IN THIS ISSUE

GIFT FROM DIANA AND ROY VAGELOS’54

M.D./M.B.A. GRADUATES

PROFILE: CLYDE WU’56

COLUMBIA UNIVERSITY
College of Physicians and Surgeons

TO THE EDGE AND BACK
Quick Diagnosis, Rare Recovery
Annalisa Meier’s dream of attending Columbia College was interrupted by sudden illness and a long recovery. She is now back at college, thanks to a Columbia doctor’s quick diagnosis of a rare problem. Photos courtesy of Pilar Meier. Story, Page 22.
Dear P&S readers,

This fall we began the second year of our new curriculum, welcomed the first students in the Columbia-Bassett Program, and introduced a new associate dean for admissions, all while continuing to note with pride our ability to attract and retain the best medical students who seek a career in patient care, scientific inquiry, or both.

The 166 new medical students arrived on campus during an exciting time in our ongoing campus renewal. The new Teaching and Learning Center on the two lower levels of the Hammer building is fully utilized and connected to the modern tools of teaching and learning. And we are the grateful recipients of a remarkably generous donation from P. Roy Vagelos’54 and his wife, Diana, to be applied toward a new medical and graduate education building to be built on Haven Avenue. Their gift will ensure that our educational facilities match the high quality of our students. When Roy entered P&S in 1950, most of the facilities in which he studied, lived, and learned (Bard Hall, P&S, Presbyterian, Harkness) were not even 25 years old. Black, Hammer, Milstein, and the Alumni Auditorium were years away from being built. Yet, all those buildings, and many others, are still in use today. Roy recognizes that he was able to learn in modern facilities, and his vision is for today’s students to have the same opportunity.

We have put a price tag on the new building, but its value can best be quantified through the education of this and the next generation of P&S students, who themselves will have illustrious careers. This building not only will have the Vagelos name, but also will be a legacy to a medical school that believed in the son of immigrants and helped prepare him for such an impressive career.

With best wishes,

Lee Goldman, M.D., Dean lgoldman@columbia.edu

Paul Ellner, Ph.D., professor emeritus, has written a novel about biological weapons // Aileen Chang’10 on use of microgrants to get clean water in Ethiopia // Donation of George Huntington Family Papers // M.D., Ph.D. grads launch website, Quartzy, to help labs // Student-organized art exhibit in Hammer // Alumni survey by Class of 2013 // Albert Starr’49: first successful implantation of an artificial heart valve

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OSCAR KRIEGER

Dear Editor,

I just finished reading “Penicillin’s Influence” by my old roommate, Dr. Oscar Krieger (Letters, Winter/Spring 2010 issue). We had adjoining rooms on the 4th floor of Bard Hall during our medical school days. The door between our rooms was always open, so we literally were “roommates.” Oscar was an excellent student, and a person with a quick sense of good humor. I visited him at his home in Fair Lawn, N.J., where I found out that his parents were blind but able to take care of one another, and to raise Oscar to be a true gentleman.

Oscar passed away on April 24, 2010 (see page 31). He had been on dialysis for over four years due to renal failure from amyloid disease of his kidneys. This illness prevented him from attending our 55th class reunion at the Harmonie Club in 2008. My classmate, Dr. Herbie Poch, had told me about Oscar via e-mail and telephone. After that, we kept in touch with Oscar via e-mail and telephone. Now, I no longer enjoyed reading one of his last letters.

Stan Edelman’53 /// Via e-mail

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ROBERT LOEB

Dear Editor,

“A Remembrance of Robert F. Loeb” by Lawrence W. Norton (Winter/Spring 2010 issue) made me recall a lecture by Dr. DeWitt Stetten Jr., given some 25 years ago at P&S. The reason I recalled it now is that this “Remembrance” bears a curious similarity to the one given by Stetten. The following is what he described.

As a student on the medicine clerkship he had a patient who was a bouncer in a Harlem night club. The man was large and rather fierce. On Dr. Loeb’s rounds Stetten was presenting the patient and Dr. Loeb kept interrupting him, pointing out all the things that Stetten got wrong. After a few minutes of this inquisition, the patient sat up in his bed, looked at Dr. Loeb and said “Don’t you dare to speak like this to my doctor!” Although I don’t recall how this phase of the rounds got resolved, Stetten reported that after the rounds, when the entourage was in the hall, Dr. Loeb turned to him and said: “This was good medicine you practiced, not smart medicine, but good medicine.”

Could two such parallel scenarios happen? Yet, I have no reason to doubt the veracity of both reports.

Norton was a member of the class of 1958 and therefore the interaction reported would have taken place in 1956 or 1957; Stetten was a member of the class of 1934, so the incident he described could have happened in 1932 or 1933. Loeb was appointed to the P&S faculty in 1924 but became chairman only in 1947.

Michael Katz, M.D.
Senior Vice President for Research and Global Programs,
March of Dimes Foundation
Carpentier Professor Emeritus of Pediatrics and professor emeritus of public health, Columbia University

Dear Editor,

Stories of Robert Loeb’s fearsome behavior on ward rounds were lunchtime chatter when I entered P&S just after his retirement. Clearly an inefficient way to teach medicine, his style persisted in inappropriate imitation by a few house staff members, and, as Dr. Norton forgivingly recalls in his remembrance, Dr. Loeb’s method was a faulty model of bedside manners.

Dr. Norton’s entertaining recollections were chosen by the editors to mark a notable anniversary of Dr Loeb’s retirement. His article generalizes but fails to elaborate on Dr. Loeb’s deserved credit for his clinical acumen, for his breadth of knowledge, and for his textbook. Perhaps, and therefore to the editor’s credit, the memory of the very public and destructive personality failure of the man is what defines him, but shouldn’t celebrate him, 50 years later.

Norman Spencer’64 /// Northampton, Mass.

Dear Editor,

“The Silver Fox” brought back many memories for me. Though I did not attend P&S during Dr. Loeb’s tenure, his legacy lived on, and I can recall many instances where members of the faculty and housestaff “...relished watching the emotional disintegration of medical students,” as recounted by Dr. Norton. I do not share Dr. Norton’s fond nostalgia for these grand spectacles of schadenfreude. I wholeheartedly support the efforts of faculty to motivate medical students to do their best, but there is a profound difference between on the one hand communicating high expectations for a student’s performance and on the other hand treating a student with cruelty and contempt. Dr. Loeb’s telling a student “…that his medical school performance was below average... and that dismissal was likely” was not so much mentoring as it was tormenting. I believe such acts of unmitigated cruelty have no place at a noble institution like P&S.

Loeb was long gone during my tenure at P&S in the early 1980s, but far too many carried on the tradition of teaching through intimidation and humiliation. In the workplace this conduct would be considered bullying and harassment, and those responsible would be subject to disciplinary action or even civil suit. There should be no place for such anachronistic behavior at P&S at the start of the 21st century. Dr. Loeb’s callous behavior should not be commemorated, and those now at P&S should think carefully before they strive to emulate it.

Neal E. Luppescu’83 /// Via e-mail

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Neal E. Luppescu’83 /// Via e-mail
Commencement 2010

/// Faculty Awards

P&S Distinguished Service Awards were presented to Kathryn Calame, Ph.D., professor emeritus of biochemistry & molecular biophysics, for preclinical years, and Andrew G. Frantz, M.D., professor of medicine and associate dean for admissions, for clinical years.

Charles W. Bohmfalk Awards were presented to Jonathan Barasch, M.D., Ph.D., associate professor of medicine and of pathology & cell biology, for pre-clinical years, and Katherine G. Nickerson, M.D., professor of clinical medicine, for clinical years.

Dr. Harold and Golden Lamport Research Award in basic sciences was given to Fiona Doetsch, Ph.D., assistant professor of pathology & cell biology, neuroscience, and neurology. Anthony W. Ferrante Jr., M.D., Ph.D., the Dorothy and Daniel Silberberg Assistant Professor of Medicine, received the Dr. Harold and Golden Lamport Research Award in clinical sciences.

The Distinguished Teacher Award was given to Marc Dickstein, M.D., professor of clinical anesthesiology.

/// Student Awards and Prizes

AOA
Alpha Omega Alpha, the national honor society for medicine

Dr. Harry S. Altman Award
outstanding achievement in pediatric ambulatory care
Kelly L. Burke

Alumni Association Award
outstanding service to the College of Physicians & Surgeons
John M. Kaczmar

AAN Medical Student Prize for Excellence in Neurology
Tristan T. Sands

Virginia P. Apgar Award
excellence in anesthesiology
Emily A. Vail

Michael H. Aranow Memorial Prize
best exemplifying the caring and humane qualities of the practicing physician
Laura N. Brenner

Herbert J. Bartelstone Award
exceptional accomplishments in pharmacology
Benjamin C. Tweel

Behrens Memorial Prize in Ophthalmology
outstanding graduate entering ophthalmology
Meena S. George

Edward T. Bello M.D. Listening Award
to a graduating student who best portrays the art of listening to patients, colleagues and self in practicing the chosen field of medicine
Magni Hamso and Lynnea M. Mills

Robert G. Bertsch Prize
emulating Dr. Bertsch’s ideals of the humane surgeon
Estean H. Lenyoun

Coakley Memorial Prize
outstanding achievement in otolaryngology
David T. Kent

Titus Munson Coan Prize
best essay in biological sciences
Mohsin S. Ahmed and Meena S. George
Thomas F. Cock Prize
excellence in obstetrics & gynecology
Moeun Son

Rosamond Kane Cummins ’52 Award
graduate entering orthopedics with academic excellence, sensitivity, kindness, devotion to patients, and the fine human qualities that they exemplify
Ryan T. Cassilly

Dean’s Award for Excellence in Research/Graduate School of Arts and Sciences at Health Sciences
Jesse W. Richardson-Jones and Sumeet Sarin

Endocrine Society’s Medical Student Achievement Award
Matthew J. Weinstock

Daniel J. Fink M.D. Memorial Prize
awarded to the student who best exemplifies Dr. Fink’s enthusiasm for the study and practice of medicine
Alexandra Borst and Kathie Kai Huang

Frederick P. Gay Memorial Award
achievement in microbiology
Babacar Cisse

Louis Gibofsky Memorial Prize
Priya Batra and Moeun Son

Glasgow-Rubin Achievement Award
presented to the woman graduating first in her class
Elisabeth J. Diver and Mary L. Stevenson

Glasgow-Rubin Achievement Award
presented to women graduating in the top 10 percent of their class
Alexandra J. Borst, Priya Batra, Laura N. Brenner, Alison B. Callahan, Louisa S. Canham, Erica D. Farrand, Magni Hamso, Kathie K. Huang, Martha R. Neagu, Kristin A. Pastor, Sara K. Plett, Katelyn R. Smithling, Moeun Son, Danielle F. Trief, and Emily A. Vail

Gold Humanism Honor Society

Dr. Charles F. Hamilton Award
excellence in pulmonary disease
Sunil P. Amin

Izard Prize in Cardiology
Matthew J. Weinstock

Janeway Prize
highest achievement and abilities in the graduating class
Alvin R. Rajkomar

Jerry Jacobs Prize in Pediatrics
Jonathan A. Hauton

Albert B. Knapp Scholarship
awarded at the conclusion of the third year to the medical students with highest scholarship in the first three years
Elisabeth J. Diver and Mary L. Stevenson

John K. Lattimer Prize in Urology
outstanding essay in urology
LaMont J. Barlow

Samuel and Beatrice Leib Memorial Prize in Ophthalmology
Elizabeth A. Dale

Barbara Liskin Memorial Award in Psychiatry
empathy, scholarship and excellence exhibited by Barbara Liskin
Sarah Richards Kim

Robert F. Loeb Award
excellence in clinical medicine
Erica D. Farrand

F. Lowenfish Prize in Dermatology
creative research in dermatology
Meaghan E. Daly
Admiral David W. Lyon Award
outstanding academic achievement by a student serving in the armed forces of our country
Mauer Biscotti

Alfred M. Markowitz Endowment for Scholars
exemplifies Dr. Markowitz’s dedication to patient care, teaching, and scholarship
Peter S. Downey

Dr. Cecil G. Marquez BALSO Student Award
outstanding contribution to the Black and Latino Student Organization and the minority community
Christopher Ramos

Edith and Denton McKane Memorial Award
outstanding research in ophthalmology
Preeti J. Thyparampil

Medical Society of the State of New York Community Service Award
Brandon S. Hays and Kathie K. Huang

Dr. Harold Lee Meirhof Memorial Prize
outstanding achievement in pathology
Katelyn R. Smithling

Drs. William Nastuk, Beatrice Seegel, and Konrad Hsu Award
demonstrated successful laboratory collaboration between student and faculty
Melissa Sum

Marie Nercessian Memorial Award
exhibiting care, unusual concern, and dedication to helping sick people
Priya Batra and Emily E. Hurstak

New York Orthopedic Hospital Award
outstanding performance in research and clinical work
Jeanne M. Franzone

Office of Student Affairs Outstanding Service to P&S Award
outstanding contribution to improving the quality of life of his or her peers while at P&S
John M. Kacmar

Outstanding Student in Family Medicine Award
demonstrates academic achievement in the area of family medicine and has shown initiative in community health service and an understanding and commitment to the principles of family medicine
Jason A. Hove

Donald M. Palatucci Prize
awarded to a student in the fall of his/her fourth year who is in the upper one-third of the class, who exemplifies, through activities in art, music and literature, that living and learning go together, and whose interactions with patients reflect kindness, humor, compassion, candor, and zest for life
Adam M. Buck and Matthew J. Weinstock

Joseph Garrison Parker Award
exemplifying through activities in art, music, literature and the public interest the fact that living and learning go together
LaMont J. Barlow

Samuel W. Rover and Lewis Rover Awards for outstanding achievement in:
- Anatomy & Cell Biology
  Gina M. Finan
- Biochemistry & Molecular Biophysics
  Rachel A. Beckerman
- Genetics & Development
  Katherine A. Fantauzzo

Drs. Robert A. Savitt and George H. McCormack Award
exemplifies Dr. George McCormack’s medical skill, consideration, understanding, and compassion
Matthew J. Weinstock

Rebecca A. Schwartz Memorial Prize
achievement in pediatric cardiology
Barbara L. Edwards

Helen M. Sciarra Prize in Neurology
outstanding achievement in neurology
Martha R. Neagu

Aura E. Severeinghaus Scholar
superior academic achievement
Erica D. Farrand

Society for Academic Emergency Medicine Award
excellence in specialty of emergency medicine
Michael K. Bouton

Miriam Berkman Spotnitz Award
excellence in research of neoplastic disease
Catherine M. Seager and Lily C. Wang

Leonard Tow Humanism in Medicine Award
excellence in science and compassion in patient care
Michael K. Bouton

William Perry Watson Prize in Pediatrics
excellence in pediatrics
Kristal J. Larsen

Dr. William Raynor Watson Memorial Prize
excellence in psychiatry throughout four years of medical school
Mary L. Stevenson

Dr. Allen O. Whipple Memorial Prize
outstanding performance in surgery
Mauer Biscotti

Sigmund L. Wilens Prize
excellence in pathology
Adam M. Buck
New Associate Dean for Admissions

Stephen W. Nicholas, M.D., who joined the P&S Admissions Office in July 2009 as assistant dean, moved into the associate dean position July 1, filling the role left vacant by the June 2010 death of Andrew Frantz’55. Dr. Nicholas was able to work with Dr. Frantz, who had been in the position for nearly 30 years, during the transition.

As associate dean for admissions, Dr. Nicholas will continue the work of recruiting the nation’s top students to medical school at Columbia. During his first year in the admissions office, Dr. Nicholas was responsible for recruiting the first 10 students in the new Columbia-Bassett Program, and he played a significant role in recruiting the Class of 2014, which started classes in August. He has been a member of the P&S Admissions Committee since 2001.

Dr. Nicholas, professor of clinical pediatrics at P&S and of clinical population and family health at Mailman School of Public Health, received his M.D. degree from the University of Colorado. He trained in pediatrics at Columbia and Harlem Hospital Center, where he also served as chief resident during a time when the epicenter of maternal-child HIV infection in the United States was central Harlem. Dr. Nicholas completed a Robert Wood Johnson Fellowship in general academic pediatrics at Children’s Hospital of Philadelphia before returning to Columbia in 1988.

Dr. Nicholas founded the International Family AIDS Program, which introduced the first AIDS treatment for pregnant women (1999) and long-term AIDS care and treatment for families (2004) in the Dominican Republic. Today, its program in the province of La Romana has lowered the rate of mother-to-child HIV transmission to a rate comparable with New York’s, and its clinic is one of the largest providers of care and treatment for children and adults in the Dominican Republic. It is also a popular site for health sciences student and resident rotations, which are supported by the Louis and Rachel Rudin Foundation.

In addition to his role in admissions, Dr. Nicholas will continue to be involved in global health.
White Coat Ceremony Welcomes Class of 2014

The P&S Alumni Auditorium was filled with faculty, friends, and family as members of the Class of 2014 made their entrance Aug. 27, 2010, for the annual white coat ceremony. The 166 incoming P&S students received their first white coat, a symbol marking the beginning of their medical school journey.

The White Coat Ceremony has welcomed each incoming P&S class since 1993. Columbia was the first medical school in the United States to hold a ceremony formally marking a student’s entry with “cloaking” and recitation of the Hippocratic Oath, words typically spoken for the first time at medical school graduation.

Presented by the Arnold P. Gold Foundation and in memory of Russell Berrie, a noted philanthropist and generous benefactor of Columbia, this year’s ceremony featured Rita Charon, M.D., Ph.D., professor of clinical medicine and director of the Program in Narrative Medicine at P&S, as the guest speaker. Dr. Charon emphasized the importance of the human connection between doctor and patient, a theme echoed in opening remarks made by Lee Goldman, M.D., dean of the faculties of health sciences and medicine, and Arnold P. Gold, M.D., chair emeritus of the Arnold P. Gold Foundation and professor of clinical neurology and clinical pediatrics at P&S.

Led by Lisa Mellman, M.D., senior associate dean for student affairs, the new class recited the Hippocratic Oath to remind them of their commitment to humanistic patient care.

The Class of 2014 has 81 women (28 of whom are daughters of physicians) and 85 men (16 are sons of physicians). The class includes 16 students in the M.D./Ph.D. program, 10 students in the new Columbia-Bassett Program, and three students who deferred enrollment from prior years. The class members were chosen from among more than 1,250 applicants interviewed. More than 7,000 applications were initially received, and 6,227 applications were considered. The Class of 2014 includes 28 members of underrepresented minority groups (17 percent of the class).
**$50 Million Vagelos Gift Will Help Fund Education Building**

A $50 million gift from 1954 P&S graduate P. Roy Vagelos and his wife, Diana Vagelos, will support construction of a new medical and graduate education building on the CUMC campus. The building will be named in their honor.

The gift from Dr. and Mrs. Vagelos marks the largest gift received in Columbia University Medical Center’s capital campaign, Defining the Future, and has enabled the medical school’s component of the campaign to top $1 billion, making P&S one of the first medical schools in the nation to reach this fund-raising level. The P&S goal in the capital campaign, $760 million, was reached in 2008. The CUMC campaign – for all medical center schools – also reached its goal of $1 billion in 2008.

A renowned leader in the pharmaceutical industry, Dr. Vagelos is former chairman and CEO of Merck & Co. Throughout his career, he has been a stalwart supporter of P&S, campaigning to raise money for its programs and serving as a mentor for faculty, students, and staff. In addition to chairing the medical center’s capital campaign, he is chair of Columbia University Medical Center’s Board of Visitors, a group of influential advisers to medical center leadership.

“If we tried to create the perfect volunteer for our medical center, we would try to invent Roy Vagelos,” says Lee Goldman, M.D., dean of P&S and executive vice president for health and biomedical sciences at Columbia. “His and Diana’s spirit and support are truly inspirational. Generations of medical and graduate students will benefit from their generosity and vision.”

The new education building, to be located on Haven Avenue, will allow CUMC to centralize educational activities in a state-of-the-art facility that reflects world-class health sciences education and quality of student life.

“When I first came to P&S 60 years ago, the facilities were first-rate, as many of them had just been recently built. Naturally, over time some of them have aged, and new technologies and teaching resources are now required to provide the best modern education opportunities,” says Dr. Vagelos. “We are training the doctors who will deliver medical care, the scientists who will perform groundbreaking scientific research, and the teachers who will help train the future generation of physicians and scientists. It is important that their educational facilities are as exciting as medical science is today.”

The new education building is part of an overall medical center campus revitalization plan that will add green space, create a new front door to the medical school, consolidate student services, and renovate several existing buildings. The projected total cost for the entire project is $185 million. In keeping with Columbia’s commitment to sustainable design, the building will reduce the medical center’s footprint on the environment and the surrounding neighborhood.

Dr. Vagelos and his wife met at a party held by a mutual friend while he was attending P&S and she was a first-year student at Barnard College. A 1955 graduate of Barnard, Mrs. Vagelos is a member and vice chair of Barnard’s Board of Trustees and chair of the Trustee Committee on Campus Life.

After graduating from the University of Pennsylvania and P&S, Dr. Vagelos completed an internship and residency at Massachusetts General Hospital in Boston and joined the National Institutes of Health, where he won scientific recognition as an authority on lipids and enzymes. He later chaired the Department of Biological Chemistry at Washington University School of Medicine in St. Louis and was founding director of Washington University’s Division of Biology and Biochemical Sciences.

Dr. Vagelos joined Merck in 1975 as head of research and in 1985 he was appointed CEO and chair of the Merck Board of Directors. Under his leadership, some of the most important drugs and vaccines of that era were developed, including statins for control of blood cholesterol and the vaccine that protects against infection by the hepatitis B virus, which causes liver cancer. He is an elected member of the prestigious American Academy of Arts and Sciences and the National Academy of Sciences.

In addition to many public policy and advisory activities, Dr. Vagelos is chair of Regeneron Pharmaceuticals Inc., a biotech company.
It is perfectly acceptable for a Ph.D. student to attack a research problem that has no obvious clinical connection. Think of the genetic code or bacterial genetics or Pasteur’s first studies on fermentation. We are secure in our belief that many of these projects will pay off – for medicine, public health, or industry.

Yet, as we educate our medical students and our graduate students, the vast amount of material to learn, the press of time, and the weight of tradition separate these two groups. We invent phrases that evoke boundaries – clinical science, basic science, translational science – but perhaps it is Pasteur’s metaphor that is most important: There are science and the applications of science, bound together as the fruit of the tree which bears it.

It is not a new problem, and the traditional way to fray the edges between the two different groups is the M.D./Ph.D. program. This program at Columbia is very successful, thanks to the efforts of students, faculty, and administrators, but it is long and expensive, leading us to question whether there may be another way. What if we taught graduate students more about disease and medical students more about fundamental problems of molecules and cells?

Teaching graduate students about disease turns out to be thrilling. The Howard Hughes Medical Institute has supplied funds to help Ph.D. students develop a better understanding of medical problems faced by patients and their physicians. HHMI started this initiative, to support the programs that incorporate an understanding of the principles of medicine and disease into the education of Ph.D. researchers, in 2005. Thirteen grants were awarded in the first round. The second round of competition was announced last year. Eleven of the original 13 programs were renewed and an additional 12 programs, including Columbia’s, were funded. The competition was fierce with the 12 new programs selected from 90 applications. The program is called the “Med into Grad” Program and is led by Ronald Liem, Ph.D., professor of pathology & cell biology, Howard Worman, M.D., professor of medicine and of pathology & cell biology, and Steven Spitalnik, M.D., professor of pathology & cell biology, are co-directors. James Peacock, M.D., medical chief resident, serves as assistant director.

The success of Columbia’s application was in large part due to the establishment of a course in the “Mechanisms of Human Disease,” directed by Drs. Spitalnik and Liem, which is required for all students in the Programs in Molecular Basis of Health and Disease graduate school track. The one-semester course has been offered for the past two years. It has four modules, each concerned with one disease. Each module describes the physiology, nutritional status, health, pathophysiology, and anatomy of an organ system and its role in disease. Intensive reading and discussion cover the pathologies associated with the disease and their molecular bases. Finally, interventions and therapeutics are discussed for each disease. The first module covers the hematopoietic system with a focus on sickle cell disease and the second analyzes the pulmonary system, focusing on cystic fibrosis. The second half of the course discusses the nervous system with a concentration on Alzheimer’s disease, and then focuses on the cardiovascular system with a discussion of atherosclerosis. Students meet patients with sickle cell disease, as well as a caregiver of a patient with cystic fibrosis. This was a new experience for Ph.D. students, who, as laboratory scientists, tend to think of the disease as a problem of protein structure but do not see the effects on a person. Participation in the course by both basic and clinical faculty was very gratifying with approximately 75 faculty members giving lectures and leading discussion groups. The reviews of the course from students were exceptional. This year the course will be expanded to two semesters and will cover three additional organ systems and related diseases, as well as one disease that touches on multiple systems.

Students for the Med into Grad program are selected from graduate programs that have a particular interest in disease-related research: Cellular Physiology and Biophysics, Nutritional and Metabolic Biology, Pathobiology and Molecular Medicine, and Pharmacology and Molecular Signaling. Students in the two big umbrella Ph.D. programs – the Integrated Program in Cellular, Molecular and Biomedical Studies and the Neurobiology and Behavior Program – also are eligible.

Eight students (shown in the photograph) have been selected for Columbia’s Med into Grad Program and will receive enhanced training that integrates coursework in medical concepts. The students will have clinical experiences by attending medical rounds and outpatient clinics; individual preceptors based on each student’s research interests will be selected. The interactions with physician scientists will combine research from clinical and basic science mentors, resulting in medically relevant thesis topics.
Clinical Advances

By Susan Conova

Vision Loss from Vitamin A Deficiency

If not for a persistent friend, Doris Tarrant might be blind by now. A spirited and active 87-year-old, Ms. Tarrant was diagnosed with macular degeneration six years ago, but the disease progressed slowly. "I could still drive at night to take friends to dinner, though I stayed off very dark roads," she says.

Then in June 2009, she noticed her vision deteriorating rapidly just a few weeks after she underwent surgery to remove a growth from her intestines. Ms. Tarrant wondered about a connection, but her eye doctor said her macular degeneration was to blame. A few months later, celebrating her birthday at a local restaurant, Ms. Tarrant couldn't see the food on her dinner plate. "Even the brightest-lit room was black to me," she recalls.

A friend pestered Ms. Tarrant to get a second opinion. "I finally went, just to stop her nagging me," she says. That doctor referred her to Stephen Tsang, M.D., Ph.D., assistant professor of ophthalmology and of pathology & cell biology at P&S.

"The first thing he said to me was 'I think vitamin A deficiency is causing your problem,'" Ms. Tarrant says. "I was dumbfounded."

Vitamin A deficiency is rare in industrialized countries. "In this country, it's added to lots of different foods, like milk, so you have to work pretty hard to become deficient," Dr. Tsang says. Most people who become deficient have had intestinal surgery, like Ms. Tarrant, or have a condition like Crohn's disease or cystic fibrosis that impairs the absorption of the vitamin. The increase in bariatric surgery for weight loss has created a slight uptick in patients diagnosed with vitamin A deficiency, and other vitamin A-deficient patients have alcoholism.

In developing countries where the deficiency is more common, the lack of vitamin A eventually causes irreversible blindness. The damage to the eye becomes obvious, as the cornea turns opaque with scars and the light-sensing cells in the retina degenerate. But in the early stages, even ophthalmologists have a hard time identifying more subtle changes to the retina, where vitamin A is critical for light-detection. "If you do a routine exam, a lot of times the retina looks normal," Dr. Tsang says.

Even if a physician suspects a patient's vision complaints are caused by vitamin A deficiency, blood tests to measure vitamin A in the blood are laborious and take several days to process.

Dr. Tsang realized that a relatively new device called a scanning laser ophthalmoscope could give him an answer in five minutes. This ophthalmoscope detects a healthy eye's fluorescence generated by compounds in the retina called lipofuscins. Lipofuscins are vitamin A by-products generated when light hits the retina, a discovery made by Janet Sparrow, Ph.D., the Anthony Donn Professor of Ophthalmic Science in the Departments of Ophthalmology and Pathology & Cell Biology.

"With the ophthalmoscope, we shine a blue light onto the retina and the lipofuscins return a green, fluorescent light," Dr. Tsang says. "Even though lipofuscins may not have a purpose, we all accumulate them, so if we don't see any fluorescence, we know there must be a problem with vitamin A metabolism."

Scanning laser ophthalmoscopes are not available in every ophthalmologist's office, but the devices are commonly found in academic medical centers, where the scope is used to differentiate between different forms of macular degeneration and in research studies investigating the effect of lipofuscins on the eye.

For Ms. Tarrant, the exam confirmed Dr. Tsang's initial suspicion and saved her sight. Her vision started improving after she began weekly vitamin A injections. "About four to five weeks into the treatment, the keyhole in my front door lock became visible again and I could read the numbers on the elevator buttons," she says. "The change was remarkable."

Though Dr. Tsang encounters three or four patients every year with vision loss caused by vitamin A deficiency, many physicians may not be aware of the condition. To increase awareness, Dr. Tsang published a case study in the July 24, 2010, issue of the Lancet about another patient, a 24-year-old woman whose anorexia led to vitamin A deficiency. Her vision also returned to normal.

"In a city like New York, vitamin A deficiency is not high on our list of possibilities," he says. "But because vision loss from vitamin A deficiency can be reversed in the early stages, it's important to keep it in the back of our minds."

New Laser Treatment Improves Odds for Identical Twins

Expectant parents often greet news of twins as a double blessing, but the blessing sometimes comes with a complication that threatens the lives of both fetuses.

Virtually all identical twins have communicating vessels within their shared placenta but in 10 percent to 15 percent of cases, these placental anastomoses result in an unbalanced shunting of blood from one twin to the other. The condition - called twin-twin transfusion syndrome, or TTTS - is often detected in the second trimester due to differences in amniotic fluid volume between the two sacs. In later stages of TTTS, the twin that "donates" blood fails to grow adequately and the increased blood volume in the other fetus leads to volume overload and heart failure.

"Doing nothing at that point almost ensures that both fetuses will die," says Lynn Simpson, M.D., associate professor of clinical obstetrics and gynecology and medical director of the Carmen and John Thain Center for Prenatal Pediatrics at CUMC.

For more information contact the P&S Department of Ophthalmology at 212-305-9535.
Now the center is the first in the New York metropolitan area to offer a new laser procedure that considerably raises the odds for the twins. Only about 10 centers across the country perform this procedure for TTTS.

"Laser treatment isn’t always successful, particularly in advanced TTTS, but there’s about a 70 percent chance that at least one twin will survive and more than 50 percent chance that both twins will live," Dr. Simpson says. "Recent clinical trials have shown that laser ablation of these placental anastomoses between the twins is currently the best treatment we have for TTTS."

TTTS cases are usually detected early in the pregnancy when a routine ultrasound reveals a fluid, and sometimes a size, discrepancy between the two fetuses. Not all size discrepancies are caused by TTTS; fetuses also can grow at different rates if the twins do not share their single placenta equally.

Once a maternal-fetal specialist diagnoses TTTS, the pregnancy is followed closely. Laser treatment is considered if the donor twin’s bladder shrinks to a size no longer visible when scanned. By this time, the smaller donor twin often appears “shrink-wrapped” as if pressed against the wall of the uterus by the recipient twin’s excess amniotic fluid and draped by its membrane.

Laser treatment is conceptually simple. “We put a fetoscope with a tiny camera into the amniotic sac of the bigger twin and look for abnormal connections in the placenta between the two umbilical cords,” Dr. Simpson says. “The laser basically ablates the vessels and stops the blood flow between the twins.” The procedure takes about one hour, though most patients are kept in the hospital overnight for observation.

Premature rupture of the membranes, which occurs in 10 percent of patients, is the biggest risk of the procedure and can lead to preterm labor and delivery. For this reason, Dr. Simpson and Russell Miller, M.D., assistant clinical professor of obstetrics and gynecology, who also performs laser treatments at the center, restrict the treatment to those with advanced TTTS between 16 and 26 weeks gestation.

Laser treatment may be unsuitable in patients who have undergone amnioreduction, a procedure that attempts to delay the progression of TTTS by removing excess amniotic fluid.

“If a doctor thinks a patient might have TTTS, it makes sense to refer the patient to a center that offers laser treatment before attempting amnioreduction,” Dr. Simpson says. “Separation of the membranes or bleeding in the amniotic sac from an amnioreduction can obscure our view of the blood vessels to the point where we can’t perform the laser procedure.”

The Department of Ophthalmology’s new comprehensive eye care center in midtown Manhattan opened to patients earlier this year, offering expert care in a beautiful and spacious setting equipped with the latest in diagnostic and treatment technologies.

The Gloria and Louis Flanzer Vision Care Center is located at 880 Third Avenue at East 53rd Street. “We are pleased to open this modern new facility for premium eye care,” says Stanley Chang, M.D., the Edward S. Harkness Professor of Ophthalmology and ophthalmology chair. “By offering a wide range of general ophthalmologists and specialists in one location, the Gloria and Louis Flanzer Vision Care Center provides efficient, state-of-the-art care for every patient, from people who work in the metropolitan area to those who come from other countries seeking our expertise.”

Funded by Gloria and Louis Flanzer, a gift from Robert L. Burch III, and donations from other supporters, the center is strategically located to be convenient for patients from all five Manhattan boroughs, Long Island, Westchester, New Jersey, and Connecticut.

The new center brings together in one place Columbia’s midtown ophthalmology practices, previously scattered in several locations. Appointments can be made with general ophthalmologists, as well as specialists who focus on cornea, cataract, glaucoma, oculoplastics (rebuiding the eye following major trauma or tumors), and retina diagnosis and treatment.

This should result in more efficient care, better clinical outcomes, and increased patient satisfaction," Dr. Chang says.

The Flanzer Center also offers patients the option to enroll in clinical trials, which previously were available only at the Edward S. Harkness Eye Institute at the medical center in Washington Heights.

Eye surgeries, including vision correction procedures, are best performed in a hospital setting and will continue to be performed at the Harkness Eye Institute.

More information is available from Columbia Ophthalmology Consultants at 212-305-9535 between 9 a.m. and 5 p.m. Eastern time Monday through Friday or www.columbiaeye.org.
These and other words have been used to describe Robert Loeb, M.D., longtime professor and chair of the Department of Medicine at P&S. The remembrance of Dr. Loeb in the Winter/Spring 2010 issue of P&S Journal, written by Lawrence M. Norton’58, prompted several P&S graduates to share their thoughts about Dr. Loeb. Known as “The Silver Fox” because of his shock of white hair, Dr. Loeb was a dominant figure in medicine and an imposing presence among his students. As Dr. Loeb is quoted as saying, “God gave you a skin to keep you from sticking needles through it.”

When he won the Kober Medal Award for 1959, a year before his retirement from P&S, Dr. Loeb said in his acceptance speech that he was indebted to “the countless teachers, students and associates of a lifetime in medicine.” The following remembrances submitted by readers are personal tributes of thanks that will contribute to his legacy in commemoration of the 50th anniversary of Dr. Loeb’s retirement from Columbia. (Alternative views of Dr. Loeb can be found in the Letters section of this issue.)
"THE MIND IS A COMPUTER"

Larry Norton’s remembrance of Robert Loeb dramatically describes the perils of learning from him that I once thought I might evade. My medical clerkship at PH had come after he had left, and I was on the Bellevue chest service. One day when I was bored a commotion on the adjacent medical service beckoned. The great man himself was at bedside surrounded by a platoon-sized force at full attention. I snuck over, glowering that I could observe him from the safety of my catbird perch at the back of the crowd...until with a crook of a bony finger he motioned, “You back there, come forward!” All eyes were upon me. “The mind is a computer,” he announced. “At the patient’s FIRST finding you will list the possible diagnoses. At the SECOND finding you will again do so, taking BOTH into account.” The intern intoned “eosinophils,” viewing me pityingly. I searched my yet-to-be-invented hard drive for answers. Next was “peri-orbital edema,” and so on. At last the revolving searchlight froze another student in its beam. Not the least of what made my encounter with his computer metaphor of the mind memorable was that this was 1963.

David V. Forrest ’64

CLINICAL CLERKSHIP IN THE "BIG ONE"

It was the fall of 1954 and we in the class of ’55 started our clinical clerkship in the “big one,” Medicine at P&S. All students were assigned ward patients to workup and follow, a mentor we met once a week, and finally we had to present a case to that brilliant and irascible Dr. Loeb.

The ward consisted of about 16 beds, eight on the right and eight on the left. When Dr. Loeb made rounds he usually started with the first bed on the right. Thus if that were your patient you knew it was your turn to present the case, and you were the first of the day.

The cunning Dr. Loeb had memorized the names and faces of all 120 of us so there was no escaping his attention and wrath if you gave the wrong answer to his question. If you did, his favorite response was “Fiddle-de-dee!”

One bright sunny morning it was time to make rounds with Dr. Loeb. Norm had the first bed on the right and the patient had diabetes. Norm was very nervous – as we all were when presenting to the master. He was asked what solution would be used to test the urine for sugar. Norm froze and Dr. Loeb asked what blue solution would be used. Poor Norm could only think of the blue dye that measures blood volume and blurted out T1824.

At this point Dr. Loeb pointed his finger at Norm and said, “Go down and see the dean and tell him you are through at P&S.” A shocked group of us watched as poor Norm started through the double doors of the ward, and at that point Dr. Loeb called him back and the rest of us breathed a deep sigh of relief!

David Marshall ’55

"ALL PATIENTS ARE INTERESTING"

An incident I clearly remember was when one of my classmates had a patient in “the first bed on the right” and started his presentation by saying this “very interesting patient...” Dr. Loeb interrupted him by saying, “Mr. H, all patients are very interesting.”

I also remember standing by the elevator even before my medicine clerkship and having Dr. Loeb greet me by name. He must have studied the pictures of the entire third-year class.

Joan E. Morgenthau ’49

HUMOR BEFORE FEAR

You may have this anecdote recorded already, but if not, here goes: Charlie Burkhardt ’57 and I would travel together to Saratoga Springs to see our Skidmore nursing student dates, one of whom, Ginny Thyn, has been my wife for 54 years. Charlie, a brash Yalie, told of a professor’s rounds presentation before Dr. Loeb, who, as Larry Norton described in P&S, struck fear into the hearts of most students. Not so with Charlie. He had a patient with proteinuria, hypoalbuminemia, and peripheral edema. The question posed by Dr. Loeb was, “What is the first diagnosis you think of when seeing such a patient?” Charlie’s answer was “Amyloidosis, sir.” Dr. Loeb gave the feared rebuke, “Fiddle-de-dee, Burkhardt; the first thing?” Charlie’s answer, “I’m just doing it alphabetically, sir.” I was told that evoked a smile, but since I wasn’t present, I cannot confirm the response.

Neil Clements ’56

NO HUMOR? FIDDLE-DEE.

I truly enjoyed Dr. Norton’s remembrances of Dr. Loeb, but I must disagree with his statement that he did not encourage humor. As chief clerk during the third-year clinical clerkship I had many dealings with him. One Thursday as he approached the ward he said to me, “What would they do to you if I started on the first bed on the left?” I immediately said, “They’d kill me!” He roared with laughter. On another occasion he asked the class how often and for how long should someone who had TB have follow-up chest X-rays? He greeted a variety of answers with the statement, “I had TB as a medical student and I haven’t had one in years!” When I said, “Well, Dr. Loeb, now we know where all our classmates are getting their TB!” to my relief, and that of my classmates, again he laughed. While deservedly imposing, he was a wonderfully warm and supportive human being.

James R. McCartney ’55

DON’T FORGET THE SON

As a very long-term admirer of Dr. Loeb, I enjoyed the article about him. One person about whom he spoke more than any other one did not make it into the article. It was “my son John” which should be familiar to most alumni who experienced Dr. Loeb.

Albert Stunkard ’45

P&S will continue to build an online archive of remembrances of Dr. Loeb and other P&S luminaries. Submit contributions by e-mail to psjournal@columbia.edu or at the magazine’s mailing address found in this issue.
IN THE CITY OF NEW YORK

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME GREETING,

Salut.

ATTEN.

of Physician
in the City of

Doctor of

having spent the customary term of
having given testimony of knowledge
as accordingly been admitted to the degree

of Medicine

privileges, and immunities thereunto appertaining, we have caused our corporate seal of New York on the thirtieth day of December, in the year two thousand and ten,

Masters of Business Administration

has accordingly been admitted to that degree of

rights privileges and immunities thereunto appertaining, whereof we have caused our corporate seal to be affixed in the city of New York on the eighteenth day of December, in the year two thousand and ten.

Doctor of Philosophy

as accordingly been admitted to that degree of

rights privileges and immunities thereunto appertaining, whereof we have caused our corporate seal to be affixed in the city of New York on the thirtieth day of December, in the year two thousand and ten.

Doctor of Business Administration

as accordingly been admitted to that degree of

rights privileges and immunities thereunto appertaining, whereof we have caused our corporate seal to be affixed in the city of New York on the thirtieth day of December, in the year two thousand and ten.

Doctor of Medicine

as accordingly been admitted to that degree of

rights privileges and immunities thereunto appertaining, whereof we have caused our corporate seal to be affixed in the city of New York on the thirtieth day of December, in the year two thousand and ten.
In addition to learning the basics of becoming a physician, students entering P&S during the past decade also have learned that their future will be shaped by more than what they learn in the classroom or at the bedside: Health care reform is expected to change medicine and influence how physicians care for their patients. Some students have decided to face – or help shape – the changes by adding a tool not traditionally found in medical schools – an M.B.A.

The interest in earning an M.B.A. in addition to an M.D. degree is growing at Columbia. In May 2010, 10 students graduated from P&S with both M.D. and M.B.A. degrees, the largest number of students graduating with both degrees since the program started in 1997. Nine of the 10 students earned Columbia M.B.A.s; the other received the degree from Harvard. Including the Class of 2010’s 10 students, 59 students have received M.D./M.B.A. degrees.

As students consider the likelihood that health care reform will change the health care landscape, medical students who pursue the M.B.A. believe they will be getting a competitive advantage for their future careers, which may include a combination of clinical, health care administration, governmental policy, leadership, and entrepreneurial possibilities.

The Columbia M.D./M.B.A. Program

The Columbia M.B.A. is a three-semester program that starts in January during a student’s third or fourth year of medical school. M.D./M.B.A. students must take their first two business school terms (spring and summer) consecutively. They may continue straight through, finishing M.B.A. courses in the following fall term, or they may return to P&S in the fall and finish their third business school term the following spring. Traditional M.B.A. programs run for two years or four semesters. Dual degree programs typically allow a student to get both degrees in less time – one year less – than would be required if the two degrees were pursued separately.

The business school curriculum includes courses in corporate finance, accounting, managerial statistics, marketing, strategic planning, decision planning, and leadership. Electives allow students to focus on areas of interest, such as health care.

The joint degree program is not offered to students at the beginning of medical school, says Ronald Drusin’66, vice dean for education, because students need the first years of medical school to help them appreciate why they might want that additional level of education.
"It is up to the students to realize their career trajectories," Dr. Drusin says. "The faculty is here to support the students. If the student is going to pay for the M.B.A., he or she needs to go through the introspection and analysis necessary before applying and understand any potential issues that might arise with having both degrees, such as what impact the M.B.A. might have during the residency application process."

Skepticism still exists in some residency programs about the commitment of a student with a joint degree to continue in clinical medicine, and the idea that a doctor might need an M.B.A. to get an administration position in academic medicine is not universally accepted. Some students with the M.B.A. have been challenged in residency interviews, while others have found acceptance of residents with the dual degrees slowly growing.

Rosemary Ku’10, who has started a four-year internal medicine and preventive medicine residency at Kaiser Permanente in San Francisco, says internal medicine residency programs to which she applied seemed to think the joint degree was a plus. "They knew I chose the double degree as part of my goal to help improve the medical system," says Dr. Ku, who plans to also obtain an M.P.H. during her residency and is interested in health policy or administration in addition to practicing. "The way medicine is going, it shouldn't be a negative to have an M.B.A."

Some joint degree students forgo residency after graduation to obtain a job in the business world. Lisa Mellman, M.D., senior associate dean for student affairs, notes that students who have obtained positions outside of health care should be aware that it might be difficult to get into a residency program after being away from patient care for a few years.

Health Care Reform Spurs Interest in Business Side of Medicine

Historically, students have pursued the M.D./M.B.A., says Dr. Mellman, for one of three reasons: One, they believed the joint degree would be beneficial for a position in hospital administration or as head of a department in academic medicine. Two, they wanted to continue in clinical practice but had an interest in device development and technology transfer. Or, three, they did not want to practice medicine but went to medical school for the medical background and expertise to help them in positions in the pharmaceutical industry or venture capital firms.

But health care reform also has spurred interest in the economics of medicine among prospective and current P&S students. Stephen Nicholas, M.D., the new admissions dean, says he has noted an increase in the number of applicants interested in the M.D./M.B.A. program. He attributes the rise to students wanting to know about the economics of health care systems and health care reform and interest in pursuing leadership roles in a changing environment.

The joint program is only 13 years old, so it is too early to tell whether students' expectations for the M.B.A. have been met. A recent survey by the business school showed the majority of graduates with both degrees are in clinical medicine. The others have positions in venture capital, business, or health care administration.

Julia Iyasere’08, a third-year resident in internal medicine at NewYork-Presbyterian Hospital/Columbia, says she hopes her joint degree will allow her to obtain management positions later in her career. Her business school training may have begun to pay off: She recently was elected chief resident, after which she most likely will pursue a cardiology fellowship.

Although Dr. Iyasere says she does not actively use the finance or accounting side of her M.B.A. degree during her residency – yet – she finds the "soft skills" she learned, such as team dynamics, negotiation, leadership, and management, valuable in caring for patients and in functioning within the hospital. Working with Paul Lee, M.D., an associate program director in the internal medicine residency program and medical director of the hospitalist medicine division, Dr. Iyasere recently applied business school team concepts to the residency "pod," or team program, to improve the training.

"We wrote a contract, like we did in business school, about how as a team we all would deal with any potential conflicts or issues, should they arise, which included being respectful of each other and how to raise issues in the first place."

She says negotiating skills from business school training have helped her in working with patients who might not always want to take the medications or tests that she recommends. Other graduates see value in having skills that enable them to interpret a balance sheet or to design an operating room schedule with respect to the best utilization of hospital beds. They also consider their M.B.A. training helpful in managing relationships with patients, colleagues, subordinates, and superiors as well as managing risk, decision making, prioritization, and how to best utilize resources.

Oscar Garfein’95, who obtained his M.B.A. from Columbia in 1997 before the joint degree program was created, believes that some of the disciplines of management science used in business can be applied to the clinical practice of medicine. "America's businesses and business schools are world leaders in developing and applying management science," says Dr. Garfein, a cardiologist and president of the Medical Board at St. Luke’s-Roosevelt Hospital Center.

"Certain of these concepts, such as finance, accounting, microeconomics, and operations can help in the clinical setting in decision-making, allocation of limited resources, and in streamlining work patterns." Dr. Garfein has developed a mini-MBA course for fourth-year medical students with business school curriculum topics adapted for doctors, such as how to make decisions under uncertainty and how physicians and patients can make more intelligent and informed choices. The science of management is very highly developed and doctors making life and death decisions can benefit from learning about it."
The Business Side of Medicine with an M.D./M.B.A.

For M.D./M.B.A. graduates who have taken positions in health care-related business or administration, the combined medical and business education has been essential. Anand Joshi ’01, director of strategic sourcing at NewYork-Presbyterian Hospital, uses clinical and business skills to direct the purchase of almost $1 billion worth of products and services annually, including thousands of clinical items like cardiac defibrillators, sutures, hospital gowns, and bandages, that are used at the Columbia, Cornell, and Westchester campuses of the hospital.

“We try to get optimal pricing and terms for the products our clinicians want to use to maintain the excellent quality of care, outcomes, and patient satisfaction our institution is known for,” Dr. Joshi says. “When we do it well, we can accomplish those goals and save money that can be reinvested in the hospital.”

The reason the hospital is successful at negotiating with vendors, Dr. Joshi says, is because his department works closely with clinicians in each department in the hospital. In some cases, such as with three brands of pacemakers, clinicians have said the products are essentially medically equivalent, so it allows the hospital to have significant leverage when dealing with vendors. “I am comfortable speaking with doctors from many different disciplines,” Dr. Joshi says, “and my experience with negotiating and contracting as a consultant enables me to put myself in the shoes of the vendors so I can understand their expectations and be prepared for them.”

In his position as director of medical technology and health care at Vision Capital Advisors, L.L.C. a venture capital firm based in New York City, M.D./M.B.A. graduate Jess Jones ’07 combines his business and medical acumen to analyze whether early stage biomedical technologies have the merit to become the next generation of medical products. What is most gratifying to Dr. Jones is being able to call upon medical leaders in different fields to get their assessments of a new drug, device, or company under consideration. “If the medical thought leaders from Harvard or Columbia, for example, speak highly of a technology or drug, then we can get financing and expertise to run a better clinical trial and ultimately Food and Drug Administration approval of the product,” Dr. Jones says.

The transfer of technology from the laboratory bench to the bedside is a long and difficult process and most technologies don’t make it, Dr. Jones says. “But I enjoy being part of the process that will keep America a leading technological power in the world.”

Due Diligence for the M.D./M.B.A.

For medical students considering obtaining both M.D. and M.B.A. degrees, graduates with both degrees advise them to do the “due diligence” necessary to determine if both degrees are right for them. Joint degree holders recommend talking to as many graduates with both degrees as possible in the business and clinical worlds and to many different clinicians and residents to get their perception of both degrees.

“Think about how you see yourself in the next five to 10 years and how you see the role of a physician in society,” suggests Dr. Ku. “If you really see yourself in a surgical subspecialty for your foreseeable future, the time and the money of the M.B.A. is probably not worth it. If you plan not to practice and are interested in business, it could be beneficial. If you plan to do clinical practice and are interested in health care administration, policy, or business consulting, then it is very beneficial. There are other paths in medicine besides straight clinical practice.”

The biggest challenge of the M.B.A. education, the graduates say, is the ethical differences between medicine and business. “Although I understood there were ethical differences between business and medicine, experiencing it first hand was shocking,” says Dr. Ku. “As medical students we are taught to always put the patient first, but in business, the bottom line and cutting costs are first, with patients often getting the short end of the stick.”

What was particularly eye-opening for Dr. Iyasere in business school was realizing how the medical community is so different from the rest of the world. “We work in a niche,” Dr. Iyasere says. “We have a huge amount of information about medicine, but we sometimes forget that our patients and others don’t have access to what we know. It was very important for me to interact with the business students and get their perspectives but it was just as important for them to appreciate the medical perspective and expertise, because they often did not understand the basics of medicine and yet were developing business models about health care-related products anyway.”

Not all medical students interested in the business side of medicine pursue an M.B.A., but they have a way to stay current in what they see as the intersection of business and health care. A P&S Club group established in 2009, called “Markets in Medicine,” has group discussions and invites speakers to examine where the business and health care worlds overlap. The club looks at individual career choices and national and international health care performance and delivery systems.

Barry Breaux ’12, the club’s co-president, says health care is undergoing a transformation and students are seeking ways to supplement their medical education, via the club or by pursuing an M.B.A. “We are passionate about being practicing physicians, but we are also interested in how understanding the economics of medicine might help us participate in discussions about medicine’s future and become better health care providers,” Mr. Breaux says.
Funding Supports Basic, Clinical, and Educational Initiatives for One to Two Years

ARRA provided funding through several new NIH grant opportunities funded for either one or two years, ending in September 2010. Challenge Grants, for example, defined prioritized areas of research, such as in the behavioral sciences (see Patrick J. McGrath), genomics (see R. Graham Barr) and health disparities, and provided funding for projects that had potential to make significant progress in a two-year time frame. Grand Opportunities, or “GO” grants, funded research infrastructure and larger scale projects that accelerated research on critical breakthroughs and supported early and applied research on cutting edge technologies and new approaches to improve multidisciplinary research (see Milan Stojanovic). Other ARRA grants funded research adapted for a two-year horizon (see Virginia Papaioannou) and educational initiatives to recruit young people into the sciences (see Steven Marx). Below are five examples of basic, clinical, and educational projects funded at P&S by ARRA money.
Although newer antidepressants, such as the selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs), have improved the lives of many people suffering from depression, approximately half of depressed patients will not get relief from these drugs. For people with treatment-resistant depression, older medications with more side effects, such as monoamine oxidase inhibitors (MAOIs), are available, but they also don’t work on all patients. Psychiatrists are reticent to prescribe MAOIs and patients are wary of taking them because they can cause a sudden rise in blood pressure, stroke, heart attack, or death if a patient taking them ingests aged cheeses or certain other medications. But MAOIs can help severely depressed people, explains Dr. McGrath. His research aims to figure out if it might be possible to determine which people with treatment-resistant depression might benefit from MAOIs so they might be more willing to accept a restrictive diet rather than proceed to more aggressive next-stage recommendations: electroconvulsive therapy or deep brain stimulation, which also have adverse consequences.

In his two-year, $951,326 study, Dr. McGrath will use PET scanning to measure MAO levels in the brains of 20 patients with treatment-resistant depression and in 10 healthy controls to determine if patients with higher levels of the MAO are more responsive to the inhibitor compared with patients with lower MAO levels. Earlier research has shown that people with depression first seeking treatment have higher levels of MAO compared to healthy controls, so it is likely that people with treatment-resistant depression might have even higher MAO levels. If so, PET scans may, after additional research, be a way to predict who among people with treatment-resistant depression could benefit most from MAOI treatment.
Can the very adaptable and malleable DNA molecules become minute diagnostic and treatment devices in the body? Dr. Stojanovic thinks so. He and his collaborators are working on designing a network of DNA molecules to first recognize biomarkers in the body, such as those on the surface of a cancer cell, and then to release a drug that would kill the cell. To try to create these molecular robots, he works with several researchers developing the recognition, decision-making, and drug delivery aspects of these DNA molecules. The key for a successful theranostic device – a therapeutic and diagnostic system together – is to target cancer cells and ignore healthy cells, Dr. Stojanovic says. The more cancer markers it can recognize, the more specific the theranostic device can be. Dr. Stojanovic has already been able to demonstrate that a DNA device can assess two biomarkers on the same cells and, as a result, cause a chemical reaction, or a decision. In the two-year, $1.8 million study, Dr. Stojanovic is optimizing this process. He hopes to be able to test the prototype devices and kill cancer cells at the end of this project in cell cultures.

Understanding the genes that contribute to a disease can lead to earlier diagnosis and better treatments for the condition. It is known that mutations in one gene, called alpha-1-antitrypsin, cause emphysema and chronic obstructive pulmonary disease (COPD). However, this particular gene causes less than 1 percent of all cases of emphysema and COPD. Our understanding of other genes that contribute to emphysema and COPD is limited, even though these conditions combined are the fourth leading cause of death in the United States and will soon overtake stroke as the third leading cause of death. The greatest increase has been among African-Americans and women. In his two-year, $970,456, multicenter study, Dr. Barr will try to find genes associated with emphysema by performing a genome-wide association study of 8,500 individuals in whom the extent of emphysema has been carefully characterized on computerized tomography (CT) scans. Dr. Barr says emphysema and lung tissue destruction have not been measured on CT scans in such a large number of patients, which is also necessary for the genomic or SNP, single nucleotide polymorphism, studies. The CT scans in conjunction with the genetic analysis should allow him to find new pathways involving common genes that contribute to the pathogenesis of emphysema and that could be targets of new drugs. Dr. Barr is collaborating with the University of Virginia on the genetic analyses, the University of Iowa on the emphysema measures, and the University of Washington on data integration.

Milan Stojanovic has previously worked on programmable molecular automata based on DNA and is now applying this knowledge to cure cancer. These represent programmable molecular automata.
Vinodh Jayaraman, a junior at the University of Pittsburgh, considers himself extremely lucky to have a paying job in the laboratory of Dr. Marx during the summers of 2009 and 2010. Many of his peers, he said, had a difficult time getting summer jobs during the recession. “They are volunteering, not working, or doing jobs that have little to do with their future career goals,” he says. Mr. Jayaraman is a pre-medical student who hopes someday to do research. Although both his parents are research scientists, in Dr. Marx’s laboratory Mr. Jayaraman obtained first-hand experience in doing experiments, learning protocols, working with equipment, and being a member of a research group. He helped postdoctoral fellows in the lab with their studies and performed basic molecular biology research. Mr. Jayaraman was particularly interested in Dr. Marx’s work on ion channels in cardiovascular disease because he had an opportunity to see the relationship between biomedical research and disease and how the research might lead to new drugs someday. In college, laboratories associated with classes, such as biology and chemistry, usually have predictable results, he said. “But in real research, you never know what is going to happen and that is very interesting and exciting,” Mr. Jayaraman said. “Each result can lead you to ask new questions, and you have to be patient. A scientific breakthrough can take a lot of time.” Dr. Marx may have received only $14,490 for two summers to pay a stipend for a student and help support the student’s research, but for Mr. Jayaraman the experience was priceless.

T-box genes code for transcription factors that act as master switches to turn other genes on and off. Dr. Papaioannou is interested in understanding the earliest effects that arise in the developing embryo from mutations in these genes. In her two-year, $775,527 study, Dr. Papaioannou is characterizing mutations in mice in Tbx6, another member of the T-box family. The TBX6 protein, she has found, helps determine the left or right sidedness in a very early stage of the embryo’s development. Now she is trying to determine how the protein interacts at a molecular level with other structures in the embryo to help give the body its ultimate internally asymmetrical form.
TO THE EDGE AND BACK: QUICK DIAGNOSIS OF RARE DISEASE LEADS TO REMARKABLE RECOVERY

By Susan Conova
It is January 2009, and Annalisa Meier keeps asking the same questions over and over:

“how old am I?”
“where do I go to school?”
“what year is it?”
“what happened to me?”

Her parents, Pilar and Dwight, patiently answer her 20 or 30 times a day:

“you’re 18”
“you go to columbia”
“it’s 2009”
“you were in a coma.”

A nnalisa Meier’s therapist struggles to engage her in a conversation, to get her to stay in the moment. She tries to get Annalisa to answer her own questions: How old do you think you are? Where do you think you go to school?

A week passes, and the answers start flowing with a little help. When she says she doesn’t know it’s January, she figures it out when her parents hint that it’s the month before Valentine’s Day.

Many times Annalisa apologizes for getting sick and causing so much trouble. But to her parents, seeing her walk, talk, and think seems like a miracle when they remember the months they spent at New York-Presbyterian/Columbia watching over their comatose daughter. Pilar and Dwight know Annalisa still has a ways to go, but they no longer have to worry whether Annalisa will live or die, have a full life, or be confined to a nursing home.

Five Months Earlier

It is Sept. 2, 2008, the first day of classes, and Annalisa is living her dream of attending Columbia, a hope she had harbored ever since she was a little girl. Her friends and teachers in her high school in Washington, D.C., knew how strong her drive was. She always tried for the top of the class and she always did an outstanding job in her academic endeavors. On the school cross country team, Annalisa wasn’t the fastest runner, but she ran her best in every practice and every race, and her coaches recognized her grit and determination at the end of the season with the Coach’s Award.

She returned to her dorm room after attending her first class at Columbia and called her mother. Pilar was in Belize on business. During the conversation, Annalisa passed out. The connection went dead right after Annalisa tried to explain that she had begun drooling in her class and couldn’t make herself stop. Annalisa’s speech was slurred and Pilar had difficulty understanding her.
When Annalisa awakened, she called Pilar again, who “talked” her across campus to Columbia’s student health service, where doctors immediately suspected a neurological problem. An ambulance drove Annalisa a few blocks to St. Luke’s Hospital.

Annalisa’s father, Dwight, was in New York City on a one-day business trip and rushed to the hospital, where Annalisa was awake and talking and extremely agitated. She pulled manically and uncontrollably at her hair. Her condition worsened and the doctors induced a coma.

An MRI of Annalisa’s brain lit up from the intense levels of inflammation, indicating encephalitis. Initially, doctors thought the encephalitis was caused by viral meningitis and that she’d be better in a few weeks. However, instead of recovering, Annalisa got worse, and nobody knew why.

No bacteria showed up in cultures. None of the antibodies associated with common autoimmune diseases were found. Tests for Lyme disease came back negative. She also tested negative for a wide range of infectious diseases, which the hospital tested for because Annalisa had toured South America in the summer.

“I was concerned that she was deteriorating rather than stabilizing or getting better,” remembers Samuel Seward, M.D., the medical director of Columbia’s student health service. “At that point, I thought it couldn’t hurt to get a new set of eyes looking at her. Late that same night, about a week after she collapsed in her dorm room, Annalisa was transferred by ambulance to Columbia University Medical Center.

The next morning, Kiwon Lee, M.D., assistant professor of clinical neurology and a neurocritical care specialist, stood outside Annalisa’s room and listened to Jennifer McDonald, then a fourth-year medical student, present Annalisa’s case. Like the doctors at St. Luke’s, he also thought her encephalitis sounded viral. And if the virus didn’t show up in any test, little could be done. At best, Dr. McDonald now says, the physicians were hopeful, not optimistic.

But as soon as Dr. Lee walked into her room, Annalisa violently jerked her head to the side, stuck out her tongue, and smacked her lips in a violent, repetitive, chewing motion. “She had this rhythmic movement that’s so classic,” he says. “When I saw that, I was 99 percent sure I knew what we were dealing with.”

**Diagnosis: Paraneoplastic Anti-NMDA Receptor Encephalitis**

“Classic” is an odd word to describe a disorder that didn’t have a name until 2007 and still isn’t well known. Of the hundred or so cases of paraneoplastic anti-NMDA (N-methyl-D-aspartate) receptor encephalitis described in the literature, cases in young women often stem from creepy-looking tumors called teratomas. Loosely translated as “monster tumors” in Greek, teratomas are filled with a mishmash of cells, including bits of skin, hair, and even neural tissue. Centuries ago they were blamed on witchcraft or intimate dealings with the devil. Today, doctors know them as bizarre, but usually benign, growths often found on the ovaries.

What wasn’t known until a few years ago is that the immune system’s response to the teratoma can get out of control. Antibodies generated to attack the teratoma’s neural tissue (in particular, its NMDA receptors) also can slip past the blood-brain barrier and attack the brain. A neuro-oncologist at Penn, Dr. Josep Dalmau, discovered the antibodies in some of his unexplained encephalitis cases, publishing the findings in 2005 and later describing the disease.

“If Annalisa had shown up a few years ago, we wouldn’t have known what hit her,” says Stephan Mayer, M.D., professor of neurology and director of the neurological intensive care unit at the Neurological Institute. Now Drs. Mayer and Lee see a case about every six months.
Even now, some patients are sent first to psychiatric institutions, as violent mood swings and extreme personality changes are often the disease’s first symptoms.

Looking back, Annalisa’s mother remembers something strange about her daughter in the weeks before school started. “She started getting headaches, she seemed insecure, she became impatient, and she was confused about simple decisions like buying old textbooks instead of new ones,” Pilar Meier says. “It seemed different than just being homesick.” For an independent and outgoing world traveler, it was completely out of character.

Dr. Lee, immediately after seeing Annalisa, ordered a CT scan. A ping pong ball-sized mass, presumably a teratoma, sat on top of Annalisa’s right ovary. A sample of her spinal fluid was sent to Dr. Dalmau at Penn to confirm the presence of antibodies, but even before the results came back, Dr. Lee started filtering the antibodies out of Annalisa’s blood. Her teratomas (a second was found immediately before surgery) were removed on Sept. 17.

But that wasn’t the end of Annalisa’s illness.

“Human Brains are not Resilient”

In a strange coincidence, during the time Annalisa lay unconscious in neurological intensive care, the New York Times published an article about another young woman with the same rare condition. One day the 26-year-old was comatose; the next day, after surgery, she was awake, laughing, and talking.

Annalisa, in contrast, hardly seemed any different in the immediate days after surgery. “Unlike other organs, human brains are not resilient,” Dr. Lee says. “The inflammation and neuronal death caused by viruses, autoimmune attack, or trauma leads to neurological deficits that can take months and even years to recover.”

From his experience and a handful of published cases, Dr. Lee knew that most patients pulled through. A few women, like the patient in the newspaper article, wake up immediately after their teratomas are removed. But others struggle years later with significant cognitive problems. And some never wake up.

When Kiwon Lee first saw Annalisa in the neuro ICU, he immediately suspected paraneoplastic anti-NMDAR encephalitis from his previous experiences with the disorder. But they’ve all been recent experiences, which makes some of Annalisa’s doctors wonder if the syndrome is something new and on the rise.

“I never saw these cases in my training, and once you see this movement disorder, you never forget it,” Dr. Lee says. “I’ve spoken to people with 40 and 50 years of experience, and they’ve said they never saw anything like it in the past. I think it’s something new, but it remains to be seen.”

Though the syndrome may turn out to be a common cause of encephalitis in young adults and children, Penn’s Josep Dalmau believes it is simply becoming more recognized by clinicians. “When you look back at some older descriptions of mysterious cases of encephalitis, you realize they could have been describing anti-NMDAR encephalitis,” Dr. Dalmau says. “It’s like the story of the blind men and the elephant. A few different aspects of the disease have probably been described in the past, but now we know the whole elephant.”

What both doctors agree on is the need for more awareness about the disorder, particularly among psychiatrists, who are often the first physicians to encounter patients with anti-NMDA receptor encephalitis.

“It’s scary to think there are probably a few young women out there who’ve been diagnosed with a psychiatric disorder and locked up,” Dr. Lee says. “It’s important to understand that the disorder is still very rare, but it’s potentially fatal. For young people with sudden mood and personality changes, especially young women, doctors should suspect anti-NMDAR encephalitis.”

Columbia’s student health director says Annalisa’s experience has put his entire staff on alert. “Since Annalisa, we have had our antennae up looking for more cases,” Dr. Samuel Seward says. “And, indeed, roughly a year later we had another case. With Annalisa fresh in everyone’s minds, the diagnosis was confirmed rapidly and I am happy to report the student is doing very well. I expect we’ll see an increasing number in the future.”
In the first few days after Annalisa’s surgery, 24-hour EEG monitoring picked up small, but real, seizures that prompted Dr. Lee to stop efforts to bring Annalisa out of her coma to protect her brain from irrevocable damage. At other times, a cooling blanket lowered her temperature to reduce the metabolic demands on her brain. Her heart rate fluctuated erratically, racing to 145 one day and plummeting to 20 on another.

The rhythmic facial tics that tipped Dr. Lee to a correct diagnosis continued, along with new wild, repetitive movements she developed in her hands and fingers. Eventually she developed a respiratory infection, a urinary tract infection, and an eye infection. She almost died twice from the complications.

“There were times when we didn’t even know she would survive,” remembers Dr. McDonald, who became close to Annalisa’s family and frequently visited between her shifts to make sure they understood everything about Annalisa’s condition. “We were looking for some sort of meaningful brain activity, but with her movement disorder it was hard to tell. If she squeezed your hand, it didn’t necessarily mean she was doing it on purpose.”

“The First Sign that Maybe Someone was in There”

Annalisa eventually came out of her coma but achieved only a minimally conscious state. To her parents, Dwight and Pilar, Annalisa at times showed signs she understood what was going on around her, who people were, and what was being said. (Dwight and Pilar stayed near or in the hospital from Sept. 2, when Annalisa first fell ill, until Dec. 1, 2008. During this period, with help from Annalisa’s extended family, Annalisa had someone who loved her at her side 24/7 for three months.)

Every day for a few minutes, Annalisa opened her eyes, looked at people in the room, and followed them with her eyes as they moved around.

But these moments – which thrilled Dwight and Pilar – only happened when family members were in the room. It wasn’t until the middle of November that the unit’s doctors and nurses saw Annalisa respond: She held up two fingers, raised her thumb, and stuck out her tongue on command. “It was the first sign we had that maybe someone was in there,” Dr. McDonald says.

Her parents hoped it was the breakthrough they had been waiting weeks to see. The next day, at 1 a.m., Annalisa’s heart suddenly stopped and restarted on its own seconds later as doctors and nurses scrambled to help. It was clear there would be more ups and downs.

“Her brain was still in the process of healing and it sent incorrect signals to the system controlling heartbeat,” Dr. Lee says. He recommended a course of chemotherapy to suppress Annalisa’s immune system and help dampen her body’s response to the remaining anti-NMDAR antibodies in her brain.

A nurse suggested occupational therapy, an idea Pilar thought was crazy since Annalisa resisted people moving her arms and legs and was only minimally conscious. It turned out to be an inspired idea. “The therapist, Nancy Cole [a 2002 graduate of Columbia’s occupational therapy program], learned that Annalisa loved basketball, so she’d say ‘I’m going to lift your hand and you’ll pretend you’re shooting a basket,’” Pilar said. “That was the first time Annalisa didn’t resist. Every time she had therapy after that, she responded.”

As the end of November approached, Annalisa’s doctors and parents made plans to move her to a rehabilitation facility. But there was no doubt she was not fully conscious. Though she often responded to her mother’s commands, she didn’t always do so consistently. She rarely responded to commands from doctors. And, because of pain associated with a recently contracted eye infection, Annalisa stopped opening her eyes.
Without Annalisa being able to see, it was even more difficult to know whether she was responding to stimuli.

Dwight and Pilar shared their frustration with friends: “We want Annalisa to return to consciousness more than anything, yet it hasn’t been like in the movies, where someone or something flips a switch and full consciousness returns like turning on a light. The process is more akin to trying to coax a flickering flame (the instances of ‘almost-consciousness’ we share with her from time to time) into a full blown fire (constant, dependable consciousness).”

In late November 2008, Annalisa was discharged to National Rehabilitation Hospital in Washington, D.C. “If you looked at her when she left,” recalls Dr. Lee, “you’d never think she’d be going back to college.”

**A Return to the NICU**

In June 2009, Annalisa returned to NYP/Columbia, this time walking through the corridors of the hospital and speaking with doctors, nurses, and therapists who had spent hours with her every day. Many didn’t recognize her at first.

“When they did, there were a lot of tears,” Pilar says. “It brought back all of the good and bad memories for us, but we’re very glad we visited. It was important to us to show the people who cared for Annalisa the fruits of their labor. And seeing the joy among the nurses made us feel very grateful. Everyone said this is what they live for.”

After three months in the rehab hospital and many more months of intensive outpatient day therapy, Annalisa has nearly fully recovered, mentally and physically. She has taken salsa lessons, played tennis, attended lectures at her neighborhood bookstore, audited classes, and enrolled in classes at George Washington University, all in preparation for returning to Columbia in the fall of 2010.

“When I started my career a number of years ago, recoveries like Annalisa’s weren’t supposed to happen,” Dr. Lee says. “People didn’t stay in an unconscious state for months and then make a complete recovery. That’s what we’re learning with these patients. That’s what keeps us going.”

The experience also has led Columbia physicians to start investigating the best course of treatment for anti-NMDAR encephalitis. “Is it best to get rid of the patient’s antibodies as soon as possible? Is there a reason to wait before suppressing the immune system?” Dr. Lee says. “We think the sooner we can get rid of the antibodies the better, and the more aggressive we are the better, but we don’t really know.” Dr. Lee is collecting all the cases seen at Columbia in the past few years to try to answer these questions.

For Annalisa, the return visit to Columbia was surreal. She doesn’t remember anything about the weeks she spent in the hospital’s intensive care and step-down units. “It’s amazing to me that people who didn’t know me – the custodians, the therapists, all the doctors and nurses – all went out of their way to help me,” she says. “I had the feeling I was blessed, well-cared for, and loved.”

**Epilogue**

On New Year’s Eve, 2008, when Annalisa learned to speak again, her first words were “Columbia College.” The goal of returning to Columbia has been the driving force for her recovery.

In the summer of 2010, Annalisa completed the final step of her roadmap back to Columbia. She attended a summer session, successfully took two creative writing courses, lived independently in a dormitory, played tennis and pick-up basketball games, shopped for groceries, did laundry, and generally functioned well on her own. Annalisa still sometimes struggles with her short-term memory and can become confused, but coping strategies that she learned during rehabilitation help her deal with these situations when they arise. Annalisa hopes and expects to continue to improve as she resumes her life. She believes more than ever that she is here for a reason, and someday hopes to make a difference in the world, in international relations, conflict resolution, journalism, law, or…still to be determined.

Annalisa joined Columbia College’s Class of 2014 as a freshman. Getting to this stage of Annalisa’s recovery has been a two-year process, but it all began when she was correctly diagnosed and then, literally, kept alive at New York-Presbyterian Hospital. The incomparable medical care that she received was the foundation of everything she has accomplished since, and will accomplish in the future. Annalisa, the Meier family and the entire extended family (including Castillo, Srs., Castillo Jrs., Rodriguez, Prebulas, Bakers, and Bergers, all of whom watched over Annalisa in New York-Presbyterian at some point) will always be grateful.
Faculty

Andrew Frantz, M.D.

Andrew G. Frantz, M.D., a P&S faculty member since 1966, chair of the admissions committee for 29 years, and the first chief of the Department of Medicine’s endocrine division, died June 18, 2010, in New York City of lung cancer.

He excelled equally as a scientist, clinician, and admissions dean. He was known for his pioneering work on human prolactin, for which he devised a landmark bioassay allowing for the hormone’s accurate measurement in human blood. The discovery had major clinical implications, leading to the connection between human prolactin and its production by pituitary tumors. In 1971, he became the first chief of the new endocrinology division at Presbyterian Hospital, serving for 17 years.

As admissions dean for nearly three decades, he had an uncanny knack for choosing the right balance for each incoming class of medical students. For the class of 2013, the current second-year class, Dr. Frantz interviewed 149 of the 1,096 applicants interviewed (by far the most interviewees among a panel of 30 interviewers); 28 of the students Dr. Frantz interviewed are now enrolled at P&S.

Read more about Dr. Frantz, who was featured in the Alumni Profile in the Winter/Spring 2010 issue of P&S Journal, in this issue’s Alumni In Memoriam, Class of 1955.

Edgar Leifer, Ph.D., M.D.

Edgar Leifer, professor emeritus of clinical medicine and a member of the P&S community for more than 60 years, died July 2, 2010. He received both Ph.D. (physical chemistry) and M.D. degrees from Columbia, completed his house staff training at Presbyterian Hospital, and joined the faculty in 1951 as an expert in radiochemistry.

Edith and Marco Zaider, writing in the online guest book accompanying Dr. Leifer’s obituary in the New York Times, summed up Dr. Leifer’s appeal as a clinician: “Our annual visits to Dr. Leifer were in many ways the medical (or perhaps Jewish) equivalent of a confessional. His insistence on knowing as much as possible about our family and professional life, his notorious list of healthy foods (which we keep sending to friends to this very day), relentless scrutiny of the clinical data, unassailable firmness mixed in later years with melancholy softness – all these made an appointment with Dr. Leifer an unusual event.

Dr. Leifer was that rare breed of doctor confident enough to say ‘I do not know’ when he didn’t and whose unquestionable authority – backed by a Ph.D. in physical chemistry no less – gave us full confidence in his medical judgment.”

Read more about Dr. Leifer in Alumni In Memoriam, Class of 1946.

Other Faculty Deaths


Eduardo Bonilla, M.D., retired professor of clinical neurology and clinical pathology, died April 7, 2010.

Gregory Heimarck, M.D., assistant clinical professor of psychiatry, died April 27, 2010. See more in Alumni In Memoriam, Class of 1960.

Helen Meyers, M.D., clinical professor of psychiatry, died April 8, 2010.


Lambros Siderides, M.D., assistant clinical professor of medicine at Stamford Hospital, died June 7, 2010.

Christoph Wiedenmayer, Ph.D., associate professor of clinical neurobiology (in psychiatry), died March 22, 2010.
Alumni

Class of 1940

Arthur R. Payzant, a retired radiologist and former faculty member at Tulane Medical School, died of a stroke June 20, 2010. He was 95. Dr. Payzant served as a lieutenant commander in the U.S. Navy during World War II. For close to three decades he was chief of radiology at Touro Infirmary in New Orleans. In his leisure time he was an avid golfer and sailor, particularly relishing his first place victory in the 1971 Gulfport to Pensacola race. He also played bass guitar with the Memory Lane Band, a 15-piece Dixieland jazz orchestra. Preceded in death by his second wife, Cora, he is survived by two daughters, a step-daughter, a step-son, and four grandchildren.

Howard D. Zucker, a retired psychiatrist and former member of the psychiatry and medicine faculty at Mount Sinai School of Medicine, died May 7, 2010. He was 93. Dr. Zucker received Sinai’s Richman Award for Humanism in Medicine and Outstanding Teacher Award. Preceded in death by his wife, Marjorie, he is survived by three daughters, a son, and eight grandchildren.

Archibald Fletcher Jr., a retired surgeon and missionary in India, Nepal, and Cameroon, died May 7, 2010. He served two years in the U.S. Army Medical Corps. In his memoir, “To India and Beyond, Memoirs of a Missionary Surgeon,” Dr. Fletcher gave a spirited account of a life of medical and spiritual service in India. Born in Taegu, Korea, where his father, Dr. Archibald Grey Fletcher, had established a 75-bed hospital under the auspices of the Presbyterian Church that subsequently grew into a major medical center, the son followed his father’s call to service. In 1950, after a surgical residency at the University of Pennsylvania, Dr. Fletcher was sent by the Presbyterian Church to practice at the Wanless Hospital in Miraj, India. He was appointed professor, chief of surgery, and medical director of the institution that blossomed under his direction into the Miraj Medical Center, a 500-bed teaching hospital. Retiring in 1977, Dr. Fletcher returned to the States to teach in the Department of Surgery at the University of Washington in Seattle. But spiritual wanderlust soon drew him back to the field in Kathmandu, Nepal, Cameroon, and finally his beloved India. The missionary medical bug likewise bit his son, Dr. John R. Fletcher, a surgeon at the Good Shepherd Hospital in Tshijaji, Zaire, who survives him. Other survivors include his second wife, Val, and four other sons. He was preceded in death by his first wife, Hulda.

Class of 1941

Rupert F. Anderson, a retired surgeon, died Feb. 19, 2010. He was 90. Dr. Anderson had been affiliated with Children’s Hospital in Boston, died March 27, 2010. Dr. Masland specialized in adolescent medicine. Preceded in death by a son, he is survived by his wife, Jean, two sons, and four grandchildren.

Class of 1945

Robert P. Masland III, a former associate professor of pediatrics at Harvard Medical School affiliated with Children’s Hospital in Boston, died March 27, 2010. Dr. Masland specialized in adolescent medicine. Preceded in death by a son, he is survived by his wife, Jean, two sons, and four grandchildren.

Edgar Leifer, professor emeritus of clinical medicine at P&S, died July 2, 2010. Dr. Leifer served in the U.S. Army in the post-war phase of the Manhattan Project. Precise and exhaustive in his attention to diagnosis and treatment, Dr. Leifer held a Ph.D. in physical chemistry along with his M.D. One of the nation’s first radiobiologists, he pioneered the use of labeled carbon compounds in the study of metabolism and was also known for his research in hepatitis and Lassa fever. Revered by patients, colleagues, and students, he was known as a doctor’s doctor. A professorship was established in his name at P&S, where he spent his entire professional career over six decades. Preceded in death by his wife, Violet, he is survived by a son, Dr. Dana Leifer, a neurologist at New York-Presbyterian/Weill Cornell, and four grandchildren.

John J. Sibley, a retired internist and cardiologist, died July 1, 2010. Dr. Sibley pursued a solo private practice in internal medicine and served for many years as chief of the cardiac clinic and attending physician at St. Vincent’s Hospital on Staten Island. He received the St. Therese Award of the Carmel Richmond Nursing Home on Staten Island, of which he served as medical director for a decade. He is survived by his wife, Marie, two daughters, three sons, and 10 grandchildren.

Class of 1946

Charles R. Benton, a retired pediatrician and former member of the clinical faculty at the University of Florida, died Feb. 23, 2010, at age 92. One of the first pediatricians in Escambia County, Fla., Dr. Benton treated children during the polio outbreak in 1952 and 1953 and pursued a private practice for more than 40 years. He served as a sergeant in the U.S. Army during World War II and also served in the U.S. Air Force, rising to the rank of captain as base pediatrician during the Korean conflict. Following his retirement he treated young patients for the Santa Rosa Health Department and was active with the Cystic Fibrosis Foundation and United Cerebral Palsy. He is survived by his wife, Ann, a daughter, and a son.

John S. Thompson, a retired internist from Cornwall, Vt., died April 12, 2010. Before retiring he served for a decade as medical director and director of medical education at Morristown Memorial Hospital, a P&S affiliate in Morristown, N.J. Survivors include his wife, Irene, a daughter, and a son. Dr. Thompson was a loyal alumnus and generous supporter of P&S.
Helen Ranney, the distinguished hematologist who shed light on the structure and function of human hemoglobin and elucidated the genetic basis of sickle cell anemia, died April 5, 2010. As chair of the Department of Medicine at the University of California, San Diego, she was the first woman to be named chair of a department of medicine in the United States. It was during her postdoctoral training in the Department of Biochemistry at P&S that Dr. Ranney began clinical investigations in sickle cell disease as a sideline of her hematological studies. She devised an experimental means of establishing precisely how the molecular structure of normal human hemoglobin differs from abnormal hemoglobin found in the red blood cells of individuals with sickle cell anemia, a condition found in a relatively larger number of African-Americans. Employing Presbyterian Hospital’s clinic patient population, she was able to study the normal and abnormal hemoglobin found in members of the same family, providing some of the first evidence of a genetic link. Dr. Ranney taught on the faculty at Albert Einstein College of Medicine before moving to the State University of New York at Buffalo. In 1973 she made American medical history when she was recruited to UC San Diego to serve as the first woman chair of medicine, a position she held for 13 years. She later served as a distinguished physician of the Veterans Administration, the first woman to do so, and served as the first woman president of the Association of American Physicians. Co-author of two noted textbooks and many peer-reviewed papers, she was the recipient of many honors, including the P&S Alumni Gold Medal and the first Virginia Kneeland Frantz’22 Award to Distinguished Women in Medicine. Survivors include two nieces.

See more in a tribute by Alan ’63 and Geraldine ’63 Schechter, page 33.

Class of 1948

Howard H. Bess, a retired surgeon and member of the clinical faculty in the Department of Surgery at the University of Colorado at Denver, died May 2, 2010. He served in the U.S. Army Air Corps during World War II. Moving to Denver, Dr. Bess served on the staffs of St. Luke’s, St. Joseph’s, St. Anthony’s, Porter Adventist, Littleton Adventist, and Swedish hospitals. Among the highlights of his career, as he noted on a reunion questionnaire, was working with a cardiovascular group in the early days of coronary bypass surgery and the role he played in the development of laparoscopic surgery. He is survived by his wife, Helen, two daughters, five sons, 22 grandchildren, and one great-grandchild.

Donald W. Johnson, a retired radiologist, died May 7, 2010. He served in the U.S. Army and as a captain at MacDill Air Force Base Hospital. Dr. Johnson was one of the four founding members of Jefferson X-Ray Group (now Jefferson Radiology) in Hartford, Conn. He was a loyal alumnus and supporter of the medical school. He is survived by his wife, Dorothy, and two sons.

Class of 1949

Retired internist George L. Bero died Feb. 18, 2010. He served in the U.S. Army during World War II and again as a captain in the 8076th MASH unit during the Korean conflict, for which he earned a Bronze Medal Star. Dr. Bero served as a member of the staff of Norwood Hospital in Norwood, Mass., from 1955 until his retirement in 1993, first as director of quality assurance, then as chief of medicine, president of the medical staff, and director of the intensive care unit. The hospital’s ICU was later named in his honor. He was a founding member of the Associates in Internal Medicine, one of the first group specialty medical practices in the area. Dr. Bero was a member of the board of directors of the Pilgrim Foundation and a councilor of the Massachusetts Medical Society. He is survived by his wife, Eileen, four daughters, two sons, and 10 grandchildren.

Stanley Ebert, emeritus chief of ophthalmology at Franklin Hospital Medical Center in Valley Stream, N.Y., died June 3, 2010. He pursued a solo private practice. Survivors include his wife, Marion, and two daughters.

After a long battle with MS, Arline J. Grant, a retired pediatrician formerly affiliated with Yale New Haven Hospital and Norwalk Hospital in Connecticut, died March 7, 2010. Dr. Grant was a retired member of the clinical faculty in the Department of Pediatrics at Yale University. She is survived by a daughter, two sons, and five grandchildren.

Class of 1950

Word has been received of the July 21, 2008, death of Max Ming-Kwai Zung, a retired anesthesiologist. An expert in hypertension and drug safety and former medical officer with the Food and Drug Administration, Dr. Zung had been affiliated with Providence Hospital in Washington, D.C. He is survived by his wife, Alice, a daughter, and three sons.

Class of 1953

Pioneering psychiatrist and gerontologist Robert N. Butler, who coined the term “ageism” and first outlined the bleak picture of aging Americans in his Pulitzer-Prize winning book, “Why Survive? Being Old in America” (1975), died of acute leukemia July 4, 2010. He was 83. Having been abandoned by his parents at an early age and left to the care of his maternal grandparents, whom he revered, Dr. Butler devoted his career to promoting respect for and championing the rights of aging Americans. He himself remained active until three
days before his death. “In America,” he wrote, “childhood is romanticized, youth is idolized, middle age does the work, yields the power and pays the bills, and old age, its days empty of purpose, gets little or nothing of what it has already done. The old are in the way…’ Founding director of the National Institute on Aging at the NIH, founding chairman of the Department of Geriatrics and Adult Development at Mount Sinai Medical Center (the first academic department of its kind in a U.S. medical school), and founding president and CEO of the International Longevity Center, a policy research and education center, Dr. Butler insisted that age was a rich opportunity, not a foregone defeat. In landmark research conducted at the NIH, he and his colleagues debunked the myth of the inevitability of senility in aging, helping to liberate an ever-growing segment of the population from the stigmas associated with age. He was also the author of the bestseller, “Sex After Sixty,” on which he collaborated with his second wife, Dr. Myrna L. Lewis, and two other books, “The Longevity Revolution” and “The Longevity Prescription: The Eight Proven Ways to a Long, Healthy Life.” At the time of his death he headed up a committee on aging for the World Economic Forum. Dr. Butler is survived by four daughters and six grandchildren.

Oscar J. Krieger, an internist, died April 24, 2010. In solo private practice for more than 50 years in Fair Lawn, N.J., he had been affiliated with St. Joseph Hospital in Paterson and Valley Hospital in Ridgewood. Dr. Krieger served in the U.S. Army during World War II. Preceded in death by a son, he is survived by his wife, Donna, three daughters, and three grandchildren.

Class of 1955

Andrew G. Frantz, professor of medicine and the longest serving dean of admissions in the history of P&S, died June 18, 2010. The cause was lung cancer. Dr. Frantz, a former chief of the Division of Endocrinology at Presbyterian Hospital, was best known for his pioneering work he did early in his career on human prolactin, a hormone secreted by the pituitary gland. Prolactin is involved in the generation of lactogenic activity in all mammals, including humans. His paper, “Prolactin: Evidence that it is separate from growth hormone in human blood,” co-authored with Dr. David Kleinberg and published in the journal Science, took the scientific world by storm. The existence of human prolactin as an independent molecule had never been proven. The discovery had major clinical implications. In subsequent studies, Dr. Frantz and his colleagues established the physiology of human prolactin and its role in prolactin-producing pituitary tumors, of which it proved to be a dependable marker. Prolactinomas, the most common type of pituitary tumor in humans, can be successfully treated when detected. Dr. Frantz was the son of Angus MacDonald Frantz’22, a psychiatrist-neurologist, and Virginia Kneeland Frantz’22, a surgical pathologist, the first woman in the Department of Medicine, was another luminary on Columbia’s medical faculty. Dr. Frantz served for two years as a lieutenant commander in the Navy at the U.S. Naval Hospital in Memphis, Tenn., then joined the Department of Medicine at Harvard Medical School, where he pursued research in human growth hormone. Returning to New York, he joined the Department of Medicine at P&S in 1966, where he rapidly rose in the ranks and was promoted to professor of medicine in 1973. Dr. Frantz served as a member of the Admissions Committee since first joining the faculty but research and teaching remained his primary focus until 1981, when he agreed to serve, first as interim chairman, then as chairman, of the Admissions Committee. Poring over each applicant’s academic dossier, when in doubt about whether to admit, as he recalled in a recent profile in P&S, he based his decision on one key question: “If I were sick, would I want this person to come into my room as my physician?” He took a strong interest in the lives of the students he voted to admit, some of whom became his advisees, and a few his lifelong friends. Dr. Frantz was a past president of the Alumni Association of P&S, where a scholarship has been endowed in his name. He is survived by a sister and nephews and nieces.

Class of 1956

Charles L. Donaldson, a retired allergist formerly affiliated with Brooklyn Cumberland Medical Center and Downstate Medical Center, died Feb. 7, 2010. He served in the U.S. Navy. Survivors include his wife, Harlean, two sons, and a granddaughter.

Class of 1958

Alan M. Lazerson, a psychiatrist in private practice and member of the faculty in the Department of Psychiatry at Boston University, died Jan. 11, 2010. He is survived by his wife, Gail, and a daughter.

Christoph Spina, a retired allergist formerly affiliated with Brooklyn Cumberland Medical Center and Downstate Medical Center, died Feb. 7, 2010. He served in the U.S. Navy. Survivors include his wife, Jean, a daughter, a son, and four grandchildren.

Class of 1959

Gene M. Phillips, clinical professor emeritus of pediatrics at Stanford University Medical Center and a family practitioner, died Nov. 28, 2009. He is survived by his wife, Lucille (“Becky”), and a son.
Class of 1960

Gregory Heimark, a child psychiatrist and long-time instructor at Columbia University’s Center for Psychoanalytic Training and Research, died April 27, 2010. Dr. Heimark also taught psychiatry and religion at the Union Theological Seminary for years. He served as a captain in the U.S. Air Force. He is survived by his wife, Claire, and four daughters.

Class of 1961

Psychiatrist Irene Labourdette died Aug. 28, 2008. She was affiliated with Rockland Psychiatric Center in Rockland County, N.Y.

Class of 1963

Carl M. Hakanson, a surgeon and member of the clinical faculty in the Department of Surgery at the University of South Florida in Tampa, died May 3, 2010. Following graduation from medical school he earned a master's degree in surgery from the University of Virginia Medical Center. He served in the U.S. Army at the 24th Evacuation Hospital, Long Binh Post, in Vietnam, earning the Bronze Star Medal. Dr. Hakanson served tenures as chief of surgery and chief of staff at both University Community and Tampa General hospitals, where he was also instrumental in establishing the burn unit. He retired in 1995, returning to live in his native Virginia. He is survived by his wife, Ellen, two daughters, a son, and six grandchildren.

Orthopedic surgeon J. Christopher Reynolds died Feb. 5, 2010. He served in the U.S. Navy as base surgeon at a naval base in Morocco. In Austin, Texas, he founded the Austin Orthopaedic Foot and Ankle Clinic, practicing there for 25 years until his retirement in 2008. An accomplished scuba diver, he also enjoyed traveling. He is survived by his wife, Sandra, a daughter, a son, and two grandchildren.

Class of 1964

Bartley R. Frueh, an oculoplastic surgeon and professor emeritus of ophthalmology and visual sciences at the University of Michigan, died Feb. 16, 2010. He was 72. Dr. Frueh served as a medical flight officer in the U.S. Air Force. He served on the faculty of the University of Michigan’s Kellogg Eye Center for more than 30 years. A widely known expert on the ocular manifestation of Graves’ disease, he also pursued research on the physiology of ocular muscles. He was a past president of the American Society of Ophthalmic Plastic and Reconstructive Surgery, from which he received the Wendell L. Hughes Lecturer Award. Dr. Frueh also taught courses at the annual meeting of the American Academy of Ophthalmology and was honored with the Academy’s Senior Honor Award. He served as a board member of World Eye Mission, an organization devoted to providing eye care in underserved countries, and personally participated in medical missions to Nepal, Guatemala, Peru, El Salvador, and Nicaragua. At the time of his death, among other interests, he was in the process of trying to master Chinese calligraphy. An exhibition of his calligraphy was planned for the Kellogg Eye Center extension. Preceded in death by one son, he is survived by his wife, Cheryl, two daughters, four sons, and six grandchildren.

Class of 1966

Morton Arnsdorf, professor of medicine at the University of Chicago, was killed in a car accident June 9, 2010. Following service in the U.S. Air Force, he joined the cardiology faculty of the Department of Medicine at the University of Chicago. He served as chief of the section for nine years and as vice chairman for appointments and promotions in the Department of Medicine. Dr. Arnsdorf was primarily known for his research on the mechanisms by which abnormal heart rhythms emanate from heart cells. He was a pioneer in the use of nanotechnology to study the effects of arrhythmogenic and antiarrhythmic influences on active and passive cellular properties. His more recent research focused on the use of atomic force microscopy to study gap junctions, yeast prion dynamics, amyloid formation, ion channels, crystals in arthritis, and the development of biospecific probes, among other areas. Dr. Arnsdorf was a past president of the Chicago Heart Association and a past president of both the Illinois chapter of the American College of Cardiology and the Cardiac Electrophysiology Society. Among other honors, he received the Distinguished Fellow Award of the American College of Cardiology, of which he was a master, and the Women in Cardiology Mentoring Award of the American Heart Association. He is survived by his wife, Rosemary, a daughter, three sons, and a stepson.

Class of 1971

Dennis H. Gustafson, an orthopedist, died June 27, 2010. He was a partner at Diablo Orthopedic Medical Group in Walnut Creek, Calif. An accomplished athlete as a youth and an Eagle Scout, he was devoted to fitness. He also played the oboe. Dr. Gustafson served as a major in the U.S. Army stationed in Vietnam. Compelled to retire early due to the onset of Alzheimer’s disease, he and his wife, Judith, who survives him, traveled the world. He is also survived by three daughters, four sons, and 13 grandchildren.
Helen Margaret Ranney, M.D.
1920-2010

A Tribute

The tribute below was adapted from one written by Drs. Alan and Geraldine Schechter, members of the Class of 1963, for Hematologist, the American Society of Hematology’s newsletter. It is reprinted with the permission of the authors and the publication.

On April 5, medicine lost one of its most distinguished physician-scientists with the death of Helen Ranney, a week short of her 90th birthday. In an era when we debate if any of us in medicine can still combine the famous triad of research, teaching, and patient care, she exemplified a quartet of skills that also included superb administrative abilities.

Further, Dr. Ranney developed and implemented these skills at a time when women were almost never accepted as major players in medicine, as she discovered in the rejection of her medical school applications in 1941 when she graduated from Barnard College. Later, after having impressed the staff while working as a technician at Presbyterian Hospital, she was accepted as a medical student at P&S. Even more unusual, she eventually became an intern and resident at Presbyterian Hospital and then became a member of the faculty of the Department of Medicine. As much as anyone, she may be considered one of the major role models for the development of the current level of gender equity by having become the first woman to hold the title of chair of a department of medicine as well as the first woman president of the American Society of Hematology and of the Association of American Physicians.

In 2008, The Hematologist published a brief summary of Dr. Ranney’s many accomplishments (www.hematology.org/Publications/Hematologist/2008/1296.aspx). We refer readers to this excellent article for its scientific information as well as vignettes and photographs. Below we add some further personal observations about her as a role model: for one of us in what is now called translational research, to ground-breaking clinical observations. She pioneered the identification and routine clinical detection of new hemoglobin variants, the relevance of hemoglobin A1c to diabetes, and the study of intracellular protein interactions (in the red cell). Her research always went from the patient to the laboratory and back to the patient, not the “bench to bedside” model of today. When Dr. Ranney moved in 1960 from Columbia to the Albert Einstein College of Medicine, she had the foresight to name her clinical research unit there the “Heredity Clinic,” foreshadowing the much later widespread development of medical genetics units.

As a clinician, Dr. Ranney kept abreast of the whole spectrum of hematology and even of internal medicine. Her skill in exploring the limits of knowledge of medical students, residents, and even hematology fellows at the patient’s bedside, without embarrassments, was legendary. She delighted in the fact that the advances in hematology research had made it comparable in rigor to the physiological specialties, such as cardiology and nephrology, and that hematology could no longer be dismissed as “internal dermatology.” However, she always remained cautious about the ever-changing contemporary enthusiasms of our profession for various claims of medical breakthroughs.

In 1973, the year that she was elected to the National Academy of Sciences, Dr. Ranney began her 13-year tenure as chair of the Department of Medicine at the relatively new University of California at San Diego School of Medicine. She is widely credited with molding this fledgling school into a strong academic institution and then holding it together despite the effects of another era of political turbulence in the state of California. The chair in medicine at UCSD is now designated as the Helen M. Ranney Distinguished Professor.

After she stepped down from this position, she remained active in the VA Hospital and was the first woman to be named a Distinguished Physician of the Veterans Administration. She also continued her work on the development of potential red blood cell substitutes for transfusion therapy. But more than these activities, she was always sought after as a consultant and remained uniquely savvy about topics such as the future of the NIH Clinical Center, the development of separate hospitals for individual subspecialties, and many other issues that will affect academic medicine in the decades to come. There are very few individuals, in the past or now, who have had the impact that she did on our profession in general and hematology in particular. – Alan N. Schechter, M.D., and Geraldine P. Schechter, M.D.

Alan N. Schechter, M.D., is chief of the molecular medicine branch of the National Institute of Diabetes and Digestive and Kidney Diseases at the NIH. Geraldine P. Schechter, M.D., is professor of medicine at George Washington University School of Medicine and chair of hematology at the Washington VA Medical Center. This tribute was adapted from one originally published in The Hematologist: ASH News and Reports. Alan N. Schechter, MD, and Geraldine P. Schechter, MD. Helen Margaret Ranney, MD (1920 – 2010). The Hematologist: ASH News and Reports. 2010;7,4:14. © the American Society of Hematology.
At 79, most people would be content to kick up their heels and count their blessings. Not so Clyde Y.C. Wu’56, who maintains a tireless schedule sharing those blessings with the world.

Officially retired from his clinical faculty position in the Department of Medicine of the School of Medicine at Wayne State University in Detroit and from his practice as a cardiology specialist at Oakwood Hospital in Dearborn, Mich., he recently stepped down following 13 years as a member of the Board of Trustees of Columbia University, 10 years of which he served as chair of the Health Sciences Committee, overseeing the affairs of the Medical Center.

“Once a doctor always a doctor,” he observes. Having changed medical specialties from cardiology to philanthropic care, it’s still for him a matter of heart. Among other vital “interventions,” he and his wife, Helen, endowed the Clyde and Helen Wu Center for Molecular Cardiology as well as four professorships at P&S. In addition, they sponsor the Clyde and Helen Wu Distinguished Lecture Series and support medical student life, having funded musical, theatrical, and social activities and installed a music room in their names at Bard Hall, among countless other kindnesses.

Perhaps their proudest accomplishment is the re-establishment of the historic relationship between P&S and Peking Union Medical College in Beijing and, through their support of the Sino-American Exchange Program, the fostering of a vigorous exchange of clinical knowledge and expertise between P&S and major medical schools in China.

A MEDICAL ODYSSEY

Born in Hong Kong in 1931, one of nine children, Clyde Wu started a personal and medical odyssey that took him from the hardships and challenges of rural life in the Chinese heartland, where the family fled the Japanese occupation during World War II and where, as a young man, he first felt the calling to medicine, to P&S, where, as one of only two Asian students in his class, he fulfilled his boyhood dream of becoming a doctor.

“It was not exactly a travelogue type of experience, not like Pearl Buck’s ‘The Good Earth,’” he says with a bittersweet intensity, pinching his eyes and pursing his lips as he reflects back on the four and a half years he spent with his family in Guangdong. Conditions were hard, food and medicine scarce, doctors a rarity. Still, the resilience of simple people in the countryside made a profound impression on him. He attended eight different high schools. Education was a priority for his mother, who had not herself finished school. And although he had been a fair student in Hong Kong, the tough times and the ethic inculcated in him by the missionary schools helped hone his discipline and develop his sense of commitment and his desire to serve the community.

Back in Hong Kong again after the war in 1946, young Clyde helped his father, Chung Wu, rebuild his taxi business. The elder Mr. Wu would later be known as the “Taxi King” of Hong Kong. He subsequently invested in real estate and with Clyde’s younger brother, Gordon, who earned a degree in civil engineering from Princeton University, founded Hopewell Holdings, today one of Hong Kong’s and Asia’s leading real estate and construction concerns. His brothers all went into business, but Clyde Wu, with the encouragement of his mother, decided to pursue the study of medicine.

On July 13, 1949, with tears in his eyes and a fierce determination, he boarded the U.S.S. President Cleveland for California. “Of course, at that time there were not too many Chinese students coming to America. I was one of the very few of what you might call pioneers. But I was willing to take the chance.” Failure was no option. Seeing him off, his older brother, James, told him, “if you don’t succeed you may as well forget about coming back.”

In Hong Kong, still a British protectorate at the time, students went straight from high school to medical school. So Clyde Wu was puzzled to find all his American applications rejected. But after one year in a small community college in Stockton, Calif., he was accepted as an undergraduate at Johns Hopkins University. His English was far from perfect. “However,” he shrugs, “you can compensate by working harder and working longer, and that’s exactly what I did.” Earning a B.A. in three years, he was accepted to several medical schools, including P&S.

The lone Chinese member, and one of only two Asians, in the Class of 1956, Dr. Wu takes note of the 30 Asians out of 150 admitted students in the Class of 2014. “Do you feel a sense of gratification at having helped open the door?” an interviewer cannot help but inquire.

“I would not claim such an important accomplishment,” he demurs, “but I cherish the school that admits people regardless of race or religion, based only on qualifications and promise.”

His P&S interview with dean of students Dr. Aura Severinghaus still sticks out in his mind. The interviewer showed a sensitivity and keen interest in the applicant. As a young man, it turned out, Dr. Severinghaus had been one of a select group of promising medical academics to teach and conduct research on the faculty at PUMC in Beijing. The school had been founded in 1921 by the China Medical Board of the Rockefeller Foundation. Dr. Severinghaus pursued vital research there on the sexual cycle of Schistosoma japonicum, a parasitic worm that afflicted the rural China population.

The PUMC faculty attracted other rising stars, a number of whom, like Dr. Severinghaus, later taught at P&S, including surgical bacteriologist Frank Melaney, who discovered anaerobic micro-streptococci and introduced the use of hydrogen peroxide as an antiseptic agent; pioneering phar-
macologist Harry Van Dyke; and surgeon Jerome B. Webster, the founding father of plastic surgery. But PUMC fell on hard times. Seized by the Japanese, it was subsequently closed for the duration of the war, nationalized in the wake of the revolution, downsized, and during the Cultural Revolution underwent a brain drain, hemorrhaging a lost generation of teachers to forced “re-education.” PUMC went through multiple name changes and became a shadow of its former self. But Dr. Wu never forgot Dr. Severinghaus’ account of the school’s glory days as China’s (and Asia’s) most respected and influential medical school.

At P&S Dr. Wu stayed in touch with Dr. Severinghaus and also got to know Dr. Meleney, profoundly impressed not only by the latter’s brilliance in the lab but also by his compassion at the bedside. “At P&S, I learned that a good doctor should have true empathy with his patients.” Other teachers who taught by example were Drs. Randolph Bailey, Hamilton Southworth, Dana Atchley, and the legendary Robert Loeb. “From them I learned that clinical medicine, teaching, and research are the Holy Trinity of American medical education.”

His eyes still light up at the memory of the day he first put on a white coat in physical diagnosis in the spring term of his second year. “I felt great. I said, ‘Oh, this is what I’ve been waiting for.’ And putting the stethoscope to my ear, the thump of the human heart was music to my ears. Oh my!”

Music, as it turns out, would later take on a paramount role for him in matters of the heart, after meeting and marrying the pianist and musical educator Helen Tseng.

BACK TO HONG KONG AND ONWARD TO DETROIT

Opting for internal medicine, Dr. Wu interned at the University of Rochester and pursued a medical residency and a fellowship in cardiology at Boston City Hospital, where he engaged in research on the biochemical changes caused by cardiac failure, dividing his time between the clinic and the lab.

In 1961 he was elected a member of the Royal College of Physicians in Great Britain and returned to Hong Kong as a lecturer in cardiology at Hong Kong University Medical School, where he helped start one of the first cardiac catheterization labs. As a medical student he had rotated through Bellevue, where Drs. André Cournand and Dickinson Richards’ 23, who shared a Nobel Prize for their development of heart catheterization, ran the chest service and the First Medical Division.

Though gratified to have fulfilled his dream of practicing medicine and using his knowledge to help the Chinese, the experience proved something of a shock when, midway through a blood transfusion, the metric pressure gauge suddenly malfunctioned. The equipment had to be shipped back to the United States for repair. “That meant the lab being six weeks to two months out of commission. It suddenly dawned on me that I couldn’t count on the comforts of American medicine. It was then that I realized that I had better hone my clinical skills.”

Returning to the States, he joined the faculty in the Department of Medicine at Wayne State University in Detroit, where he taught and pursued research on cardiac metabolism under Dr. Richard Bing. He also joined, and subsequently became chief of, the Pulmonary Division at Oakwood Hospital in Dearborn and served as a principal member of the Cardiac Catheterization Unit at Detroit General Hospital. Following several years of teaching and research, he ultimately decided to devote himself to full-time clinical practice.

It was a time of great change in cardiology. When he entered the field many people were still dying from heart attacks and rheumatic heart disease was still a serious, and often fatal, condition. Dr. Wu was among the clinicians who benefited from and helped to implement the revolutionary life-saving advances, including the introduction of bypass surgery, the development of statins to reduce cholesterol, and recommendations for such behavioral changes as regular exercise and smoking cessation. The clinical cardiologists of his generation saw a sea change in the longevity and quality of life of their patients.

In 1973 he became a fellow of the American College of Cardiology and in 1981 achieved the distinction of fellowship in the Royal College of Physicians.

THE GROWING WU FAMILY AND EXTENDED “FAMILY” OF WU FELLOWS

Dr. Wu had many satisfying years of practice. Meanwhile, the family grew. He and his wife, Helen, had two sons, who both grew up to become doctors, Roger a child psychiatrist and David a...
chest specialist. Then came four grandchildren. Fearing that China was “a remote and hazy place” to the second generation, Dr. and Mrs. Wu took their children and grandchildren on a trip to China to reconnect with their roots.

In 1992 the China Medical Board decided it would no longer support the postdoc fellows from Beijing and Hong Kong regularly sent to America to pursue advanced training. On the urging of the dean of Hong Kong University Medical School, Dr. Wu’s sister-in-law, Lady Ivy Wu, agreed to step in and lend her support but with the stipulation that Clyde Wu would act as an adviser. With the help of his wife, Helen, Dr. Wu enthusiastically participated in the selection process.

While in China, Dr. Wu remembered Dean Severinghaus’ stories and asked to visit the PUMC campus in Beijing. “My emotion,” he recalls, “was very mixed. This was the PUMC, the school I’d heard so much about, but it was sadly dilapidated…the building itself, as well as the spirit of the place. The old were getting older and the young were not really well trained.” The Cultural Revolution had purged a missing generation of teachers. So, in addition to participating in the selection of Ivy Wu Fellows, Dr. Wu volunteered to help PUMC.

He decided to select fellows from the ranks of junior faculty in the Department of Medicine at PUMC and support their training for a year at P&S. A number of the former Clyde and Helen Wu Fellows have since risen to positions of leadership in China, notably Dr. Zhu Chen, China’s current Minister of Health.

As with the original educational mission of PUMC – to not just educate doctors, but also to educate teachers of medicine and thereby to have a broader influence – the Wu Fellows Program has an ambitious goal. “The whole idea,” says Dr. Wu, “is that if you train one teacher, hundreds of students and society in general will benefit. Helen and I have not deviated from that idea.”

Dr. and Mrs. Wu were actively involved in the selection process. “You may say that is our paternal and maternal instinct. They are in a sense ‘our children.’ We are invested in their future and in what they will do for society.”

They also have supported senior P&S faculty on educational missions to China. A number of collaborative studies have resulted, including an ongoing international comparative clinical study of osteoporosis in China, Hong Kong, and the United States, whose lead investigator, John Bilezikian’69, professor of medicine and pharmacology at P&S and chief of endocrinology at New York-Presbyterian Hospital, was one of the first P&S faculty members to lecture in China with Dr. Wu’s support.

“You cannot do everything in life,” says Dr. Wu, “but if you choose the things that you like, and do the things that you like, and do the things that have meaning for you, and know that you have done your best, you can be happy.”

In this effort and so many others, Dr. Wu has gone far above and beyond the call of duty as trustee of Columbia University for more than two terms.

“Whether our efforts have done any good in the long run, only history will tell,” he reflects, “but both sides, Columbia and China, have benefited, and this has brought Helen and myself great joy.”
A TRIBUTE TO CHINA

In today's global village, Beijing is only a heartbeat away from Broadway. P&S Alumni Reunion Weekend 2010 highlighted the historic and ongoing educational and clinical exchanges between P&S and China's major medical schools. Most of the events, including the Alumni Day Scientific Session on May 14 and the Dean’s Day Program on May 15, were held at the newly refurbished Faculty House on Columbia's Morningside campus.

ALUMNI DAY SCIENTIFIC SESSION

Donning a white coat, Richard Pierson'55 agreed to stand in for his classmate and friend, Alumni Day Chair Andrew Frantz'55, who was too ill to chair the annual Alumni Day Scientific Session, over which he had presided for many years. Dr. Pierson welcomed alumni from near and far and delivered a salute to this year’s Honorary Alumni Day Chair, Linda Lewis, M.D. Hon.'82, clinical professor emeritus of neurology and longtime dean of students at P&S.

In his book, "Second Opinions," oncologist and New Yorker magazine writer Jerome Groopman'76 cites Dr. Lewis as a clinical mentor, quoting one of her most famous and wisest clinical aphorisms to ward off the cowboy urge of eager young clinicians: "Don't just do something. Stand there!" and, as a useful corollary: "When you're making rounds, sit down every time you get a chance."

Combining common sense, medical know-how, and a well of knowledge, Dr. Lewis is one of the most revered and beloved former associate deans for student affairs in the history of the medical school and a living legend at P&S. Author of many peer-reviewed papers in neurology, she was twice elected "Teacher of the Year." Her other encomia have included Outstanding Woman Doctor of the Year and Distinguished Teacher Awards from P&S and an honorary doctor of science degree from her undergraduate alma mater, Bethany College in West Virginia, where she is a member of the Board of Trustees.

The following scientific papers were delivered by members of anniversary classes:

- "Separation of Craniopagus Conjoined Twins: An Evolution in Thought," James Goodrich'80, director of pediatric neurosurgery and professor of clinical neurological surgery, pediatrics, plastic and reconstructive surgery, Albert Einstein College of Medicine
- "Advances in the Understanding and Treatment of Early Onset Scoliosis," David P. Roye'75, chief of pediatric orthopedics at Children's Hospital of New York and the St. Giles Professor of Pediatric Orthopedic Surgery at P&S
- "Kids Over There. Why Should I Care?" Karen Hein'70, clinical professor of pediatrics, Albert Einstein College of Medicine
- "Prenatal Care and Pregnancy Outcome: Who’s in Charge?" Richard P. Perkins'65, senior perinatologist, Maternal Fetal Medicine of Southwest Florida
- "Aging Around the World," R. Knight Steel'65, professor of geriatrics, New Jersey Medical School and chief of geriatrics and director of the Home-care Institute at Hackensack University Medical Center
- "Alarmins Activate Immune Responses by Inducing Dendritic Cell Chemotaxis and Maturation," Joost J. Oppenheim'60, head of the National Cancer Institute's Laboratory of Molecular Immunoregulation
- "Long-Term Predictors of Mortality in a Rheumatoid Arthritis Cohort Compared to Matched Controls, Results from 1974-2009," Alfonso R. Masi'55, professor of medicine and epidemiology, University of Illinois
- "Fifty-Five Years of the Night Eating Syndrome," Albert Stunkard'45, professor and former chair of psychiatry, University of Pennsylvania

Karen Hein’70 and Richard Pierson’55

David P. Roye’75

Daisy Meret, M.D., John Meret’65, and Anke Nolting, Ph.D., associate dean of alumni relations and development
REUNION DINNERS

Several generations of anniversary celebrants, from the Class of 1950 marking its 60th reunion to the Class of 2005 celebrating its fifth, wined and dined at clubs around town Friday evening, matching seasoned smiles with the hopeful young faces that once were theirs in the yearbook, sharing memories, and passing around family photographs. Dean Lee Goldman and associate dean of alumni relations Anke Nolting dropped by at several dinners to greet visiting alumni and answer questions on changes in the curriculum.

DEAN’S DAY PROGRAM: P&S/COLUMBIA IN CHINA

Alumni, faculty, family, and friends filed into a meeting room at the Faculty House to the haunting background sound of traditional Chinese pipa music. After welcoming remarks by Dean Lee Goldman, Kenneth A. Forde’59, a trustee of Columbia University, chair of the Health Sciences Trustee Committee, and the José M. Ferrer Professor Emeritus of Clinical Surgery at P&S, took to the podium as master of ceremonies at the morning’s Dean’s Day Program on May 15. The program was devoted to the historic link and ongoing educational and clinical ties between P&S/Columbia University faculty and alumni and major academic medical institutions in China, notably Peking Union Medical College in Beijing.

In his introductory remarks, Dr. Forde reviewed the historic academic connection between P&S and PUMC, dating back to the founding of the latter institution by the China Medical Board of the Rockefeller Foundation in 1921. PUMC rapidly established itself as the most respected medical school in China. The school’s original faculty included a number of medical luminaries, some of whom came from P&S. Their ranks included the legendary surgical bacteriologist Dr. Frank Meleney; revered histologist and educator Dr. Aura Severinghaus; distinguished pharmacologist Dr. Harry Van Dyke; and pioneering plastic surgeon Dr. Jerome Webster.

Dr. Severinghaus did groundbreaking research on the sexual cycle of Schistosoma japonicum, a parasitic worm that afflicted rural China, and he also served as the last dean of PUMC’s pre-medical school before returning to teach and serve in the administration at P&S. At PUMC, Dr. Meleney discovered anaerobic micro-streptococci and introduced the use of hydrogen peroxide as an antiseptic agent for surgical infections. When he returned to the United States he joined the Department of Surgery at P&S, where he famously discovered the antibiotic bacitracin. In Beijing, Dr. Jerome Webster initiated his pioneering work in plastic surgery, and pharmacologist Dr. Harry Van Dyke pursued his early research on the neurohypophysis. Another medical star who spent time teaching at PUMC was the great bacteriologist and virologist Dr. Hans Zinsser (P&S 1903) who later taught on the P&S faculty in the Department of Bacteriology from 1913 to 1923. Dr. Zinsser was best known for his study of Rickettsia and for his insight that sensitization to ‘residue antigens’ of invading bacteria was the source of inflammation.

The Chinese Revolution of 1949 brought an abrupt change in the school’s fortunes. The relationship with the China Board dissolved and the school sank into relative oblivion until Columbia University Trustee Clyde Wu’56 (see Alumni Profile, page 34) and his wife, Helen, took up the torch and re-established the link, launching and supporting the Wu Fellows Program that allows selected Chinese medical academicians, some 150 at last count, to pursue research and training at P&S, where they also observe the medical curriculum.

Many Wu Fellows have gone on to positions of leadership in China, including Dr. Chen Zhu, the current Chinese Minister of Health, who delivered a videotaped message saluting Dr. and Mrs. Wu. They also have supported distinguished P&S faculty members to go to China to lecture in various institutions.

Program speakers included alumni and current and former faculty who have been active in the scientific and clinical exchange between the two nations.

Paul Marks’49, a leader in cancer research and former dean of P&S and president and CEO emeritus of Memorial Sloan-Kettering Cancer Center, discussed the first scientific conference in the United States on cancer research in the People’s Republic of China, which he organized and hosted at P&S in 1978, with the generous financial support of another illustrious P&S alumnus, the late industrialist Armand Hammer’22. Dr. Marks praised, in particular, China’s remarkable grasp of epidemiology in cancer research.

John P. Bilezikian’69 spoke on “New Osteoporosis Research in Chinese and American Populations.”
an ongoing collaborative study in which he has been engaged for a number of years. He discussed findings that show that although Chinese women have lower bone density than Caucasian women and drink less milk and other foods rich in calcium, they have stronger bone micro-structure, based on various bio-mechanical parameters, leading to a lower incidence of osteoporosis. Professor of medicine and pharmacology at P&S and chief of the Division of Endocrinology and director of the Metabolic Bone Disease Program at New York Presbyterian Hospital, Dr. Bilezikian first went to China in 1996 and has been returning to lecture almost yearly, thanks to the generous support of Dr. Wu. “Clyde Wu has been a friend, a colleague, and a scientific force for me,” said a grateful Dr. Bilezikian. “He has even taught me where to buy my clothes in Hong Kong.”

In introducing the next speakers, a panel of P&S surgeons who have in recent years volunteered their services in China, Dr. Forde recalled that in 1980 he led a group of surgeons from around the United States on a trip to China. The panel was chaired by David P. Roye’75, chief of pediatric orthopedics at Morgan Stanley Children’s Hospital and the St. Giles Professor of Pediatric Orthopedic Surgery at P&S. Dr. Roye introduced his colleague Joshua E. Hyman’90, associate professor of clinical orthopedic surgery at P&S, who spoke about his pro-bono work for the Children of China Pediatrics Foundation. “We provide direct care to children in Chinese orphanages, for whom we perform life-changing orthopedic procedures.” Dr. Hyman participates in one to two medical missions a year.

Dr. Roye spoke of his own involvement in delivering clinical care to underserved populations abroad and in influencing health care policy. He noted that China had recently turned its attention to improving its health care delivery system. An internationally known authority on the treatment of scoliosis and correction of spine deformity in children, Dr. Roye is medical director of Children of China Pediatric Foundation and CEO of International Health Care Leadership. He was instrumental in establishing an active cooperative relationship between Morgan Stanley Children’s Hospital and Beijing Children’s Hospital.

June K. Wu’96, assistant professor of surgery at P&S and Dr. Clyde Wu’s niece, is a rising surgical star in the P&S tradition of Drs. Jerome Webster and David Chiu’73. Her clinical interests are in pediatric plastic surgery and congenital head and neck malformations, including cleft lip and palate, craniosynostosis, and vascular anomalies. Dr. Wu spoke about her several medical missions to China, during which she performed fundamental quality of life-changing plastic surgery on babies and children in orphanages, the most disadvantaged members of society. “It’s very fulfilling work,” she said, “and we hope to make a difference.”

Medical student virtuoso pianist Peter Liou’12 performed two works in honor of Dr. and Mrs. Wu. “As a second-year student, I should actually be at the library studying,” he told the audience. “Both medicine and music are sciences and arts,” he added. “Both focus not on the self but on the other. This selflessness is beautifully portrayed by Dr. Wu.” The program consisted of works by Schubert and Schumann, which he played as a tribute to Mrs. Wu.

Mrs. Wu, a pianist and musical educator, stepped to the podium following Mr. Liou’s performance. “I’m lucky to have married a man who loves music,” she said, “but all Clyde talks about is Columbia, its great teachers, and its terrific students.” And turning to Peter Liou, she said, voicing the sentiments of all those lucky enough to hear him play, “Whatever kind of doctor you become, you will be a doctor with soul. This is an institution that cultivates the spirit and the soul of young people like you. Now I understand what Clyde loved.”

Dr. Forde introduced two of the medical school’s most illustrious alumni – Baruch Blumberg and Roy Vagelos – to discuss the discovery and treatment of hepatitis B and its implications for China. Nobel Laureate Baruch S. Blumberg’51, University Professor of Medicine and Anthropology at the University of Pennsylvania, stressed the inestimable value of basic science and curiosity. He gave a brief run-through of his research that led to the discovery of the agent that causes hepatitis B, noting that a third of the world’s population has been infected with the virus. “Though many people develop antibodies, others are at a high risk of de-
Dr. Forde read a personal letter from Columbia University President Lee Bollinger, in which he paid tribute to the commitment and staunch support of Dr. Wu during two terms plus one year as a university trustee. Courtesy of Emma Wu (no relation of Dr. Wu) and her team from China Central Television, excerpts were screened of taped tributes to Dr. Wu from a few of his friends and admirers at P&S, including Dean Lee Goldman; Andrew Marks, the Clyde and Helen Wu Professor of Molecular Cardiology; and Dr. Anke Nolting, associate dean and executive director of alumni relations and development.

Dr. Marks gave the ultimate compliment to Dr. Wu: “When he decides to do something he does what he has to do to get it done.”

Dr. Goldman presented Dr. Wu with the Distinguished Service Award of the College of Physicians and Surgeons.

“To put my name in juxtaposition with all the medical luminaries of the past and present, this is total exaggeration of the truth,” said the honoree, solemnly bowing his head. “Dean Severinghaus took a chance on me, for which I am forever grateful. P&S gave me the chance to realize my aspirations. [...] I try to give as much back as I can [...] to the medical school and to the country I came from, hopefully, to the benefit of both.”

At the luncheon that followed, outgoing Alumni Association President William B. Macaulay’92 passed the gavel to his successor Donald O. Quest’70.
As the sun set over the Hudson River, with sailboats and barges coasting by, the soon-to-be newly minted MDs of the Class of 2010 celebrated at Chelsea Piers with members of the Classes of 1960 and 1985 marking their 50th and 25th anniversaries, respectively, joined by family, faculty, and friends.

Joost Oppenheim’60 “brought tidings from a class that paid $600 a semester in tuition.” He bemoaned the fact that “tests have since replaced a lot of physical exams […] and that doctors can’t afford to spend the time anymore listening to patients.” Moreover, he gave the graduates the sober statistic that “only 7 percent of what you learn in a course is remembered a month later.” Representing the 25th anniversary class, Peter Bolo’85 delivered a poetic tribute to the graduates. Seconding Dr. Oppenheim’s sentiments, he told the latest crop of fellow alumni: “The most important advice I have for you is to sit down with your patient, listen, and look them in the eye, and they will forever think you really care.” Speaking on behalf of the graduates, John M. Kaczmar’10 saluted “the talent, the compassion, and the drive of this class.”

GALA RECEPTION AND DINNER DANCE

Honors and Awards Committee Chair Kenneth A. Forde’59 read from the gold medal citations.

The Virginia Kneeland Frantz’22 Award to Distinguished Women in Medicine went to Suzanne Oparil’65. A past president of the American Heart Association and the first woman president of the American Federation for Clinical Research, the largest clinical research organization in the world, Dr. Oparil is one of the nation’s leading clinical investigators in hypertension. Director of the Vascular Biology and Hypertension Program and professor of medicine, physiology, and biophysics at the University of Alabama at Birmingham, she is best known for her research on the neural control of the circulation and the role of electrolytes in regulating blood pressure.

Charles Peterson’69 received the Gold Medal for Distinguished Achievements in Medicine. Dr. Peterson, former member of the faculty at Rockefeller University, past director of research, medical director, and CEO of the Sansum Medical Research Institute in Santa Barbara, and past director of blood diseases and resources of the National Heart, Lung and Blood Institute, currently serves as senior chief scientist with the U.S. Army Medical Research & Material Command Telemedicine & Advanced Technology Research Center. The holder of 15 U.S. patents and the sponsor of seven investigational new drug applications to the FDA, his landmark scientific findings include the development of orphan drugs for sickle cell disease and thalassemia and the documentation that hemoglobin A1c could be used as a measure of longer term “control” in diabetes mellitus.

John Bryant’53 was honored with the Gold Medal for Excellence in Clinical Medicine. Former director of the Columbia School of Public Health and past director of the Office of International Health and Deputy Assistant Secretary for International Health in the Department of Health and Human Services, Dr. Bryant is a giant in the field of public health. He has authored many works, including “Health & the Developing World” (1969), a landmark assessment of the prodigious problems and vast inequities in health care delivery in the world’s less economically favored nations.

P. Roy Vagelos’54 received the Gold Medal for Meritorious Service to P&S and its Alumni Association. Dr. Vagelos is best known as the former CEO of the pharmaceutical giant Merck. At P&S he is revered as the dynamic chair of Defining the Future, the medical center’s ambitious and successful $1 billion capital campaign.

John M. Kaczmar’10 received the Gold Medal to a Graduate in Recognition of Interest in and Devotion to P&S and its Alumni Association. President of the graduating class, Dr. Kaczmar served as a student representative to the AAMC for two years and played a key role in improving third-year clerkships and in the LCME accreditation process. He also served as an instructor in anatomy for the Student Success Network, the medical school’s peer tutoring program.

Dr. Goldman saluted “the best alumni in the world” before addressing the Class of 2010: “I also started four years ago just like you did.” And of the ceremony that would officially mark their transition from medical student to M.D., he said: “We don’t call it graduation, we call it commencement. So, next Tuesday, you will begin the next stage in your life.”
COUNCIL DINNERS

On Jan. 20, 2010, Lee Goldman hosted an overflow crowd of alumni, faculty, and friends at the “Dean's Dinner” at the Donald F. Tapley Faculty Club. Kenneth A. Forde ’59 reported on the stirring salute to the ailing Andrew G. Frantz ’55, professor of medicine and longtime dean of admissions, held earlier in the day at Bard Hall. “As I speak for the Alumni Association,” said Dr. Forde, reiterating his remarks at the salute, “we have benefited enormously from Dr. Frantz’s investment over these many decades in assuring that P&S continues to have among its students not only the brightest but, in many diverse ways, the best, certainly the most interesting and the most talented in any medical school in the country.” Dr. Forde also cited Dr. Frantz’s role for many years as chair of the Alumni Day Program.

P. Roy Vagelos ’54 spoke of some of the highlights of Dr. Frantz’s medical research, including his work on human prolactin, and his dedication to the Alumni Association, said Dr. Federman, “I think that Dr. Frantz has subtended a longer arc of connection with P&S than probably anybody else.”

A member of the graduating class, Sean Esco’a10, and neurosurgery resident Christopher Kellner ’08 both spoke of Dr. Frantz’s influence as a mentor.

Dr. Frantz expressed his heartfelt thanks for the evening’s tributes. It was to be his last public appearance at P&S. He died in June.

Dean Lee Goldman followed the tributes with an informal account of the state of the medical school.

Guest speakers at the March 17 council dinner, Henry E. Butler III ’69 and Solomon Kuah, M.D., gave a stirring assessment of their experience on a volunteer mission to Haiti after the devastating earthquake. In remarks titled “Haitian Mirror: 1983 and 2010,” Dr. Butler, a surgeon and psychiatrist, compared his experiences participating in two medical relief missions to the Albert Schweitzer Hospital in Haiti, the first in 1983, during the dictatorship of Jean-Claude “Baby Doc” Duvalier and the reign of terror of his notorious secret police, the “Ton-Ton Macoute,” and the second in the wake of the terrible earthquake that hit Haiti in 2010. The first experience, trying as it was, proved “idyllic,” said Dr. Butler, compared with the harrowing scene of utter devastation he encountered this year. Dr. Butler offered sober advice to well-intentioned volunteers: “If you’re planning something like this, you have to ask yourself the question: ‘What’s the cost-benefit of doing this?’” Dr. Butler described the logistical hurdles he had to face in getting to Haiti, including the difficulties of finding transportation. He was finally able to get to Port-au-Prince, the Haitian capital, thanks to the help of a friend, Earl Mack, the U.S. Ambassador to Finland, who leased an aircraft at his own expense. Upon arrival he was greeted by the acrid smell of dead and decomposing bodies. It was then a difficult three-hour drive to the hospital. The hospital soon ran out of supplies and had to suspend surgeries, though Dr. Butler did finally get to operate. Dr. Kuah, an emergency medicine physician at CUMC, recounted his own experience as a member of the first international medical team dispatched to Haiti after the quake. Dr. Kuah’s team saw more than 2,000 patients in the first week alone. The highest priority, Dr. Kuah pointed out, was getting as many people as possible back on their feet so they could “get out of Port-au-Prince and get their lives back together.” For both doctors the task was exhausting, often putting in shifts from 7 a.m. to midnight. Still, both agreed that it was a rewarding experience. Dr. Butler recalled the formative influence of P&S professor Harold Brown, who first inspired him to work overseas.

PARENTS’ DAY PROGRAM

On April 17, 2010, the unsung heroes who help support and suffer through the rigors of their loved ones’ medical education had their day. Parents’ Day, an annual event sponsored by the Alumni Association, offers families of students a privileged glimpse at the thrills and spills of medical school. Dean Lee Goldman delivered an official welcome. Speakers included senior associate dean for student affairs Lisa A. Mellman, M.D.; associate dean for diversity Hilda Y. Hutcherson, M.D.; vice dean for education Ronald E. Drusin ’66; and director of student financial planning Ellen Spiker.

Faculty members Rita Charon, M.D., Ph.D., and Paul Lee, M.D., and students John Kaczmar ’10, Nicole Green ’13, and Judith Griffin ’11 shared their first-hand experiences. Shearwood J. McClelland ’74 stood in as master of ceremonies for Alumni Association president William B. Macaulay ’92.

CAREER FAIR

On Feb. 1, 2010, residents from different fields and subspecialties gathered at the Donald F. Tapley Faculty Club to participate in a “speed dating”-style question and answer session with second- and third-year medical students. The event was sponsored by the Alumni Association and coordinated by second- and third-year students and Elizabeth Williams, director of alumni relations. Almost every department was represented, and residents spoke with students about their field of choice, pros and cons, and even shared details about the specialty. It was a great study break and great help to students in the process of deciding on a specialty. Delicious hors d’oeuvres and wine were served.

By Catherine Chang ’11
CLASS OF 1936

Lawrence F. Withington celebrated his 100th birthday on March 31, 2010. “Still an avid reader and sports fan, he continues daily exercise routines and delights in light banter with a wonderful group of caregivers at his home in Watertown, N.Y. His life is still good,” say his children. See Class of 1966 to read about his son.

CLASS OF 1949

This year is the 50th anniversary of the first successful implantation of an artificial heart valve. Albert Starr, who co-developed the valve with a hydraulic engineer, did the 1960 surgery at Oregon Health & Science University in Portland, enabling a 52-year-old Washington state farmer whose heart had failed as a result of childhood rheumatic fever to live another 12 years. Dr. Starr is now director of academic affairs and bioscience development for Providence Health & Services and professor of surgery at Oregon Health & Science University. Read more online about his development of the valve at www.cumc.columbia.edu/news/journal.

CLASS OF 1953

P&S Professor Emeritus of Clinical Neurological Surgery Edgar M. Housepian was honored in January by the Fund for Armenian Relief, a non-profit organization he co-founded in 1988 in response to the earthquake in his home country.

CLASS OF 1955

The Board of Trustees at Columbia University has granted the title of professor emeritus of clinical ophthalmology to Harold F. Spalter.

CLASS OF 1965

See Alumni in Print to read about a book by Anthony Horan. Anthony says the book was “seven years in the writing” and has “plenty of P&S in it.” He has a private practice in urology in Delano, Calif.

CLASS OF 1966

Richard L. Withington retired from his orthopedic surgery practice but keeps busy in retirement by working on the St. Lawrence River near his home, named Rivercroft, on Round Island, also known as Frontenac Island, just outside of Clayton, N.Y. He shares some of his tales of life on the river in the 1000 Islands Life magazine (www.ThousandIslands-Life.com). He is captain of the Clayton Volunteer Fire Department fireboat and was instrumental in getting grant funding for the boat to provide emergency coverage for the islanders. Dick’s older son, DeWitt, is a pilot who guides sea-going vessels through the St. Lawrence Seaway. Daughter Marcy is CFO of Mystic Seaport. Son Matthew does sports psychology in Orlando. News of his father can be found in Class of 1936.

CLASS OF 1970

Harry B. Greenberg, senior associate dean for research and the Joseph D. Grant Professor of Medicine and Microbiology & Immunology at Stanford, returned to P&S for the first time in April to participate in a panel discussion titled “Conflict of Interest and Academic Medicine: Current Trends and Expectations for the Future.” Harry, an expert in viruses and viral vaccines, discussed Stanford experiences, including intense news media attention and government investigations, that led to enhanced policies on conflict of interest.

CLASS OF 1976

“I retired (sort of) on July 1 after 30 years in the Department of Emergency Medicine at the University of California, San Diego,” writes James Dunford. Even though he is now professor emeritus of clinical medicine and surgery, Jim continues as the medical director of the City of San Diego, serves as a co-investigator for the NIH Resuscitation Outcomes Consortium trials, teaches students, sees some patients, and is president of the San Diego AHA. Jim received the 2010 Leonard Tow Humanism in Medicine Award; as the recipient he was guest speaker at the UCSD School of Medicine white coat ceremony for this year’s incoming students and he earned membership in the Arnold P. Gold Honor Society. A UC San Diego Health Sciences newsletter wrote about his retirement and described him as saying...
“although he used to love taking care of critically ill patients in the middle of the night he now prefers to be asleep at 2 a.m. “I still work some ED shifts so my stethoscope doesn’t rust,” he told the newsletter. As EMS director for San Diego, Jim oversees medical dispatch at the city’s fire communications center and medical care provided by the city’s 425 paramedics and 1,000 firefighters.

Andrew M. Kaunitz was installed as president of the Florida Obstetric and Gynecologic Society at its annual meeting in August. The non-profit association represents more than 900 physician and resident members in Florida and provides continuing education for healthcare professionals to advance patient care in the realm of women’s health. Andrew is a tenured professor and associate chair for the Department of Obstetrics and Gynecology at the University of Florida College of Medicine-Jacksonville. He also is director for menopause and gynecologic ultrasound services at UF-Southside Women’s Specialists at Emerson. He is editor-in-chief for the medical journal, Watch Women's Health, and is an expert adviser for Medscape OB/GYN and Women’s Health. He is frequently interviewed on women's health topics and in May 2010 appeared on “The Today Show” in a segment on oral contraception. After graduating from P&S, Andrew completed his ob/gyn residency at Northwestern Memorial Hospital in Chicago, then served as an epidemic intelligence officer in the Division of Reproductive Health at the CDC.

Andrew Kaunitz’78

CLASS OF 1978
The Healthcare Association of New York State has elected Samuel J. Daniel as one of its trustees. Sam was president and CEO of North General Hospital in New York City until it closed this year, he previously served as program director of the hospital’s internal medicine residency program and chief of the gastroenterology division. He is associate clinical professor at Mount Sinai School of Medicine and associate dean of North General Hospital/ Mount Sinai School of Medicine and maintains an active practice of gastroenterology in Harlem. His particular interest is hepatitis C, having done clinical research in the field and co-authored a general audience book on the subject. Sam is a diplomate of the American Board of Internal Medicine and the subspecialty of gastroenterology. He is a Fellow of the American College of Gastroenterology, the American College of Physicians, and the New York Academy of Medicine. He serves on a number of boards and has been recognized by several organizations, the most recent recognition being the NAACP Mid-Manhattan Branch Roy Wilkins Outstanding Leadership Award in 2006.

Samuel Daniel’78 with NYC Mayor Michael Bloomberg

CLASS OF 1981
Four members of the Class of 1981 were reunited at this year’s Yale University commencement in May. Pictured from left are William Smithy and Andrea Voutsas and their son, James Smithy, and David Katzman and his parents Margery Wasko and Michael Katzman. In an unusual string of coincidences, both fathers graduated from Columbia College in 1977, both mothers graduated from Mount Holyoke College in 1977, each met their future spouse at P&S, and years later their sons wound up as next-door neighbors during their freshman year at Yale College. Dr. Smithy is director of the Colon and Rectal Surgery Residency Program at Stony Brook University Medical Center, Dr. Voutsas is an anesthesiologist on the faculty at Stony Brook, Dr. Wasko is medical director for the Pennsylvania Office of Medical Assistance, and Dr. Katzman is professor of medicine (infectious diseases) and microbiology & immunology at the Penn State College of Medicine in Hershey.

CLASS OF 1982
Michael G. Absatz, as the recipient of the Monmouth Medical Center’s Physician Leadership Award, was co-honoree at the medical center’s 38th annual gala, the Crystal Ball, in December 2009. Michael, who lives in Eatontown, N.J., is clinical assistant professor of orthopedic surgery at Drexel University College of Medicine, academic program director for the Monmouth Medical Center orthopedic residency program, and a member of the Monmouth Medical Center medical staff. He completed his fellowship in adult reconstructive surgery at the Kerlan-Jobe Orthopaedic Clinic in Los Angeles after completing his orthopedic residency at New York University-Bellevue Medical Center. He also is an artist whose acrylic and watercolor paintings have been exhibited in Chicago and San Francisco and whose medical illustrations have appeared in numerous surgical journals. He was profiled in a Monmouth Medical Center publication article titled “Going to Plan B. What Does a Surgeon Do When He Can No Longer Do Surgery?” The article explains being diagnosed, at age 42, with multiple sclerosis. “I was devastated when I realized I could no longer practice my profession,” he says in the article. He turned to art and his roles as educator and consultant. While at P&S, he drew anatomical pictures and some were published in medical textbooks. One of his medicine-themed
paintings appeared in a recent show called “eMo - tion Pictures,” an exhibition of orthopedics in art created to help commemorate the 75th anniversary of the American Academy of Orthopedic Surgeons. The show, which includes a piece of art done by his mother, a professional artist, can be seen online at www.aaos75th.org/gallery/the_artists.htm.

CLASS OF 1986

See Alumni in Print to read about a book by Christopher P. Cannon. Chris has served as editor-in-chief of Cardiosource, the American College of Cardiology’s website portal for online education, since 2007, and he serves on the editorial board of numerous journals. After completing a residency in internal medicine at Columbia, he was a cardiovascular fellow at Brigham and Women’s Hospital before joining the Harvard faculty and the Brigham and Women’s staff. He also is editor of the journal Critical Pathways in Cardiology and a 60-book series, “Contemporary Cardiology.” His latest book is one of 10 books he has written or edited.

CLASS OF 1985

Jessica J. Kandel has been named the R. Peter Altman Professor of Surgery and Pediatrics (in the Institute of Cancer Genetics) at P&S, with tenure. Jessica’s chief area of interest is tumor angiogenesis therapy, especially in cases of neuroblastoma.

CLASS OF 1987

Marc Dickstein, professor of clinical anesthesiology at P&S in the Division of Cardiothoracic Anesthesia, received the Distinguished Teacher Award at the 2010 P&S graduation exercises.

See Alumni in Print to read about a book by J. Todd Weber.

CLASS OF 1988

The Charles W. Bohmfalk Award for pre-clinical teaching was presented to Jonathan Barasch at this year’s graduation ceremony. Jonathan received a Ph.D. from Columbia in 1987.

CLASS OF 1990

In January, Joshua Hyman spent eight days in Haiti with Project Medishare, in association with the University of Miami, working in a field hospital in Port au Prince. He is associate professor of clinical pediatric orthopedic surgery at P&S. His plans are to return to Haiti for another stint in several months’ time.

CLASS OF 1991

See Alumni in Print to read about a book by Esther K. Chung.

Four P&S Alumni posed for this picture at the conclusion of the Centennial Retrovirus Meeting at the Institute of Molecular Genetics in Prague, the Czech Republic, in May of 2010. Pictured from left are Margery Wasko’81, medical director for the Pennsylvania Department of Public Welfare; Michael Katzman’81, professor of medicine (infectious diseases) and microbiology & immunology at the Penn State College of Medicine in Hershey; Jeremy Luban’87, professor of microbiology and molecular medicine at the University of Geneva in Switzerland; and Ashley Haase’65, professor and chair of microbiology at the University of Minnesota Medical School in Minneapolis. Drs. Katzman, Luban, and Haase presented their research on the integrase enzyme, cellular resistance, and viral persistence, respectively, and Dr. Wasko accompanied her husband, Dr. Katzman, to the meeting. This special international conference, which was supported by the NIH, brought together almost 200 scientists from 20 countries. Because most attendees had Ph.D. degrees, the coincidence of four M.D. degree recipients from P&S was particularly striking, Dr. Katzman said.
CLASS OF 1992

See Alumni in Print to read about a book by Hal Blumenfeld, who received his Ph.D. from Columbia in 1990.

William Macaulay, the Anne Youle Stein Professor of Clinical Orthopedic Surgery and director of the Center for Hip and Joint Replacement at P&S, was inducted into the Hip Society at the annual meeting of the American Academy of Orthopedic Surgeons. Bill has been director of the Center for Hip and Knee Replacement and chief of adult reconstruction (hip and knee) at Columbia since 2001. The mission of the Hip Society is to advance knowledge of the hip joint in health and in distress.

CLASS OF 1993

Cheryl Huang, who is board-certified by the American Board of Plastic Surgery and a Fellow of the American College of Surgeons, has been named a “Top Cosmetic Surgeon” by Castle & Connolly and one of “America’s Top Surgeons” by the Consumer Research Council of America. She is now located in Marin, Calif., where she specializes in women’s aesthetic procedures and anti-aging skin care. Her general surgery training was at UC San Diego, where she rose to become chief resident and received the Surgical Teaching Award. She then moved to UCLA, where she became chief resident in plastic surgery and joined the clinical faculty. She has authored chapters on aesthetic and reconstructive surgery for medical textbooks, writes a column for Marin Mum Groups. She has given guest lectures at UCLA, the Stanford Professional Women’s Association, and the Bay Club Marin. Cheryl volunteers in the Marin community and supports St. Jude Children’s Hospital and Locks of Love.

CLASS OF 1995

Edward W. Boyer has been promoted to professor of emergency medicine at the University of Massachusetts Medical School. The recipient of several federal grants, Ed was awarded an NIH Challenge grant in 2009 to examine machine learning approaches to behavioral prediction in active substance abusers. He also has a Ph.D. degree. This photo was taken by his son, Caleb Boyer.

Dena Brevata, who received an M.P.H. from Stanford, practiced internal medicine in the San Francisco area and was an attending physician at Stanford and the Palo Alto VA, was a senior research scientist in Stanford’s Center for Primary Care and Outcomes Research, and published widely on health economics, clinical effectiveness, and public health (especially topics related to obesity treatment and prevention). She is a nationally recognized expert in health services research. Most recently she has been working as an in-house clinician at Castlight Health in San Francisco, where she oversees that patient care is cost-effective and of high quality. In July 2010 Dena was named chief medical officer at Castlight Health.

Michael Vitale spoke at a benefit to raise funds for Haiti relief; the $7,500 raised will be directed to Doctors without Borders and an orphanage in Haiti. Michael, who also has an M.P.H., is the Ana Lucia Associate Professor of Clinical Pediatric Orthopedic Surgery at P&S.

CLASS OF 1997

Delphine S. Taylor, assistant professor of clinical medicine at P&S, has been named a Fellow in the Glenda Garvey Teaching Academy.

CLASS OF 1999

James A. Lee has been named assistant professor of surgery and section chief of endocrine and thyroid surgery at P&S. His main interests lie in the area of surgery of the pancreas, thyroid, parathyroid, and adrenal glands.

CLASS OF 2001

Deborah Pollard Jones, assistant clinical professor of medicine at P&S, is one of 16 new Fellows of the Glenda Garvey Teaching Academy.

CLASS OF 2002

David M. Walker, instructor of pediatric medicine at the Yale School of Medicine, has received a Fulbright Grant for 2010-2011 to be a visiting lecturer in the Department of Pediatrics of Queen Elizabeth Central Hospital in Blantyre, Malawi. He will be managing children with traumatic injuries and burns. In the past Dave worked in pediatric emergency medicine in the Philippines, Qatar, India, and Haiti. He is co-author of a chapter on pediatric emergency medicine in the 19th edition of “Nelson’s Textbook of Pediatrics.” He is the recipient of Yale’s Global Health Initiative Faculty Travel Award. He is vice chair of the International Emergency Medicine Interest Group of the Society of Academic Emergency Medicine and a member of the Education Committee of the Section of International Emergency Medicine and the Section of Pediatric Emergency Medicine of the American College of Emergency Physicians. Dave also is a Fellow of the American Academy of Pediatrics and a member of its Section on International Health.
The Big Scare: The Business of Prostate Cancer
Anthony Horan ’65
SterlingHouse Books, 2009

Addressing the prostate cancer “market bubble” is the intent of Dr. Horan’s book about the medical establishment’s encouragement – backed by the federal government and American capitalism – of radical surgery and radiation to treat prostate cancer. “Patients … motivated me to write this book with the hope of sparing men and their significant others the woeful consequences of overdiagnosis and overtreatment,” the author writes. “Screening for prostate cancer with a test of the blood and treating with radical surgery and radiation – the cancers thus discovered cannot do measurable good that outweighs the measurable harm, however sincere the intentions.”

Health Care Reform Through Practical Clinical Guidelines/ Ear Nose Throat
K.J. Lee ’65
Plural Publishing, 2010

Dr. Lee, a leading advocate of health care reform, calls on the experiences of seasoned clinicians to present practical practice guidelines that can be incorporated into user-friendly and secure online electronic medical record systems. The goal: to diminish the fragmentation and variation in clinical practices resulting in a wide discrepancy in cost. As an ear, nose, and throat practitioner, he designs surgical instruments for pituitary and ear surgeries. One of his many books, “Essential Otolaryngology,” is a leading text in the ENT field and has been translated into several languages. He is past president of the American Academy of Otolaryngology-Head & Neck Surgery and former chair of the medical board at the Hospital of St. Raphael in New Haven, Conn.

The New Heart Disease Handbook: Everything You Need to Know to Effectively Reverse and Manage Heart Disease
Christopher P. Cannon ’86
Fair Winds Press, 2009

This informative, accessible, and up-to-date handbook about the heart is intended for all audiences – the patient with heart palpitations, the parent of a child born with a congenital heart defect, or the adult child with a parent diagnosed with congestive heart failure – with equal parts focused on treatment and maintenance of heart health. Appendices describe heart disease tests, medications that treat heart disease, heart-saving procedures, and lifesaving guidelines. Dr. Cannon is associate professor of medicine at Harvard, an associate physician in the cardiovascular division at Brigham and Women’s Hospital, and senior investigator in the Thrombolysis in Myocardial Infarction Study Group, for which he has served as PI for 10 trials.

Antimicrobial Resistance – Beyond the Breakpoint
J. Todd Weber ’87
Karger, 2010

Dr. Weber, CDC liaison at the European Center for Disease Prevention and Control in Stockholm, Sweden, has edited this book in the publisher’s Issues in Infectious Diseases series. With drug-resistant infections – preventing, controlling, and treating them – one of modern medicine’s major challenges, the book goes beyond explaining and quantifying the problem. The book’s contributors describe evidence for effective interventions, including costs, treatment strategies, and suggestions for research in the field. “These reviews show where interventions, surveillance, and research will be most useful in the future,” the publisher writes. The book is written for infectious disease physicians and public health officials interested in preventing antimicrobial-resistant infections.

Visual Diagnosis and Treatment in Pediatrics
(Second edition)
Esther K. Chung, MD, MPH ’91
Lippincott Williams & Wilkins, 2010

Dr. Chung is editor-in-chief for the first and second editions of this guide to rapid and accurate diagnosis of pediatric problems. The book includes more than 500 color photographs and a table format that features differential diagnoses with ICD-9 codes and distinguishing characteristics. The book organizes 73 presenting conditions by anatomic site for quick reference. New features in this edition include a chapter on breast-feeding, companion website with searchable text and image bank, and a new “When to Consider Further Evaluation or Treatment” section in each chapter. Dr. Chung, who also received an M.P.H. from Columbia, is associate professor of pediatrics at Jefferson Medical College and the Alfred I. duPont Hospital for Children in Philadelphia.

Neuroanatomy through Clinical Cases
(Second edition)
Hal Blumenfeld ’90 Ph.D./ ’92 M.D.
Sinauer Associates Publishers, 2010

www.neuroexam.com

Dr. Blumenfeld, who received master’s, medical, and Ph.D. degrees from Columbia, is professor of neurology, neurobiology, and neurosurgery and director of medical studies in clinical neurosciences at Yale University School of Medicine. His book is acclaimed for bringing a pioneering interactive approach to the teaching of neuroanatomy by featuring more than 100 clinical cases with high-quality radiologic images. The second edition includes 12 new cases, and the online review and study guide has additional cases. The first edition of the book was described as a benchmark teaching resource, “an entirely new textbook on something as old and unchanging as the human body and brain.”
Reflexions welcomes submissions of poetry, fiction, creative non-fiction, and visual art from alumni, students, faculty, staff, and affiliates of the medical center. Pieces with both health and non-health related themes are welcome. Contact cumc-reflexions@columbia.edu with questions and submissions. Submissions should include the artist’s or author’s name, the title of the work, and, in the case of visual art, the medium of the submitted work. In late fall each year, writers and artists are notified about whether their submissions have been accepted. The editors suggest minor revisions – usually to shorten written pieces. Artists and authors may submit up to five works. E-mail all images as digital files to cumc-reflexions@columbia.edu. All common file formats (jpg, tiff, pdf) are accepted. Pixel size should be a minimum of 300 dpi for a 4x6 photo, 600 dpi if possible. Prose and poetry submissions should be limited to 3,000 words.

Dance, Dance, Dance

By Zhixi Li’12

In March 2010, the newly formed P&S Dance Club held the first CUMC dance showcase under the direction of Frances Onyimba’12, Quinn Leslie’12, and Sayuri Jinadasa’12. Graduate students from both Columbia campuses gathered to form a 53-member dance company. Along with four members of the production crew, the company endured a strenuous tech week to bring to the stage the most anticipated CUMC dance event held in the P&S Alumni Auditorium. For one night, the orchestra and balcony were packed with more than 400 audience members. The show began with an emotional lyrical dance and continued to mesmerize the audience with a total of 17 pieces, ranging from ballet and jazz to salsa, hip hop, and a music-free style called step. For the grand finale, company members flipped and danced onto the stage to Young Love’s “Find a New Way.” A roar of applause drowned out the music as the seas parted and five female faculty members strutted to the front of the stage in 80s themed costumes. Together, students and faculty danced to the high energy cheers of the audience. As one CUarts critic said, “I laughed, I cried, and…trust and believe…it was far more purrfect than Cats.” (full review at http://cuarts.wordpress.com/2010/03/29/born-to-dance-trained-to-heal/)

Through the funding of the Gatsby Foundation, the President’s and Provost Fund, Student Wellness, and the P&S Club, the P&S Dance Club was able to bring the art of dance to the stage. After the unprecedented success of the show, we are certain that the club and showcase will continue to grow in the future.
THE P&S LEGACY CHALLENGE

YOU STILL HAVE TIME TO MEET THE CHALLENGE!

It’s as easy as ONE, TWO, THREE:

**ONE:** You name P&S in your Will or estate plan, or create a life income gift, valued between $30,000 and $1,000,000 and designate it for scholarships.

**TWO:** You notify Michelle Cass at 212.305.0428, Laura R. Tenenbaum at 212.342.2108 or by email at givingwell@columbia.edu in the Planned Giving Office of the nature of your gift.

**THREE:** A group of your fellow alums will immediately match your planned gift by adding 1/3 of its value to a scholarship fund at P&S today. If the planned gift is more than $150,000, a new endowed scholarship fund will be named now in your honor.

These 3 simple steps result in a partial scholarship being awarded to a deserving student in your name during the next academic year. In addition, you will be invited to attend the annual P&S Legacy Dinner to meet current scholarship students. You will also be eligible for membership in Columbia’s 1754 Society, honoring all who have made a planned gift to Columbia.

The P&S Legacy Challenge will end on December 31, 2011.
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