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Faculty Remembered

Dear Editor,

The remembrance of Vi [Faculty Remembered profile of Viola Bernard, Spring 2000] is perfectly lovely. I hope you'll pass on my thanks to the author, Nicholas Christy. He did a splendid job and captured the essence of her incredibly multifaceted interests, her insightful compassion, and her keen intelligence.

I hope the article will also lead people to explore the Viola W. Bernard papers, which are finally just about ready for the public at the Health Sciences Library—after two arduous years of preparation. We hope the collection will be open in the fall.

Kathleen L. Kelly, Ph.D.
Co-Executor, Estate of Viola W. Bernard, M.D.

Dear Editor,

I am writing concerning an error in the Spring 2000 issue of the P&S Journal article about Viola Bernard [Faculty Remembered], Dr. Bernard began and completed her psychoanalytic training at the New York Psychoanalytic Institute, not Columbia's Center for Psychoanalytic Training and Research. At the New York Psychoanalytic Institute, she was in personal analysis with Sandor Rado, who later left the institute to found the Columbia psychoanalytic center with Nolan D.C. Lewis and George Daniels. Dr. Abram Kardiner was also considered a founder. Dr. Rado asked Dr. Bernard to join him as one of the first faculty members of Columbia’s center and he asked her to help him formulate the original curriculum. These notes are available in our archives. Dr. Bernard also chaired the liaison committee of the American Psychoanalytic Association to facilitate our becoming the second accredited psychoanalytic institute in New York (the New York Psychoanalytic Institute was the only one accredited at the time). She donated funds to establish our first scholarship aid. Had she been a man she would have been included as one of the founders.

During my tenure as director (1991-97) I told Dr. Bernard that she deserved late recognition of her important role in founding our institute. She was quite modest and tried to dissuade me but our executive committee unanimously approved that she be designated as one of our original founders. She played the key role along with Larry Kolb in forming the division of community psychiatry in the School of Public Health.

I congratulate you on your article as a tribute to a fine teacher and leader and psychoanalyst.

Roger A. MacKinnon, M.D.
Former director, Columbia University Center for Psychoanalytic Training and Research

Dear Editor,

I really enjoyed the article by Dr. N.P. Christy on Franklin Hanger in the recent issue of P&S [Faculty Remembered, Winter 2000]. It captured his whole personality. As a member of the Class of '41 we were among the first if not actually the first to study the second-year course, "Physical Diagnosis," under him. He had just taken over teaching that course from the legendary Bobby Loeb. At the time that was considered a great loss for us students but Hanger more than made up for it. He cast his own shadow and transmitted to us students his great knowledge and enthusiasm that the writer so well describes.

I have three special remembrances: The first is when he demonstrated percussion. He brought down the house when he “percussed” "Yankee Doodle" on his cheek, varying the
notes (with true pitch) with the configuration of his mouth and his taut cheek. I constantly amused my children with this technique!

The second was a more scientific memory. My preceptor in third-year medicine clerkship was Alexander Gutman. Among things we were exposed to was the cephalin-cholesterol flocculation test in the differential diagnosis of jaundice along with the alkaline phosphatase as promulgated by Hanger and Gutman.

I was so impressed that I carried this interest over into my internship at Mount Sinai where, with my co-intern and classmate Stanley Glickman’41, we introduced the test, performing it formally on our nights off, and published our results.

Subsequently, the test was incorporated into the standard menu of the chemistry department. I can recall sparing a number of patients from exploratory surgery when the “cephfloc” showed hepatogenous rather than obstructive jaundice.

A third experience was when I was a substitute summer intern at Presbyterian Hospital in 1940, between my third and fourth year. A young man was admitted for removal of a large lipoma of his back. According to the assistant resident in surgery, “heart and lungs were normal.” When I examined him I heard textbook murmurs of mitral stenosis and insufficiency. There was no history of acute rheumatic fever. I rushed to see Dr. Hanger with my dilemma and he confirmed that such a circumstance could occur. However, on review of the patient’s old chart when he had an appendectomy for acute appendicitis we found that postoperatively he had developed “St. Vitus Dance,” thus explaining the subsequent cardiac findings.

Physical diagnosis remained one of my strong interests throughout my career.

My experiences at P&S were remarkable—and unforgettable.

Paul A. Kirschner’41
Professor Emeritus, Cardiothoracic Surgery
Mount Sinai School of Medicine

Dear Editor,

Fifty years ago Dr. Franklin Hanger interviewed me for admission to P&S. I was expectedly nervous. I don’t remember now what we talked about but he soon put me at ease. I had spent six years in military service. Dr. Hanger pointed out that P&S admitted very few older applicants, to which I replied, “I am counting on you, sir.” In retrospect this was an audacious remark but Dr. Hanger took it in good grace and soon thereafter I received a letter of my acceptance.

They don’t make them like him anymore!

E. Henry King’55
Gainesville, Fla.

Bassett Healthcare

Dear Editor,

I am sure that your piece on Bassett Healthcare [Winter 2000] will stimulate many letters such as this one, as it revived many warm memories. At the war’s end our program “decelerated” and with extra time inserted before graduation I had the opportunity to spend four months at Cooperstown at the Bassett in the fall of 1946 as a medical intern though just a fourth-year student. My memories of Cooperstown are exactly like those of the students you quoted, a wonderful peaceful rural community.

You did not mention my favorite physician there, the chief surgeon Dr. McKeever (I am uncertain about the spelling of his name). One day on rounds we had a young lady from the Knox School with abdominal pain, one of many admitted any time one girl had come with acute appendicitis. After examining the young girl, Dr. McKeever took us to the hall to explain the girl had “a positive McKeever sign.” He said with true pain a patient will watch closely the examiner who approaches his abdomen. With hysterical pain the patient will rather lie back in “exquisite agony” as this adolescent had.

Another McKeever anecdote concerned a rather arrogant surgical resident who examined, X-rayed, and casted another Knox girl who had fallen and hurt her wrist. He had not waited for approval from McKeever before casting her wrist. When he showed McKeever the X-ray and pointed to the “fracture,” McKeever disagreed, saying the line was not a fracture but rather a blood vessel’s line through the bone’s cortex. The resident started to argue and McKeever cut him short by saying, “One thing I am certain of: You will get a very good result from your treatment.”

I was very fortunate in many ways while at the Bassett. I played a bit better tennis than any of the house staff and Dr. Mackenzie was a true tennis devotee. He would come down to the ward in the afternoon, ask if I had finished my chores, suggest the resident complete them if necessary so I could play tennis with him. We would play on the Clarks’ private court. I was also fortunate while there in being allowed to set up an angiocardiographic study of a patient with patent ductus which led to a paper published by the New England Journal.

Those days were rich, wonderful ones and I am grateful to you for recalling them.

Robert A. Furman’47
Cleveland, Ohio
Punching Holes

Dear Editor,

The Research Report, “Punching Holes in Heart Helps Angina Sufferers,” [Winter 2000] brings to my mind my report to the Hospital for Joint Diseases Alumni Meeting in 1980 in which I reported on the successful use of a similar treatment for tennis elbow. On the presumption that this condition is due to a lack of blood supply in the torn tendon, I tapped five holes, 3/64", through the cortex of the humerus and into the blood lake of the medullary canal directly under the site of the avascular tendinous attachment.

Within three weeks there was clinical evidence of healing, which had not occurred previously. My hypothesis is that the seepage of blood from a blood lake into an area of ischemic muscle allows capillary buds to invade from the former to the latter, and this results in a lasting new blood supply. This is probably the explanation of the mechanism in the heart as well.

I am, personally, the first of the series of 35 beneficiaries of this procedure in the treatment of tennis elbow prior to my retirement from orthopedic surgery in 1984.

Herbert Sandick’45
Pittsfield, Mass.

Elsie Giorgi

Dear Editor,

There’s quite a bit more to the Elsie Giorgi’49 story than the short obit in your winter issue [In Memoriam, Winter 2000]. Elsie was chief resident of the Cornell Medical Division at Bellevue Hospital in the early 1950s. I had a similar position at the First or Columbia Division. She was a bit older than the rest of us chiefs and became a mother figure to us all, someone to whom we could pour out our troubles, personally and professionally, and receive good and useful advice. In other words, she was the best of us all.

It was only later that we found out that Elsie ran the family trucking business after her father died and her brothers went off to World War II. She made many innovations in the vital wartime trucking industry, including a merger of interests between trailer trucks and the railroads so that the trailers could be placed on railroad flat beds and then driven off for delivery to their destinations. When the brothers returned from the war, the trucking industry gave her an award at a dinner meeting at the Waldorf Astoria. Then she went back and completed her education as a physician.

I see that she served on various faculty positions in West Coast schools. They were lucky to have her. In addition, she served as an important medical worker in the Watts district in LA, helping to defuse the riots that occurred there. This and a burgeoning practice among the elite of Beverly Hills.

So long, Elsie. It was a pleasure and a privilege to know you.

Thomas G. Kantor’46
Westport, Ct.

About P&S

Dear Editor,

The P & S Journal is terrific. The stories are well written and interesting. I always learn something more about P & S and I am always impressed by the things that our P & S faculty, staff, students, and graduates are doing here and around the world. Thanks for bringing all that to your readers wrapped in a very attractive and (now) colorful publication.

Good work! Don Tapley would indeed say “Great!”

Pat Molholt, Ph.D.
Associate Vice President/Associate Dean for Scholarly Resources
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The work of David Rittenberg, professor of biochemistry at P&S from 1952 to 1970, had already become classic by the time many of us living graduates arrived at P&S. Classic means established. Establishment implies stasis, immobility. Something classic becomes inarguable, becomes part of the physical or intellectual scenery of a university or society, a fixed piece of science, no longer exciting.

This was the case with David Rittenberg: In the 1940s he was just one of a large group of very distinguished biochemists about whom we students knew practically nothing, people not especially noticeable among a huge faculty, about 2,000 in number, surgeons, clinical investigators, doctors of every size and shape. As with literature, so in science: You are only as famous as your next work, and about the work of the P&S faculty we students were far too busy to know anything, too busy struggling from quiz to quiz.

Fifty years teaches us a few things, callowness at last seeps away, time and a little reflection begin to give us some feel for the intellectual atmosphere of P&S we had the luck to bathe in then: In the 1930s and 40s our vaunted rival Harvard Medical School was measuring blood gases with the Van Slyke apparatus, a scientific model T, while Columbia's sophisticated biochemists were uncovering the interior landscape and economy of the mammalian cell.

The stellar quality of the biochemistry department from 1928, largely the achievement of Hans T. Clarke, will be described in the next issue. For now, among the young people Clarke had the wisdom to hire were Rudolf Schoenheimer, a German biologist with a medical degree who was a fugitive from Nazism, and Dr. Rittenberg, a New Yorker. Their joint studies revolutionized biochemistry.

Rittenberg made his career the hard way. He was born, "not in the soft obscurities of academic bowers," as Sam Johnson, another poor young scholar put it, but in New York, the son of immigrant German-Jewish parents. He never entered a synagogue but spoke Yiddish at home. Many years later, visiting Israel as a scientific consultant, he regretted his lack of Hebrew in that country, where, as he reported, "even the dogs bark in Hebrew." Attending New York City public schools, he worked his way through City College. This was 1929, era of the Great Depression and Prohibition. Also, sad to say, anti-Semitism made it hard for young Jewish chemists to find jobs. So, for a year or so Rittenberg worked on concrete for the U.S. Bureau of Mines in New Jersey, a job he hated. He once told me, maybe in jest, that he was simultaneously employed by a bootlegger, learning that coconut charcoal is the most effective purifier of raw, homemade moonshine, cheaper than old oaken barrels. This bleak period ended soon: Rittenberg was bright and lucky enough to be taken on in 1931 as a graduate student in chemistry by Harold C. Urey (1893-1981), who received the Nobel Prize in
1934. Another piece of good luck: Rittenberg was supported during his postgraduate years at Columbia by his wife Sarah, a schoolteacher in the New York City system. Urey, discoverer of deuterium, recognized early that this stable isotope of hydrogen might find uses in biological studies. Rittenberg, whose dissertation dealt with hydrogen isotopes, always revered Urey as an ideal mentor: critical, supportive, adventurous. When a student approached him with a problem his invariable answer was, “Try it; do it.”

Schoenheimer, now in Clarkes Department of Biochemistry at P&S, and Rittenberg, working as an assistant to Urey at 116th Street, were brought together, initially to foster Schoenheimer’s studies on cholesterol. Together, they made a synergistic team: 1+1=3. Talking to clinicians, chemists described Schoenheimer as “knowing about as much biochemistry as you do,” but he had an incisive and powerfully intuitive grasp of investigative possibilities. Rittenberg possessed great technical gifts, a strong mathematical sense, and a matchless way of getting chemical jobs done. (With a team, he built a mass spectrometer for the department.) The two taught each other, so that their collaborative efforts became indivisible; the contributions of each mixed indistinguishably with those of the other. They started from the 1926 studies of the Hungarian von Hevesy (Nobel Prize, 1943) who showed that radioactive lead could be taken up by plants. When D₂O (“heavy water”) became available in 1934, it was now possible to study the transport of water in living systems, and Hevesy began experiments along this line (1939).

From 1935 to 1939, and until Schoenheimer’s suicide in 1941, owing to despondency over the war, he and Rittenberg launched a series of experiments whose results were so revolutionary that the investigators themselves took two years to start believing them. The current view then held that most of “the diet was oxidized to fulfill the energy requirements of the organism, and that only a minor fraction was used to repair the wear and tear of the metabolic mill. While there was no evidence supporting this view, it seemed so reasonable and in such good agreement with [other] data that no doubts were even raised in the literature concerning this unsupported hypothesis. What we had observed in [our first simple experiments] was the dynamic state of the living cell.” As Rittenberg later dryly observed, “Despite the mass of confirmatory experiments we produced, it took some referees much longer to accept this view.”

These studies, 40 papers within eight years, and related work by Rittenberg alone and with several other talented co-workers, are generally held to be of Nobel Prize quality. In later years, Rittenberg was asked by his son whether missing the Nobel bothered him. Rittenberg answered unhesitatingly, “No. It’s not the prize that counts but the contribution.” That contribution forms the essential basis of our understanding of intermediary metabolism.

As to Rittenberg’s impact on P&S, one may start with “no one ever heard a medical student say a bad word about him.” This must be an all-time record. In writing, his prose was direct, simple, and clear; his lectures were designed to be understood. One sticks in memory. In 1962-63, shortly after Max F. Perutz of Cambridge won the Nobel Prize in chemistry for elucidating the structure of hemoglobin, he lectured at P&S; Rittenberg gave an exhilarating introductory talk, by far the most memorable part of the event: starting with bile pigments identified in ossified crocodile droppings from ancient Egypt, moving forward with great imagination and sweep to speculation about why the Almighty had chosen an intricate, cumbersome molecule like hemoglobin when something simple like cobalt-histidine would have done just as good a job at oxygen transport. On an earthier level, Rittenberg was helpful, informal, easy in manner, and patient with our clumsy efforts when he acted as lab assistant and instructor in freshman biochemistry.

He loved to rib graduate students but took good care of them. I can think of two, each of whom could teach the entire course in first-year biochemistry single-handedly: I see Rittenberg’s influence in both cases. In his later years, teaching medical students and guiding Ph.D. candidates gave him perhaps his greatest pleasure. The best word to describe his feeling is zest. He had an infectious gaiety about him that I have encountered only a few times, always in people with extraordinary intellectual gifts. Some critics have felt that his delight in jokes and fun—he loved parties and gave many—rendered him less productive. I can think of no proposition I more vehemently reject: 167 papers, most of them seminal . . . reasonably successful chairman of a brilliant but fractious biochemistry department . . . Eli Lilly Award winner. What more do we need? Rittenberg did enough. And more. Humor implies balance, not taking oneself too seriously. It is an indispensable part of a whole person. No humor: no Rittenberg.

Rittenberg’s last years were plagued by cardiovascular disease: coronary artery disease, aortic aneurysm, more than one myocardial infarction. During his recovery from one heart attack a nurse discovered him reading in the Book of Job. During his final admission to hospital he calmly said this to his son: “Last night I dreamed that my mother [long dead] was beckoning to me.” The son turned ashen. Rittenberg, correcting him, answered, “No, no, I only tell you this to get you ready. I’m ready to die.” A week later he was dead.

Author’s Note: The writer received indispensable help from Helen Ranney, George McCormack, Seymour Lieberman, Alvin Krasna, David Sprinson, Irving London, the author’s wife Caroline, and Dr. Rittenberg’s son Stephen.
New Molecule in Blood Plasma as Atherosclerosis Risk Factor

Lead researcher: Shunichi Homma

A newly discovered molecule found in blood plasma, asymmetric dimethylarginine (ADMA), is known to inhibit the ability of nitric oxide to expand the blood vessels. This response is crucial to normal blood-vessel function, and high levels of ADMA have been linked to atherosclerosis. Researchers have found the first evidence of a link between ADMA and coronary artery disease.

Dr. Shunichi Homma, associate professor of medicine, and colleagues checked ADMA levels in 53 volunteers undergoing coronary angiography. The patients were divided into two groups: 23 people with no coronary artery disease and 30 people with disease in two or three of their coronary arteries. Even after adjusting for cigarette smoking, diabetes, and other known heart-disease risk factors, the researchers found that people with multiple coronary artery disease had higher levels of ADMA. Also, none of the other risk factors had any significant association with ADMA levels.

Dr. Homma presented his findings at the American College of Cardiology’s annual meeting in March 2000. The research was funded by the cardiology division of P&S.

Heart Failure at the Molecular Level

Lead researcher: Andrew Marks

Cardiologist Andrew R. Marks identified a molecular-level malfunction in patients with heart failure that can be repaired with existing treatments and may point the way toward new therapies for heart failure and heart arrhythmia.

“Up until now we’ve been treating symptoms but not the cause of heart failure. Our research suggests that there may be a way to treat the cause,” says Dr. Marks, the Clyde and Helen Wu Professor of Molecular Cardiology. Dr. Marks directs the Center for Molecular Cardiology at P&S.

The report of Dr. Marks’ discovery was published in the May 12, 2000, issue of Cell.

Heart failure, a leading cause of death worldwide, occurs when the heart is too weak to sustain proper circulation. Some patients in heart failure receive left-ventricular assist devices (LVADs), which are implanted in the chest to help pump the blood and give the patients own heart a rest until the heart can be transplanted. Patients in heart failure may be given drugs to improve symptoms, but heart transplantation is the only way to cure heart failure.

Dr. Marks’ research demonstrates that defects in the calcium channel controlling heart muscle function occur in heart failure. The membrane surrounding a cell contains a small calcium channel stimulated by the electrical impulses driving heart rhythm. When stimulated, this calcium channel triggers a larger calcium channel within the cell, called the ryanodine receptor, to release calcium ions. The rush of calcium ions then signals the heart muscle to contract powerfully.

The ryanodine receptor sits at the surface of the sarcoplasmic reticulum, a sac containing calcium ions, and is the major gatekeeper for calcium ion release. The more calcium that the ryanodine receptor releases, the stronger the contraction of the heart. Dr. Marks and his colleagues have discovered that increased levels of catecholamines, chemicals such as adrenaline that help transmit nerve impulses, can trigger the ryanodine receptor to release more calcium.

Patients with heart failure have high levels of catecholamines in their blood, but their calcium ion release system does not respond properly to these neurotransmitters. This causes the nervous system to release even more catecholamines, with little or no response from the heart muscle. Dr. Marks discovered that a malfunctioning ryanodine receptor is the weak link in the calcium channel release system that causes this failure in catecholamine response. In heart failure, the ryanodine receptor is excessively phosphorylated, rendering it unable to answer signals calling for the release of more calcium ions. When these ions are not released, the heart muscle cannot contract with the strength needed to pump blood through the body.

The research suggests that beta blockers, drugs used to treat cardiovascular disease, may prevent or even reverse the development of excess phosphorylation on the ryanodine receptor, allowing it to respond to cellular signaling and release calcium ions as needed. While beta blockers are not normally used in patients in the late stages of heart failure, Dr. Marks suggests that they should be considered as a way to help more heart failure patients.

In the study, Dr. Marks and his colleagues examined human hearts before and after heart failure treatment. They took tissue samples from the hearts of patients who were about to receive LVADs. These patients were eventually given heart transplants, after which Dr. Marks and his colleagues studied the patients’ old hearts. They noted that the calcium channels in the heart muscle tis-
Researchers Identify Pathway That May Slow ALS Progression

P&S researcher: **Serge Przedborski**

A study led at Harvard with participation of P&S researchers points toward a potential treatment for amyotrophic lateral sclerosis (ALS), more popularly known as Lou Gehrig's disease.

The study, led by Dr. Robert M. Friedlander at Harvard and the Brigham and Women's Hospital neuroapoptosis lab and neurosurgical service, was published in the April 14, 2000, issue of Science. Dr. Serge Przedborski, associate professor of neurology and pathology at P&S, was the main collaborator in the study, which also involved researchers from the University of Chicago.

The study used mice genetically engineered to have a mutation in the superoxide dismutase-1 gene (SOD-1), the same mutation found in the familial or hereditary form of ALS. Caspases are enzymes that are unleashed in apoptosis, or planned cell death, to destroy cells that are no longer needed or are abnormal.

Researchers believe that in neurodegenerative diseases like ALS, the process of caspase-mediated apoptosis is misdirected and begins to destroy neurons.

In the study, mice given a compound called zVAD-fmk that blocks the action of caspases developed ALS-like symptoms later and lived 22 percent longer than the mice who did not receive the drug. Dr. Przedborski points out that while zVAD-fmk inhibits several caspases at once, pharmaceutical companies have compounds under development that may inhibit caspases more specifically. He calls the study "proof of principle" that a caspase-inhibiting drug could help delay onset of symptoms and prolong life in ALS patients.

No treatment exists for ALS. "Virtually all our patients are dying," Dr. Przedborski says. "We can prolong life with mechanical ventilation, we can temporarily improve their quality of life with different strategies, but ultimately our patients are dying."

Dr. Przedborski notes that caspase inhibitors would not be a miracle drug and would not cure ALS. However, he suggests that a "cocktail" of drugs that attack the neurodegenerative process at several different points—similar to the successful strategy now used to treat HIV infection—could one day be used to slow the development of symptoms and prolong survival in ALS patients.

"Our study results are promising as they provide a foundation for evaluating drugs that could slow down the progression of ALS," says Dr. Friedlander, senior author of the study. "Although much more research needs to be conducted in this area, our research does bring us one step closer to finding a treatment for this tragic disease."

ALS is characterized by progressive loss of the motor neurons in the brain, brainstem, and spinal cord. On average, people who develop ALS die within five years of contracting the disease. Roughly 10 percent to 20 percent of ALS cases are hereditary.

All of the mice in the study were implanted with osmotic pumps that delivered zVAD-fmk, or a placebo, into the ventricles of the brain. They received the pumps at 60 days old, when the symptoms of the disease had not yet appeared, and received zVAD-fmk or placebo continuously for 56 days. The motor function of the mice was measured by timing how long they were able to stay on a rotating treadmill-like device called a Rotarod at a certain speed. The mice who received the highest doses of zVAD-fmk survived for an average of 153 days, as compared with 126 days for their untreated littermates, and were symptom-free for 20 days longer, on average.

The study was supported by grants from the NIH, the American Heart Association, the Whitaker Foundation, and the Richard and Lynne Kaiser Family Foundation.

The research was funded by the Association, the ALS Association, and the National Institute for Neurological Disorders and Stroke, the Muscular Dystrophy Association, the ALS Association, and Project ALS.
Restored Immunity Protects AIDS Patients from Opportunistic Infection

Lead researchers: Wafaa M. El-Sadr

A new study led by a Columbia researcher demonstrates that HIV-infected patients who respond well to antiretroviral drugs can safely forgo antibiotics to prevent certain opportunistic infections.

Dr. Wafaa M. El-Sadr, chief of infectious disease at the Harlem Hospital Center and P&S professor of clinical medicine, led the study, which included patients at 15 centers nationwide. The report of the study appeared in the April 13, 2000, issue of the New England Journal of Medicine.

According to U.S. Public Health Service guidelines, HIV-infected patients with CD4+ cell counts below 500 per cubic millimeter of blood should have antibiotic treatment to prevent Mycobacterium avium complex (MAC) disease, a serious and potentially fatal condition. CD4+ cells are immune system cells that fight infection and are attacked by the HIV virus. Levels of these cells are a measure of the strength of a person's immune system and the severity of HIV infection.

Dr. El-Sadr and her colleagues launched the study to determine whether prophylaxis is still necessary for HIV patients whose CD4+ cell counts rise above 100 per cubic millimeter after treatment with antiretroviral therapy.

The researchers enrolled 520 patients with a median CD4+ cell count of 230 per cubic millimeter of blood. All of the study participants had CD4+ levels below 50 at some point in the past but had two consecutive CD4+ cell counts of 100 or more since beginning antiretroviral therapy.

Half of the patients took azithromycin each week, while the other half took a placebo. Patients were followed for an average of 12.7 months. None developed MAC disease during the study. Three patients taking azithromycin and five patients taking the placebo developed bacterial pneumonia. During the study, 19 patients taking azithromycin and three of the patients in the placebo group dropped out because of adverse effects of the drug.

Dr. El-Sadr and colleagues describe several benefits that would result from allowing this group of HIV-infected patients to defer taking prophylactic antibiotics. Studies have shown that people who take antibiotics regularly are more likely to develop infections with antibiotic-resistant bacteria. Also, patients on antiretroviral therapy for HIV infection already take several drugs, and adding one more to the regimen increases the risk of drug interaction and also makes following treatment more difficult.

Infectious disease and immunology experts had questioned whether CD4+ cells reconstituted by antiretroviral therapy would be as protective against infection as normal CD4+ cells. This study suggests that antiretroviral therapy does reconstitute protective immunity. "The event rate for all opportunistic infections was actually pretty low across the board," says Dr. El-Sadr. "The lower event rate suggests that these individuals are protected against these complications."

The study was funded by a grant from the National Institute of Allergy and Infectious Diseases.

Imaging Tests Elucidate Stroke Recovery Process

Lead researcher: Randolph S. Marshall

As patients are known to recover from paralysis of one side of the body after a stroke, but the mechanism by which this recovery occurs is not understood. But a P&S neurologist has used an imaging technique called functional MRI (fMRI) to observe the parts of the brain activated in this recovery process, shedding light on how the brain reorganizes itself to restore motor function.

Dr. Randolph S. Marshall, assistant professor of neurology, compared eight patients who had suffered strokes with six healthy controls. The stroke patients had fMRIs within the first few days after the stroke occurred and again three to six months after the stroke. Their brains were imaged as they performed a simple motor task using the weak hand.

Paralysis occurs on the opposite side of the body from the site of a stroke. In a healthy person, the right side of the brain is activated while a person performs a task with his or her left hand. In Dr. Marshall's study, the stroke patients showed heightened brain activity on the same side of the body as the hand that they were using to perform the tasks. But as they began to recover full use of the paralyzed hand, the opposite side of the brain—in the hemisphere where the stroke occurred—began to show more and more activity.

Dr. Marshall's results suggest that as the brain recovers from stroke, nerve networks within both hemispheres reorganize themselves in a dynamic fashion to compensate for the injury. The study was published in the March 2000 issue of the journal Stroke.

New Class of Drugs May Stabilize Progressive, Recurrent Prostate Cancer

Lead researcher: Erik Goluboff

Researchers have shown that a new drug may be a viable treatment option for slowing tumor growth in men with advanced prostate cancer. The study is the first of its kind to show a significant effect of a new class of drugs that may stabilize progressive, recurrent
disease in patients with advanced prostate cancer.

Results were presented at the annual meeting of the American Urological Association in Atlanta, Ga., on May 1, 2000. According to Dr. Erik Goluboff, principal investigator and assistant professor of urology at P&S, evidence indicates that the drug, Exisulind, increases the rate of programmed cell death in cancer cells without damaging normal cells. This means that the cancerous cells die and can no longer keep dividing and multiplying, which stops the cancer from growing.

Exisulind is from a new class of compounds called selective apoptotic anti-neoplastic drugs (SAANDs). SAANDs inhibit cyclic GMP phosphodiesterase and selectively induce apoptosis in abnormally growing precancerous and cancerous cells. Because SAANDs do not induce apoptosis in normal cells, they do not produce most of the adverse reactions or serious side effects normally associated with chemotherapeutic agents used to treat cancer.

“Our study showed that Exisulind can safely and significantly arrest tumor growth with a minimum of side effects,” says Dr. Goluboff. The results provide evidence that the drug may be an effective alternative to current treatment options.

Previous studies in mice showed that Exisulind inhibits the growth of prostate cancer by 80 percent to 90 percent. In a related study of patients, researchers found that the drug also caused regression in the growth of precancerous colonic polyps, a condition that often leads to colon cancer.

This trial followed 96 prostate cancer patients, who already had their prostate glands removed, for 12 months. All had rising prostate-specific antigen (PSA) levels, indicating recurrent disease. Half received Exisulind and half were given a placebo. The researchers measured the drug’s ability to slow or halt disease progression by following PSA levels.

Imaging tests were performed before and after the study. All of the men were classified into risk groups with no statistical difference in age, race, and weight. The study showed a significant decrease in the rate of rise in PSA in patients given Exisulind compared with placebo.

Almost 185,000 new cases of prostate cancer will be diagnosed in the United States this year. More than 39,000 men will die of the disease, making it the second leading cause of cancer death in men. While prognosis is good when prostate cancer is detected early, advanced disease has no cure. Available therapies, such as drugs, hormones, radiation, or chemotherapy, try to limit spread of the disease and increase survival time by shrinking or stabilizing tumors.

Dr. Goluboff cautions that more research needs to be conducted to determine long-term effects in these patients and in other groups of patients with prostate cancer. The study was funded by Cell Pathways Inc., developer of the drug Exisulind.

Prostate Cancer: New Treatment Option

Lead researcher: Aaron Katz

A clinical study reported in the journal Urology indicates that for patients whose prostate cancer recurred following radiation therapy, secondary treatment with cryosurgery can stop disease progression and improve long-term survival. Columbia-Presbyterian Medical Center is the first place in New York to offer this minimally invasive treatment.

Each year 30 percent of the 180,000 men diagnosed with prostate cancer undergo radiation therapy as a primary treatment; 40 percent of those treated—22,000 men—have a recurrence of the disease. “Cryosurgery—both as primary and as salvage treatment—offers great promise for men with recuring prostate cancer who have had limited treatment options,” says Dr. Aaron Katz, assistant professor of urology and lead author of the study. “Unlike other procedures, cryosurgery can be performed on older men or those who may have previous existing health problems.”

Blocking Growth Factor Halts Tumor Advance, Spread in Mice

Lead researchers: Ann Marie Schmidt and David Stern

Researchers at P&S have found that blocking the interaction of two naturally occurring molecules in tumor cells restricts the growth and spread of neoplasms in mice. The finding, published in the May 18, 2000, issue of the journal Nature, suggests a similar approach may be helpful in treating human cancers.

Dr. Ann Marie Schmidt, associate professor of surgical science (in surgery), and Dr. David Stern, professor of physiology and cellular biophysics and Carrus Professor of Surgical Science (in surgery), their colleagues, and researchers at Osaka University and Kanazawa University in Japan are investigating the receptor for advanced glycation endproducts (RAGE). This receptor, found on the surface of many types of cells, interacts with several molecules (termed ligands) that play a role in both health and disease. Some of these molecules are involved in development, maintenance of normal cellular functions, and inflammation, while others have been implicated in diabetes and Alzheimer’s disease.
The researchers investigated one ligand in particular, amphoterin. Normally, when RAGE and amphoterin interact they trigger intracellular processes likely to be involved in normal development. But sustained RAGE-amphoterin interaction in the context of tumors is shown to promote rapid proliferation, cell migration, and invasion. The researchers studied whether blocking RAGE and amphoterin from interaction would have any effect on tumor behavior.

They used several strategies for blocking this interaction using tumor models in laboratory mice. The first model used local injection of glioma cells, derived from a tumor of the nervous system, to develop tumors on the backs of mice. Blockade of RAGE-amphoterin interaction by several methods strikingly decreased tumor size. The second model was one of metastasis. In this model, blocking RAGE strongly suppressed lung metastasis. The third model used genetically manipulated mice prone to the development of skin tumors called papillomas. Preventing access of ligands to RAGE in these mice decreased the number and size of the papillomas.

Inhibition of RAGE-amphoterin interaction appeared to exert its effect on the tumor cells by decreasing tumor cell growth, migration, and invasion. This inhibition did not kill tumor cells, nor did it affect angiogenesis, the growth of blood vessels into the tumor. Thus, Drs. Schmidt and Stern suspect that combining RAGE blockade with cell-destroying and anti-angiogenic therapies might provide even more potent anti-tumor therapy. The authors point out, however, that it is essential to interpret their data cautiously in the broader context of tumor behavior in humans, since the studies have been performed only in selected mouse models. The study was funded by the NIH.

**Prenatal Famine Exposure Linked to Mental Illness Risk**

Lead researcher: **Alan S. Brown**

A new study by P&S researchers provides additional evidence linking prenatal exposure to famine with major affective disorders requiring hospitalization, such as major depression and bipolar disorder.

Alan S. Brown, assistant professor of clinical psychiatry, compared the risk of major affective disorder among people who were born during the Dutch Hunger Winter of 1944-45 with the risk among individuals who had not been exposed to famine. Dr. Brown and his colleagues found that risk of this type of mental illness among both men and women increased for famine exposure during the second trimester. The risk of major affective disorder increased even more when exposure occurred during the third trimester. The study, "Further Evidence of Relation Between Prenatal Famine and Major Affective Disorder," appeared in the February 2000 issue of the American Journal of Psychiatry.

The study was funded by the National Institute of Mental Health, the New York State Psychiatric Institute, and the Theodore and Vada Stanley Foundation.

**High White Blood Cell Count Linked to Stroke**

Lead researcher: **Mitchell S. Elkind**

Evidence suggesting that chronic, mild infection may contribute to the development of blockage in the carotid arteries of the neck, a risk factor for stroke and a symptom of heart and blood-vessel disease, was reported by researchers studying the association between high white blood cell counts, which suggest infection, and the thickness of plaque in the carotid arteries. Dr. Mitchell S. Elkind, assistant professor of neurology, found that individuals with the highest white blood cell counts tend to have the thickest plaques in their carotid arteries.

The research results were presented at the American Heart Association’s annual meeting Feb. 10, 2000. The research was funded by the National Institute of Neurological Disorders and Stroke and the Centers for Disease Control and Prevention.

**Weight-Loss Drug Helps with Diabetes**

Lead researcher: **Steven B. Heymsfield**

Orlistat, a drug that reduces the absorption of dietary fat, helped a group of patients with diabetes lose weight and also lessened the severity of disease in some patients, Columbia researchers found. The study, led by Dr. Steven B. Heymsfield, professor of medicine at St. Luke’s-Roosevelt, appeared in the May 8, 2000, issue of Archives of Internal Medicine.

The researchers evaluated pooled data from three trial studies of 675 patients. Some patients had impaired glucose tolerance, meaning that although they did not have full-blown diabetes, they had difficulty metabolizing sugar. During the course of the study, a smaller proportion of patients on Orlistat (3 percent) progressed to diabetic status than in the control group (7.6 percent). Among these patients, glucose tolerance improved to normal levels in more of the patients on Orlistat (71.6 percent) than in the control group (49.1 percent).

The research was funded by the National Institute of Diabetes and Digestive and Kidney Diseases and Hoffmann-La Roche Pharmaceuticals.
A new application of electromagnetics shows promise in treating psychiatric disorders. The technology, transcranial magnetic stimulation (TMS), also provides an unparalleled opportunity to probe the brain in action.

TMS uses an electrical current, switched rapidly on and off, to create a magnetic field of up to 2 Tesla, similar in power to that produced by a magnetic resonance imaging machine. The electrical current travels through loops of copper wire in a hand-held coil, shaped like a paddle. When a clinician holds the coil against a person’s head, the magnetic field passes through the skull and produces an electrical current within the brain tissue. This current induces neural depolarization up to about two centimeters beneath the scalp.

TMS alters blood flow and metabolism within the brain, affects levels of neurotransmitters, and also boosts the activity of certain genes within the brain. Some of these changes are similar to the effects of drugs and electroconvulsive therapy (ECT) but are more focal.

Scientists have understood the relationship between electricity and magnetism for more than a century, and electricity has been used in medicine for perhaps even longer. What’s new about TMS is that it allows clinicians to produce electrical activity in the brain without having to pass an electrical current through the scalp and skull. In ECT, electrodes attached to the scalp generate a current that passes through the skull into the brain. Because this current must pass through the bone barrier of the skull, the clinician has less control over which brain regions are being stimulated. The scalp and skull, on the other hand, are transparent to magnetic fields, giving clinicians better control over where and how much they stimulate the brain.

Researchers at the University of Sheffield were the first to use TMS on the brain, reporting their research in 1985. Interest has increased dramatically since several reports in the late 1980s and 1990s suggested that TMS could be an effective treatment for depression, mania, and schizophrenia.

High-frequency stimulation of the left prefrontal cortex or low-frequency stimulation of the right prefrontal cortex are two strategies that have shown promise for treating depression. Patients typically have TMS for about 10 to 30 minutes a day, five days a week, for two weeks. They are awake and sit in a chair as the magnetic stimulation is delivered.
Dr. Sarah Lisanby, assistant professor of clinical psychiatry and director of the Columbia TMS laboratory, is a leader in TMS investigation. She is conducting a placebo-controlled trial to determine whether TMS can augment the effects of antidepressant drugs. She has worked with Dr. Laura Boylan, postdoctoral clinical fellow in neurology, on a study of TMS for treating slowness and tremor in Parkinson's disease. She also has launched animal studies, funded by a National Institute of Mental Health R01 grant, of magnetic seizure therapy (MST) as a new way to induce convulsions for treating depression. These studies will compare MST with ECT to test whether MST has fewer cognitive side effects than ECT. This work will form the basis for human studies using MST to treat depression. In fact, Dr. Lisanby recently treated the first patient with MST as part of an international collaboration in Bern, Switzerland. Collaborators on this study were Dr. Thomas E. Schlaepfer and Dr. Hans-Ulrich Fisch of the University of Bern and Dr. Harold Sackeim, professor of clinical psychology in psychiatry at P&S. This work was presented to members of the International Society for Transcranial Stimulation and the Society of Biological Psychiatry.

Despite the promising results of preliminary studies of TMS for patients with depression, bipolar disorder, and schizophrenia, Dr. Lisanby points out that much more basic and clinical research needs to be done. One particularly challenging aspect of TMS research, she observes, is the four parameters used in applying the therapy: frequency; duration of the train (series of electrical impulses); intensity of the magnetic field; and time interval between trains, all of which must be investigated. It is also difficult to conduct a truly blinded or placebo-controlled study with TMS.

"I think the most exciting ability of TMS is the ability to probe brain function," says Dr. Lisanby. TMS can deliver electrical pulses lasting less than a single millisecond and can be aimed at an area as small as one-half centimeter square. Timed and targeted properly, a TMS-delivered impulse can interfere with a patient's perception of a specific stimulus. The effects of repeated TMS pulses can be observed on a PET scan. "You could light up and modulate a circuit in real time on the PET scan," she explains. "There's no other technique that can do that."

Although TMS is relatively benign, it is not free of side effects or risks. The main side effect is a tension headache, which occurs because TMS causes scalp and facial muscles to contract. In early trials, TMS induced seizures in some patients, but guidelines have been established to keep dosages below the seizure-producing level. No patient has experienced a seizure while undergoing subconvulsive TMS treatment at Columbia. However, Dr. Lisanby adds, TMS treatment must be given in a medical setting by a physician. "It's not likely to become a take-home device."

While magnetic fields and electrical currents are invisible, their effects are not. A person undergoing TMS will feel a tapping on the head and hear a clicking noise. "It has a real physical effect you can see," notes Dr. Lisanby, making blinding TMS trials difficult. For a placebo in her own research in both humans and animals, Dr. Lisanby tilts the coil off the head so it doesn't produce substantial current within the brain. The physician is aware of this, however, and the stimulation feels different to the patient. Some centers are investigating the possibility of a sham coil that, when held straight to the head, would not deliver current directly to the brain.

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**Resources for more information about these topics**

**Transcranial Magnetic Stimulation**
Dr. Sarah H. Lisanby, Director
Magnetic Brain Stimulation Laboratory
New York State Psychiatric Institute
Phone: (212) 543-5568
Fax: (212) 543-6056
E-mail: SHL24@columbia.edu

**New Surgical Tools**
Dr. Michael Treat, Department of Surgery
Phone: (212) 932-4520
Fax: (212) 932-5468
E-mail: treatmi@netscape.net
Starion Instruments
Phone: (408) 741-8773
Fax: (408) 741-8774
http://www.starioninstruments.com

**Female Sexual Dysfunction**
Dr. Ridwan Shabsigh, Director
New York Center for Human Sexuality
Department of Urology at College of Physicians & Surgeons
Phone: (212) 305-0123
Fax: (212) 305-0126
E-mail: rs66@columbia.edu
A New Tool for the OR

A P&S surgeon has developed a new cautery technology that simultaneously seals and divides tissue, including blood vessels, lymphatics, neural structures, and bile ducts. The simple technology offers safety advantages over the standard electrosurgical cautery devices in use today. It actually works on the tissue in a manner similar to lasers and ultrasonic devices but at a fraction of the cost and complexity. The simplicity of the new technology makes it easy to "empower" standard surgical instruments to seal and cut tissue.

Three instruments—a surgical forceps, Kelly clamp hemostat, and laparoscopic grasper-dissector—have been "empowered" so far with the technology. All three devices have won FDA approval and are being manufactured and marketed by Starion Instruments Corp., a start-up based in Saratoga, Calif.

Dr. Michael R. Treat, associate professor of clinical surgery, invented the technology. "The closable element in each tool contains a heating element. The key is using a combination of heat and pressure. The heat denatures the tissue proteins and in combination with the pressure causes the proteins to stick or seal together. Additional heat is used to cut tissues or vessels which have been thermally 'welded' or fused together," says Dr. Treat.

Compared with the standard electrosurgical devices, this technology does not interfere with pacemakers, monitoring devices, or other devices that use computer chips, which are increasingly common in today's OR. Standard electrosurgical devices use high frequency (actually the frequency of radio waves), high voltage electrical currents that must pass through the patient's body to achieve the desired cautery effect. The new technology is based on pure thermal energy generated by low voltage direct current. No electricity is required to pass through the patient's body and the low voltage direct current does not cause electrical interference. "This is the only cautery system that's computer-compatible," says Dr. Treat.

The instrument can cauterize without passing electricity into the patient's body, eliminating risk of damage to adjacent tissues by stray electrical currents, which is known to occur with the standard electrocautery devices. This makes the technology especially attractive for laparoscopic surgery and neurosurgery.

The advantage of the new technology over laser or ultrasonic energy devices is apparent through its economy and portability. Instead of a bulky, heavy, and expensive power unit, the Starion device can be run from a battery pack containing four D cells, making the technology well-suited for the developing world or in the field, in disaster-rescue missions, or on the battlefield. "We can modify the devices so that they can work from the cigarette lighter adapter of a rescue vehicle," says Dr. Treat.

Dr. Treat, who has a background in physics, began developing the device after he realized that surgical tools powered by radio frequency currents, lasers, and ultrasound all basically work on tissue by means of heat energy. He worked to design a tool that would use heat directly from a very simple thermal source, instead of starting out with a more complex and cumbersome source, such as a laser, which would end up as heat in the tissue anyway. "I felt like I was cutting out the middle man. If you want to heat up the tissue, why start with laser energy or ultrasonic energy. There have been other devices that use heat. This is the first one to use pressure as well as heat and is able to cut as well as seal tissue."
Help for Female Sexual Dysfunction

Sexual dysfunction among women is common but poorly understood—and rarely treated. Dr. Ridwan Shabsigh and his colleagues at the New York Center for Human Sexuality are working to change that.

"More education of the public about female sexual dysfunction is important," says Dr. Shabsigh, associate professor of urology and director of the Center for Human Sexuality. He notes that female sexual dysfunction—FSD—is believed to affect 20 percent to 50 percent of women. A 1999 analysis of the National Health and Social Life Survey, published in JAMA, found that 43 percent of women experienced some type of sexual dysfunction, with one-third reporting low sexual desire, 23 percent reporting no pleasure in sex, and 18 percent reporting pain with intercourse.

The center was established in 1990 and began seeing female patients in 1997. In 1999, Dr. Shabsigh and his colleagues established a multidisciplinary team devoted to diagnosing, treating, and studying FSD. Dr. Shabsigh leads this team, which includes Dr. Anne Davis, assistant clinical professor of obstetrics and gynecology; Dr. Nabil Husami, associate clinical professor of obstetrics and gynecology; Dr. Hilda Hutcherson, assistant professor of clinical obstetrics and gynecology; and Dr. Stuart Seidman, assistant clinical professor of psychiatry.

"It's a much more complex field than male sexual dysfunction," says Dr. Shabsigh, pointing to issues specific to women, including menopause, pregnancy, the menstrual cycle, and contraception. Researchers are still developing techniques for evaluating female sexual function, he notes, and the physiology and psychology of desire, arousal, and orgasm in women are not completely understood. "It would be wrong to assume scientifically that a woman is just like a man."

Dr. Shabsigh and 18 other experts in female sexual dysfunction have produced a new set of classifications and definitions of FSD, published in the March 2000 issue of the Journal of Urology, applicable in both medical and mental health settings. The new definitions preserve the four classifications used in ICD-10 and DSM-IV: sexual desire disorders; sexual arousal disorders; orgasmic disorders; and sexual pain disorders. But the panelists changed the specific definitions and criteria for each of these diagnoses and added a new category for non-coital sexual pain disorder. The panelists also added a "personal distress" criterion. The four categories also are subtyped based on etiology and whether they are lifelong or acquired or generalized or situational.

Despite the new classifications, experts in female sexual dysfunction are still faced with finding ways to measure sexual dysfunction. The center participated in a multicenter study to validate a 19-question self-report instrument to assess female sexual function. The center also uses physiological techniques to evaluate women's sexual functioning, employing equipment that monitors vaginal wall blood volume and vaginal pulse amplitude with and without sexual stimulation.

Studies of FSD now under way at the center include a double-blind, placebo-controlled, randomized study of drug treatment for female sexual arousal disorder to evaluate sublingual apomorphine. The center is also planning similar studies of transcutaneous testosterone, NADH, oral phentolamine and other drugs.

Now that Viagra has brought male sexual problems into the spotlight, Dr. Shabsigh hopes the issue of women's sexual health will follow. He predicts that better treatments for women's sexual dysfunction will become available and women will become more comfortable seeking treatment.
On only 12 out of every class of 120 students were female. Medical students spent less time doing research over the summer and more time waiting tables to come up with the $1,000 needed for tuition. After graduation, young doctors entered a medical field yet to be drastically changed by managed health care. These were the experiences of P&S students of the 1950s and '60s. Many of them had children who followed them into the field of medicine. When speaking to both generations, the main question is: How has this field changed, and how has it remained the same?

"It's still medicine. It was hard then, and it's just as demanding now," says Douglass Pennoyer '54. He met his wife, Doris '54, at P&S. Douglass Pennoyer is retired, but Doris Pennoyer shares a practice with their daughter Marguerite '82. All three live in Maine; son William '92 is a colorectal surgeon in Connecticut.
“One difference is simply the greater amount of knowledge necessary,” Douglass Pennoyer says. “The technology and knowledge of the profession has continued to grow and expand.”

Dr. Allen Hyman, P&S professor of anesthesiology, agrees. He did not go to school at P&S, but he is approaching his 40th year at the medical center. His son Joshua, assistant professor of orthopedic surgery at P&S, graduated from the school in 1990. “When I went to school in 1955, there were only two or three antibiotics,” the older Dr. Hyman recalls. “Penicillin was relatively new, cortisone was not really available, there was no open heart surgery, there was very little lung surgery, and neurosurgery was still very primitive.”

“Medical science has advanced so much, students have a great deal more information to keep in their heads these days,” says Carmen Ortiz-Neu’63. The P&S clinical professor of medicine met and married the late Dr. Harold C. Neu, a longtime faculty member, during medical school. Their daughter, Natalie’90, is an assistant professor of pediatrics at P&S.

Donald Gerber’57 and his wife, Marcia’67, both work at SUNY Downstate Medical Center, where he is professor of clinical medicine and she is clinical associate professor of medicine. Their daughter Susan graduated from P&S in 1994 and is completing her fellowship in maternal-fetal medicine at Northwestern University in Chicago. “We did not have the technological advances that we have now,” says Marcia Gerber. “When I was a medical student, I had a young patient dying of chronic renal disease, but there was no dialysis or transplantation yet at our medical center.” Her husband points out that the number of patients dying has not necessarily changed over the years, even though these patients died from things that doctors can now treat. Advances in the field may change circumstances, he says, but, “unfortunately, everybody still dies eventually.”

The SUNY professor is more interested in how these breakthroughs have affected today’s caregivers. “The patients history and physical examination is the same, but 45 years ago, it was taken more seriously,” he says. “We didn’t have the radiology, sonography, and blood tests that we now have to fall back on.”

Allen Hyman sees a more modern education bringing about a different effect. “When I was taking clinical medicine, I was an apprentice to a clinical professor,” he recalls. “I took calls with this surgeon, saw patients with him in his office, and went to the OR with him. You learned from these mentors the actual behavior of being a doctor.”

“That couldn’t really happen today,” his son says.

“At a school like P&S, it would be difficult to practice that. This is a tertiary care clinic serving a major city. There aren’t any family doctors around to mentor you. Everything you learn is from specialists who are very good at their discipline.”

**A New School is in Session**

Increased knowledge has brought with it increased expectations of the newer generations in medicine. “It was a different time as far as even getting into medical school,” says Marguerite Pennoyer. “I’m sure both my parents would have gotten in anyway, but in my day there was tense competition. You weren’t certain of going anywhere.”

Natalie Neu experienced the same level of competition even after getting into P&S. “Today you can’t just do coursework and expect to get a good residency,” she says. “Now there’s much more pressure to do research while you’re in medical school, and even to go beyond that, doing theater productions and volunteer work. It’s no longer enough just to graduate from a good school if you want a competitive residency.”

Pressure for the older generation was finding cash to pay tuition, because taking out a loan wasn’t an option at the time. Instead of conducting research, many of the previous generation’s medical students scraped by with any job they could find. Allen Hyman worked as a waiter and a wine steward, and Ronald
Maenza’61, a retired pathologist, spent summers bus-
ing tables at a resort in the Catskills or working as a
children’s camp counselor. His daughter Janine’90, on
the other hand, spent summers pursuing her medical
education as early as high school. Janine Maenza,
assistant professor of medicine for the University of
Washington, spent those formative years working as a
lab technician.

As expensive as it has become, medical school
wasn’t much of a bargain back then either, says Dr.
Ortiz-Neu. She helped deliver newspapers in Bard
Hall to help her father pay her tuition in the early
’60s. “But there is no question that it is much more
expensive to go to medical school now.” Today the
annual tuition at P&S is nearing $29,000. The aver-
age debt carried by medical school graduates is
$89,000. A student would have to deliver quite a few
newspapers to even dent those numbers.

“When I went to medical school my tuition was
$1,000,” says Allen Hyman. Students of his genera-
tion did struggle, but scholarships, odd jobs, and help
from the family were enough to get by. “If you’re able
to cover your own tuition today,” Joshua Hyman
laughs, “then you might as well forget about ever
going to medical school!”

“Sometimes I think the world is off by a decimal
point,” says Ronald Maenza. “My first car cost about
$2,000. Today that car might cost $20,000. But my
first salary was about $3,600 a month and my first
monthly rent was about $75. Today that is not the
same, and now students are leaving medical school
with close to $100,000 in debt. We just didn’t have
this kind of debt burden.”

Joshua Hyman sees the debt affecting more and
more career tracks. “Some students spend less time as
residents,” he explains. “Some will choose specialties
and fellowships based primarily on economic gain.”

Take This Job and Manage It

“Forty-five years ago, medicine was not as lucrative
as it is today. In the neighborhood I lived in, physi-
cians lived in the same housing as plumbers, tailors,
and shopkeepers, because their incomes were not that
different,” says Donald Gerber. The older generations
would probably concur that the profession was not
lucrative then, but most doctors, young and old,
would argue that things are not that much better
today. The main reason for the downturn can be
attributed to shortcomings in managed care.

“If you’re in an academic practice it is difficult to
rely on payment from managed care companies to
survive in that practice,” says Natalie Neu. “My prac-
tice failed financially after two years, because we
would bill a certain amount for our work yet collect
only a third of it.”

Her P&S classmate Joshua Hyman agrees. “By the
time I went to medical school it was clear that medi-
cine was never going to be the same,” he says. “There
would be more control over what doctors do, and
compensation would be less.”

Still, opinions vary. “Managed care did not change
surgery too much,” says Douglass Pennoyer. “You still
sit down with your patient and explain the procedure.
You still do the operation. Yes, there are problems with
billing, but you just have to get someone to help you
with billing or do that part for you.”

“Yeah, guess who set up all his billing codes,” his
wife interjects. “Doug is the eternal optimist. Managed
care is making increasing demands on physicians and
staffs, while reimbursing them less and less.”

“People complain a lot about Medicare too,” her
husband reminds her, “but we didn’t get paid at all by
a lot of elderly people in the days before Medicare.
They didn’t have the money to pay for medicine or
health insurance, and they’d pay you what little they
could afford. Sometimes it was a half dozen lobsters
or some other gift.”
“But really, some of the burdens Medicare and managed care place on private practices now are simply outrageous and even detrimental to good patient care at times,” Doris Pennoyer counters. “Were it not for sharing a practice with Peggy [their daughter Mar-guerite], I might have retired in frustration by now. At least in private practice we can determine how much time we devote to the patient, whether we get paid for it or not. Physicians in some managed care settings often cannot.”

Warner Nash’53 met his wife, Artemis’53, in medical school at P&S. He bristles when discussing the changes managed care has brought to medicine. “It certainly detracts from the quality of care patients receive,” says Warner Nash. “Some doctors are now forced to spend as little as four minutes with a patient. There are large groups of specialists treating any one patient. One-on-one treatment is gone because shared practice is the only way to survive. Maybe a nationalized, not-for-profit system will replace this one.” He is a retired gynecologist; his wife is a pathologist at Lawrence Hospital and associate clinical professor of pathology at P&S.

“One of the major effects of managed care has been considerable financial stress,” says daughter Laurie Nash’90. “Many of us are a little frustrated at having a salary below what we expected in this field.” She is an internist in private practice in New York.

“There seems to be greater emphasis on cost-effectiveness in medicine these days with the realization that we do not have unlimited resources,” says Susan Gerber. “I have seen growing dissatisfaction among the older physicians because of the restrictions imposed upon their practices by insurance companies.”

Her mother agrees. “Incentives given to keep costs down are wrong,” Marcia Gerber says. “Many patients are suffering because of managed care, and many physicians are frustrated in their attempts to do what is right for their patients.”

“In the past, I think reimbursement was never discussed because it was coming in and it wasn’t an issue,” says Joshua Hyman. “Now I’m told you have to see more patients, you have to produce, because the money is tighter. This is not only a problem at this center. I’ve talked with colleagues at other centers who say the same thing.”

A Woman’s Work...

As challenging as an education and a career in medicine have always been, women in this profession have historically faced even greater obstacles. A few decades ago, simply being female posed unique problems. Carmen Ortiz-Neu and Marcia Gerber went to P&S in the 1960s. Both their classes accepted only 12 women out of 120 openings. Artemis Nash holds the distinction of being the 13th female in her class. “I was told I would complete a baker’s dozen,” recalls the native of Greece. “That was the first time I had ever heard that saying.”

Today, the male-female ratio is closer to 50-50, but that is not the only drastic change women have noticed. Both Carmen Ortiz-Neu and Marcia Gerber remember the inconvenience of not having on-call rooms for women. At the time, only men had their own facilities. How drastically have things changed? “Now we all just sleep together,” says Natalie Neu. “During my internships we all slept in bunk beds in the same on-call room.”

A few decades ago, the issue of having children only increased any difficulty women faced. Dr. Ortiz-Neu had her first daughter when she was an intern at Janine Maenza’90 and her husband, Andrew Friedman (holding son Grant), are second from the right. They had a daughter, Katie, on June 11, 2000.
Georgetown. She was pregnant with Natalie soon after, and she had her third child, a son, during her fellowship. “I was fortunate that I was allowed to work part time and split the fellowship with another doctor,” she says. That is standard practice today.

Dr. Ortiz-Neu delivered her first child and returned to her internship two weeks later. Today, federal law mandates employers to offer up to 12 weeks of maternity leave. Although these changes offer more flexibility to Natalie Neu— who was due to give birth to her first child only weeks after being interviewed— she does not expect things to be any easier for her. “Back then, it was expected that you were going to work part time and be with the kids. I plan on coming back full time to pursue my academic career.”

Doris Pennoyer raised six children and hardly missed a beat in both her medical education and career. She was a practicing endocrinologist, worked with hospital employee health plans, established a training program for nurse physician assistants, and was vice president in the medical division for Maine’s largest insurance company, before doing a fellowship in allergy/immunology. Her maternity leave during her residency was a mere five days. “She made it harder on the rest of the women, by doing so much,” her husband says. “When I was pregnant while working at Roosevelt there were no other women to compare my situation to,” she says of her immediate return to her career. “Now women can take two or three months maternity leave.”

The Pennoyers struggled to find help raising the children, so Doris was forced to work part time, delaying her career. She completed her last fellowship according to her daughter.

Some Things Never Change

Fierce competition adds to the pressures of school. Escalating tuition heaps enormous debt burdens on graduates. And managed care swells overhead costs, reduces reimbursement, and even forces some doctors out of their practice. A career in medicine isn’t what it used to be. Yet medical schools are still filling classes, and the profession continues to be one that is passed down through generations within the same family. Why?

“People ask me what I think of my kids becoming doctors,” says Joshua Hyman, who has twins, Jacob and Julia. “There is no question, I think it’s a great idea.

“If you expect to work 9-to-5, all of your patients to have wonderful results, and make a lot of money, I think you’ll be greatly disappointed. There’s no question there is more hassle in medicine than there used to be, but that shouldn’t dissuade anyone from wanting to be a doctor.”

His father, Allen Hyman, expands on this sentiment. “The good news is the hassle factor, like malpractice issues and the problems with reimbursements, are offset by new opportunities. Medical innovations and advancements have allowed doctors more opportunity for personal and intellectual satisfac-
faction. In my day, most people did not choose this profession for economic reasons. That will never change.”

Of course, Joshua Hyman had influences in addition to his father. His neighbors included Dr. John Schullinger, P&S special lecturer in surgery, and Drs. Arnold and Sandra Gold of the Gold Foundation. “If, growing up, your father is a pediatric anesthesiologist, your next-door neighbor does pediatric surgery, and the guy across the street is a pediatric neurologist, you naturally think everybody must take care of kids!”

“It’s a wonderful profession . . . almost like a calling,” says Carmen Ortiz-Neu. “I’m glad I have at least one child in medicine. I hope I have at least one grandchild that goes into medicine too.”

“Your only care must be to help someone else, and you can’t want payback—money, academic glory, recognition,” says Natalie Neu. “It’s difficult emotionally, psychologically, and financially. It takes a different kind of person to survive. But regardless of what I say, I know my daughter will be immersed in this lifestyle. I’m going to bring her with me to the hospital. My husband will bring her with him to the OR. That’s how I grew up.” Her daughter, Julia Neu Middlesworth, was born June 21, 2000.

“We really didn’t want to influence our kids one way or the other, but that influence is always there,” says Douglass Pennoyer. “Our kids saw the satisfaction we have had in this profession.”

“Our parents gave us tremendous support. Mom gave us her brains, and Dad gave us his optimism,” says William Pennoyer. The third-generation surgeon also thanks his father for a happiness that has “proven to me that not all surgeons are grumpy!”

“We just saw this profession as something our parents loved,” Marguerite Pennoyer adds. “I hope my kids see that too.”

“We tried not to pressure our daughters in their choices,” says Artemis Nash. “Although sometimes my husband would try. He’d ask them, ‘You think you might want to be a doctor?’ and I’d tell him, ‘Warner, that is called pressure.’”

But Laurie Nash was already feeling a positive influence from both parents, and she hopes to affect her children in the same manner. “The most profound way my parents influenced me was in how much they loved their work,” she says. “I would be thrilled if my kids chose another path, but I would be equally happy and supportive of a career in medicine, despite the current problems. I would like to influence them as my parents did by showing them I love my work.”

Even though they are past retirement age, both her parents still share Laurie Nash’s enthusiasm. “Any motive other than a love of science and helping your fellow man will lead to disappointment, especially these days,” says Artemis Nash.

“Taking care of people as a doctor is a privilege and a source of unequaled personal satisfaction,” says Warner Nash. “That will always attract the best and the brightest to this profession. So you’re not going to be a millionaire. So what?”

“I never tried to push my kids toward medicine, but I think they could see how much I enjoyed it,” says Ronald Maenza. “I’m still excited by medicine, and I would do it all over again.”

“My father was the only real influence in my career choice,” says daughter Janine Maenza. “I saw him happy and continually interested in his career in medicine.”

“Although I never put pressure on Sue to study medicine,” Marcia Gerber explains, “I told her that it is a wonderful field, and I have been very happy in this profession.”

“My parents’ careers gave me a great deal of respect for the profession,” says Susan Gerber. “Ultimately, a career in medicine is more than a job; it is an identity.”
Genetics & Development, 30 Years Later

By Anne Harding

Genetics is often front-page news today, but Paul Marks faced strong opposition to his efforts to found a genetics department at P&S in the late 1960s.

Dr. Marks attended Columbia College and P&S (Class of 1949) and became an instructor in 1950. During the 1950s, he conducted groundbreaking research in hematology, demonstrating that deficiency of the enzyme G-6-P dehydrogenase was a genetic defect responsible for a number of types of anemia. Named assistant professor in 1957, Dr. Marks was appointed director of clinical pathology teaching in 1960. The following year, he became director of hematology.

In 1961, Dr. Marks was a visiting scientist at the Pasteur Institute working with Jacques Monod and François Gros when the two discovered messenger RNA. He returned to P&S and immediately applied mRNA to the study of protein synthesis in cells. Dr. Marks soon became the first to demonstrate the existence of polyribosomes in intact mammalian cells and to elucidate their structure and function.

The clinical potential of molecular genetics was clear to Dr. Marks. “I was very gung-ho with molecular genetics. It was an incredible environment that I had come from,” he recalled in his opening remarks at a March celebration of the 30th anniversary of the Department of Genetics and Development. But, he added, the P&S establishment didn’t share his enthusiasm. “This department was begun with great reluctance on the part of the medical school. The concept of having a department of molecular genetics was a strange one.”

The Columbia Trustees voted to form the Department of Human Genetics and Development in 1969 but did not allocate funds for hiring faculty or providing laboratory and office space. Dr. Marks got around this difficulty by giving existing P&S faculty joint appointments in the department and securing NIH funding. The first faculty member he recruited to the department was Dr. Sol Spiegelman. “As a new basic science department, it had to struggle to get its piece of the pie,” recalls Dr. Georgiana Jagiello, who joined the faculty in 1970 and is now professor emeritus of genetics and development (and of ob/gyn).

Dr. Marks was named dean of P&S in 1970, and Dr. Robert Krooth was recruited from the University of Michigan as chairman of the Department of Human Genetics and Development.

The department faced a triple blow with Dr. Krooth’s sudden death in 1980 and the departures of Dr. Marks and Richard A. Rifkind for Memorial Sloan-Kettering Cancer Center. Dr. Charles Cantor, who discovered pulsed gel electrophoresis, was named chairman of the department in 1981. He guided the department through the next eight years, strengthening education, training, and research and recruiting several new faculty, including Dr. Argiris Efstratiadis, the Higgins Professor of Genetics and Development, and Dr. Frank Costantini, professor of genetics and development.

Dr. Efstratiadis pioneered new techniques for using recombinant DNA to analyze gene organization and evolution and became world-renowned as a dynamic and effective teacher. Dr. Costantini helped originate methods for injecting genes into mammalian eggs and, with another faculty member, Elizabeth Robertson, made the first transgenic mouse in 1981.

Dr. Cantor sought to remove the word human from the department’s name and to shift its focus to fundamental genetic research. In 1985, the department officially became the Department of Genetics and Development.
Development. After Dr. Cantor’s departure from P&S in 1989, Dr. Efstratiadis stepped in as acting chair and the department began a search for a permanent chair. After a four-year search Dr. Claudio Stern, then at Oxford, joined the faculty as chairman at the end of 1993.

During Dr. Stern’s tenure, he added five new faculty members to the department (Drs. Timothy Bestor, Jean Gautier, Angela Christiano, Edward Laufer, and Laura Johnston). He also helped to improve integration among basic science and clinical departments at the medical school by proposing new guidelines for faculty recruitment in clinical departments: before offering appointments to basic scientists, clinical departments are encouraged to seek the early involvement of basic science faculty, who must serve on the committee that recommends the appointment. Dr. Stern also contributed to a collaborative effort that played a major role in the unification of the basic science graduate program.

“Many of the things I’ve been fighting for are designed to recognize the important contributions made by both graduate students and postdocs to the institution,” Dr. Stern said. “In particular, our postdocs have been neglected.

“Now that everybody wants to call themselves a molecular geneticist,” says Dr. Stern, “it is important to ensure that new genetics and development faculty are carefully and deliberately chosen to keep the department focused on its basic science mission. He warns that the proliferation of genetic information made possible by technological advances must not be mistaken for knowledge. An important goal, he says, must be to maintain an appreciation for “the elegance of classical genetics and allowing it to become enriched, but certainly not replaced, by the vast collections of data and information that are now being generated.”

In 1999, Dr. Stern completed a five-year review of the Department of Genetics and Development activities. “The completion of the Genome Project in various species is ushering a new era, marked by a return to some of the same fundamental questions that we were being asked by our founding fathers, but this time we will be armed with an arsenal of information and methodologies which will both refine our approach and help us find definitive solutions,” Dr. Stern wrote in concluding his review. “A guiding principle for the recruitment of new faculty and students should therefore be the identification of individuals who define new areas of exploration by forging new links between disparate philosophies and who understand the difference between knowledge and wisdom.”

Dr. Stern will leave P&S at the end of 2000 to assume the J.Z. Young Chair and the chairmanship of the Department of Anatomy and Developmental Biology at University College London. The department, with a faculty of 84, is four times larger than the Department of Genetics and Development and is the largest academic department in the United Kingdom.

Current genetics chairman, Claudio Stern, will leave the position later this year.

Dr. Elizabeth J. Robertson, faculty member from 1988 to 1992 and now professor of molecular and cellular biology at Harvard University—“Regulation of TGFβ Signaling during Axis Formation in the Mouse.”

Dr. Jean Gautier, assistant professor of genetics and development (in dermatology)—“Cell Cycle Regulation of DNA Replication in Xenopus.”

Dr. Vassilis Pachnis of the Division of Developmental Neurobiology in London’s National Institute for Medical Research and postdoctoral research scientist in Frank Costantini’s laboratory from 1988-1991—“The Developmental Enteric Nervous System: Cells and Molecules.”

Dr. Gary Struhl, professor of genetics and development (in the Center for Neurobiology and Behavior)—“A Novel Mechanism of Signal Transduction in Drosophila.”

Dr. Ruth Ruprecht, recipient of the first Ph.D. awarded by the department (1973) and now professor of medicine at Harvard and Dana-Farber Cancer Institute—“Molecular Evolution of Live Attenuated SIV: Selection of the Fittest.”

Dr. Angela Christiano, associate professor of molecular dermatology in dermatology and in genetics and development—“The hairless Phenotype in Mice and Humans.”

Dr. Paul A. Marks, founder of the department and now president emeritus of Memorial Sloan-Kettering Cancer Center and professor of medicine at Cornell—“Histone Deacetylase Inhibitors Induce Differentiation or Apoptosis in Transformed Cells.”

Dr. Timothy Bestor, associate professor of genetics and development—“Cytosine Methylation and Human Disease.”

Dr. Paul Marks, department founder, chaired developmental genetics, the first session. Dr. Charles A. Cantor, chairman of the department from 1981 to 1989 and now chief scientific officer and chairman of the Sequenom Scientific Advisory Board, chaired the human genetics session.

The participants and the topics of their presentations:

- Dr. Edward Laufer, and Laura Johnston.
- Dr. Van Pachnis of the Division of Developmental Neurobiology in London’s National Institute for Medical Research and postdoctoral research scientist in Frank Costantini’s laboratory from 1988-1991—“The Developmental Enteric Nervous System: Cells and Molecules.”
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It's hard to believe anything would surprise Dr. Patricia R. Cohen. After 20 years of heading up the Children in the Community study, one of the longest-running longitudinal mental health studies ever conducted, it's easy to imagine that she's seen and heard practically everything. “What surprises you when you first start, you soon accommodate to. At first, you're constantly saying, 'I never thought of that!' Then, your cognitive framework changes and nothing surprises you anymore.”

However, sometimes the data collected in the study succeed in giving Dr. Cohen, professor of clinical psychiatry at P&S and a research scientist at the New York State Psychiatric Institute, a jolt. She had such a moment not too long ago. As part of a panel on juvenile crime and justice, she was asked to provide an article on incidence of crimes committed by people who are self-supporting vs. people who are supported by others. At first she demurred, thinking she wouldn't have enough CIC data. Upon further investigation, Dr. Cohen discovered that of the 200 subjects interviewed as part of an in-depth narrative branch of the study, 26 had been arrested a total of 39 times, on charges ranging from DWI to assault. Here's the surprise: “Those who were more adult in regard to finances—self-supporting—are at excess vulnerability to arrest. When you have a downturn or when your financial situation is particularly low, you are going to be vulnerable then.”
Her paper on crime is just one of more than 100 publications based on data collected in the Children in the Community study. The published articles show a wide range of childhood risks related to a comprehensive set of childhood behavioral disorders.

The CIC study’s purpose is “to look at the incidence and course of mental disorders in childhood and adolescence into adulthood, and to see what are the risks that affect the incidence.” The study began in 1975, when 976 children were sampled in the Albany and Saratoga, N.Y., counties. “It began as a survey to validate social indicators—community-level public health and census data—to determine which areas were going to need more services,” Dr. Cohen says. Since the mean age of the subjects was 5, their mothers did the talking, providing information on demographics, family setting, child-rearing practices, and the child’s developmental, temperamental, behavioral, and health history.

A quarter of a century later, the sixth wave of interviews is about to begin. Roughly 75 percent of the original participants are still involved. Now at the mean age of 31, they are speaking for themselves these days, answering more than 1,000 questions in interviews that can last two hours or more. And instead of being concentrated in two New York counties, participants are spread out across the country.

Dr. Jeffrey Johnson, assistant professor of clinical psychology, has been involved with the Children in the Community study for more than three years. He believes that people continue to participate in the data collection because they are well-treated and because they believe the research is important. “There’s a real rapport between the study team and the participants. The interviewers show respect, are non-judgmental, respect the decisions the subjects have made, and are flexible about scheduling interviews,” Dr. Johnson says. “The team lets them know about findings being published and updates them about the studies.”

The data contain surprises for Dr. Johnson, too. He recently published a paper reporting that the CIC research indicates a link between early cigarette smoking and anxiety disorders later in life. “What we’re seeing is that adolescents who smoke a pack of cigarettes a day are at a greatly increased risk for anxiety disorders in adulthood. Smoking seems to increase the risk for panic disorders, for example, by 13 times. When we turned it around and looked at it the other way, there was no association between adolescent anxiety disorders and adult smoking. When we see a linkage between anxiety and smoking, in this case, it’s the smoking that accounts for the association.”

Data collected about smoking have made their way to high places, field director Claudia Hartmark believes. Ms. Hartmark, who started as an interviewer with the study in 1975, says, “It appears the Clintons have been influenced by some aspects of the research.” She cites a policy President Clinton introduced as an attempt to limit access by minors to cigarettes. “I looked at that and thought, he must have read some of the research.” One of the CIC papers published by collaborating principal investigator Judith Brook at Mount Sinai contained a progressive theory of drug use. “The whole idea is if you limit access to cigarettes, you will delay the onset of experimentation with drugs like marijuana; if you delay or limit access to marijuana, you deter people from going on to harder drugs,” Ms. Hartmark says. “He kind of went out on a limb with that one. Everyone just thought he was ignoring the real drug problem and he was kind of taunted for that. But there must have been a connection. The information would have been available to him through the National Institute of Drug Abuse.”

Over the years, the CIC study has broadened its focus. In the Transitions study, a subset of 200 people from the original group underwent in-depth narrative interviews covering 10 years of their lives, from age 17 to age 27. “We look at different factors that would explain mental health issues in young people. Our particular focus is why do people go off the pathway they set off on,” says Dr. Stephanie Kasen, assistant clinical professor of psychology, who has been involved with the CIC study since 1982. “Myriad factors contribute. We try to look at it in a comprehensive way, use different methodologies and look at different
aspects of young people’s lives—where they’re coming from and where they’re going.

“We hypothesize that in the time between adolescence and adulthood, people go through a transition which could cause a real turnaround in the pathways that earlier risks might have indicated. We go back and ask about issues relevant to achieving a more adult-like status,” Dr. Kasen adds.

“There are absolutely unique data in the Transitions study,” says Dr. Cohen. “The transition from adolescence to adulthood is relevant to personality disorders and other psychological disorders and to normal development—what helps, what causes turning points.”

The Offspring Study, launched in 1986, is another CIC focus. More than half the original subjects are now parents themselves, and the Offspring Study tracks more than 500 children of the original participants. Moving across the generations, efforts are under way to secure funding for a mothers study to gather data from the mothers of the original subjects. “The mothers of these young people would like to talk more, tell their stories,” Dr. Kasen says. The mothers study interviews would be about “their feelings, not necessarily in respect to the offspring, but their own things. There’s such a paucity of information about women in midlife.”

Dr. Cohen is dedicated to continuing the Children in the Community study and devising ways to diversify it. “We must have longitudinal studies to be informative and because research is observational. Longitudinal studies strengthen our understanding of what came first.” The CIC study and its offshoots are funded through grants from a variety of sources, including the NIH, NIMH, National Institute of Drug Abuse, the National Institute of Justice, and the William T. Grant Foundation.

“We’re not funded on one continuous grant, each wave is funded separately,” Dr. Cohen says. “At most, our funding is for five years at a time. I’ve gotten smarter: Not all my eggs are in one basket.” She tries to stagger the grants, so the funding doesn’t run out at the same time.

For Ms. Hartmark, “Every time we get a new grant, every time we start out on a new aspect of the study, it’s always exciting. It’s rejuvenating. Pat [Cohen] is inspiring and energizing. She always has ideas: What can we do next? What do we need to study? What do we need to look at?”

She’s not alone in her enthusiasm for the CIC study. “I’m very fortunate to be in a position to be working on things like writing and publishing papers and grant proposals and presenting our findings at scientific meetings,” Dr. Johnson says. “It’s so exciting because it’s a representative community sample: All the findings tend to be generalizable to the larger community. What we find, generally speaking, is applicable to the entire nation.”

“It’s gratifying and stimulating to work with such a good group, with common goals,” Dr. Kasen says. “I’d like to think these data have brought more of a marriage between research and clinical practice with the dissemination of our findings.”

For Dr. Cohen, “The main way we can evaluate our success is by peer reviews and publishing. Since we’ve been very successful in that area, I’m very happy about it.”

On the Web: nypisys.cpmc.columbia.edu/childcom
It’s not always love at first sight when applicants are deciding where to go to medical school. A second—more thoughtful—glance is sometimes needed.

P&S gave several potential members of the Class of 2004 that second look at Revisit Day 2000, two days in April that gave individuals accepted into the first-year class a chance to see more of New York City, attend student-led workshops on special interests, hear student musicians, dine with current students, tour the medical center and Morningside campuses, and hear presentations on the curriculum and extracurricular activities. Some stayed overnight in Bard Hall to get an authentic feel for being a medical student at Columbia.

As one participant explained in describing the value of the second visit, “You look at a school differently after you have been accepted vs. the interview visit.”

Only five of the 73 accepted students who attended the April event withdrew by the May 15 deadline set by the American Medical College Application Service for individuals accepted by more than one school to give up all but one place. Pat Tobiasen, administrative coordinator for the P&S admissions office and lead planner for the revisit program, says most of the 73 who attended the April event were undecided about where to enroll so they took advantage of the opportunity to look at P&S more carefully.

Last year’s one-day revisit event attracted 43 accepted applicants. This year’s participants were treated to a “Revisit Jam” at the evening’s dinner. “It was a modified coffee house,” says Ms. Tobiasen, “which featured four talented bands and singers—all P&S students. The P&S choir and the Ultrasounds also performed. The buffet was served by P&S students, and all P&S students were invited to the dinner to discuss their P&S experiences with potential P&S students.

“If fact, the entire event was student-led,” Ms. Tobiasen says. Workshops for older students, married students, married students with children, students interested in pursuing dual degrees, and students with other interests were planned and led by students. Any current student could lead the medical center campus tour, but the tour of the Morningside campus was led by two P&S students.

This photo, taken with a disposable camera given to participants at Revisit Day, captures potential P&S students setting out for an evening of fun in New York City.
Faculty Awards

P&S Distinguished Service Awards were presented to Dr. Brian Hoffman, Hosack Professor Emeritus of Pharmacology, and Elizabeth B. Davis'49, professor emeritus of clinical psychiatry.

Charles W. Boimfalk Awards were presented to Dr. Daniel J. Goldberg, professor of pharmacology (in the Center for Neurobiology and Behavior), for distinguished teaching in the pre-clinical years, and Alice S. Prince'75, professor of pediatrics, for distinguished teaching in the clinical years.

The Arnold P. Gold Foundation Award was given to Peter J. Puchner'62, professor of clinical urology.

Dr. Harold and Golden Lamport Research Awards in basic sciences were given to Dr. J. Eric Gouaux, assistant professor of biochemistry and molecular biophysics, and Dr. René Hen, associate professor of pharmacology (in psychiatry and in the Center for Neurobiology and Behavior). Dr. Beth Levine, assistant professor of medicine, received the Dr. Harold and Golden Lamport Research Award in clinical sciences.

The Distinguished Teacher Award was given by the Class of 2000 to Dr. Noel I. Robin, professor of clinical medicine and chairman of medicine at Stamford Hospital.

Student Prizes and Awards

Dr. Harry S. Altman Award (outstanding achievement in pediatric ambulatory care)
Patricia Ines Irgoyen

Alumni Association Award (outstanding service to P&S)
Suzanne Cullinan Corinne Elisabeth Horn

Virginia P. Appar Award (excellence in anesthesiology and intensive care)
Matthew E. Cunningham Thomas Andrew Henry

Michael H. Aranow Memorial Prize (best exemplifying the caring and humane qualities of the practicing physician)
Robin Carrie Flam

Herbert J. Bartstone Award (exceptional accomplishments in pharmacology)
Jennifer Lee Ashton

Alvin Behrens Memorial Fund Award (outstanding graduate entering ophthalmology)
Sean C. Lalín

Edward T. Bello, M.D., Listening Award (to a graduating student who will best portray the art of listening to patients, colleagues, and self in practicing the chosen field of medicine)
Mark Petrini

Robert G. Bertsch Prize (emulating Dr. Bertsch’s ideals of the practicing surgeon)
Donald Denison Jenkins

Cookeley M. Earle Memorial Prize (outstanding achievement in otorhinolaryngology)
Corinne Elisabeth Horn

Titus Munson Coan Prize (best essay in biological sciences)
Sydney Samuel Cash Carl D. Novina

Thomas F. Cook Prize (excellence in obstetrics and gynecology)
Anne Bigelow Maddocks

Rosamond Kate Cummins Prize (award entering orthopedics with academic excellence, sensitivity, kindness, devotion to patients, and the fine human qualities she exemplified)
Michael W. Madsen

Dean’s Award for Excellence in Research
Graduate School of Arts and Sciences at P&S: Tiffani A. Cook Harald H.H. Göring Hyung Don Ryoo

Gate Pharmaceuticals’ Award (excellence in obstetrics/gynecology)
Christian Michael Pettker

Frederick P. Gay Memorial Award (achievement in microbiology)
Christina Anne Kabbash

Arnold P. Gold Foundation Award (demonstrated compassion, scientific excellence, devoted patient care, and a humanitarian role model)
Shannon Smith Sovndal

Dr. Charles F. Hamilton Award (excellence in pulmonary disease)
Nickolas J. Juliano

Janeway Prize (the highest achievement and abilities in the graduating class)
Sydney Samuel Cash

John K. Lattimer Prize in Urology (outstanding essay in urology)
Gregory Alan Abel

Barbara Liskin Memorial Award in Psychiatry (empathy, scholarship, and excellence exhibited by Barbara Liskin)
Alicia Dawn McGill

Robert F. Loeb Award (excellence in clinical medicine)
Sydney Samuel Cash

F. Lowenstein Prize in Dermatology (creative research in dermatology)
Kristina L. Campton

Admiral David Willard Lyon Award (outstanding academic achievement by a student serving in the U.S. armed forces)
Christopher Bateman Dewing

Dr. Cecil G. Marquez, B.A.L.S.O. Student Award (outstanding contribution to the Black and Latin Student Organization and the minority community)
Raul H. Zambrano

Edith and Denton McElrath Memorial Award (outstanding research in ophthalmology)
Dianna Lynn Miele

Medical Society of the State of New York Award (outstanding community service)
Walter James Soha

Dr. Harold Lee Mclver Memorial Prize (outstanding achievement in pathophysiology)
Robert Scott Hauptzchern

Dr. William Naduk, Beatrice Segal, and Conrad Hsu Award (demonstrated successful laboratory collaboration between student and faculty)
Karel F. Lien Jr. David Ta-Chien Liu

Marie Nercissian Memorial Award (exhibiting care, unusual concern, and dedication to helping sick people)
Christopher B. Geary

New York Orthopedic Hospital Award (outstanding performance in research and clinical work)
Matthew E. Cunningham

Joseph Garrison Parker Award (exemplifying, through activities in art, music, literature, and the public interest, that living and learning go together)
Anne Elizabeth Hudson

Samuel W. Rower and Lewis Rower Awards (for outstanding achievement in):

Anatomy and Cell Biology—Michael Garret Smith

Biochemistry and Molecular Biology—Junming Yie

Genetics and Development—Harald H.H. Göring

Physiology and Cellular Biophysics—Edward Cantu

Rebecca A. Schwartz Memorial Prize (achievement in pediatric cardiology)
Emily Elizabeth Milliken

Helen M. Sciarra Prize in Neurology (outstanding achievement in neurology)
Sydney Samuel Cash

Aura E. Severinghaus Scholar (superior academic achievement)
Edward Cantu

Miriam Berkman Spotnitz Award (excellence in research of neoplastic diseases)
Matthew E. Cunningham

Constance Leina Smith-Hicks

William Perry Watson Prize in Pediatrics (excellence in pediatrics)
Bridget Lavin Olsen

Dr. William Raynor Watson Memorial Award (outstanding performance in surgery)
Nicolette D. Regent

Dr. Allen O. Whipple Memorial Prize (outstanding achievement in obstetrics and gynecology)
Sigmund L. Wiens Prize (excellence in pathology)
Karel F. Lien Jr.
### Residency Match, 2000

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<tr>
<th>NAME</th>
<th>LOCATION</th>
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<td>Gregory A. Abel</td>
<td>Mass General</td>
<td>internal medicine</td>
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<td>Simido M. Akinbayu</td>
<td>Columbia-Presbyterian</td>
<td>internal medicine</td>
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<td>Lisa J. Alderson</td>
<td>Univ. of Pennsylvania</td>
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<td>Sophocis P. Alexopoulos</td>
<td>BI Deaconess, Boston</td>
<td>general surgery</td>
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<td>Jennifer L. Ashton</td>
<td>St. Luke's-Roosevelt</td>
<td>orthopedics</td>
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<td>Ryve K. Berdine</td>
<td>Cleveland Clinic</td>
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<td>Florian Birkmaier</td>
<td>Univ. of New Mexico</td>
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<td>Michael H. Boothby</td>
<td>Henry Ford, Detroit</td>
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<td>Michael S. Broderick</td>
<td>Mount Auburn, Cambridge,</td>
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<td>Matthew D. Bush</td>
<td>Brigham &amp; Women's</td>
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<td>Mary S. Campbell</td>
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<td>Edward Cantu</td>
<td>Duke Univ.</td>
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<td>Sydney S. Cash</td>
<td>Mass. General</td>
<td>medicine-prelim</td>
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In Memoriam

A Photographer Most Rare
Libby Wilcox: 1916-2000

Elizabeth “Libby” Wilcox used her camera the way a writer uses words, and she and her camera produced the equivalent of a multi-volume encyclopedia of some of the most important decades of P&S history.

When she died May 6, 2000, she left a legacy that includes more than 100,000 photographic images of people, places, and events at Columbia-Presbyterian Medical Center. Mrs. Wilcox and her husband, the late Herbert B. Wilcox’34, donated her collection of negatives, contact sheets, prints, photo stories, and pages from publications that ran her photographs to Columbia in 1991.

A pediatrician at Columbia-Presbyterian asked Mrs. Wilcox, a hospital volunteer (Dr. Wilcox was a P&S faculty member), to make a photographic record of his clinical research in childhood nephrosis in the 1950s. Time magazine asked to use one of her photos and other publications sought her out to take pictures for their medical news articles. Soon she also was freelancing for Columbia and hospital publications regularly and helped the School of Nursing with recruitment brochures and ads.

Her photos appeared in Time, Newsweek (including a cover photo), Life, Ladies Home Journal, Parents, Saturday Evening Post, and other national publications.

These photos are among the Wilcox photos not frequently reproduced.

Former U.S. President Herbert Hoover during a 1962 hospitalization
FACULTY

Ruth E. Benesch, Ph.D.

Dr. Ruth E. Benesch, professor emeritus of biochemistry and molecular biophysics, died March 25, 2000, of vascular disease at her home in the Bronx. She joined the P&S faculty in 1960 as a research associate, becoming a full professor in 1980.

She and her husband, the late Reinhold Benesch, shared a lab at P&S, where they studied the mechanism by which hemoglobin transports oxygen to living tissues. Their discovery in 1967 of this mechanism opened a new era in the physiology of oxygen transport. Their 40-year collaboration ended when Reinhold Benesch died in 1986. She continued her research for another 10 years, concentrating on hemoglobin substitutes.

Born in Paris, Ruth Benesch was raised in Berlin. She escaped in 1939, a few months before war broke out, through the Kindertransport program, which rescued Jewish children from Germany. She graduated from the University of London and received her Ph.D. from Northwestern University in 1951.

Bernard Challenor, M.D.

Dr. Bernard Challenor, associate professor of public health (health policy and management), died suddenly March 15, 2000, of hypertensive cardiovascular disease at his home in New York City. He was director of the general public health program and served as acting dean from 1978 to 1980. He also served as acting head of epidemiology. He was responsible for the affiliation program with Harlem Hospital for many years.

Dr. Challenor coordinated the dual master’s degree program with Columbia’s School of International and Public Affairs. He joined Columbia in 1969 as deputy director of the Columbia University-Harlem Hospital Center affiliation program. He received his M.D. degree in 1961 from SUNY Downstate Medical Center in Brooklyn.

John J. Conley, M.D.

Dr. John J. Conley, professor emeritus of clinical otolaryngology, died Sept. 21, 1999. He was associated with Columbia-Presbyterian for more than 20 years.

Dr. Conley was recognized for many significant contributions in treating cancer of the head and neck. He served as the first president of the American Society of Head and Neck Surgery and was influential in establishing head and neck surgery as a fundamental component of otolaryngology.

A graduate of the University of Pittsburgh’s medical school, Dr. Conley trained in medicine and ear, nose, and throat at Kings County Hospital in Brooklyn. He found his calling as a head and neck surgeon while practicing plastic surgery, maxillofacial surgery, and ear, nose, and throat surgery as a major in the U.S. Army during World War II.

John Rainer, M.D.

Dr. John Rainer, professor of clinical psychiatry (in genetics and development), died March 12, 2000. A 1951 graduate of P&S, Dr. Rainer joined the Columbia faculty in 1956. He retired as director of medical genetics at the New York State Psychiatric Institute in 1991.

Dr. Rainer, who trained at PI, became acting director, then director, of medical genetics when the department’s founder, Dr. Franz Kallmann, died in 1965. His work ranged from family studies in schizophrenia and manic-depressive illness to his internationally recognized research and treatment programs for the mentally ill deaf. Dr. Rainer also co-chaired the IRB at PI for many years. (See the Alumni In Memoriam section for more information.)

OTHER FACULTY DEATHS

Gurston Goldin, M.D., associate in clinical psychiatry, died April 24, 2000.

ALUMNI

Class of 1930
Josephine Hopkins Norton died Feb. 4, 2000, in Manchester, Mass. Calvin H. Plimpton ’51 MSD, past president of Amherst College and Downstate Medical Center in Brooklyn, whom she helped rear when she was a pre-med moonlighting as a nanny and he an aspiring little pirate in the Long John Silver mold, fondly remembers her as his early mentor who helped shape “whatever character I’ve achieved.” She would later become the Plimpton family doctor. Dr. Norton trained in medicine at Bellevue, then served for a year as a pathology assistant in Germany before returning to New York to take up a general medical practice. In 1965, she moved to Augusta, Ga., where she joined the staff of the...
Augusta VA Hospital and practiced medicine until she was age 85. She is survived by her son and a granddaughter.

**Class of 1934**

**James F. Bagg**, a retired surgeon, died Nov. 29, 1999, at age 90. He had been suffering from Alzheimer’s disease. Dr. Bagg served in the U.S. Navy during World War II, stationed overseas in England and Africa, and retired with the rank of lieutenant commander. After the war, he served for 25 years as director of the Department of Surgery at Mount Vernon (N.Y.) Hospital. He had been an honorary member of the fire and police departments of Mount Vernon. He is survived by his wife, Maxine, two daughters, a son, and nine grandchildren. He was preceded in death by his first and second wives, Marva and Virginia.

**Class of 1936**

The Alumni Association reports with great sadness the passing of his director emeritus, former president, and one of its most loyal and active members, **O. Alan Rose**, on Jan. 10, 2000. Dr. Rose, a distinguished cardiologist, funded the creation of the O. Alan Rose’36 Cardiovascular Teaching Room, a hands-on, high-tech facility important to teaching cardiac auscultation. The facility includes “Harvey,” a robotic model that simulates abnormal heart sounds and murmurs. Dr. Rose had a private practice that spanned 60 years. He joined the staff at Lenox Hill Hospital as an attending cardiologist in 1939 and once reflected back with awe on the “tremendous changes in medicine I have experienced in my lifetime. I remember when we didn’t have antibiotics and when digitalis and intravenous diuretics were among the few good treatments for heart disease.” One of his early patients was one of the few individuals to undergo cardiac surgery for rheumatic heart disease successfully while five months pregnant. While still a fellow at NYU, Dr. Rose made medical history by publishing the first clinical evaluation of digoxin, which would subsequently become the most widely used digitalis preparation. During World War II, Dr. Rose served with Lenox Hill Hospital’s 12th Evacuation Hospital, tending to the digitalis preparation. During World War II, subsequently become the most widely used medical evaluation of digoxin, which would medical history by publishing the first clin-

**Class of 1938**

**Thomas P. Hamilton Jr.**, a retired general surgeon formerly associated with the House of Good Samaritan Hospital in Watertown, N.Y., died Feb. 8, 2000. He served with the U.S. Army Medical Corps during World War II, landing at Omaha Beach on D-day, for which he earned a Bronze Star for heroic service. He is survived by his wife, Ruth, a daughter, two sons, and four grandchildren. Additional survivors include a stepdaughter, a stepson, and five stepgrandchildren . . . **Joseph F. Rudmin** died May 26, 2000, at age 92. A printer and sports editor before the Great Depression changed his fortunes and his fate, Dr. Rudmin worked as writer, printer, golf caddie, and ROTC officer to pay his way through Cornell University before enrolling at P&S. Following a decade as a general practitioner, he continued his studies and earned a master’s degree in public health from Johns Hopkins in 1951. Until his retirement in 1972, he served as health commissioner, first of Cortland County and later of Clinton County in upstate New York. He was preceded in death by his wife, Josephine, and is survived by three daughters, three sons, 16 grandchildren, and three great-grandchildren.

**Class of 1939**

**Edward H. Reisner Jr.**, a cancer specialist known for his work with vitamin B-12, died of heart failure Dec. 16, 1999. Dr. Reisner served for more than four decades as chairman of oncology at St. Luke’s Hospital. He published more than 85 papers on the link between nutrition and cancer, including the historic study proving that B-12 was the missing element in the blood of patients suffering from pernicious anemia. A captain in the U.S. Army Medical Corps during World War II, he earned a Bronze Star for bravery in the Battle of the Bulge. Assistant professor of clinical medicine at P&S and NYU, Dr. Reisner conveyed his diagnostic skills to generations of physicians. A physician to the core, upon his retirement in 1988, he reflected, “It’s nice to have time to relax and travel, but I miss the gratification of being able to help people in distress.” He was preceded in death by his wife, Marguerite. He is survived by two daughters, two sons, a brother, and two grandsons.

**Class of 1940**

**Donald A. Davis**, former professor of clinical surgery at NYU and affiliated with the Department of Pediatric Surgery at Bellevue, died Nov. 12, 1999. Dr. Davis served in the armed forces during World War II. He was vice president of the New York Surgical Society from 1969 to 1970. A loyal and generous alumnus, he was a member of the Samuel Bard Associates. Dr. Davis also ran a dairy farm in Connecticut. He is survived by his wife, Jean . . . **Retired neurologist, psychiatrist, and law professor, Warren F. Gorman** of Scottsdale, Ariz., died March 18, 2000. Dr. Gorman served as a flight surgeon with the U.S. Army Medical Corps during World War II, retiring
With the rank of major. After the war, he pursued dual residencies in the psychiatric and neurologic services of Bellevue Hospital. Following several decades of practice, first in neurology and then in psychiatry, he shifted gears and taught as a visiting professor of psychiatry in the law school at Arizona State University while maintaining his affiliation with Good Samaritan and other hospitals in Phoenix. He was the author of four books, “Flavor, Taste and the Psychology of Smell,” “Body Image and the Image of the Brain,” “Dynamic Psychiatry and the Sense of Justice,” and “Legal Neurology,” and numerous articles. He is survived by his wife, Mary, a daughter, three sons, and five grandchildren. Dr. Prentice served as a captain in the U.S. Army Medical Corps during World War II. In training in psychiatry, he helped develop and found the first community mental health center in North Jersey at Hackensack, serving as its first director. He was later named chief of psychiatry at Englewood Hospital and taught as a clinical instructor in psychiatry at SUNY Downstate. In 1992 he received the Outstanding Service Award of the American Academy of Psychiatry and the Law, with which he had long been affiliated.

Class of 1941 MSD

Malcolm Moley, a professor emeritus and past chairman of ophthalmology at the University of British Columbia, died Dec. 26, 1999, at age 88. Dr. Elliot served as an ophthalmic specialist, promoted to wing commander, with the Royal Canadian Air Force during World War II. Author and co-author of numerous books on ophthalmic disease, he received many honors, including the Golden Jubilee Award of the Canadian National Institute for the Blind and the Prince of Good Fellows award of the Vancouver Medical Association. He is survived by three daughters and a son.

Class of 1943D

Marco Bruschi of Bakersfield, Calif., died Nov. 25, 1999. Serving in the South Pacific during World War II, he moved to California to open an internal medicine practice. For many years he held the joint responsibilities of chief of medicine and chief of staff at Mercy Hospital in Bakersfield. In 1960 he wrote, produced, and directed a teaching film on coccidioidomycosis for the American College of Chest Physicians that is still used in many American and foreign medical schools. He is survived by his wife, Bertha, a daughter, two sons, and seven grandchildren.

Class of 1947

Alfred Elliott, a former member of the clinical surgical faculty of St. Luke’s-Roosevelt Hospital in New York. He served in the U.S. Navy during World War II. Survivors include his wife, Janis, and three sons.

Class of 1947

Robert G. Heath died Oct. 21, 1999. Emeritus professor of psychiatry and neurology at Tulane University in New Orleans, he was a respected researcher for more than three decades in the field of schizophrenia and, in particular, its neurophysiologic, experimental phenomenologic, and therapeutic parameters. In 1984, Omni magazine ran an interview with Dr. Heath focusing on his work with schizophrenics and the development of the brain pacemaker, a device he invented. Tulane established a chair in psychiatry in his name. The author of three books and more than 400 papers, his other honors included the Gold Medal of the Society of Biological Psychiatry for pioneer research in biological psychiatry. He is survived by his wife, Eleanor, and five children.

Class of 1951

John D. Rainer, a pioneer in the role of genetics in psychiatric disease, died of cancer March 12, 2000, at age 78. Following an internship at Mount Sinai, Dr. Rainer returned to P&S to join the faculty, where he eventually became professor of clinical psychiatry, chief of psychiatric research, director of the Department of Medical Genetics and co-director of the Institutional Review Board at the New York State Psychiatric Institute. He also served for many years as a training and supervising analyst at Columbia’s Center for Psychoanalytic Training and Research. An internationally known investigator and educator in the field of psychogenetics, he helped build the field, in his own words, “from a stepchild of psychiatry to one of its cornerstones.” Author of more than 150 peer-reviewed papers, book chapters, and scholarly reviews, he charted new territories with two now-classic papers, “The Role of Genetics in Psychiatry” in the Journal of Nervous and Mental Disease in 1958, and “Convergence of Psychodynamic and Physiodynamic Approaches in Psychiatric Research” in Diseases of the Nervous System in 1959. He also did groundbreaking clinical work in the advancement of mental health in the deaf community. His classical training in philosophy, literature, mathematics, and a wide range of other fields enriched his wisdom and insight. Dr. Rainer was honored with a Litt. D. (Hon.) Degree and a Pioneering Award from Gallaudet University. His survivors include his wife of five decades, Barbara, two sons, a brother, and three grandchildren.

Class of 1954 PSY

Paul Kaunitz, clinical professor of psychiatry at Yale, died Dec. 12, 1999, of complications following a stroke. A former president of the Connecticut Psychiatric Society. Dr. Kaunitz practiced psychiatry in New York City and Connecticut for more than half a century. As lieutenant colonel in the U.S. Army during World War II, he was awarded the Bronze Star for meritorious service by General Omar Bradley for his part in helping to plan and execute medical evacuation for the D-day invasion. An endowed named lectureship in psychiatry was established in his honor at P&S. He is survived by his wife, Malin, two daughters, and a son . . .
## In Memoriam

### Class of 1955

**Henry C. Rogers** died Jan. 1, 2000. An internist from West Hartford, Conn., Dr. Rogers was affiliated with Hartford Hospital. Among his civic activities, he served as chairman of the Committee on Community Health of the Hartford County Medical Association. He is survived by his wife, Virginia, two sons, and three grandchildren.

### Class of 1957

**Ronald Altman** died of cancer Dec. 1, 1999. Following an internship at Mount Sinai and a residency in pediatrics at Cornell Medical Center-New York Hospital, Dr. Altman entered the Public Health Service as an officer for the Centers for Disease Control and Prevention. For many years a respected epidemiologist with the New Jersey Department of Health, he continued his studies, earning his M.P.H. degree from Columbia. In the last three years of his career, he worked with the Peer Review Organization of New Jersey. In the days before his death, Dr. Altman was notified that he had been selected to receive the Dennis Sullivan Award, the New Jersey Public Health Association’s highest award, for lifetime dedication and outstanding services contributing to the cause of improving and protecting public health in New Jersey. The award was presented posthumously.

Survivors include his wife, Eleanor, two daughters, and a son . . . .

**Charles Burkhart** of Whitefish, Mont., died July 26, 1999. An obstetrician/gynecologist in group practice, Dr. Burkhart had been affiliated with Hahne- mann Medical School before moving to Montana. He is survived by his wife, Linda.

### Class of 1960

**Thomas F. Coats**, a plastic and reconstructive surgeon and specialist in hand surgery, died in November 1999. A resident of Lexington, Ky., Dr. Coats was affiliated with St. Joseph’s Hospital. He is survived by his wife, Joyce, a daughter, and a son.

**Philipp Thomas Briska’63**

Philip Thomas Briska combined his expertise in chemistry, biology, physics, and molecular biology to study the way cells interpret signals from light, hormones, and neurotransmitters. The author of numerous papers, she was elected to the Institute of Medicine and earned membership in the American Academy of Arts and Sciences. She was honored with the American Heart Association’s basic research prize in 1996. Survivors include her husband, Dr. Robert M. Neer, and two sons.

### Class of 1961

**Helen Redman**, the first woman president of the Radiological Society of North America, the world’s largest educational organization in radiology, died March 13, 2000, of complications from cancer. Dr. Redman was vice chairwoman of the Department of Radiology at the University of Texas Southwestern Medical Center at Dallas. Shortly before her death she was awarded three gold medals for her contribution to medical science as a pioneer in vascular and interventional radiology at a special ceremony at Zale Lipsky University Hospital. In 1997, she was named one of the 20 most influential people in radiology by Diagnostic Imaging magazine. In response to a questionnaire regarding her experiences as a woman in medicine, she once wrote “My approach was always to do 110 percent of the work of the top man.” She is survived by her husband, Marten Klop.

### Class of 1963

**Philip Thomas Briska**, an ophthalmologist and commissioned officer with the U.S. Naval Corps, who last served with the Naval Aerospace Medical Institute in Pensacola, Fla., died of non-Hodgkins lymphoma Feb. 21, 2000. He taught ophthalmology to physicians designated to become flight surgeons at the time of their graduation from the Naval Institute. He leaves behind his wife, Patricia, a son, three daughters, and four grandchildren . . . .

**Eva Neer**, a biochemist and researcher in cardiology at Harvard and the Brigham and Women’s Hospital, died of complications of breast cancer Feb. 20, 2000. The child of Polish immigrants who came to Cambridge with stops along the way in Rio de Janeiro and Scarsdale, she attended Radcliffe and Barnard before entering P&S. Training at Georgetown University Hospital, Yale, and Harvard, she joined the cardiovascular unit at Boston’s Brigham and Women’s Hospital, where she spent the greatest part of her professional career. Joining the Harvard faculty in 1976, she was promoted to professor of medicine at Harvard in 1991. Over three decades of pioneering research, Dr. Neer combined her expertise in chemistry, biology, physics, and molecular biology to study the way cells interpret signals from light, hormones, and neurotransmitters. The author of numerous papers, she was elected to the Institute of Medicine and earned membership in the American Academy of Arts and Sciences. She was honored with the American Heart Association’s basic research prize in 1996. Survivors include her husband, Dr. Robert M. Neer, and two sons.

### Class of 1966

**Jonathan Knapp Belcher**, a member of the faculty of Stanford University and the San Jose Medical Center Family Practice Residency Program, died of complications of leukemia June 24, 1999. For two decades he served as a clinical consultant at the Women’s Community Clinic of San Jose and the Tri-City Clinic in Fremont, Calif. Dr. Belcher was a sculptor by avocation. He is survived by his wife, Elena, three daughters, two sons, and a granddaughter.

**Philip Thomas Briska’63**

Philip Thomas Briska’63

Philip Thomas Briska, a member of the faculty of Stanford University and the San Jose Medical Center Family Practice Residency Program, died of complications of leukemia June 24, 1999. For two decades he served as a clinical consultant at the Women’s Community Clinic of San Jose and the Tri-City Clinic in Fremont, Calif. Dr. Belcher was a sculptor by avocation. He is survived by his wife, Elena, three daughters, two sons, and a granddaughter.

**John Belcher’66**

John Belcher’66
Jerome Groopman: Medicine By Bench, Bedside and Book

By Peter Wortsman

His laboratory equipment at the Harvard Institutes of Medicine includes a state-of-the-art X-ray diffraction facility to image the 3-D structure of deadly agents, like the breast cancer protein; an automated gene sequencer to map the terra incognita of the 13 genes discovered so far in his division; and two ultracentrifuges with solid titanium rotors to laminate blood components based on molecular weight. High-tech may be sine qua non for his microbiological benchwork, but ask Jerome Groopman ’76, the Dina and Raphael Recanati Professor of Medicine at Harvard and chief of experimental medicine at Beth Israel Deaconess Medical Center, what his most precious tool is, and he replies without hesitation: “The human ear.”

A Specialist at Listening

Biomedical scientists of his caliber are more likely to speak the cuneiform of genetic coding than they are to bandy such literary terms as narrative, metaphor, and imagination. To Dr. Groopman, however, a man conversant in multiple disciplines, who majored in political philosophy and wrote theater criticism while deconstructing the complex jigsaw puzzle of organic chemistry as a pre-med at Columbia College, science and the humanities are complementary modes of thought and discourse aimed at a common end, unraveling the mysteries of life. “Human biology is miraculous, it inspires incredible awe and wonder.”

At first sight, his snow white beard and hair make him look considerably older than his 48 years. But look again and a youthful verve leaps out from behind his scholarly spectacles. Endowed with the long legs and stamina of an athlete, the mental agility of a creative thinker, and the ability to get by on little sleep, Dr. Groopman straddles multiple worlds. In addition to pursuing his own ongoing basic research in hematology/oncology and HIV/AIDS; running Harvard’s experimental medicine division, with its 65-member team of scientists and support staff; personally directing the care of more than 100 critically ill patients, many with AIDS, in the infectious disease clinic; and taking an active role, along with his wife, a busy endocrinologist, in the rearing of their three children, Dr. Groopman, miraculously, finds time to write. A staff writer whose name appears with increasing frequency on the cover of the New Yorker, he is the author of two critically acclaimed books for a general audience based on the experience of his clinical practice: “The Measure of Our Days, A Spiritual Exploration of Illness” in 1997 and the recently pub-
lished "Second Opinions: Stories of Intuition and Choice in the Changing World of Medicine." In a review in the Washington Post Book World, the Pulitzer Prize-winning author, Robert Coles '54, went so far as to compare sections of Dr. Groopman's first book to Tolstoy's classic, "The Death of Ivan Ilyich."

Listening is the stuff that holds all the disparate threads of his busy life together. "Careful listening is the starting point for careful thinking," as Dr. Groopman puts it in "Second Opinions." Schooled in the art of attentive care, as espoused and practiced by revered mentors at P&S, including Dr. Linda Lewis (whom he cites and salutes in the book), Dr. Groopman is keenly attuned to the verbal and body language of his patients. Stories to him are two-way streets, with clinical and moral lessons for physician and patient. The science and literature fit hand in glove. "Writing," he insists, "has made me a better doctor. It forced me to explain and communicate in understandable language, freed me from jargon, and it also, actually, often acts as a platform from which to probe illness."

Adept at the use of advanced imaging and diagnostic tools, he is equally skillful at engaging his imaginative faculty for understanding the patient's perspective. To that end, he will, in the course of consultations, extract life metaphors to build a psychological bridge and line of communication with his patients. So, for instance, in caring for a senior intelligence officer suffering from myeloma, Dr. Groopman tapped his patient's specialized area of expertise in counter-terrorism: "We'll talk about the quality of the information and intelligence that we have about his illness, the 'humint' (an abbreviation for human intelligence) and the 'techint' (an abbreviation for technological intelligence). By doing so," Dr. Groopman points out, "I'm saying to him: 'This is still who you are, a highly skilled professional with keen insight.' The beautiful irony, of course, is that in medicine, as in espionage, 'humint' is always more telling than 'techint.' Cat scans and blood tests are invaluable," says Dr. Groopman, "but the most powerful information I obtain comes from direct interaction and observation and the patient's gut feelings."

At P&S, he came under the influence of humanistically grounded scientist-physicians, like his adviser, Andrew Frantz '55, professor of medicine and associate dean for admissions, with whom he enjoyed heady discussions that ran the gamut from endocrinology to T.S. Eliot's "The Waste Land"; Glenda Garvey '69, professor of clinical medicine, who communicated clinical rigor and complete engagement with the patient; and the late Dr. John Lindenbaum, professor of medicine and head of the hematology service at Harlem Hospital, whom Dr. Groopman credited with practicing medicine at the front line, "where you get no academic kudos, doing his best for people whom society for the most part shunts aside." It was in the course of a third-year hematology elective with Lindenbaum that Dr. Groopman found his calling. "Blood is one of the most aesthetic tissues," he writes in "Second Opinions." "Its beauty had seduced me into choosing hematology as a first career. The cells on the slide are like dancers in a grand ball, displaying costumes of brilliant colors . . . So much can be . . . revealed in a single drop of blood."

Encountering Beauty and the Beast

Following a medical residency at Massachusetts General Hospital and a clinical fellowship in medicine at Harvard, Dr. Groopman "heretically broke ranks" to pursue a fellowship in the hematology-oncology division at UCLA, an institution then in the vanguard of molecular research. Setting out to study the "malevolent beauty" of leukemia viruses, Dr. Groopman encountered the beast.

Called in to consult in 1981 on a curious outbreak of pneumocystis pneumonia in a group of patients who happened to be young gay men, he observed the first clinical cases of a then unidentified disease subsequently named AIDS. The disease took a course opposite to that of the human T cell leukemia he had been studying. While leukemia makes the T cells proliferate wildly, this new virus wiped them out. The intellectual challenge was compelling, but the specter of suffering proved wrenching. The patients, many of whom were male prostitutes, were perceived by some colleagues as social pariahs. Though far removed from their life experience, Dr. Groopman felt drawn to them and their plight. Wasted, haggard, and hollow-eyed in the late stage of this unknown disease, they reminded him of "Muselmänner," the starving "walking corpses" of Auschwitz and other Nazi concentration camps, where a number of his mother's relatives perished. Dr. Groopman committed himself to their care, inevitably in those early days of the AIDS pandemic facing down the specter of death.

The more pleasant complications of meeting and falling in love with his wife, Pam, then in training at Harvard Medical School, resulted in several hectic years of transcontinental weekend commuting between UCLA and Harvard, where he finally returned in 1983 as assistant professor of medicine and attending physician at New England Deaconess Hospital, two years later taking the reins there as chief of the hematology/oncology division. Named Dina and Raphael Recanati Professor in 1992 and professor of medicine in 1993, he was appointed chief of the experimental medicine.
division at the newly merged entity of Beth Israel Deaconess Medical Center in 1996.

Dr. Groopman has continued his hematological research on human retroviruses, like HTLV, which causes leukemia-lymphoma. He has simultaneously pursued pioneering work in the study of AIDS. His lab was among those that collaborated on the development of protease inhibitors, therapeutic agents that, while not a cure, have dramatically improved the quality of life and extended the life expectancy for many individuals. Borrowing a layman’s metaphor, Dr. Groopman describes the action of the protease enzyme on the HIV virus as that of a “microscissor” that cuts its protein coat. Thus “the protease inhibitor is a glue that sits in the cleft of that scissor and prevents it from cutting effectively.” The result translates into a virtual miracle. One of his patients, a Wall Street Journal columnist who had already written his own obituary, was compelled to take a new lease on life and, on doctor’s orders, to lose a little weight. Dr. Groopman’s lab is currently studying new angles of treatment, one of his foci of attention being that part of the virus called REV, the transport that carries the invader from the nucleus into the cytoplasm of the host cell.

Hailed as an “AIDS warrior” by the Boston Globe, he received the 1988 Community Sanctity of Life Award of Brandeis University and the 1998 Presidential Citation from the Massachusetts Medical Society for outstanding commitment to patient advocacy. His writing has been recognized with the 1997 Best Wellness Book “Books for a Better Life” Award and the 1998 American Medical Writers Association Award for excellence in medical communication.

No Friend of “Doctor Death”

Most of his published case histories are not success stories in the traditional sense. They lack a Hollywood happy ending. Only one of the true life tales in “The Measure of Our Days” ends with a clear-cut clinical victory. Wrestling with kidney cancer, AIDS, leukemia, breast cancer, and the rare disorder myelofibrosis, eight individuals bare their souls and reveal their humanity.

Death is not the ultimate enemy for Dr. Groopman and his patients. Callousness and incompetence are. In “The Measure of Our Days,” the author begins with an account of the death of his own beloved father from a massive heart attack in a small community hospital in Queens, whose staff of medical professionals offered neither competent care nor compassion. Worse, Dr. Groopman, a second-year medical student at the time, felt robbed of the chance to share with his father the precious time before death.

Because of his strong feelings about the value of the end-of-life experience, Dr. Groopman is an outspoken opponent of Dr. Jack Kevorkian. “When you face your mortality,” says Dr. Groopman, “it strips away what’s insubstantial and it shows you what’s meaningful and enduring. That’s relationships, particularly of love, and the product of your work.” Life’s essentials, he suggests, become ever more apparent and vital as we approach our end. And while he firmly believes in “death with dignity . . . the assistance of people to not be in pain,” he is reticent to cut short a precious period of life, and he worries about the questionable ethics of “death on demand.”

Hardly immune to suffering, Dr. Groopman does not, however, flinch from it: “It’s painful to me as a physician, but I don’t run away.” It is precisely the human element in medicine, the pain as well as the opportunity to help people surmount that pain, or at the very least to face it with dignity, that energizes him every day. “The laboratory research is isolated and rarified, very intellectually gratifying, and more often frustrating,” he acknowledges. “But in the clinic, it’s real lives you’re facing. I feel blessed in what I do. I think it’s extraordinary that I have met so many people with such a broad spectrum of human experience. . . . I have known salt of the earth Irish accountants and hard driving investment bankers, politicians, journalists, and I’ve even known the Jordanian royal family.” (He was a member of the medical team that treated the late King Hussein.)

His recent book, “Second Opinions,” deals with the choices all of us—patients, physicians, family, and other loved ones—are bound to make in the changing world of American medicine. Access to the best possible care is not always readily available. Diagnoses are not always on the mark.

The book begins with Dr. Groopman’s own personal ordeal as a patient and the incapacitating physical pain he endured in the wake of a botched back operation, whose aftereffects he still suffers. He blames, in part, his own desire, as an impatient patient, for a quick fix surgical solution. A subsequent chapter recounts the harrowing tale of the misdiagnosed, and later inadequately treated and almost fatal intussusception of his firstborn son. He ultimately managed to find the right surgeon to operate before it was too late and the story has a happy ending.

Dr. Groopman, who has experienced and written eloquently about both sides of the examining table (as well as father, son, and grandson of a patient), seeks an informed and active participation from his patients and, by extension, from his readers. “Patients have to question and offer their intuition and their thinking. . . . A doctor is at a disadvantage when the patient does not participate in his own care.”

Whether practicing medicine at the bedside or “by the book,” Jerome Groopman addresses the whole person. The benefits of such an approach are manifold for the physician as well as the patient. In a lecture titled “The Intersection of Science and the Soul,” delivered at the Association of American Medical Colleges annual meeting in Washington, D.C., last October, he summed up the challenge and satisfaction of a medical life: “Through this process of caring for people and trying to understand their souls we pass through an odyssey of self-discovery, we begin to understand ourselves better, our motivations, our fears, our limitations, and our potential.”

In addition to family photos, Dr. Groopman’s office walls and windowsill hold pictures of his shipmates on that shared odyssey, each of whom he helped reach (or at least glimpse from afar) his or her own private Ithaca. A saying tacked behind his desk says it all: “One life, it’s as though you saved the whole world.”
The Little Foundation That Could

By Peter Wortsman

Take two incurable optimists, one a respected pediatric neurologist and the other a seasoned counseling psychologist: a husband and wife team with a shared mission to foster the soul along with the science of medicine. Add a hands-on advisory board of dedicated physicians and philanthropists and a modicum of capital. The result: the Arnold P. Gold Foundation, founded in 1988. It may not yet have changed the world, but with more than 15 humanistically based programs up and running around the country for medical students, residents, and medical educators, and many more projects on the drawing board, it is gently nudging the culture in the right direction.

Co-founder Dr. Sandra O. Gold calls it a “boutique” foundation, big on ideas and energy, low on cash. It was born, she says, to implement and act upon the benevolent “bellyaching” of her husband, Dr. Arnold P. Gold, professor of clinical neurology and clinical pediatrics at P&S. One of Columbia’s finest clinician-scientists (the author of more than 70 articles and several books in pediatric neurology, listed among the “Best Doctors in America” by American Health Magazine, in the Northeast by Town and Country, and in New York by New York Magazine), Dr. Gold began to notice a subtle but unmistakable erosion of compassion. Like-minded colleagues confirmed his concern. Blame it on managed care, government regulation, or an overdependence on high-tech diagnostic devices, something had to be done to reinforce the human element. Initial funding came through the generosity of the father of a patient, a man of means, impressed by the quality of Dr. Gold’s care and caring for his son.

The foundation’s first order of business in 1991 was the establishment of an award for humanism in medicine to be given at commencement to a P&S faculty member who best demonstrates compassion at the bedside and excellence in medical science. Today, thanks to the support of the Healthcare Foundation of New Jersey, 71 medical schools around the country have established similar awards.

In 1993, the Gold Foundation launched the White Coat Ceremony at P&S as a solemn ritual to inculcate compassion as an essential complement to scientific knowledge at the start of the medical school experience. That ritual is now an institution at medical schools around the country and as of Fall 2000 also at the University of Beijing. Donning the white coat affixed with a pin bearing the Gold Foundation logo of a stethoscope in the shape of a heart, students take the Hippocratic Oath, affirming their commitment to the highest ethical principles of the practice of medicine. Dr. Arnold Gold summed up the message in his 1999 White Coat Ceremony speech. “Caring,” he said, “plays a significant role in curing. . . . Be the kind of doctor you would want to take care of your mother, father, sister, brother, husband, wife, child . . . Be the kind of doctor you would want to take care of you, if you became ill.”

Other Gold Foundation pilot projects include a Home Visit Program for pediatric and medical residents, national symposia, training videos, and a Humanism Resource Center, including a web site (www.humanism-in-medicine.org) deluged with multiple hits daily. The foundation also annually funds two assistant professorships in neurology and medicine at P&S.

How does the foundation measure success? “None of the schools that started the White Coat Ceremony have ever stopped it, even though we only funded it the first year,” Sandra Gold points out. “The message is clearly catching on.” “P&S is where it all began,” says Arnold Gold, who has been affiliated with Columbia for more than 40 years.

In 1997, Sandra and Arnold Gold shared the prestigious P&S Dean’s Award for Distinguished Service. The medal has a proud place on their mantel surrounded by the photographs of grandchildren. Among their greatest satisfactions, according to Sandra Gold, is to spot a heart-shaped stethoscope pin on the white lapel of a harried resident.

Drs. Arnold and Sandra Gold
Dean’s Day Program: A Tribute to Women

The Apgar String Quartet, whose rotating membership comprises students and faculty, set the mood at Dean’s Day with a Schubert quartet played on instruments handcrafted by the late Virginia Apgar’33. A slide show on the big screen featured illustrious P&S women in medicine, living and dead.

Dean’s Day program chairwoman, Carmen Ortiz-Neu’63, associate clinical professor of medicine, introduced the interim dean for research, Dr. David Hirsh. “It’s wonderful to begin with things that touch the soul, a sense of music and a sense of history,” said Dr. Hirsh, who welcomed visiting alumni from near and far and keyed them in on recent developments. “We’re not just minding the store,” he said of himself and Thomas Q. Morris’58, interim dean for clinical and educational affairs. Dr. Hirsh remarked on the rising pool of applicants, the million square feet of new or renovated space, and the medical school’s operating budget, which represents half the entire Columbia University budget. “We are in the midst of a medical revolution, one in which you can all participate through your association with your medical school,” he said. He reported that P&S now ranks fifth in the U.S. News and World Report ranking and fifth in NIH research funding, adding, “We’re on our way to the top!”

Dr. Neu introduced the keynote speaker, Lila Wallis’51, clinical professor of medicine at Cornell’s Weill Medical College and a leader in women’s health. Her “Textbook of Women’s Health,” published last year, is the first major work in the field. Dr. Wallis delivered a historical review of the trials and tribulations as well as the triumphs of early women pioneers in medicine. She noted that 1848, the year of revolutionary unrest in Europe, was also the year of the Seneca Falls convention of suffragists and the year Elizabeth Blackwell became the first American woman enrolled in medical school. That victory, however, was accompanied by countless humiliations and defeats. New York City landlords refused to display the shingles of women doctors whose practices were limited to treating indigent immigrants because other patients stayed away. Women also were barred from medical societies and associations. While Johns Hopkins admitted women as early as 1893, Columbia did not follow suit until 1917, and Harvard did not open its doors to women until 1946. Despite the relatively large number of women in medical school today, Dr. Wallis reported, women comprise only 10.9 percent of full professors of medicine, 4 percent of all surgeons, and 2 percent of all orthopedic surgeons. On a more positive note, Dr. Wallis said that women, a group with traditional ties to the family and to underserved minorities, have “a civilizing and humanizing effect in medicine and society.”

Dr. Neu read the biographies of three notable P&S women, Gulli Lindh Muller’21, who helped break the gender barrier at P&S as a member of the first class to include women; the legendary obstetric anesthesiologist, Virginia Apgar’33; and Abbie I. Knowlton’42, a revered and beloved P&S clinician and teacher.

Dr. Neu moderated a lively panel discussion on the experience of women at P&S and in practice. Panelists were Dr. Linda D. Lewis, clinical professor of neurology and associate dean for student affairs at P&S; Martha Morgan MacGuffie’49, president of SHARE and director and CEO of the Skin Care Center of New City; Suzanne Oparil’65, professor of medicine and director of the Vascular Biology and Medicine laboratory at Columbia University.

“Great P&S Women in Medicine” panel participants, left to right, were Suzanne Oparil’65, Kiran Pandit’02, Lila Wallis’51, Martha Morgan MacGuffie’49, Carmen Ortiz-Neu’63, Dr. Linda D. Lewis, and Yvonne S. Thornton’73

Marianne Wolff’52, Helen Ranney’47, and Carmen Ortiz-Neu’63
Hypertension Program at the University of Alabama, Birmingham; Kiran Pandit’02; and Yvonne Thornton’73, clinical professor of OB/GYN at the University of Medicine and Dentistry of New Jersey.

Said Dr. Lewis: “My parents raised us not to have sexual roles. They raised us to hunt and cook and think.” Dr. MacGuffie, with multiple careers as reconstructive surgeon, mother, and humanitarian, still wonders how she managed to juggle it all. “I had Virginia Apgar as my anesthesiologist,” she recalls. “It was important to have strong role models.” Dr. Oparil, a past president of the American Heart Association, noted that the problem for women in medicine has never been at entry level. “The problem,” she said, “occurs at the academic glass ceiling level.”

Dr. Thornton, a noted author and specialist in high risk obstetrics, pointed out “the double whammy of being a woman of color. You have to have mentors. You have to have a sense of humor and, above all, you have to believe in yourself.” She is grateful to P&S for giving her the opportunity to shine and “to develop in a gender-blind and racially blind environment.” Kiran Pandit, a student at P&S and the School of Public Health and student representative to the American Medical Women’s Association, recalled having decided to become a physician at age 5 in Bombay, India. “My mother is a physician and a single parent,” she said, “so I grew up with my role model.” Ms. Pandit noted, however, that even today, she is viewed “as a woman first, before being taken as a colleague of equal standing.”

Alumni Association president Marianne Wolff’52 presented the first Virginia Kneeland Frantz’22 Distinguished Woman in Medicine Award to Helen M. Ranney’47, an internationally renowned hematologist and professor and chairwoman of medicine emerita at the University of California, San Diego. Dr. Ranney was the first woman to chair a department of medicine in the United States. The award is named for the late professor emerita of surgery at P&S. She died in 1967. Among other accomplishments, Dr. Frantz helped pioneer the use of radioactive iodine in the treatment of thyroid cancer.

After lunch in the P&S Faculty Club, student tour guides led visiting alumni on walks around the ever-growing, ever-changing Health Sciences campus.

**Bard Hall Lounge Named for Class of 1970**

Over champagne and strawberries, members of the Class of 1970 participated in a ribbon-cutting ceremony at the newly renovated main lounge of Bard Hall. Their collective generosity made the renovations possible in the lounge, which was named to honor the class.

Members of the Class of 1970 and Dr. David Hirsh, interim dean for research (right), cut the ribbon for the Class of 1970 Lounge in Bard Hall

**Regional Roundtable**

The table may not have been round and the participants not Arthurian knights, but alumni regional representatives from around the country met in the Irving Conference Center for a lively and productive discussion on how to spread the word about P&S. All agreed that e-mail is the most expedient way to keep far-flung graduates in touch with their medical alma mater. The Columbia University development and alumni relations office and the computer division report that an alumni e-mail forwarding program is in its final testing phase. Alumni will receive a mailing explaining the program.

Daniel C. Schainholz’87, his mother, Marianne Wolff’52, and John H. Merey’65
Class Reunions

New York clubs were running on full with celebrating anniversary classes. The "youngsters" of the Class of 1995 did it up at the P&S Faculty Club. The Class of 1990, 10 years out, partied at the Penn Club. The Class of 1985 and the Class of 1965 met at the Columbia Club, while the Class of 1980 hobnobbed at the Harmonie Club, as did the 25th anniversary Class of 1975. The Class of 1970 celebrated at its old stomping ground, the newly renamed Class of 1970 Bard Hall Main Lounge. The 45th and 55th anniversary classes of 1945 and 1955 reunited at the Union Club, the oldest club in town. And the Class of 1950 celebrated its 50th reunion by letting memories sail at the landmark New York Yacht Club.

The Class of 1975 at the Harmonie Club

The Class of '55 Fetes its 45th

They met at the elegant Union Club on the East Side, but conversations kept harkening back to glory days in the Wild West of Washington Heights. "Apparently West Side to East Side is significantly more distant than coast to coast; some people sent condolences when I left," chuckled Richard A. Rifkind '55, this year's recipient of the alumni gold medal for distinguished achievements in medicine. A former professor of medicine and professor and acting chairman of genetics at P&S, Dr. Rifkind has for the past two decades been based crosstown at Memorial Sloan-Kettering Cancer Center, where he has chaired the Sloan-Kettering Institute. "P&S taught me everything I know and everything I do," he said, "so I'm grateful." In addition to its newly minted gold medalist, the illustrious Class of 1955 counts among its members numerous academic leaders, including Richard L. Cruess, former dean of McGill Medical School, and his wife, Sylvia Cruess, former vice president of professional services at Royal Victoria Hospital in Montreal (neither of whom could be present); Andrew G. Frantz, associate dean for admissions at P&S; Nathan G. Kase, former dean of the Mount Sinai medical school; and Stanley S. Bergen Jr., founding president emeritus of the University of Medicine and Dentistry of New Jersey. Class members present covered all specialties, including crossword puzzles: Internist Arthur S. Verdesca creates puzzles in his spare time for various national media, notably the New York Times.
Alumni Day Scientific Session

Alumni Day Scientific Chairman Andrew Frantz ’55 delivered a salute to the Honorary Alumni Day chairman, Dr. Henrik Bendixen, who could not attend because of illness. Dr. Bendixen, former chairman of anesthesiology, former dean of P&S, and former acting provost of Columbia, was responsible for the integration of anesthesia and critical care medicine into a single discipline. Dr. Frantz saluted Dr. Bendixen as “a pioneer in fiscal responsibility, an independent thinker . . . and a man of impeccable taste in every aspect of life.”

Talks delivered at the scientific session by selected members of anniversary classes covered a wide range of fields and interest:

“Otology 1965-2000: Time-Tested Wide Field Approach,” Keat-Jin Lee ’65, associate clinical professor of otolaryngology, Yale University School of Medicine

“Antiangiogenic Gene Therapy Approaches,” Steven K. Libutti ’90, assistant professor of surgery, Uniformed Services University of the Health Sciences, and attending surgeon at the NIH

“Lyme Disease—The Great Imitator,” Brian A. Fallon ’85, associate professor of clinical psychiatry at P&S

“The Global Impact of Laser Vision Correction,” Olivia N. Serdarevic ’80, professor of ophthalmology at the University of Paris and Cornell Weill Medical College

“Newer Approaches to the Management of Immune Thrombocytopenia,” James Bussel ’75, associate professor of pediatrics at Cornell’s Weill Medical College

“The Development and Mechanism of Action of 2-Chlorodeoxyadenosine (Cladribine),” Dennis A. Carson ’70, professor of medicine at the University of California, San Diego

“The Treatment of Patients with Multiple Sclerosis: Revolution or Evolution,” Robert P. Lisak ’65, professor of neurology, immunology, and microbiology and chairman of neurology at Wayne State University

“Parenting Education: The Ultimate Prevention Program?,” Marilyn Heins ’55, senior clinical lecturer, University of Arizona medical school

The annual business meeting of the Alumni Association was chaired by Marianne Wolff ’52, president.

The interim dean for clinical and educational affairs, Thomas Q. Morris ’58, delivered welcoming remarks at the luncheon in the P&S Faculty Club.

Gala Dinner Dance on the Hudson

Weather conditions held for cocktails and canapes as 2000 graduates and anniversary class celebrants toasted on the terrace overlooking the Hudson River at Pier 60 of Chelsea Piers in downtown Manhattan. And when the clouds finally did burst, the thunder and lightning lent a dramatic backdrop to the main event, the annual gala dinner dance and awards ceremony. Presiding over the festivities was Alumni Association president Marianne Wolff ’52.

Dignitaries and award recipients: Thomas Q. Morris ’58, left, Suzanne Cullinane ’00, Marianne Wolff ’52, Richard A. Rikkind ’55, Corinne Hom ’00, Cornelius J. Tyson ’43M, T. Berry Brazelton ’43D, and Donald O. Quest ’70

Class co-chairs Dorothy Estes ’50 and Carl R. Feind ’50 stilled the buzz of conversation and the clink of glasses with light-hearted reminiscences and good wishes from the 50th anniversary class to the Class of 2000. “It’s an honor to share the evening with the real stars, the first millennial graduating class,” said Dr. Estes, recalling the equally historic fact that “ours was the first class accepted after World War II. It boggles the mind,” she added, peering into the foggy crystal ball of the future, “to think what you will face when you reach your 50th.” Speaking on behalf of the fellow veterans in his class, Dr. Feind recalled the hardship of war and the blessings of the GI Bill. “Ever grateful,” he said, “we devoted our lives to medicine and to doing good.”

The 25th anniversary class chairman, David P. Roye ’75, recalled the experience of another armed action overseas, the war in Vietnam, in which he and many of his classmates served, and the turbulent aftermath back home. He contrasted his two-fingered typing skills with the sophisticated computer literacy of the graduating class. “What you will do,” he told them, “really matters.” Graduating class president, Jennifer Ashton ’00, gave a lively portrait of her classmates, their accomplishments, fears, and aspira-
Interim dean of research Dr. David Hirsh noted, “We include a Columbia classics professor, a minister, a champion squash player, published authors, and 10 sets of parents,” she said. She looks forward with thrill and trepidation to “the terror we will have to face in a few weeks when patients start referring to us as Doctor.”

Herbert Sandek’45, the only representative present from the 55th anniversary class, took to the podium to deplore “the involvement of medicine with commerce. At my age you can say anything,” he declared. “I don’t think things are going to get any better till doctors realize that professionalism is entirely different from commercialism.”

T. Berry Brazelton’43D, the celebrated pediatrician and child development expert, and this year’s recipient of the gold medal for excellence in clinical medicine, took up Dr. Sandek’s call to arms. “We’re facing a real crisis in medicine,” he said. “We’ve got to face up to what we’ve not been able to do, and that is promote preventive healthcare. The Band-Aids we have in place cost too much. We’ve given over the medical reins to lawyers and businessmen. It’s time to take those reins back in our own hands!”

Donald O. Quest’70, chairman of the Honors and Awards Committee, read aloud citations to Dr. Brazelton and the evening’s other honorees: Richard A. Rifkind’55, who received the gold medal for distinguished achievements in medicine; Cornelius J. Tyson’43M, honored with the gold medal for meritorious service to P&S and its Alumni Association; and two graduating students, Suzanne Cullinan and Corinne Horn, who received gold medals in recognition of interest in and devotion to P&S and its Alumni Association.

Dr. David Hirsh, interim dean for research, and Thomas Q. Morris’58 interim dean for clinical and educational affairs, shared the podium to deliver concluding remarks. Dr. Hirsh announced the appointment of Dr. Morris as Alumni Professor, the chair previously held by the late Dr. Donald Tapley.

Alumni Shine at Commencement

As interim dean of clinical and educational affairs, Thomas Q. Morris’58, aptly put it, this year’s recipient of the gold medal for meritorious service to the school, its alumni, and its Alumni Association. As interim dean of clinical and educational affairs, Thomas Q. Morris’58, aptly put it, this year’s recipient of the gold medal for meritorious service to the school, its alumni, and its Alumni Association. As interim dean of clinical and educational affairs, Thomas Q. Morris’58, aptly put it, this year’s recipient of the gold medal for meritorious service to the school, its alumni, and its Alumni Association.

T. Berry Brazelton’43D, recipient of the gold medal for excellence in clinical medicine

Cornelius J. Tyson’43M, recipient of gold medal for meritorious service to the school and its alumni, dancing with wife Patricia
Alumni Council

A
t the Jan. 19 Dean’s Dinner, Thomas Q. Morris’58, interim
dean for clinical and educational affairs, reminisced about
the late Dr. Donald Tapley, “who guided the academic fiber
of the institution for a quarter century.” Hugh R.K. Barber’44
fondly remembered a former Alumni Association president, the
late O. Alan Rose’36, a distinguished cardiologist and staunch
supporter of the medical school. All observed a moment of silence
for these two departed friends.

Morton Grusky, deputy vice president for budget and finance,
delivered an update on improvements in campus housing, includ-
ing plans under way to build a new dormitory on Fort Washing-
ton Avenue. The evening’s host was the outgoing dean and newly named presi-
dent of New York-Presbyterian Hospital, Dr. Herbert Pardes. Speaking in his
capacity as outgoing dean, Dr. Pardes explained his decision to accept the
presidency of New York-Presbyterian Hospital. “I have thought for years that
the secret to the health of this institution would be the consolidation of the hos-
pital and the medical school. . . . Let us pool our creative energy,” he said,
“toward shaping a bigger and better medical center.”

At the March 15 council dinner, Dr. Audrey Weiderlight, an active member
of the auxiliary of New York-Presbyterian Hospital, spoke of ongo-
ing efforts at campus beautification, including the recent renova-
tion of Mitchel Square Park on Broadway and of the medical center
garden. More flower beds and other greenery will soon put
a bright new face on the physical plant. The guest speaker,
Dr. John Truman, professor of clinical pediatrics and
deputy chairman ofpediatrics at Babies & Children’s Hos-

tital, announced an agreement between Columbia and the
University of Oxford in England to further promote educa-
tional and scientific exchange between the two institutions.
In conjunction with this contractual arrangement, Dr.
Truman said, the two schools have created a combined pro-
gram in pediatrics and the humanities. The newly created
Sherrington Center for Medicine and the Humanities at
Oxford will welcome undergraduate and graduate students
from P&S for a term at Oxford pursuing research in an
interdisciplinary environment with links to history,
bioethics, law, economics, theology, literature, and politics.
Dr. Truman showed slides of the historic Oxford campus.

Samuel Bard Associates

C
olonia ladies peered down benignly from their framed
portraits at the black tie crowd that assembled Feb. 23 in
the name of an illustrious colonial physician, Dr. Samuel
Bard. Those gathered celebrated their support of the medical
school he helped found. The site was the elegant Colonial Dames
Museum House on Manhattan’s Upper East Side, and the occa-
sion was the 18th annual Samuel Bard Associates Dinner.

In his welcoming remarks, P&S Alumni Annual Fund chair-
man Richard J. Stock’47 took celebrants back to 10 a.m. May 16,
1769, the first commencement exercises at the medical school,
part of King’s College. While Dr. Bard’s commencement address
was lengthy, the graduating class, on the other hand, had only two
members. Bard called the new medical school “a benevolent and
necessary institution.” The Royal Governor gave Dr. Bard all of
200 pounds to build his school and King George granted it a char-
ter. Alas, recalled Dr. Stock, “certain obstructions, like the Ameri-
can Revolution, held things up.” In 1791, the doors of the new
New York Hospital that Bard championed opened to great fanfare.
“It would take another 230 years, from Bard to Pardes,” said Dr.
Stock, “before another dean of the medical school would become
chief executive officer of the hospital.”

The evening’s guest speaker, Dr. Pardes, saluted the “people of
extraordinary quality who comprise the great family of the College
of Physicians and Surgeons” and elaborated on the strength of the
school as well as his goal of reaching a $1 billion endowment with
100 endowed chairs, which the school is close to realizing. He
called for greater collaboration between the medical school and
the hospital, which, in his new post, he hopes to effect. He
recalled the loss of one of the school’s most beloved leaders, for-
mer dean Donald Tapley, and introduced Dr. David Hirsh, inter-
im dean for research.

“My abiding passion is the strength
of the research effort of P&S,” said Dr.
Hirsh. Dorothy Estes’50 spoke on
behalf of Thomas Q. Morris’58, inter-
im dean for clinical and educational
affairs, who could not attend the
meeting. It was Dr. Estes, a former
alumni dean, who first conceived of
the idea of the Samuel Bard Associ-
ates. “Obviously,” she chuckled, look-
ing around the room, “we’ve come a
long way from the two lone students
of Dr. Bard’s.”
Parents Day Program

On April 15, parents and other family members of new students came together in the P&S Alumni Auditorium for a one-day briefing on just what their children, siblings, and spouses are getting themselves into. As in the past, the eighth annual Parents Day program drew a large crowd. Interim dean for clinical and educational affairs, Thomas Q. Morris’58, welcomed all with warm words concerning the shared intellectual adventure ahead, in which family members also will play a part. Faculty who spoke on various aspects of the academic program were Ronald E. Drusin’66, associate dean for curricular affairs; Andrew G. Frantz’55, associate dean for admissions; Dr. Rita Charon, associate professor of clinical medicine; Glenda Garvey’69, professor of clinical medicine and course director for the third-year medicine clerkship; and Dr. Peter G. Gordon, director of the medical house staff training program. Student participants and one recent graduate offered remarks on student life. They were Jennifer Ashton’00, Nicole Regent’00, Sarah Nowygrod’03, Patricia L. Toro’98, and Erin Hickey’01. The program was co-organized by Carmen Ortíz-Neu’63 and Katherine Couchells, director of alumni affairs. Resident P&S historian, John Lattimer’38, was the keynote speaker at a luncheon in the Faculty Club.

Career Forum 2000

On March 1, with the support of the Alumni Association, student co-coordinators Caleb Moore’02 and Aileen Hsueh’02 staged a student guide to the perplexed, Career Forum 2000, in which a panel of eight alumni and faculty members presented the pros and cons of eight medical specialties. Speakers were John Brust’62, a neurologist; Dr. Amy Tiersten, an oncologist; Jacqueline Bello’80, a neuroradiologist; Oscar B. Garfein’65, a cardiologist; Dr. Helen Towers, a neonatologist; Dr. Juan Garcia, an emergency medicine specialist; Dr. Philip Larussa, a pediatric infectious disease specialist; and Dr. Mahmoud El-Tamer, a surgeon. Panelists fielded questions; a light supper followed.

Regional Program

The P&S alumni traveling contingent of Martha Wells, Kathy Couchells, Elia Desruisseaux, Amy Weiss’02 (daughter of Allen Weiss’73), and regional representatives committee chairman Oscar Garfein’65, flew south to visit with Florida alumni and friends. On March 17, they stopped off at a luncheon at the Naples Yacht Club, hosted by Dr. Anne Rush Cook, widow of the late W. Leigh Cook’34. On March 18, the festivities shifted to Miami for a lunch at the Indian Creek Country Club, hosted by Richard Elias’55. Then it was on to West Palm Beach on March 19 for lunch at the home of John Merey’65 and his wife, Dr. Daisy Merey. The spring season was capped off April 14 with a dinner and reception for visiting alumni and friends in conjunction with the annual meeting of the American College of Physicians in Philadelphia. The event was hosted by associate dean Anke Nolting.
Sulzberger Genome Center Dedication

Two signs were unveiled March 30 to mark the dedication of the Judith P. Sulzberger'49 Columbia Genome Center in the Russ Berrie Medical Science Pavilion: the official plaque to grace the wall and an impressionistic double-helix chalked on a blackboard above the words “To Granny. Have a Great Dedication!” inscribed by a loving grandson.

Representatives from the Health Sciences faculty and the Columbia University administration turned out in full force along with friends, well-wishers, and several generations of Dr. Sulzberger’s extended family to toast the sparkling new 26,000-square-foot state-of-the-art facility that now bears her name.

“A program exists only in so far as visionary philanthropy makes it possible,” said center co-director Dr. Isidore S. Edelman, the Robert Wood Johnson Jr. Professor Emeritus and Special Lecturer of Biochemistry and Molecular Biophysics. As Dr. Edelman pointed out, Dr. Sulzberger has been, from the start, a partner in the planning and a promoter of its promise. She authored the first printed description and produced the text of a video on genetics to translate its mysteries to a general audience. “Beyond all,” said Dr. Edelman, “Judy offered us the precious gift of her friendship.” Center co-director Dr. T. Conrad Gilliam, the Borne Professor of Genetics and Development, saluted Dr. Sulzberger as “scientifically adventuresome,” adding that “I hope we can imbue in our scientists this same sense of adventure.” Columbia University Provost Dr. Jonathan R. Cole helped unveil the plaque, announcing that “we are in the midst of the most profound set of revolutions in biological science in human history. This science is at the heart of our mission of research, education, and service. Dr. Sulzberger contributed the essential building blocks from which science can emerge.”

Ever modest, Dr. Sulzberger declared, “Genetic research is the heart and future of medicine; I am proud and happy to be a small part of it.” Her remarks were fittingly punctuated by the pop of champagne corks. As Dr. David Hirsh, the Robert Wood Johnson Jr. Professor and Chairman of Biochemistry and Molecular Biophysics and the interim dean for research, put it in his closing remarks, “Stick around, the scientific fun is just about to begin.”

Rudin Scholars Reception

The P&S Faculty Club was filled to overflowing on May 3 with grateful young health professionals-to-be and the beaming philanthropist whose family for the past three decades and counting has supported hard work and dreams in the healing professions. New York realtor-builder Jack Rudin clearly enjoyed being surrounded by the medical, nursing, and physical therapy students he calls “my future caregivers.” Mr. Rudin put his family’s credo in a nutshell: “We must help the people who are going to help us.”

A Conversation with Rosemary Harris

Tony award winning actress Rosemary Harris brought her wisdom and charm to the P&S Faculty Club on May 2 for an afternoon of reflections on “the human character.” The discussion was moderated by Jay Lefkowitch’76, professor of clinical pathology and director of the second-year pathology course. Ms. Harris shared reminiscences of her long stage career, including the highs and lows in the life of a working actress and vivid impressions of such illustrious fellow thespians as Laurence Olivier, Ralph Richardson, and John Gielgud. She can be seen in the new film, “Sunshine,” in which she co-stars with her daughter, actress Jennifer Ehle, and Ralph Fiennes.
ALUMNI NEWS AND NOTES

By Marianne Wolff’52

1953

Robert Beilman was awarded the Senior Service Award in Wisconsin, where he served as president of the Dane County Medical Society, on the board of directors of the Wisconsin State Medical Society, and as clinical professor of medicine at the University of Wisconsin. He also served on numerous commissions and committees for the state and has been active in a variety of volunteer activities. Bob co-authored a manual titled “Mental Health Services for Mentally Ill Persons in Jail: A Manual for Families and Professionals Including Jail Diversion Strategies.” . . . The 1999 Lifetime Achievement Award of the National Association of Public Health Laboratories was given to Stanley Inhorn, professor emeritus of pathology and laboratory medicine at the University of Wisconsin-Madison, where he was chairman of the Department of Pathology. The award recognized “a lifetime of outstanding leadership, significant contributions to the advancement of public health laboratory practice and service to the association.”

1957

Donald H. Harter, clinical professor of neurology at George Washington University, plans to spend a year conducting bench research in the virology division in the Department of Pathology at Cambridge University in England.

1960

George P. Cannelos, the William Rosenberg Professor of Medicine at Harvard, was named “1999 Man of the Year” by the Cure for Lymphoma Foundation, which is based in New York.

1961

Carroll E. Cross is in full-time academic medicine at the University of California, Davis; he has two NIH grants and runs a research training program in pulmonary medicine.

1963

Alfred L. Scherzer, clinical professor emeritus of pediatrics at Cornell, is director of the Regional Center for Children with Handicaps in Eastern Long Island. He continues a consultation practice and serves as editor of the Pediatric Habilitation Series, Marcel Dekker, publishers.

1964

The American Liver Foundation has elected Paul D. Berk to serve as chairman of its board of directors for a two-year term. Paul is the Lillian and Henry M. Stratton Professor of Molecular Medicine and chief of the Division of Liver Diseases in the Department of Medicine at Mount Sinai School of Medicine, where he also directs a comprehensive primary biliary cirrhosis research center. Editor-in-chief of Seminars in Liver Diseases (which he founded) and former editor of the journal Hepatology, he is past president of the American Association for the Study of Liver Diseases and received a special award for a distinguished career in clinical research from Columbia University in 1989. . . . Patricia K. Donahoe was inducted into the National Academy of Sciences in April 2000.

1965

The University of Utah bestowed the title of professor emeritus of pediatrics upon Richard O’Brien following his 23 years of service . . . . Frederick P. Siegal was appointed medical director of the Comprehensive HIV Center of St. Vincent’s Hospital in New York City in 1998. His basic research is concentrated in the area of T cells.

1970

David Charlesworth is president of the New Hampshire Medical Society. He also sits on the executive board of the New Hampshire Hospital Association and the board of trustees of Trinity College in Hartford, Conn.

1972

SUNY-Binghamton gave the 1999 President’s Award for Excellence in Teaching to Michael A. Bogdasarian, clinical associate professor in surgery. Twelve years previously, Michael received the Outstanding Young Physician in Surgery Award from the New York chapter of the American College of Surgeons.

1973

Yvonne Thornton delivered the commencement address at Edinboro University in Pennsylvania, where she received her second honorary degree. She is a spokesperson for the March of Dimes, hosts a cable television program titled “Metro Women’s Health,” and has...
started her own web site. She is married to Shearwood McClelland ’74 (see Class of 1974).

1974
Shearwood McClelland is chairman of orthopedic surgery at Harlem Hospital in New York. He is recording secretary of the P&S Alumni Council for 2000-2001.

1976
Jerome E. Groopman’s latest book, “Second Opinions: Stories of Intuition and Choice in the Changing World of Medicine,” was published in March. Although he continues with his “day job,” he derives increasing pleasure and satisfaction from writing. (See alumni profile in this issue.) . . . Andrew G. Israel, clinical professor of medicine at the University of California, San Diego, delivered a lecture to the American Society of Consulting Pharmacists on “Sleep in the Geriatric Population.” . . . Pamela A. Lawrence is clinical professor of medicine at the University of California, Irvine.

1979
Mitchell F. Brin, director of the movement disorder division in the Department of Neurology at Mount Sinai in New York, became the Bachmann-Strauss Professor in 1998. Mitch also serves as president of a not-for-profit program, “WE MOVE.”

1980
Robert A. Herbert passed the California bar exam. He plans to do consulting work in health care law.

1983
Louis B. Rice, vice chairman of medicine at University Hospitals in Cleveland, has been appointed chief of the medical service at the Louis Stokes Cleveland VA Medical Center.

1985 Ph.D.
Phyllis C. Leppert, whose Ph.D. is in pathology, has been appointed chief of the reproductive sciences branch in the Center for Population Research at the National Institute of Child Health and Human Development. Although Dr. Leppert’s bachelor’s and master’s degrees were from Columbia, she received her medical training at another institution, only to return as a fellow in OB/GYN. She then continued on the P&S faculty for 10 years. She is active in the American College of Obstetrics and Gynecology, serving on its Council on Resident Education and Committee for the Underserved, for which the ACOG gave her its service award. Her research interests focus on the molecular changes of the uterine cervix during gestation and childbirth.

1986
Susan G. Duncan, a board-certified physiatrist, is in practice with a group of CPMC-affiliated internists, rheumatologists, and cardiologists called New York Physicians, P.C. A fellow of the American Association of Physical Medicine and Rehabilitation, she also volunteers her services at St. Luke’s-Roosevelt and New York-Presbyterian hospitals.

In Hawaii, the Thornton-McClelland family celebrates the 25th wedding anniversary of Yvonne Thornton ’73 and Shearwood McClelland ’74. Their children are Shearwood “Woody” McClelland Jr. ’04, and Kimmy.

1992
Stuart J. Kaplan, whose training was in pediatrics and hematology/oncology, is director of Camp Make-A-Dream, located in Missoula, Mont. This non-profit organization provides a cost-free camp experience for children and young adults with cancer. Camp Make-A-Dream also gives conferences for adults with cancer and hosts an annual continuing education conference for nurses, physical therapists, speech therapists, technicians, and others.

P&S Annual Fund
Sarah Thissell will be leaving the P&S Alumni Office. Tristan Nelse, formerly development associate, will replace her as director of the P&S Annual Fund.
F-Stop: Liberia

Photographer Elizabeth “Libby” Wilcox, who died in May, accompanied fourth-year P&S students to Liberia in 1962 to record their elective in tropical medicine. According to her notes, this photograph, one of the few color photographs in the Wilcox Collection, was taken at an open-pit iron mine in Liberia. She identified the three 1962 P&S graduates posing with her as Newell A. Augur Jr., left, Peter J. Puchner, and Warren D. Johnson Jr. More photos on Page 30.