—a display of angiogenic properties. To convert arachidonic acid into one of the metabolites, the researchers used the P450 enzyme, one member of a 500-protein family found across a great many species.

“Given an injured cornea,” wrote Dr. Schwartzman for a recent presentation, “we believe that 12-HETE/HETrE are the major mediators of the inflammatory response in this tissue, and they form in response to injury.” To produce their findings the researchers relied on animal studies, using contact lenses to keep oxygen from entering the epithelium of the cornea. “We were able to correlate the resulting inflammation with the production of mediators. When we inhibited their production by soaking the lenses in stannous chloride, inflammation was reduced,” she explained. “If you know what gene is responsible, you can devise specific therapeutics that target only that gene.” The College and Taisho pharmaceuticals have signed a research and licensing agreement to make it happen.

Can someone who has science in her blood, awards and patents under her belt, editorial board memberships and scores of invited lectures behind her, find satisfaction in what she has already accomplished? Dr. Schwartzman, who has switched to using coronary microvessel endothelial cells instead of those from the cornea, decides, “My goal is to understand the response in terms of treating inflammation, neovascularization [abnormal growth of new blood vessels], tumor growth and ischemic cardiovascular disease.”

Perhaps Dr. Schwartzman still wants to go to medical school? ☛
participants, registration has been extended to the end of September. Those who are interested in joining the trial but don’t think they can spare the time should know the entire procedure, from sign-up to scan, takes no longer than 30 minutes.

The study is operating with quite an eclectic mix of funding. A $4 million base came from former Mayor Rudolph Giuliani’s allocation of New York City's share of the litigation settlement with tobacco manufacturers; $1 million was donated by Empire Blue Cross and Blue Shield; a grant from The New York Community Trust, a philanthropic foundation, gave $520,000, while The Star Foundation and the New York State Office of Science, Technology and Academic Research each added $500,000. There are 12 sites on the receiving end that have agreed to charge no more than $100 for each volunteer’s scan, and this figure must include the cost of technical personnel, supplies and scanning time.

“You don’t do it for the money,” acknowledges Dr. Matalon. “Research is generally not a profitable business. You do it to expand the knowledge base of medicine, to find better ways to detect and treat disease. Most studies simply pay just the cost of what is being investigated.” This is the case here, where $100 for a scan is way below the usual and customary fee, though it does account for part of the study costs,” he adds.

Research technique

“A less tangible benefit is definitely the prestige that comes from participating in research,” he insists. “The medical College and the hospital [Westchester Medical Center] are perceived as being in the forefront of new medical knowledge. It’s not because the doctors want to become famous. The reason is to expand the knowledge base and to treat patients better.”

AMDeC’s motive in raising funds for the research is to follow up and confirm the findings of the tantalizing ELCAP pilot project that was conducted at the Weill Cornell Medical Center and the New York University School of Medicine in New York City. In a study of 1,000 persons with 10 pack-year histories of cigarette smoking reported in the journal Lancet, (July 10, 1999), the authors showed that malignancies detected by low-dose chest computed tomography (CT) screening were missed on high quality chest radiographs 85 percent of the time. (A 10-pack year history means smoking one pack a day for 10 years, or two packs a day for five years, etc.) This confirmed their expectations that relative to traditional chest x-rays, “CT-based screening markedly enhances the detection of small, non-calcified nodules and thus, of lung cancer at an earlier and more curable stage.”

No agenda

The scans are read by Dr. Matalon and other attending radiologists. If anything suspicious is found, it triggers a call for follow-up. Any lesion more than one-half inch results in an immediate biopsy; smaller abnormalities will generate a reservation for another scan three to six months later. Otherwise volunteers return in one year for another scan, which may also indicate coronary artery calcification.

“I am a dispassionate investigator,” Dr. Matalon says in describing his role. We are not here to prove anything. We are evaluating whether the identification of cancer at its earliest stage in patients at high risk results in a longer life or a better quality of life.

“This can be a very expensive proposition. If it turns out you can save lives by CT screening, a large population will want to have scans at a cost of, it’s my guess, in the neighborhood of $1 billion.” Among the requirements for site selection is having a single- or multi-slice helical/spiral CT scanner capable of performing scans in a single breath hold and with sufficient capacity to accommodate their site’s study population. The Department of Radiology qualified by virtue of its new GE multislice CT scanner that is otherwise kept busy from other referrals.

Targeting minorities

A particularly interesting aspect of the study is the directive to recruit at least 20 percent of the volunteers from minority populations, herein defined as Black, Hispanic, Native American and Asian, as reflected by the demographics of the communities served by the institution/site. Lung cancer affects these minority populations at disproportionately high rates; for example, the mortality rate among African-American men with lung cancer in the mid-1990s was nearly 50 percent higher than for white men with the disease.

For further information on joining the trial, please call the study coordinator, Kathy Hutcheon, at 914/493-8549.
NEW CHAIRMEN APPOINTED
BY THE SCHOOL OF MEDICINE

Jeffrey C. King, M.D., is chair of the Department of Obstetrics and Gynecology at the College and at Saint Vincent Catholic Medical Centers. He joined the faculty from his position as professor and director of the division of maternal-fetal medicine at Wright State University School of Medicine and medical director of the perinatal intensive care unit, health center and diagnostic ultrasound and antenatal services at Miami Valley Hospital in Dayton, Ohio.

Previously, the Chicago native was a faculty member for 15 years at Georgetown University Medical School, where he was coordinator of the residency-training program, conducted research at the National Institute of Child Health and Human Development and was a senior scholar at the Center for Bioethics. Dr. King received  his B.A. from the University of Notre Dame and his M.D. from Rush Medical College. Following his residency at Rush-Presbyterian-St. Luke's Medical Center he completed maternal-fetal medicine fellowships at Georgetown and the University of Louisville. He succeeded acting chair Sari Kaminsky, M.D.

Kathryn E. McGoldrick, M.D., is chair of the Department of Anesthesiology, director of service at Westchester Medical Center and program director of the College residency in anesthesiology program at the hospital. (George E. Neuman, M.D., chair of the department of anesthesiology at Saint Vincent Catholic Medical Centers — St. Vincent's Manhattan, has been named vice-chair of the department after having served as acting chair during the search process.) Dr. McGoldrick most recently was professor of anesthesiology and chief of ambulatory anesthesia at the Yale University School of Medicine. She received her medical degree from Cornell University Medical College and completed an internship in pediatrics at New York Hospital-Cornell Medical Center. She did her anesthesia residency at Peter Bent Brigham Hospital in Boston, and served as chief resident in pediatric anesthesia at the Children's Hospital Medical Center at Harvard Medical School.

John A. Savino, M.D., formerly acting chair, has been appointed chair of the Department of Surgery and will continue to serve as director of service at Westchester Medical Center. Dr. Savino has been associated with New York Medical College his entire career, which began with a surgical internship and residency at the College program at Flower Fifth Avenue Hospital and Metropolitan Hospital Center in New York City. He was appointed to the faculty in 1981 and began his service as director of the Surgical Critical Care Fellowship at the medical center. During his more than 20 years at the College Dr. Savino advanced in rank to professor of surgery and director of the residency program. He is a graduate of Fairleigh Dickinson University and the University of Rome Medical School. Dr. Savino succeeds Louis DelGuercio, M.D., retired professor emeritus of surgery who founded the Department of Surgery at New York Medical College.
STUDENT TOUR GUIDES SERVE AS GOODWILL AMBASSADORS FOR THE SCHOOL OF MEDICINE

Some may even help tip the scales in favor of NYMC

The yearly process of winnowing some 8,000 to 10,000 applications to the School of Medicine down to the 190 that are accepted is a prodigious one. The task involves taking hundreds of phone calls and answering thousands of letters, handled by staff in the Office of Admissions under the direction of Fern R. Juster, M.D., associate dean for admissions. A highly qualified applicant may be looking at eight or ten other medical schools, and the applicant's final decision can be based on something as intangible as how welcome he or she felt when visiting campus or how much students seem to like their surroundings.

This is where the Tour Guides, a select group of students working for the Office of Admissions, swing into action. They are the unofficial ambassadors of New York Medical College, a team of 50 first- and second-year medical students whose mission is to put the university's best foot forward to every applicant who visits the campus.

From October to May, anywhere from 40 to 100 candidates arrive each week at the Office of Admissions for interviews and a campus tour. Cheerful and enthusiastic, the eager university diplomats are well-prepared to take these prospects under their wings, to show off the school's best features and offer reassurance that they'll breeze through the interview. They even sit with them over lunch, giving the lowdown on what the first two years of medical school are really like.

Here's how
Michelle Brosnan, M.D. '02, started as a tour guide in her second year after she'd come to appreciate the importance of that first connection with a school. "I felt I didn't get enough guidance on the medical school application process, though I really could have used it," she says. "I wanted to offer that help to others."

Michelle always found candidates to be polite and friendly, and enjoyed exploring their backgrounds and trading stories on undergraduate schools across the country. Her standing as a fellow student seemed to inspire trust as well. "They feel they can ask me questions they might not want to ask the admissions director . . ."

"When I came for my interview and tour, the admissions people I met were all nice enough, but it was the tour guides I kept noticing. They were genuinely happy. At other medical schools I got the sense they weren't always happy. Here it was more of a family atmosphere. People looked out for each other and helped each other out. I wanted to convey that same feeling to the new people."

Similar thoughts
Second-years Nancy Lin and Katie Dueber are tour guide coordinators who feel a similar calling to do for others what was done for them. After being tour guides themselves as first-year students, they became part of a team of second-year coordinators whose job included training other tour guides, as well as selecting two guides for the noon tour scheduled four days a week during the season. The 50 trained student guides each conduct a tour about every 6 weeks, and lining them up is not an easy task. First- and second-year schedules are dauntingly syncopated, with classes virtually constant for first-years; second-years travel to their preceptorships every Wednesday while first-years go once a month. The trick is to find students who can squeeze everything in and still have time for studying, eating and sleeping.

One student guide will stop by the admissions office at 8:45 a.m. to greet
applicants and pick up the list of names of those he or she will be working with that day and, the all-important lunch tickets. With a hopeful glance at the skies or the thermometer—tours take place rain or shine—this guide will post the list on the cafeteria bulletin board so applicants can check to see if friends or fellow students from their undergraduate school are visiting that day.

The admissions program begins with an overview of the process, usually delivered by Carolyn Chiarieri, M.S. '98, director of admissions. Prospects get an intimate inspection of the curriculum and a brief summary of the dozens of extracurricular activities students can dive into once they settle in for their first year. Then each candidate goes off for one or two interviews with members of the Admissions Committee.

**Doing lunch**

It's none too soon when members of the group reconnoiter at noon for the student tour, followed by lunch in the newly remodeled cafeteria, where candidates and guides sit together at tables reserved for them. "The new buildings and the gross anatomy lab are very impressive, especially to those who have already interviewed elsewhere," says Nancy Lin, who ought to know. As an undergraduate at Stanford University in California, Nancy was tempted to come to Westchester because an upperclassman friend really enjoyed it here. Part of what sold her on New York Medical College were the students she met on her tour. "Students are a big selling point of the school," she asserts. "In general our students are polite and considerate, not overly competitive and they all seem friendly and welcoming."

Katie Dueber agrees, "It's not like that everywhere. I think it's partly due to the sociability that comes from having on-campus housing. I enjoy it here and although I am moving to the City for my third year, I think living on campus is very convenient."

When she gets an opening, Katie passes along to prospective students a few encouraging words: "The education I have received here has been very good. I've learned a great deal and made a lot of friends. Overall it's been a pretty positive experience."

Nancy takes it one step further: "Even the residents I've worked with seem pleased with their options. There's such a wide choice here—more rotations, different hospital locations—and it's really hands-on. At most schools you have only one hospital, and if it's not good, you're stuck. I like having a choice."
Naixi Li, M.D., Ph.D. '97, a man in charge.

Holding the life of his patients in limbo, he not only administers anesthesia, but also functions as the medical doctor in the OR—and the only one present who can bring surgery to a halt for the safety of the patient. This responsibility can result in a great deal of decision-making since he provides the anesthesia for some 700 patients a year for a variety of procedures (other than cardiovascular) at the Albert Einstein College of Medicine and Montefiore Medical Center in the Bronx.

The same Dr. Li, an assistant professor of anesthesiology at Einstein, is also a scientist, an accomplishment he believes he will never exceed in his lifetime. In 1997, Nelson Li, as his colleagues call him, earned a Ph.D. from the Department of Cell Biology and Anatomy at New York Medical College. Joseph D. Etlinger, Ph.D., professor and chairman, remembers this about his former student and research collaborator:

"In addition to being an excellent Ph.D. student, Nelson's colorful personality stood out. He consistently asked very stimulating and insightful questions to invited speakers and colleagues. He also displayed a good sense of humor. It is a great pleasure to follow the success he is achieving now in his clinical career."

It's mutual

"Dr. Etlinger provided me with gentle, invaluable guidance," responds Dr. Li, who also includes Dr. Sansar Sharma (professor of cell biology and anatomy) in his praise "for supporting me in the pursuit of this pathway. I would never have finished without..."
ABOVE: Anesthesiologist at Einstein by day, Nelson Li, M.D., Ph.D. ’97, right, is a researcher at heart. He likes to talk shop with, from left, Kenneth Lerea, Ph.D., associate professor, and Joseph D. Ettinger, Ph.D., professor and chairman of the Department of Cell Biology and Anatomy.

Dr. Li is being modest considering his family background and the rigorous requirements he had to fulfill to practice medicine in the U.S. “I was brought up in a family of doctors, so being a clinician is in my lineage,” he says. “But at the same time, I have always wanted to be a scientist. I am hoping that some day in my professional career, I will be a bridge between clinical medicine and research. There is so little communication between clinical practice and research and I want to be that bridge... I struggled with this all during medical school.”

The family business is something Dr. Li takes seriously. His relatives with medical careers have remained in China with the exception of his mother and father, who are both gynecologic oncologists and role models as clinicians and scientists. The senior Dr. Li continues to perform acupuncture in the department of medicine at St. Vincent’s Manhattan and to teach at the Pacific Institute of Manhattan. His mother has retired from research positions, first from The Mount Sinai Hospital and later from New York University. Their influence in his life is transparent when he recollects how he was primed for a medical career: “Knowing how harmful it was to the body, smoking was always banned in our household.”

Further rundown

Concerning those who stayed behind, there are more than 20 physicians within his three generations. Both grandfathers were internists; on the paternal side, so were three of his four children. “The fourth one became a teacher, although she did marry an orthopedist,” Dr. Li smiles. His wife, whom he met at Beijing Medical University, is also a doctor. One year in grade behind her husband, Xin Quan, M.D. (otherwise known as Susan), joined him within a year of his arrival in America in 1992. Subsequently, she worked as a post-doctorate fellow with Henry P. Godfrey, Ph.D., professor of pathology, focusing on a better test for tuberculosis. As foreign medical school graduates, Dr. Li did his internship at SUNY Medical Center at Brooklyn, and Dr. Quan did her internship in general surgery at the College. Dr. Quan is presently an attending physician in the Department of Rehabilitation Medicine at the College.

Dr. Li was made chief resident in the last year of his three-year residency at Einstein and Montefiore, where he has stayed on to teach and practice anesthesiology. He had fulfilled his aspiration to be a scientist by enrolling in the Graduate School of Basic Medical Sciences, taking only five years to complete the cell biology and anatomy program. During that time and after, he was able to collaborate on research projects with a fair number of College scientists. From the warm reception he received recently during a visit to the cell biology faculty, it might be something he could continue.

Why anesthesia?

Dr. Li says he was drawn to anesthesia because of his exposure to it as a medical student in China. “The mortality related to anesthesia was significantly higher at that time compared with the present, and the concepts involved were not well understood, especially by medical students,” he says. “I was fascinated with the subject and decided that research could play a big role in understanding the problems we were having. All this happened 10 years ago, which was a golden time for research.”

So he left China. “In my first residency I was recruited to Tiantan Hospital in Beijing, where the major emphasis was neurosurgery. That was unusual. But I was determined to study for research before it was too late,” he says. “If you want to do research, you have to go to America.”

Chironian New York Medical College 17
Pharmaceutical Rep is a Cardiovascular Confidant

Cathy McKeon, R.N., M.P.H. '99, a Merck emissary, enjoys a symbiotic relationship with researchers working in the field.

Ambition is to be coveted, especially when it comes from within. This attribute only begins to describe Kathryn A.H. McKeon, R.N., M.P.H. '99, who before long expects to add an M.B.A. to her credentials. The thing is, she doesn't accumulate degrees to impress anyone. She just wants to be the best there is and according to the New York Medical College faculty who work with her, she already is.

McKeon has been a detail rep for Merck & Co., Inc., since 1989, though she is nothing like the familiar sales-man who disrupts a doctor's schedule to leave samples and promotional materials behind. When Kathy comes a-calling, it usually means she is going to support financially some worthy project in the cardiovascular arena. This is an enterprise in which no small number of basic scientists and clinical researchers at the College are engaged. And that is why someone like Piero Anversa, M.D., professor of medicine and director of the Cardiovascular Research Institute, doesn't think twice about handing her a compliment:

"Kathy is absolutely a wonderful person who has always been extremely interested in our work. She has been very supportive in getting scientists to speak in my laboratory."

Childhood influence

Kathy was in high school in the Bronx when without warning, her father died of a massive heart attack. A few years later, after obtaining a nursing degree at the Cochran School of Nursing affiliated with St. John's Riverside Hospital in Yonkers, she found out her mother had Alzheimer's disease. In recalling the
event she shuddered: "It meant I was working as a nurse all day and then coming home to more illness. Actually, I really disliked nursing because in those days, nurses had to be very subservient." Most of the four years she did nurse were spent in the emergency room at Saint Joseph's Medical Center in Yonkers. "I saw detail people coming in to the emergency room and it was the Merck rep who got me interested. During my interview Merck offered me a job on the spot," McKeon says, "and on the same day I got offers from Bristol Myers Squibb and Upjohn [now Pharmacia]. I picked Merck, a very old conservative company and the most ethical one in the business...

"I felt I could make a better contribution to medicine through Merck," she maintains. The company would no doubt agree.

Cardiovascular drugs
McKeon has had responsibility for marketing Zocor and other flagship drugs like Vasotec and Mevacor to cardiologists and hospitals. Her reward has been satisfying on two fronts. She received a Vice President's Award for Merck's having the largest market share in the cardiovascular market in the New York metropolitan area. Moreover, there have been three other vice presidential honors and an "Innovator of the Year" citation for the year 2000. All this has earned her the title of Senior Health Science Associate and much satisfaction. "I really love what I do," she admits. "I've developed relationships with the top advocates in cardiology, sort of like being the eyes and ears for Merck in who's doing what research."

Part and parcel of what she learns becomes input into who gets funded in Merck's Medical School Grants Program. These independent grants to further cardiovascular research have no strings attached. For the most part they amount up to $50,000, but "the quality of the science can push that amount higher," McKeon says.

Paid to learn
Somebody underwrites all the medical conferences that physicians attend and Merck is a big player. McKeon not only decides what gets funded, but also initiates symposia and CME events, and supports various educational needs such as grand rounds to "build advocates in the cardiovascular world," she advises. "The best part is the scientific meetings I go to. I still can't believe that I get paid to learn."

She also persuades researchers to speak at Merck's scientific consultant series, with no endorsements required or even allowed. "It's all been very fulfilling," she says with pride. "I build trust and a relationship and what I get is the ability to provide total education in cardiovascular disease that is non-product related...Sometimes I pinch myself because I love interacting with these people. I talk to people who never talk to detail people.

"I build up credibility and then assist them with the funding."

M.P.H. compliments
When McKeon turns to the matter of her degree from the School of Public Health (then called the Graduate School of Health Sciences), she is eager to praise Annette Choolfaian, R.N., M.P.A., professor of practice and program director, health services management and policy, and her thesis adviser Ray Fink, retired professor and director of health services research. The document focused on hypertension at the work site. "I sent this hard core clinical thesis to a Merck executive to enhance the understanding of patient needs—as it relates to compliance in talking medications," she explains. "From Ms. Choolfaian I obtained an overview of the different segments of the healthcare system and a balanced overview of the managed care system from the government angle."

That should put her in good stead for the next step in her career. "At some point I'll probably work for the international division of Merck," she says. "I think it would be fascinating to look at healthcare systems all over the world."
Ex-NYPD sergeant Michael Murray, M.D. '93, is revising his CV again: lieutenant commander in the Navy, orthopaedic surgeon and new dad.

Michael Murray, M.D. has graduated from New York Medical College—again. The first time it was 1993, when he traded a career as sergeant in one of the toughest precincts in the New York City Police Department for that of flight surgeon in the U.S. Navy. To think a cop could do a tour of duty and study nights, attend classes by day and still sandwich in a few hours of sleep, was so preposterous The New York Times devoted half a page to his exploits. Prominent were before-and-after photographs of him inspecting a change of shift at the stationhouse, next to another of him looking into a mirror and fiddling with his cap and gown at Carnegie Hall before Commencement. In the article the reporter mentioned that since the age of 13, Murray had helped his father in the plumbing business, following up with why Murray wanted to be a urologist: "Well, my father was a plumber. I guess it just runs in the family." Dr. Murray likes to make that remark, yet in his soft-spoken delivery, it seems more heartfelt than corny.

The urology part never happened. Dr. Murray returned to Westchester Medical Center (WMC) and St. Vincent's Manhattan for a five-year graduate program in orthopaedic surgery when his active service ended.
in 1997. The first time he graduated, Dr. Murray was primed for military duty to fulfill his scholarship obligation. Here was a happy, single man who was looking forward to having no important decisions to make for the next five years.

**Naval interference**

And then in 2001 he made a very big one. Dr. Murray married Carlyn, a nurse in the WMC emergency room where orthopaedic residents spend a fair amount of time. Carlyn gave birth on June 21st to their first child, Maxwell Michael Murray. (They like alliteration.) When the Navy gives Dr. Murray up, they will head for the West Coast and a coveted fellowship in spinal surgery at the University of California at San Francisco, which he calls “the best program for spinal surgery in the country.” But the start date is problematic because in January, with three months to go on his residency, the Navy called him up. He was ultimately rescued by the College Department of Orthopaedics, which convinced the Naval powers-that-be to let him finish his residency so he could return as a full-fledged orthopaedic surgeon.

**Traditional understatement**

His age and his occupation made Michael Murray an untraditional medical student. Even before graduation from Fordham University with majors in general science and philosophy, he had taken and passed the test to become a police officer. “On July 1, 1983, I entered the Police Academy in New York City. I thought it would be more challenging to work there,” he says of the Manhattan South precinct. He made sergeant in 1991. “I enjoyed being a police officer and I respect it as an honorable profession. It wasn’t easy to leave,” he says reflectively. “But as time went on I knew I would change careers. In my job I had taken a lot of people to the emergency room and I found it an interesting place. Eventually I decided to take science courses at night.” Six courses and two years later, Dr. Murray took the MCATS and the sergeant’s exam within a month of each other “I did well on both,” he smiles.

He makes it sound so simple when you ask him how he made it through med school: “I had classes during the day, I worked from 6 to 2 a.m., and got a couple hours sleep and repeat. Overtime and vacations were study time.” He not only finished, but also received a special award in urology, in which he had already matched at a military hospital at Fort Gordon, Ga., where he did his internship.

The next three years were spent toiling as medical officer for an aviation squadron of 250. But then he really got lucky and began flight surgeon training at the Naval Aerospace Medical Institute in Flight Surgery. Having served with a Marine attack squadron at Cherry Point, N.C., he says, “They taught me to fly a plane if I had to. This was potentially on the fringe of bad stuff. Someone was indeed looking out for me. I must have had an angel on my shoulder.”

**Orthopaedics is it**

By the end of his tour, Dr. Murray had decided that sprains, broken bones and athletic injuries had gotten under his skin; urology was out and orthopaedics was in. He was already working at NYMC/WMC when he went through the match again—for orthopaedics. “I came back to the College for my residency because I think I received an excellent medical education. I was confident I would have the same experience as a resident,” he says. “I’m very glad to be doing orthopaedics at such a busy trauma center...I’m still interested in spinal surgery even though the Navy has pushed the timeframe back.”

PHOTO ABOVE: Patient Jennifer DonFrancesco of Patterson, N.Y., and Michael Murray, M.D. ’93, who just completed a five-year residency in orthopaedic surgery at the College. A lieutenant commander in the U.S. Navy, Dr. Murray has delayed a fellowship in spine surgery to report for active duty.
Trading a Badge For a Stethoscope
Police Officer Begins Medical Career

By GEORGE JAMES
A little more than 24 hours after he walked up to the stage of Carnegie Hall in his cap and gown to receive his medical degree, Lt. Michael Murray was wearing the uniform of the New York City Police Department.
Robert Jay Lifton on Genocide, Terrorism and Nuclear Extinction

Robert Jay Lifton, M.D. '48, often observes that when his phone starts ringing off the hook, you know the world is in trouble. The renowned psychiatrist, speaker, author and expert on terrorism isn't joking when he says that; he's deadly serious.

For many years, Dr. Lifton was a frequent guest on TV and radio shows and an expert often sought out by journalists. But since September 11, the requests for his time, insights and opinion of U.S. officials' policies have increased many fold. A visiting professor of psychiatry at Harvard Medical School and Cambridge Hospital, Dr. Lifton is the author of, among other books, *Destroying the World to Save It: Aum Shinrikyo, Apocalyptic Violence and the New Global Terrorism.* Published in 1999 by Metropolitan Books, it focuses on the fanatical Japanese cult that instigated the 1995 nerve gas attack in a Tokyo subway.

A prolific author, Dr. Lifton was the director of the Center on Violence and Human Survival at John Jay College of Criminal Justice in New York City before returning to Harvard, where he taught during the late 1950s. His scholarly work is sometimes described as "psychohistory," the study of the relationship between individual psychology and historical change. In 1969, he won a National Book Award for *Death in Life: Survivors of Hiroshima* and was nominated for another in 1974 for *Home From the War: Vietnam Veterans—Neither Victims nor Executioners.*

He is also a social activist—embracing anti-nuclear and anti-war positions, among other causes, and speaking out publicly and writing about them. His most recent book, *Who Owns Death: Capital Punishment, the American Conscience and the End of Executions,* was published in 2000. It is a critical examination of the ethical and psychological aspects of the death penalty.

His attention most recently has turned to the effects and implications of the September 11 terrorist attacks. Since then, one of the most frequently asked questions he hears is, "How well are those in charge of U.S. safety responding to the present crisis?" Not as well as they could be, he answered frankly one recent afternoon during a telephone interview from his Cambridge home. He believes that concerns are growing among Americans that neither the FBI nor President Bush are affording them enough protection.

Dr. Lifton said he observed "a sudden sense of a new vulnerability" among Americans in the days and weeks following September 11, with the anthrax scare reinforcing what he described as an already heightened form of death anxiety. "As human beings," he said, "we are the animals or the creatures who know that we die, though we fend off that knowledge. And these days, there's the sense that we may never be safe. I hear those concerns raised in conversations and read about them in letters to the editor. There's the worry that everything may suddenly end."

As for the Bush Administration's stance toward terrorists, he explained that when one is dealing with apocalyptic violence, there is a danger of responding in kind—of see-

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Public Health Commander Wins Prestigious Award for 9/11 Efforts

A week after the World Trade Center attack, Fazal Hussain, M.D., M.P.H. ‘90, was ordered to report for duty at Ground Zero. His National Guard battalion had been mobilized, and the assistant professor of radiation oncology at Downstate Medical Center in Brooklyn had less than a day to report for duty.

When he arrived at the site, everything Dr. Hussain had seen on TV and read in the newspapers during the previous seven days paled by comparison. “The magnitude of the disaster was immense,” he says, “much greater than anyone could have imagined.”

For the next three weeks, Dr. Hussain—who is also commander of the Public Health Flight Medical Squad of the 106th Rescue Wing of the New York Air National Guard—was stationed at Fort Hamilton in Brooklyn, often putting in 12-hour shifts at the grisly Ground Zero scene. His responsibilities included rescue and recovery of bodies, body parts and personal belongings from the rubble.

“The sight of the body parts was horrible,” he says, recalling the days following Sept. 11. “Rescuers picked up whatever they could and put it in plastic bags. It was all very, very difficult.” In addition to establishing a battalion aid station at Ground Zero, his National Guard unit provided security for the site, says Dr. Hussain, who has served as a public health consultant in the U.S. Air Force Reserve for seven years. He says that during those weeks, his mind recorded images never to be forgotten, like the steady stream of grieving relatives and friends with flowers in their hands and tears in their eyes, leaning over the fences in an attempt to get as close to their loved ones as they could. He also remembers a bakery near the site, its windows badly shattered and rows of bread baked early that fateful day, sitting untouched on its shelves.

For his efforts in Operation Noble Eagle, Dr. Hussain, who earned his medical degree in 1987 from King Edward Medical College in Lahore, Pakistan, received the United States Air Force Public Health Officer of the Year Award on May 20 in San Antonio, Texas. The honor is given to an individual whose performance of duty and excellence as a public health officer exemplifies the highest standards in the profession. Later in the fall, Dr. Hussain was appointed to serve on a team from the New York Region for Homeland Security. He also serves on the Air Force Reserve Advisory Board and has received other awards—among them the National Defense Service Medal—and letters of appreciation for his enthusiastic service and guidance at Ground Zero.

He is a member of the Reserve Officers Association and serves as the AF Vice President of ROA Nassau Chapter and webmaster of the New York State chapter.

Fazal Hussain, M.D., M.P.H. ‘90, a commander in the National Guard, reporting for duty at Ground Zero.

He is also active in the American Medical Association. Dr. Hussain, whose wife Aneela Hussain is a family practitioner at the State University of New York in Brooklyn, has two daughters, Sahar, 7, and Samara, 5. He has published widely in journals and books, writing about public health concerns such as food poisoning, anthrax and Lyme disease. He has also published several papers in a variety of medical journals on epidemiology and the prevention of various cancers, and has authored several textbook chapters.
Retired Oncologist Realizes a Dream: Opening “The Curious Old Bookshop”

After practicing medicine for 50 years, partly as director of the oncology clinic at Atlantic City Medical Center in New Jersey, Joseph Linsk, M.D. ’49, decided to pursue another lifelong passion: books. It’s not that he’s giving up medicine altogether. The 79-year-old oncologist—who practiced in Sweden 30 years ago and then introduced the diagnostic specialty of fine-needle aspiration for tumors to colleagues in the U.S.—plans to continue seeing patients at the Atlantic City clinic on a pro bono basis one morning a week. He began planning for a career outside of medicine well before he officially retired two years ago, hatching plans for a book business three years before that.

“My experience is that a lot of doctors run into difficulties when they give up practicing—unless of course, they play golf five days a week,” he says. “Retirement is something you need to think about and plan for—and I don’t mean just from a dollars and cents point of view.” Because opening a bookstore had always been his dream, Dr. Linsk says it felt like a natural next step in his life to hang up his stethoscope and hang out the sign that says, “The Curious Old Bookshop.” It’s located near his house in Ventnor, off the Jersey shore on Absecon Island, home of the seaside resorts of Margate, Atlantic City and Longport.

Although the bookstore may have been a fleeting thought at first, he says that turning it into reality has been grounded in the harsh realities of today’s competitive book business. Always the pragmatist, Dr. Linsk had no intention of going toe-to-toe with the chains. “That kind of bookstore,” he explains, “would have been an impossible dream.” Instead of stocking bestsellers, he specializes in out-of-print antiquarian books and first editions. There are 5,000 volumes for sale in the store and close to 10,000 at a companion store in Greenwich, N.J., the “East End Bookstore,” which is owned and operated by his daughter Cathy Linsk. A large percentage of both businesses—close to 80 percent during the winter months—is conducted on the Web. During the summer months, that ratio shifts as more vacationers visit “The Curious Old Bookshop,” the only brick-and-mortar bookstore on Absecon Island where browsers can meet like-minded bibliophiles in person.

While his retirement business was never designed to make a profit, “It’s holding its own,” the doctor says. “Besides, it’s a wonderful hobby. I meet such interesting people.” The store employs one full-time and two part-time employees. In addition to his daughter Cathy, Dr. Linsk’s wife Dorrit is also his partner. They have three other grown children—Richard, a pediatrician at the University of Michigan Medical Center in Ann Arbor; the father of two children; Alex, who owns a construction business in Atlantic City and has two children; and Heidi, a physiatrist in Philadelphia with two children.

What’s next for the almost-octogenarian? A trip to Ireland—which, of course, is just another excuse for him to revisit an author most other mortals have difficulty digesting the first time around. “I’m re-reading all of Joyce,” he says. “A formidable task, but a joy.”

MILESTONES

2000s

Terry Hwang, M.S., ’00, is a physical therapist at Sports Medical Rehabilitation in Edgemont, N.Y.

Christopher S. Cavagnaro, M.D. ’00, is training in pediatrics at the Children’s Hospital of New York at New York-Presbyterian Hospital.

Mohammed A. R. Khan, D.D.S., M.D. ’00, is presently practicing oral maxillofacial surgery in Pittsburgh. He has offices in Butler, Kittanning and Grove City, Penn. Dr. Khan and his wife Afshan have two children.

Kim Heller, M.D. ’01, married Ryan Allison. She is now a resident in pathology at University of Washington in Seattle.

Abbott, Brian, M.D. ’90, rejoined the Center for Child and Adolescent Treatment Services of Danbury (Conn.) Hospital as an outpatient psychiatrist. He is also a child psychiatrist and psycho-pharmacologist at the Astor Child Guidance Center in New York City.

Roman Bilynsky, M.D. ’90, is stationed at the William Beaumont Army Medical Center in El Paso, Tex. He is practicing neurology at satellite clinics in Arizona and New Mexico.

Rick Covin, M.D. ’90, retired from the full-time practice of ophthalmology in November 2000 and lives in San Marcos, Tex.

Lawrence Fliegelman, M.D. ’90, has joined the Saint Vincent’s-Manhattan Hospital in New York City. He specializes in otolaryngology and has an office in Fairfield, Conn.

Barry Lifson, M.D. ’90, has become a fellow of the American College of Surgeons. He is on the medical staff at Arden Hill Hospital and Horton Medical College and practices urology with Orange County Urologic Associates in Middletown, N.Y.

Stanley Sheft, M.D. ’90, is chairman of the Division of Otolaryngology at Hunterdon Medical Center in New Jersey.

Jonathan Deitch, M.D. ’91, has been named assistant professor and chief of vascular surgery at SUNY Downstate Medical Center and its University Hospital of Brooklyn.

Anthony Giatras, M.D. ’91, works at Tift Regional Medical Center in Ashburn, Ga., and is using the vagus nerve stimulator in his neurology practice.


Michael Nicolai, M.D. ’91, is a partner with Deville Associates in Internal Medicine. He lives in Morristown, N.J., and he and his wife Kathy have a 4-year-old son Luke.

Maria Terroella Carney, M.D. ’92, has three children (Grace, Joseph and Claire) and lives in Locust Valley, N.Y.

Jim Develin, M.D. ’92, is an orthopaedic surgeon in the Boston area and the proud father of four daughters.

Shevaun M. Doyle, M.D. ’92, is the mother of three sons and an orthopaedic surgeon in White Plains, N.Y. She practices at White Plains Hospital.

Eve Gillespie, M.D. ’92, moved to a horse farm in the Poconos in Pennsylvania and opened a practice, Caring Hearts, nearby in Brodheads. She is in a private psychiatric practice in Huntington Station, N.Y. She lives with her husband Barry Greenstein and their two children in Woodbury, N.Y.

Michael Berrot, M.D. ’93, is the director of the psychiatric emergency service at Union Medical Center in the Bronx. His wife Randy Resnick Berrot, M.D. ’92, is associate director of the emergency department of The Mount Sinai Hospital in New York City. They have three children.

David Irvine, M.A. ’93, has been named interim director for the Albany-Hudson Valley Community College Physician Assistant Program, a joint venture between the college and the Albany Medical Center.

Felix Eugene Shepard, Jr., M.D. ’93, started his own urology practice, Appalachian Urology Center, in Lebanon, Va. He and his wife Karia have two daughters, Susanna and Gillian.

Xiao-Mei Zeng, M.D. ’93, has opened an ob/gyn practice in Boca Raton, Fla.

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Honoree John Ambrose, M.D. ’72, received the Medal of Honor for his work in interventional cardiology which has earned him a world-wide reputation. Still bridging clinical care and academic leadership, he returned to his roots after spending 19 years at Mount Sinai Medical Center.

Memories fade with the inevitable march of time, but scores of College alumni got a chance to refresh their recollections at the 2002 Alumni Reunion Weekend in May. The festive occasions began in grand style at the Alumni Banquet and Awards Presentation at The Plaza Hotel in New York City and concluded with a luncheon and tour of the Valhalla campus.

The ornate trappings of the Grand Ballroom of the Plaza set the stage for a night of shared remembrances, laughter and renewed friendships as more than 400 alumni and graduating medical students gathered for cocktails, dinner and dancing. Gold diplomas were awarded to the School of Medicine’s Class of 1952 celebrating their 50th reunion, and silver diplomas were distributed to the Class of 1977, celebrating their 25th reunion. Two alumni were applauded for their achievements and awarded the Alumni 2002 Medal of Honor: John Ambrose, M.D. ’72 and Dorothy Zucker-Franklin, M.D. ’56. Recognized for their outstanding service to the medical community, the physicians have substantial research contributions to their credit, and they emphasized mentoring as a basic and ever important role.

Mentoring took a personal twist this year with a number of alumni who had children graduating from the College. Those present at the dinner included Dale E. Braithwaite, M.D. ’78, whose son Adam Charles Braithwaite was awarded his M.D., and John A. Pallotta, M.D. ’55, whose son Arthur William Pallotta, M.D., also received his M.D.

Others who joined the alumni ranks alongside a parent were Edward Steven Bennett, M.D., son of Leslie G. Bennett, M.D. ’73; David Lawrence Fernandes, M.D., son of Elaine Digrande-Fernandes, M.D. ’67; Alissa Loren Bennett Hersh, M.D., daughter of the late Joseph Harold Bennett, M.D. ’62; David J. Hersh, M.D., son of Sheldon P. Hersh, M.D. ’78; John Edward Kearney, M.D., son of John J. Kearney, M.D. ’63; Abbey Rachel Kersh, M.D., daughter of Robert I. Kersh, M.D. ’77; Brian Christopher Reiniger, M.P.H., son of Margaret R. Reiniger, M.P.H. ’01; Michael Arthur Sergi, M.D., son of Paul A. Sergi, M.D. ’68; and Clara E. Toth, Ph.D., daughter of Eugene Toth, Ph.D. ’78.

The celebrating continued the next day in Valhalla as alumni marking five-year reunions converged on campus for a luncheon where they were greeted by President Harry C. Barrett, D.Min., M.P.H., Ralph A. O’Connell, M.D., provost and dean of the School of Medicine, and Louis E. Fierro, M.D. ’60, president of the Alumni Association, who updated them on the state of the university. The afternoon activities were highlighted by a tour and dedication of the new Alumni Gross Anatomy Laboratory in the Medical
Members of the Class of '77, standing from left: Alan L. Kalischer, M.D., Stuart M. Hochron, M.D., Robert D. Broderick, M.D., Ellen M. Olson, M.D., Robert B. Fulton, M.D., Neal Mittman, M.D., Katherine A. Dent, M.D., Peter M. Lemos, M.D., Arthur S. Cytryn, M.D., William A. McGann, M.D., Charles S. Yanofsky, M.D.

Seated from left: Lawrence D. Kramer, M.D., Susan M. Ivensen, M.D., Gail Brenner, M.D., Scott B. Cutler, M.D., Christine Helmsteader-Beck, M.D., Stuart J. Kaufman, M.D., Stephen J. Gordon, M.D.

Scott B. Cutler, M.D. '77, right, and his wife Robin, left, were not only celebrating Dr. Cutler's 25th reunion, but also the admission of their daughter Beth, center, to the incoming Class of 2006.

Education Center. "This facility, which you have generously supported, is state-of-the-art. There isn't another laboratory like it in the country, probably the world," Msgr. Barrett had said at the Plaza.

Medal of honor recipient Dr. Ambrose, professor of medicine at the College, and medical director of The Comprehensive Cardiovascular Center and chief of cardiology at Saint Vincent Catholic Medical Centers - St. Vincent's Manhattan, was recognized for his leadership in interventional cardiology. In presenting the award, Dr. Fierro noted his "steady rise from instructor in 1977 to director of cardiovascular catheterization at The Mount Sinai Medical Center until 1998, when he joined the

Arthur P. Pallotta, M.D. '02, left, is headed for a residency in orthopaedic surgery. Celebrating with him at the dinner were from left, his wife Elsie, and parents Sigrid and John A. Pallotta, M.D. '55

Honoree Dorothea Zucker-Franklin, M.D. '56, was recognized for her vast research in the field of hematology. Louis E. Fierro, M.D. '60, left, president of the Alumni Association, presented Dr. Zucker-Franklin with her Medal of Honor.

Eric J. Loeliger, M.D. '02, received the Alumni Endowed Scholarship given by the College and presented by Dr. Fierro. Instituted last year, the award is based on exceptional academic performance and community service.
It’s hard to believe we graduated five years ago, say four of the members of the Class of 1997. Reuniting were from left: Michael Hutzler, M.D., Jason Bochwald, M.D., Andrea Charbonneau, M.D., and Roger Husted, M.D.

College faculty at St. Vincent’s.” Dr. Fierro heralded the New York native for “his teaching and his research which have improved the lives of countless patients.”

Dr. Ambrose was clearly thrilled by the honor, calling it his greatest professional accomplishment. “I am humbled and overwhelmed,” he said. Noting that he had been scheduled to perform that evening in a local community production of “The Magic Flute” in which he had the part of a tenor, he explained, “My wife is not here tonight because she is a soprano and is singing tonight.”

Dr. Zucker-Franklin’s Medal of Honor was awarded for her research in hematology. Educated through high school in Amsterdam, The Netherlands, she has been a professor of medicine at part of the National Academy of Medicine, in 1995, and being named to the National Academy of Arts and Sciences in 2001. Author of more than 200 scientific articles, 57 chapters and reviews, the prolific writer and researcher has co-authored four textbooks as well. Her best-known work is the two-volume The Atlas of Blood Cells: Functional Pathology; the third edition is currently in press. Dr. Zucker-Franklin attributed her success in part to the “wonderful education at New York Medical College, which instilled [in her] a desire to help others.” She spoke of mentoring as “a sacred and essential part” of the educa-

Other proud parents included Margaret R. Reiniger, M.P.H. ’01, mother of Brian Christopher Reiniger, M.P.H. ’02, left; and Leslie G. Bennett, M.D. ’73, father of Edward Steven Bennett, M.D. ’02, right.

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“There were six girls in the class that year. Now of course we’re called women, but we did not date College men. Still I have memories from those evenings in the conservatory,” she confided with a smile.

—Susan Hoffner
TOTHS FIRST FATHER-CHILD PAIR
To Get Degrees from Basic Sciences

On May 20, a beaming Clara Toth graduated with a Ph.D. in microbiology and immunology. In the audience, watching her receive her degree, was her equally proud father, Eugene Toth, Ph.D., who graduated 24 years ago with a doctoral degree in biochemistry and molecular biology. On that recent spring morning, Eugene and Clara Toth became the first father-child pair in the history of the Graduate School of Basic Medical Sciences to have both received doctoral degrees from New York Medical College—and to have attended each other's graduation.

Eugene Toth, Ph.D. '78, and Edith Toth, parents of Clara E. Toth, Ph.D.

For Eugene Toth, the higher education degree in biochemistry came only after he found a way to leave his homeland of Hungary during the revolution in 1956. He had received a B.S. in chemistry from State College in Pecs, and was teaching math and chemistry in the city of Papa. Although he dreamed of someday studying for his Ph.D., he was unable to advance further under the repressive communist government. Not directly involved in the revolution, he was, however, a vocal supporter. Looking back on that period, he says: "I surely would have been punished. Luckily I left while there was still an opportunity to cross over the border. I don't know what my children's lives would have been like had I stayed."

Eugene and his wife Edith have two daughters, both born in the United States. While Clara, who is 38, and her older sister Henrietta, 44, were growing up, their father pursued his dream of a doctorate. From 1979 until his retirement in 1995, Dr. Toth worked as a research scientist at the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, N.Y.

For the past year, Clara has been an assistant professor of biology in the Division of Natural Sciences, Mathematics, and Computer Sciences at St. Thomas Aquinas College in Sparkill, N.Y. On a recent visit to the campus one week before graduation, Clara recalled Saturdays growing up when she and her sister accompanied their father from their Riverdale home to New York Medical College to frolic on the grounds while he tended to his lab work. "At lunchtime, we sat on a blanket he placed on the grass for us and shared a picnic," Clara Toth said. "I remember the gardens that were once there. Of course, that's all lab space now. It was natural that I came here for my graduate work. It all felt so familiar and full of warm memories."
After Receiving,  
IT FEELS GOOD TO GIVE

Marcelle Bernard, M.D. '44, wants the College to benefit from her philanthropy now.

Marcelle Bernard, M.D. '44, who attended the reunion luncheon with her husband Edmund D. Marinucci, M.D. '44, has donated $50,000 to benefit the Medical Sciences Library with a new University Archives Conference Room that has been named in her honor.

Marcelle Bernard, M.D. '44, has always been a trendsetter. To be the first woman president of any medical society in the five boroughs of New York City—precisely, the Bronx County Medical Society—is quite a coup. That was early on in a distinguished career in which she gave generously of herself to the community and her profession. Dr. Bernard is retired now and living in Savannah, Ga., with her husband and classmate, Edmund D. Marinucci, M.D. '44. Her interests are kept closer to home now, as if they were all the more precious. And like others her age who may share her wisdom, she is focused on giving back to those who helped her become in her private and professional lives, a literate and selfless benefactor for the elderly patients she took care of as a general practitioner and geriatrician. New York Medical College, the alma mater she has steadfastly supported, has been graced as one of her beneficiaries. This year, her extra special gift is directed toward the University Archives Conference Room of the Medical Sciences Library, which recently was dedicated and named in her honor.

Dr. Bernard has donated $50,000 for the conference room to house the university archives as well as the writings of the university's founder William Cullen Bryant, the College's homeopathic collection, rare books and historical materials. Prominently placed along the library's Exhibit Gallery, the room can accommodate 10 and is sure to be used extensively by university faculty, staff and library personnel.

"The room was among a number of suggestions in a lovely brochure the development office sent us," Dr. Bernard offers. "I appreciate the value of books and the history of the school. This is very important because the archives of the College will be in this conference room."

Preceded by a hearty laugh and putting it bluntly, she decides, "Instead of waiting until I die I thought it would be nice to see how they spend my money. After all, I worked hard for it." That she did, in her family practice/geriatrics office and out, as a volunteer and pro bono, at homes for the aged, on advisory boards and on staffs of long-term care facilities. She went where she was needed, and that included the U.S. Naval Hospital in Chelsea, Mass, where she was a lieutenant in the Medical Corps from 1945—1947.

Nothing changed after retirement. In 1997 Dr. Bernard was voted Volunteer of the Year by the Georgia Long Term Care Program. She also began to draw on that master's degree in communications she was prescient in getting from Fairfield University in Connecticut in 1982. There is a monthly column she writes for the arts and antiques section of the Savannah Morning News featuring interviews with local artists. A budding artist, she has exhibited in a local art show where, it's no surprise, she has volunteered to do the publicity.

"Chironian would be remiss if it did not remind her fellow alumni that in 1994, Dr. Bernard took on the task of leading the 50th reunion of her class. She is quoted in the alumni publication Pulse for inspiring her classmates with the following charge:

"The College was your launching pad to a successful career in medicine. Now is the time to give something back." ♦
Doctors Make the Best Inventors

Doctor Creates Scanning Device For Diagnosing Deadly Melanomas

Dermatologist Rhett Drugge, M.D. '88, has a life-saving TIP for patients: a new diagnostic device called Total Immersion Photography, a body scanner booth designed to diagnose the growing number of melanomas.

Citing the example of U.S. Senator John McCain, who has had several melanomas removed from his body, Dr. Drugge, who from his Stamford, Conn., office: "McCain developed a highly invasive melanoma on his face which was treated before anything was visible." The TIP machine—a booth equipped with banks of fluorescent lights and 56 digital cameras that are driven by a software program—logs a full-body image taken from many angles, revealing skin irregularities that are almost invisible to the naked eye.

The TIP scanning booth contains a chart for melanoma comparisons, with the range of pigmentation created for Dr. Drugge by Glenn Marziali, the makeup artist for Victoria's Secret models. The machine initially takes a base-line scan of the skin that becomes a reference for succeeding examinations—especially for at-risk patients like Dr. Drugge himself, who grew up sailing on Long Island Sound. The digital photos note changes in color and size of spots and lesions, with the measurements stored in encrypted computer files until they are used for comparison with the next exam.

Dr. Drugge's first machine—which cost about $100,000—is currently being used in his Stamford clinic. A number of tertiary care programs, including the Harvard and Sloan-Kettering Pigmented Lesions Clinics, have expressed interest in the product. Meanwhile, Dr. Drugge is busy refining the programming and documentation procedures. Looking ahead, he predicts that within the not-so-distant future, TIP scanners will be standard equipment on cosmetic counters almost everywhere, detecting early cancers on faces, necks and upper bodies.

Surgeon Patents System For Closing Skull

Scott Gingold, M.D. '87, has invented and patented a system that uses plastic rivets to rapidly close the skull following craniotomies. Called INVISx, the product is being sold by Medtronic, a Minneapolis-based company that makes medical devices. So far, INVISx has been implanted in several hundred patients, says Dr. Gingold, who is affiliated with Crouse Hospital in Syracuse, N.Y. The system, which has been released in the United States and Europe, has wide implications for surgeries involving brain tumors, blood clots, aneurysms and other cranial conditions. The INVISx system costs less than $500 per patient, far less than titanium plates and screws that are commonly used to secure the skull. Another advantage of INVISx is that it doesn't interfere with MRI and CT scans.

Dr. Gingold teamed up with partners who have experience in injection molding and making medical products. They were then approached by Medtronic, which learned about their invention by searching a patent database. Approved by the Food and Drug Administration, Dr. Gingold's invention is available for use in hospitals now and can be obtained by contacting Medtronic.

MILESTONES

the Women's Health Center at Huntington Hospital, in Huntington, Long Island. He is also assistant clinical professor, Department of OB/GYN, NYU School of Medicine. He has been in private practice in Huntington for 13 years and has two children, 12 and 8 years old.

Jonathan S. Jahr, M.D. '85, is a professor of clinical anesthesiology and a director of clinical research with UCLA's department of anesthesiology. His wife, Jamie Lynn Hran-Jahr, D.D.S., recently purchased a dental practice in Beverly Hills, where the couple lives with their children Jacob and Rachel.

Steven J. Scheiner, M.D. '85, has a neurology practice in Albany and specializes in pain management and electrodiagnostics. He is the father of 5-year-old triplets.

Kay L. Cowan, M.D. '87, works as a child and adolescent psychiatrist—what she calls "the best specialty in the world"—in Westport, Conn.

Kerry Frommer Kierstein, M.D. '87, and three other doctors have started a new pediatric practice in Plainview, N.Y., called Pediatric Health Associates. P.C., with her husband David I. Kierstein, M.D. '87, live in Old Brookville, N.Y. with their three children.

Michelle A. Mutz, M.D. '87, and her husband Alan have two children, Daniel and Rachel.

Roy Ulm, M.D. '87, is a cardiologist in Lewiston, Me.

Marc Zisselman, M.D. '87, has been named director of geriatric psychiatry at Albert Einstein Medical Center in Philadelphia.

Stewart R. Berlinger, M.D. '88, has joined Diagnostic Radiology Associates in Waterbury, Conn.

Robert Mark Burke, M.D. '88, a non-invasive cardiologist, has a practice in Brattleboro, Vt. and at the Cheshire Medical Center in Keene, N.H.

Eric Schultheis, M.D. '88, lives in Woodbury, N.Y. and has two sons.

Eric H. Wolfson, M.D. '88, has joined the Geisinger Clinic in Wilkes-Barre, Pa.

Jonathan Gordon, M.D. '89, and Paula Muto-Gordon, M.D. '89, live in Andover, Mass. Both surgeons, they have two children.

Donna M. Gallagher, M.D. '89, has moved back to the New York area.

1970s

Michael R. Berman, M.D. '79, is a clinical professor of obstetrics and gynecology at Yale University School of Medicine and attending physician at Yale-New Haven Physical Hospital Organization. He has written a book, Parenthood Lost, about the use of poetry in dealing with loss and promoting hope. Dr. Berman also writes original poetry, which he uses as an aid in healing.
Robert Jay Lifton

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ing the world in terms of good and evil, with "us" as purely good and "them" as purely bad. "Yes, there are times when you have to use force," he said, "but there are also political, social and historical responses as well. The very term war on terrorism can be misleading, because it implies a war we have to fight in a military way by eliminating each and every terrorist."

He suggested that a wiser approach would be to take into account the psychological and historical components of the present terrorist threat and seek to probe diplomatic and social issues as well, something he believes Washington has neglected. Dr. Lifton, who has spent not quite half a century pondering subjects like genocide, terrorism and nuclear extinction, believes he is not a gloomy man. "One’s life work can be devoted to dreadful events without becoming deeply pessimistic," he said. Describing himself as neither a pessimist nor an optimist, he added, "I’m never devoid of hope."

Or, as he said in a 1999 interview at the Institute of International Studies, University of California at Berkeley, on the topic of "Evil, The Self, and Survival":

“You look into the abyss, but you don’t want to be stuck there. Otherwise your imagination is deadened and defeated by the very event you’re studying. So you want to look into it in order to see beyond it. If you don’t look into it, you are ostrich-like. If you get stuck there, you’re incapacitated. So you want to look beyond it to other human possibilities."
In Memoriam

Edward P. Ajemian, M.D. '55, died.
Pasquale Amico, M.D. '47, died March 31, 2002, in Gary, I.N.
Warren R. Brady, M.D. '41, died April 16, 2002 in Brightwaters, N.Y.
Roland Joseph Cavanaugh, M.D. '58, died Jan. 10, 2002 in Watertown, S.C.
James H. Davenport, M.D. '52, died March 6, 2002
Zira DeFries, M.D., '42, died March 28, 2002 at her home in Palm Beach.
Henry L. Dreznier, M.D. '31, died Feb. 18, 2002 in Trenton, N.J.
Ernest Gentile, M.D. '43, died March 6, 2002, in Somerville, N.J.
Charles Peter Goodnough, M.D. '69, died Feb. 20, 2002.
Morris Halper, M.D. '49, died April 3, 2002 in Fair Lawn, N.J.
Harry R. Locke, M.D. '60, died March 19, 2002.
John A. Muller, M.D. '37, died Oct. 12, 2001.
George Nagamatsu M.D. '34, died in Oct. 2001.
Frank O'Boyle, M.D. '57, died Dec. 30, 2001 in Ft. Lauderdale, Fla.
James V. Scola, M.D. '36, died April 28, 2002.
Adelaide Scanlon Sheehy, M.D. '43, died Jan. 3, 2002 in Glen Cove, N.Y.
Herbert J. Williams, M.D. '44, died March 12, 2001.
Barry L. Zarum, M.D. '75, died Nov. 5, 2001, in Carmel, Calif.

Calendar of Events
August 12, 2002
Alumni Golf Outing
Rockland Country Club

January 26 - February 1, 2003
Winter CME Seminar
Embassy Suite Hotel
Dorado Del Mar Beach and Golf Resort
Dorado, Puerto Rico

May 17 - 18, 2003
Reunion Weekend 2003

May 17
Alumni Banquet and Awards Presentation
Class of 1953 — Awarding of Gold Diplomas
Class of 1978 — Awarding of Silver Diplomas
The Plaza Hotel, New York City

May 18
Fifth year Class Reunion
Luncheon and Campus Tours
Alumni Center, Valhalla, New York

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.