Dear Readers,

Within the pages of this issue, you will find information about two Nobel Prize winners, the team physician for the San Francisco 49ers, the former president of the AMA, and the 40-year anniversary of the P&S rugby club. The common thread that runs through these discrete pieces is their ability to serve as reminders of the many ways people have contributed — and continue to contribute — to our legacy as a great medical school.

We salute the 200-year anniversary of The New England Journal of Medicine with an article that summarizes five Columbia-authored papers that are considered game-changers in clinical medicine. The article includes a Q&A with another influential Columbian, long-time NEJM editor Arnold Relman’46.

Also in this issue, we take another look at our innovative Columbia-Bassett education track. Three classes of Columbia-Bassett students are now enrolled at P&S. First-year students in the Class of 2016 went to Cooperstown for an orientation before settling in to New York City in time for this year’s White Coat Ceremony in August. That class has started its 18-month fundamentals curriculum. Members of the second class, students in the Class of 2015, are nearing the end of that 18-month period and will begin full time in Cooperstown in January. Members of the inaugural class, part of the Class of 2014, have been in Cooperstown since January 2012. This issue’s article provides an inside view of their experience in Cooperstown.

Whether educator or student, clinician or patient, researcher, athlete, or alumnus, individuals featured in this issue, along with countless others who work in our field every day, demonstrate the contributions made by so many people who have been associated with P&S. We all should share in this pride in our medical school and in its future.

With best wishes,

Lee Goldman, M.D., Dean
lgoldman@columbia.edu
A Milestone for the New England Journal of Medicine, a Nod to Columbia’s Clinical Leadership

By Keely Savoie

Publication of research in the venerable 200-year-old New England Journal of Medicine tracks some of the greatest contributions of P&S clinical expertise to modern medicine.

Scenes from a New Brand of Medical Education

By Gina Shaw

A look inside the Columbia-Bassett Program, where the first class of students started their major clinical year in Cooperstown in January and the third class is introduced to this unique educational track.

Healing in the Big Leagues

By Michael Bradley

Several P&S and fellowship program graduates – many of them former athletes themselves – work with professional athletes and describe the complex doctor-patient relationships that result.
Semantics
I strongly concur with Stan Edelman (Letters, Spring 2012 issue). The dehumanizing terminology that we have meekly allowed to creep into the vernacular is deplorable. I am NOT a provider, and my patients are NOT “enrollees” or “covered lives.” We should protest.

Richard Hurd’67 by email

Metabolic Surgery
After reading the carefully researched article, “Does Metabolic Surgery ‘Cure’ Diabetes?” in the P&S magazine (Spring 2012 issue), I was reminded that Dr. Walter Pories, a surgeon and professor at East Carolina University, reported this to our Wesleyan classmates five years ago at our 55th reunion. Apparently he discovered this and I was surprised that the article made no mention of this. At our 60th reunion a few weeks ago I spoke with Dr. Pories about this and he told me that the reason for this development is still unknown though he is working with drug companies to research this more intensively. Walter developed the Greenville Gastric Bypass operation to solve the obesity problem and, much to his enormous surprise, found that diabetes was cured as well. Now his research is focused on pinpointing the diabetes culprit in the stomach and finding a medication to block the culprit. Much of his time is spent educating the medical world that insulin is the wrong treatment. I recognize that your article was discussing similar work by P&S doctors, but it strikes me that the article should have mentioned people like Dr. Pories when discussing such an exciting development.

William K. Wasch
Middleton, Conn.

Bassett History
As someone who has been around Cooperstown’s Mary Imogene Bassett Hospital for a long time, beginning with internship in 1956, I am now writing a book on Bassett’s history. It’s a unique academic medical center headquartered in a small village about 180 miles from the Columbia University Medical Center, with a Columbia University affiliation starting in 1936, formalized in 1947, and having become an official medical school campus of P&S in 2010. There is a rich history of interchange between Bassett Hospital and Columbia University, and my book will be enlivened by vignettes submitted by P&S graduates and faculty who have spent time in Cooperstown over the years.

So if the spirit moves you, please send comments my way by email: davi7js4@hughes.net. Many thanks in advance!

John S. Davis, M.D.
Attending Physician and Director of Medical Education Emeritus, Bassett Healthcare Clinical Professor Emeritus of Medicine, P&S
Faculty Awards

**P&S Distinguished Service Awards** were presented to Dickson D. Despommier, Ph.D., professor emeritus of public health and of microbiology, and William Lovejoy, M.D., clinical professor emeritus of medicine.

**Charles W. Bohmfalk Awards** were presented to Rachel Gordon, M.D., M.P.H., assistant professor of clinical medicine and of epidemiology, for pre-clinical teaching, and William Levine, M.D., professor of clinical orthopedic surgery, for clinical teaching.

**The Leonard Tow Humanism in Medicine Award** presented by the Arnold P. Gold Foundation was given to Gerald Neuberg, M.D., clinical professor of medicine.

**The Dr. Harold and Golden Lamport Research Award** in basic sciences was given to Benjamin Ohlstein, M.D., Ph.D., assistant professor of genetics & development and of medicine. Robert F. Schwabe, M.D., assistant professor of medicine, received the **Dr. Harold and Golden Lamport Research Award** in clinical sciences.

**The Distinguished Teacher Award** was given by the Class of 2012 to Marc L. 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)
Zwena S. McLeod

**Alumni Association Award**
(recognition of interest in and devotion to the College of Physicians & Surgeons and its Alumni Association)
Suchita R. Shah

**AAN Medical Student Prize for Excellence in Neurology**
Eugene L. Scharf
Virginia P. Apgar Award
(excellence in anesthesiology)
William M. Jackson

Michael H. Aranow Memorial Prize
(best exemplifying the caring and humane qualities of the practicing physician)
Arielle L. Rodman

Herbert J. Bartelstone Award
(exceptional accomplishments in pharmacology)
Charlene Ong

Behrens Memorial Prize in Ophthalmology
(outstanding graduate entering ophthalmology)
Tin A. Yan Liu

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)
Ryan M. Close

Robert G. Bertsch Prize
(emulating Dr. Bertsch’s ideals of the humane surgeon)
Marc M. Holden

Coakley Memorial Prize
(outstanding achievement in otolaryngology)
Valeria Silva Merea

Titus Munson Coan Prize
(best essay in biological sciences)
Hasina Outtz Reed and Adam J. Wolpaw

Titus M. Coan Prize for Excellence in Research
(Basic cell & molecular biology – Pallav Kosuri
Translational biology – Dara L. Sosulski)

Thomas F. Cock Prize
(excellence in obstetrics & gynecology)
Victoria N. Manuelli

Rosamond Kane Cummins’52 Award
(graduate entering orthopedics with academic excellence, sensitivity, kindness, devotion to patients, and the fine human qualities that she exemplified)
Nicholas D. Colacchio

Dean’s Award for Excellence in Research/Graduate School of Arts and Sciences at Health Sciences
Jeremiah D. Osteen and Qiangfeng Cliff Zhang

Endocrine Society’s Medical Student Achievement Award
Amanda K. Ramsdell

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)
Lindsay W. Alpert

Louis Gibofsky Memorial Prize
(for research work in areas of nephrology, renal immunology, renal physiology, or transplant immunology)
Susanne C. Chock

Glasgow–Rubin Achievement Award
(presented to women graduating in the top 10 percent of their class)
Lindsay W. Alpert, Victoria N. Manuelli, Shannon N. Nees, Angela Ricci, and Arielle L. Rodman

Gold Humanism Honor Society

Dr. Charles E. Hamilton Award
(excellence in pulmonary disease)
Hasina Outtz Reed and William G. Bain

Izard Prize for Research in Cardiology
William G. Bain

Janeway Prize
(highest achievement and abilities in the graduating class)
William G. Bain

Jerry Jacobs Prize in Pediatrics
(excellence in the differential diagnosis and treatment of disorders in children)
Angela M. Ricci

Albert B. Knapp Scholarship
(awarded at the conclusion of the third year to the medical students with highest scholarship in the first three years)
William G. Bain, Andrew S. Brunswick, and Victoria N. Manuelli

John K. Lattimer Prize in Urology
(outstanding essay in urology)
Justin T. Matulay

Samuel and Beatrice Leib Memorial Prize in Ophthalmology
(outstanding graduate entering ophthalmology)
Megan L. Ridley-Lane
Barbara Liskin Memorial Award in Psychiatry
(empathy, scholarship, and excellence exhibited by Barbara Liskin)
Cecilia M. Livesey

Robert F. Loeb Award
(excellence in clinical medicine)
Christopher W. Lawton, Hasina Outtz Reed, and Geoffrey A. Rubin

F. Lowenfish Prize in Dermatology
(creative research in dermatology)
Elise Ng

Alfred M. Markowitz Endowment for Scholars
(exemplifies Dr. Markowitz’s dedication to patient care, teaching, and scholarship)
Barbara C.S. Hamilton

Dr. Cecil G. Marquez BALSO Student Award
(outstanding contribution to the Black and Latino Student Organization and the minority community)
Amanda J. Adeleye

Edith and Denton McKane Memorial Award
(outstanding research in ophthalmology)
Lu Na Xu

James M. McKiernan, M.D., Prize for Compassionate Care
(student most capable of combining humanism, medical knowledge, and compassion)
Shannon N. Nees

Dr. Harold Lee Meirhof Memorial Prize
(outstanding achievement in pathology over the four years in medical school)
Amrom E. Obstfeld

Drs. William Nastuk, Beatrice Seegal, and Konrad Hsu Award
(demonstrated successful laboratory collaboration between student and faculty)
John B. LeGall and Lu Na Xu

Marie Nercessian Memorial Award
(exhibiting care, unusual concern, and dedication to helping sick people)
Daniela C. Diaz, Pamela I. Good, and Jared S. Kushner

New York Orthopaedic Hospital Award
(outstanding performance in research and clinical work)
Laura A. Vogel

Office of Student Affairs Outstanding Service to P&S Award
(outstanding contribution to improve the quality of life of his or her peers while at P&S)
Viola Huang

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)
Daniela C. Diaz

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)
Nicholas D. Colacchio and Eliza C. Miller

Joseph Garrison Parker Award
(exemplifying through activities in art, music, literature, and the public interest the fact that living and learning go together)
Nicholas D. Colacchio and Amanda J. Posner

Dr. Robert A. Savitt and George H. McCormack Award
(exemplifies Dr. George McCormack’s medical skill, consideration, understanding, and compassion)
Suchita R. Shah

Rebecca A. Schwartz Memorial Prize
(achievement in pediatric cardiology)
Amanda J. Posner

Helen M. Sciarra Prize in Neurology
(outstanding achievement in neurology)
Eliza C. Miller

Aura E. Severinghaus Scholar
(superior academic achievement)
Sabra C. Lewsey

Society for Academic Emergency Medicine Award
(excellence in specialty of emergency medicine)
Maxim L. Ritzenberg

Miriam Berkman Spotnitz Award
(excellence in research of neoplastic disease)
Kathryn M. Lemberg and Alvin Wong

Leonard Tow Humanism in Medicine Award
(excellence in science and compassion in patient care)
Andrew S. Brunswick

William Perry Watson Prize in Pediatrics
(excellence in pediatrics)
Michelle S. Jamison and Diana C. Montoya-Fontalvo

Dr. William Raynor Watson Memorial Award
(outstanding performance in psychiatry throughout four years of medical school)
Benjamin A. Everett

Dr. Allen O. Whipple Memorial Prize
(outstanding performance in surgery)
Reid A. Ravin

Sigmund L. Wilens Prize
(excellence in pathology)
Daniel A. Green

THE 2012 RESIDENCY MATCH RESULTS CAN BE VIEWED ONLINE:
www.cumc.Columbia.edu/psjournal/news-bytes
New Apgar Academy Focuses on P&S Teaching Excellence  
By Sharon Tregaskis

In late July, surgeon Dennis Fowler, M.D., sat in with a dozen second-year psychiatry residents for a seminar on the fundamentals of psychotherapy. Dr. Fowler, the Gerald and Janet Carrus Professor of Clinical Surgical Science and head of the simulation center at P&S, was there as an observer at the invitation of Deborah Cabaniss, M.D., who was teaching the class.

Later, the two professors, who were implementing their plans to initiate a method for coaching each other based on direct observation during teaching sessions, debriefed. Among Dr. Fowler’s observations: Fifteen minutes into class, when Dr. Cabaniss cracked a joke, the classroom dynamic promptly “gelled.” This simple observation led Dr. Cabaniss to think about how she might engage her students differently at the beginning of the next class, particularly with respect to their affective response to the material. “As a doctor, you don’t get taught to teach; you get taught to be a doctor,” says Dr. Cabaniss, director of psychotherapy training in the Department of Psychiatry and clinical professor of psychiatry. “And then someone says, ‘Can you teach this class?’ You do it based on how you were taught and ideas you have about your own teachers, such as who were good teachers or not.”

Since 2005, the medical center’s Glenda Garvey Teaching Academy, named for a beloved P&S graduate and long-time professor, has worked to promote and enhance the skills of Columbia’s teachers in all four CUMC schools. Late in 2011, four new academies (one for each school) were created to extend the reach of the Garvey Academy, which remains as the academy for all of CUMC, with tailored content for medical, dental, public health, and nursing educators. Dr. Cabaniss was appointed director of the Virginia Apgar Academy of Medical Educators, the P&S component.

Through recognition, training, and mentorship for medical school faculty, the Apgar Academy, named for the first woman to become a full professor at P&S, will support the role of teaching, alongside research and clinical care, in academic medicine. P&S faculty previously appointed as Glenda Garvey Teaching Academy Fellows will also become founding members of the Apgar Academy, and all newly appointed P&S Apgar Academy members will automatically become members of the CUMC Glenda Garvey Teaching Academy.

This fall, Dr. Cabaniss will oversee a rigorous selection process for the Apgar Academy’s newest members. A panel of internal and exter-

P&S Class of 2016

167 students  
- 142 M.D. students  
- 15 M.D./Ph.D. students  
- 10 Columbia-Bassett students

84 females

83 males

35 underrepresented minorities (21%)

7,466 total applications through AMCAS

6,801 secondary applications

5,315 applications for traditional M.D. program (including 806 from underrepresented minorities)

971 applications for Columbia-Bassett track

501 applications for the M.D./Ph.D. program

1,042 interviews conducted (including 198 underrepresented minorities, 60 for Columbia-Bassett, and 111 for M.D./Ph.D.)

54% yield (yields range from 30% for the M.D./Ph.D. program to 100% for the linkage program, which gives qualifying students in postbac premed programs an accelerated application process)

72 colleges represented

25 states represented

1 foreign country (Canada) represented

1 U.S. commonwealth (Puerto Rico) represented

White Coat Ceremony for the Class of 2016
nal reviewers will consider applicants’ achievements in five categories: teaching, instructional development and curriculum design, mentorship and advising, administration and leadership, and research and publication. Selection to the academy not only honors achievements, says Dr. Cabaniss, but also engages P&S’s best teachers to promote pedagogical excellence. Apgar Academy members will offer workshops, coach fellow teachers, and mentor junior faculty. Their goal: to build excitement for creative new ways to teach clinical and research skills to medical students.

Enter coaching, an idea promoted by surgeon-author Atul Gawande, M.D., in a 2011 New Yorker article. “Top athletes and singers have coaches,” reads the article’s subhead. “Should you?” When it comes to medical school faculty, says Dr. Cabaniss, the answer is yes. “Coaching produces a kind of self-reflection that you don’t get if someone isn’t sitting there watching you,” she says.

The Apgar Academy’s first workshop – on the role of learning objectives in structuring teaching activities – was offered in July. Upcoming programs include sessions on teaching small groups led by Michael Devlin, M.D., professor of clinical psychiatry and course director for the Clinical Practice III clerkship, and teaching in acute care settings led by Robert Sladen, M.D., professor of anesthesiology and medical director of the cardiothoracic and surgical intensive care units. To widen the opportunity for participation by faculty, each program will be offered twice—early in the morning and late in the afternoon. “We hope to create an alive, vibrant community of educators that can support and promote one another by offering different ways to engage all P&S faculty in learning about education,” says Dr. Cabaniss.

“If you just go to class, teach, and leave, you’re not really engaging with the scholarship of pedagogy,” says Dr. Cabaniss. Researchers at the bench publish their findings and garner grants awarded by external reviewers. Junior faculty interested in being considered for advancement based on their teaching skills will need to engage with a community of educators, sharing their insights for successful student engagement. “It is more difficult to figure out how to reward, encourage, and support what educators do. Yet we are, first and foremost, a medical school and teaching is at the heart of what we do.”

The Business (Education) of Medicine

By Sharon Tregaskis

Few medical students earn MBAs, yet most accrue significant management duties as their careers advance. “The historic way that doctors become the boss is after years of taking care of patients; often their only management experience is working with a nurse or a small team,” says Robert Sideli, M.D., associate clinical professor of biomedical informatics and CUMC’s chief information officer. “Then they’re put in charge, expected to run a $50 million, $100 million business.”

In 2010, Dr. Sideli launched “Process Redesign in a Complex Organization,” a hands-on elective that introduces second-year medical students to the vocabulary and paradigms of the business world. In Fall 2011, the four students in the elective worked as a team with Columbia Student Medical Outreach (CoSMO), the free, student-run primary health care clinic for the uninsured in Washington Heights. “Clinics always have trouble managing the volume of patients, and I knew that CoSMO faced those challenges too,” says Dr. Sideli.

In addition to bone up on business lit, Dr. Sideli’s students met with CoSMO student leaders and the attendings who supervise them, spent days collecting data (even using stop watches to time each step of a patient’s care), and devised recommendations to speed patient flow. “Dr. Sideli taught us that you shouldn’t be telling people how to fix the problem, but reflecting back to them what they told you about solving the problem,” says Chicago native Alex Maad El-Ali’14, who previously worked at the Federal Reserve Bank. “People aren’t going to change unless they want to, so being an agent of change takes a lot of listening, a lot of figuring out what stage of change they are at.”

Janie Yang’14, who earned a certificate in business as an undergraduate, was intrigued by the tensions of business process reengineering. “I learned how to really think about a problem, investigate a problem, and work with people who are asking you for help,” says the Boston native, “but still make sure they feel empowered enough to solve the problem on their own.”

When Mr. El-Ali began his clinical rotations after taking Dr. Sideli’s class, he found he had a heightened awareness of how process influences patient care. “A lot of the systems in the hospital aren’t very streamlined and I found myself asking Why are we doing this now? If you only focus on treatment and diagnosis, you can miss some pretty important details.”

The other second-year students making up the team from the elective were Naikhoba Munabi’14 and Jack Angiolillo’14.

Dr. Sideli, Henry Weil’86, assistant dean for medical education at the Bassett affiliate, and a group of P&S colleagues hope to extend that mindset to the entire student body, using an IBM grant to adapt Bassett’s unique Systems, Leadership, Integration, and Management educational component for use within the broader P&S curriculum. (Read more about SLIM in the Columbia-Bassett article in this issue.) “Medicine has to transform itself and we have to begin right away,” says Dr. Sideli, who is part of a group of P&S faculty working to expose more P&S students to best health care business practices. “The only way is to teach medical students to optimize business processes. If they’re expected to operate a business, but they haven’t been trained how to make it faster and how to save money, it’s a disconnect.”
Reality Medicine for the Teen Set

Program conceived by William Tansey ’70 brings the OR to thousands of students  By Gina Shaw

“What you can see now is the pericardium, which is the very tough sac that the heart sits in. You don’t see the heart yet…”

Cardiothoracic surgeon Chris Magovern, M.D., is explaining cardiac anatomy to a group of teenagers but not by pointing out structures in a book or a Visible Man model, or even a dissected cadaver. He is performing open-heart surgery at Morristown Medical Center in New Jersey. At the same time, 30 miles east toward Manhattan at the Liberty Science Center in Jersey City, a classroom of students watches in rapt attention as Dr. Magovern opens the chest of a man in his late 60s who has a long history of heart disease.

This is “Live From…Cardiac Classroom,” a unique health science education program that gives junior high and high school students front-row seats to complex cardiac surgery procedures and lets them talk live with the surgeons, nurses, and other members of the scrub team as the operation proceeds.

“How do you take a vein from the leg without, like, a lot of bleeding and dying?” one boy asks Dr. Magovern. “Does your age make a difference in cardiac surgery?” asks another. They can hardly get the microphone fast enough to ask their questions.

Launched in 1998, “Live From…” is the brainchild of William Tansey ’70, a cardiologist with a practice in Summit, N.J., who chairs the board of the Liberty Science Center.

“It all started on a dare,” Dr. Tansey says. “I had just been to a course on angioplasty where we had a live interactive experience with a cath lab in San Diego, and I came back thinking, ‘There’s absolutely no reason why we can’t tailor this to a child’s experience. I could remember, as a kid, how valuable it was to me to go by a construction site and look through a knothole to see what was going on.’”

What if that knothole could look in on an operating room instead?

At the time, John Brown III, M.D., now chief of cardiovascular surgery at Morristown, had recently joined the hospital’s staff. Dr. Tansey, an attending cardiologist at Morristown’s sister hospital, Overlook, says he greeted the new arrival from New York, “Welcome to this place. Would you want to do something new?”

After working out details in technology and funding “Live From…” was born. It now also features neurosurgery, kidney transplants, and robotic gynecologic surgery, with broadcasts from Beth Israel Hospital in Newark and St. Barnabas Medical Center in Livingston. Next up: pediatric orthopedic surgery.

More than 15,000 students have participated in “Live From…” with teachers from all over the state signing up their classes to observe procedures. The 2012-2013 school year is already fully subscribed. Students prepare ahead of time with classroom workbooks, and when they arrive at Liberty Science Center, with its iconic Hoberman Sphere expanding and contracting in the atrium, they handle a table full of surgical materials – clamps, sutures, heart valves, stents – before watching a live operation.

During the surgical procedure, the kids have the best seats in the house, better even than if they were standing at the patient’s side, thanks to cameras placed throughout the operating room, including one directly above the surgeon’s field of vision.

It may be hard to imagine a roomful of 12- to 17-year-olds sitting attentively through a two-hour surgery. “When we first started, we were challenged on that,” says Dr. Tansey. “We took a small group of a dozen students, put them in OR scrubs, and had a test run. Their teacher said, ‘I have never seen a group of kids of this age with a stay time of an hour and 59 minutes.’”

Dr. Tansey has no official statistics about how many “Live From…” audience members go on to careers in health care, but plenty of anecdotal reports convince him that many do. He learned this firsthand one night a year or so ago, when he was hospitalized at Overlook for back surgery.

During recuperating, he fell into conversation with his night nurse, who excitedly told him that this was her first shift as a neurosurgical nurse. He inquired how she had chosen the field, and she told him about this amazing program at Liberty Science Center she had gone to as a high school student, where she watched neurosurgery live and got to talk to the surgeons and scrub nurses.

“If you want the next generation of kids coming up to have a meaningful aspiration to a career in health care, they need to be exposed to it in an engaging way, other than having a sick family member or an athletic injury,” says Dr. Tansey. “When these kids get in the room and they’re actually talking with these cardiac surgeons and neurosurgeons, they’re like rock stars to them. At the end, they say ‘Wow, I get it. I could do that too.’”
Summertime at P&S: Living the Language and the Culture

Although cultural competence training is woven throughout the P&S curriculum, from classroom discussions to clinical rotations in neighborhood clinics, three students wanted to do more after struggling to communicate with Spanish-speaking patients they encountered during their early days at P&S. Setting out to find dedicated time for Spanish language and cultural immersion, the three created a summer program being lauded for providing a transformational experience for medical students – this summer and in future summers.

Lily Mundy’15, Michael Steinhaus’15, and Katherine Nash’15 were all frustrated by their inability to communicate effectively with patients they encountered while they shadowed physicians during the first few weeks of medical school. They worked throughout their first year with Stephen Nicholas, M.D., professor of clinical pediatrics and public health and associate dean for admissions; Christine Krause, M.D., assistant clinical professor of pediatrics and co-director of the Daniel Noyes Brown Primary Care Scholars Program; and Ana Jimenez, director of the International and Immigrant Family Health and AIDS Programs, to recruit a course teacher; identify faculty mentors; meet with community leaders; plan a summer course of language and cultural immersion; secure funding for 17 students to spend eight weeks learning Spanish and interning in the neighborhood; and find teachers to provide summer evening Spanish classes for an additional 18 P&S students.

From mid-June through mid-August, the students who participated in the Washington Heights & Inwood Summer Language and Cultural Immersion Program also visited neighborhood museums, participated in a book club, and had meals at local restaurants while speaking Spanish only. The students included eight first-year P&S students plus students from Columbia’s nursing, public health, dental medicine, and social work schools.

The students studied Spanish for three hours Monday through Friday, taught by a physician who was born and trained in Spain. During most afternoons, students participated in a variety of internships at neighborhood clinics, government offices, and community service organizations. Students were expected to devote nine to 16 hours a week to their internships. On Friday afternoons, students participated in cultural seminars, which included a film screening and discussion with the filmmakers, a visit to a senior center, a conversation with a neighborhood minister, and presentations by neighborhood service agencies.

Elliott Huang’15 interned at the Farrell Community Health Center. “For me, the most meaningful aspect of my afternoon immersion experience was practicing Spanish with patients,” says Mr. Huang. “I would not have any specific information that I would have to get. I would just ask general questions and see where the patients wanted to take the conversation. I cannot think of another opportunity where I could just talk to patients and let them direct the conversation. I got to learn about them in a way that I would not get to in a medical interview.”

For Alexandra Kass’15, the language instruction was both surprising and productive. “I had always thought that I was bad at learning new languages. I started this summer with no Spanish background and have impressed even myself with the amount that I have learned,” Ms. Kass says. “Eight weeks ago the only Spanish I knew was ‘hola, cómo estás,’ and now I am able to comfortably have a conversation in Spanish and convey somewhat complex medical information. This was a wonderful opportunity and I am excited to continue practicing my Spanish next year.”

The program received support from Paul Maddon’88 M.D./Ph.D., the Steve Miller Foundation, the Arnold P. Gold Foundation, the Ruth and Robert Satter Charitable Trust, the International and Immigrant Family Health and AIDS Programs, the Columbia Community Partnership for Health, and several P&S departments. Support has been assured for several more years, and the students who planned the 2012 summer program will work with current first-year students for continuity while evaluating the success of the first program and impact on participants as they move into their major clinical year.

“I believe these students will have a richer educational experience during the remainder of their training after having participated in this unique cultural and language immersion selective,” says Dr. Krause. “They will then be able to bring this enhanced perspective to their future patient care practices as they apply their skills and knowledge to improve health care outcomes for their patients.”

“There are more than 50 million Hispanics in the United States and their number grew by 43 percent in the last decade,” says Dr. Nicholas. “This past summer’s course was born of the belief that, by providing an intensive course of immersion in Spanish language and culture, P&S would be investing in students’ long-term capacity to provide better care and services to Spanish-speaking immigrants anywhere in the United States or the Western Hemisphere. This is a profoundly important project.”
2012 Lasker-Koshland Award

Tom Maniatis, Ph.D., the Isidore S. Edelman Professor of Biochemistry and chair of the Department of Biochemistry & Molecular Biophysics at P&S, received the 2012 Lasker-Koshland Special Achievement Award in Medical Science at a ceremony Sept. 21.

Dr. Maniatis shares the 2012 award with Donald D. Brown, M.D., director emeritus of the Department of Embryology at Carnegie Institution for Science in Baltimore. Both were honored for their fundamental discoveries concerning the nature of genes, for their selfless commitment to young scientists, and for disseminating revolutionary technologies to the scientific community.

The Lasker Foundation describes the Lasker-Koshland Award as one that honors scientists “whose contributions to research are of unique magnitude and have immeasurable influence on the course of science, health, or medicine, and whose professional careers have engendered within the biomedical community the deepest feelings of awe and respect.”

Dr. Maniatis is known for both his research on the mechanisms of gene regulation and a molecular cloning manual he co-authored. In 1980 James Watson, Ph.D., director of Cold Spring Harbor Laboratory, asked Dr. Maniatis, who was on the Harvard faculty at the time, to teach new genetic engineering techniques during a summer course at Cold Spring Harbor and to produce a manual. The resulting manual was published in 1982 and is often referred to as “the Bible” by students and researchers because it contains nearly every technique biologists need to manipulate DNA.

Dr. Maniatis’ laboratory developed many of the techniques in the manual. Using the new techniques, Dr. Maniatis was the first to isolate a human gene and to use the cloned gene to identify deletion and substitution mutations that cause disease. The gene beta globin, for example, is part of the hemoglobin complex, and the mutations Dr. Maniatis identified cause a blood disease called beta thalassemia.

Dr. Maniatis also created the first complete human “genomic” DNA library, a collection of DNA containing every human gene, which made it possible to isolate and study any human gene. As with his genetic engineering techniques, Dr. Maniatis freely shared this library with other researchers.

Dr. Maniatis was recruited to Columbia University in 2010. One reason for relocating was the impact of his sister’s death from amyotrophic lateral sclerosis. Initially a consultant for the ALS Association, he later jumped into ALS research himself, devoting half his lab’s time to the search for the causes of the disease. “The Motor Neuron Center at Columbia was a huge attraction,” says Dr. Maniatis. “I was going in the direction of molecular neuroscience, and there is no better place in the world to do that than Columbia.”

Dr. Maniatis helped co-found the New York Genome Center, which combines the resources of 11 scientific institutions, including Columbia and NewYork-Presbyterian Hospital. When it is operating at full capacity in 2013, the center will be one of the largest sequencing and analysis facilities in the country.

New Graduate Dean

Arthur G. Palmer III, Ph.D., the Robert Wood Johnson Jr. Professor of Biochemistry & Molecular Biophysics at P&S, has been appointed associate dean for graduate affairs, effective Sept. 1, 2012. He succeeds Richard B. Robinson, Ph.D., who led the graduate affairs program since 2006.

Dr. Palmer received his Ph.D. degree in chemistry from the University of North Carolina and was an NSF postdoctoral fellow at the Scripps Research Institute in LaJolla, Calif. Dr. Palmer joined the P&S faculty in 1992, served as interim chair for the Department of Biochemistry & Molecular Biophysics from 2003 to 2009, and currently is vice chair of the department. He has been active in attracting students to his department and has served on the graduate program’s admissions committee.

Dr. Palmer is an established leader in the molecular dynamics of proteins. While NMR spectroscopy is widely used to determine structures of molecules in solution, he goes one step further and uses NMR spectroscopy to describe the movements of regions of proteins to account for their biochemical activities. His laboratory has pioneered novel techniques in NMR spectroscopy as well as theoretical and computational methods to interpret NMR studies of proteins. He co-authored the textbook, “Protein NMR Spectroscopy: Principles and Practice,” now the standard text for the study of biological NMR spectroscopy at the graduate and postdoctoral level.
A summer night at the Neue Galerie, a Manhattan museum dedicated to fin de siècle Viennese art, the world-renowned Nobel Prize-winning neuroscientist Eric Kandel, M.D., gave a sold-out talk to a small group of people, surrounded by paintings by the Viennese artist Gustav Klimt.

One particularly famous piece in that gallery is the so-called “Mona Lisa” of the museum, a portrait Klimt painted in 1907 of Adele Bloch-Bauer, a prominent member of Jewish society and patron of the arts in Vienna. There she sits, with sensuous lips and eyes staring out at us, in her elegant gown pulsating with gold patterns on her dress and swirling in the background. Art historians say the work crowns Klimt’s career as the leader of Austrian Modernism, a school of art that absorbed the then revolutionary ideas of Darwin and Freud, percolating in Vienna, about humans being biological creatures driven by unconscious drives and instincts, such as sex and aggression.

Adele Bloch-Bauer’s shimmering portrait also graces the cover of a new 637-page book by Eric Kandel, the title of which helps explain why he was at the museum away from his laboratory and work at Columbia University. In the book, “The Age of Insight, The Quest to Understand the Unconscious in Art, Mind and Brain, from Vienna 1900 to the Present,” Klimt is a major protagonist.

The book is a comprehensive intellectual history about new approaches to the unconscious, to the mind, to art history, psychology, and visual perception that emerged in Vienna at the turn of the 20th century and how these concepts now play out in current neuroscience research. The book is geared to a reader interested in the interconnectedness between art and science and how our brains perceive and appreciate art.
Only Eric Kandel could have written such a book. At Columbia and P&S he is University Professor and Kavli Professor of Brain Science, director of the Kavli Institute for Brain Science, co-director of Columbia’s Mind Brain Behavior Initiative, and Senior Investigator at the Howard Hughes Medical Institute. His elucidation of the molecular underpinnings of memory won him the Nobel Prize in Physiology or Medicine in 2000. He and colleagues at Columbia also wrote the textbook on neuroscience, “The Principles of Neural Science,” which was published in its fifth edition in October. In addition, Dr. Kandel has been co-hosting a television series on the brain together with Charlie Rose designed to translate advances in brain science and disorders of the brain to the general public. Dr. Kandel and his wife, Denise Kandel, a professor of sociomedical sciences at Columbia, also greatly enjoy art.

The encyclopedic scope of the book

The first part of the book is historical. The author discusses Klimt and the two other Viennese Modernists, Oscar Kokoschka (1886-1980) and Egon Schiele (1890-1918), as well as Klimt’s medical contemporaries Sigmund Freud (1856-1939) and Arthur Schnitzer (1862-1931), a physician/novelist. “They all independently discovered the idea of the unconscious and the insight that people are not purely rational creatures, as Enlightenment philosophers had us believe until then,” Dr. Kandel says.

The Viennese Modernists said humans had instinctual drives that were not that different from other animals. “Nor are we divinely created,” Dr. Kandel says. “We evolved biologically, as Darwin said.” As to our mind, it mostly operates by unconscious processes. These Viennese physicians and artists attempted to uncover unconscious activities by examining their own minds and those of others. Freud analyzed his own dreams and those of others to reveal hidden meaning and to understand mental illness.

Artists and scientists would meet in Viennese salons, such as those organized in the home of Berta Zuckerkandl, and exchange ideas. They believed knowledge could be integrated and unified through dialogue between the arts and the sciences. In fact, Klimt became fascinated with biology through befriending Berta’s physician husband Emilie at her salon. Klimt became so influenced by biology as a result of these discussions and by looking under the microscope that he began to incorporate biological imagery into his art and to attend lectures at the University of Vienna Medical School where Freud trained as a physician.

The medical school, led by one of the great pioneers of modern medicine, Carl von Rokitansky (1804-1878), was instrumental in inaugurating modern medical practices. Dr. Kandel says. Rokitansky performed approximately 60,000 autopsies and correlated patient symptoms and history as obtained, by academic colleagues, at the bedside with underlying pathology, which they then linked to diagnoses. Such systematic study of the biological bases of diseases, including those of the brain, provided the scientific underpinning of modern medical practice and also influenced other aspects of life. “Only by going below surface appearances, can we find reality,” Rokitansky believed.

Not only Freud and Schnitzler, who were directly influenced by Rokitansky, but artists as well looked below the surface to reveal conscious and unconscious aspects of their subjects and of themselves. They departed from realistic portrayals of their sitters in an attempt to obtain a deeper understanding of the emotional expressions and of their unconscious psyches. They also rejected the construct of geometric perspective in paintings to depict three-dimensional space, preferring flatter surfaces.

Such Modernist art was no longer defined by the traditional aesthetics of Classical and Renaissance Art, which had shaped Western art for centuries. And since art no longer subscribed to a single set of aesthetic ideals, art history changed, Dr. Kandel explains.

The beholder’s share

Rather than looking at art through the lens of predetermined standards of beauty, Viennese art historians, such as Alois Riegl (1858-1905), Ernst Kris (1900-1957), and Ernst Gombrich (1909-2001), tried to bridge art to science, particularly to psychology. They argued that the perception of art depends on the beholder and the culture in which it was created. Their more scientific approach to art history stressed the importance of the “beholder’s share,” or the individual viewer’s role, in appreciating, understanding, and responding emotionally to a work of art.

The beholder’s share is important, Kris maintained, because each of us sees the same painting differently as the brain actively and creatively interprets a work of art. On some level, the viewer’s brain reconstructs how the artist created the work, Dr. Kandel explains. Because actual information from a painting coming to the viewer is incomplete, the brain’s unconscious processes, such as perception of spatial relationships, and conscious processes, such as memory, enable a viewer to embrace the art uniquely.

Once the viewer’s role in assimilating art became a central focus in art history, a question arose: What psychological and neural processes are involved in creating and in perceiving art? Answering that question involved first the psychology of perception and more recently neuroscience.

It is to that question that the author turns in the second part of “The Age of Insight.” Here Dr. Kandel describes the contemporary understanding of the beholder’s share – how different regions of the brain act to perceive a work of art with both bottom-up and mostly unconscious processes, such as the perception of light, color, line, and motion, and with top-down conscious and unconscious processes, including memory, emotion, empathy (possibly using mirror neurons), and theory of the mind – the psychological insight about the existence of other human beings. We are here only at the beginning,
Dr. Kandel emphasizes. Much still remains to be discovered. But he likes working in a field when it is first opening up.

Motivation for the book

Dr. Kandel says he wrote his latest book “as a bit of a hobby,” working on it during airplane travel and holidays. “I have been interested in art and brain science much of my adult life,” he says. “But there were phases in the book’s development separated by years of dormancy. I didn’t wake up one morning in a burst of inspiration, have an aha moment, and proceed to write the book.”

His interest in Vienna goes back a long way. Born there in 1929, he absorbed the city’s rich cultural and scientific heritage as a boy. He also experienced the horror of a Jew living under Nazi rule in 1938 before escaping to the United States in 1939.

“I have been interested in history and specifically the history of Vienna since my college days,” he says. At Harvard, he wrote his undergraduate dissertation about the response of three German writers to National Socialism. “I have always wondered how people so wonderfully cultured as the Austrians and the Viennese could wake up one morning and start beating up on the Jews.”

His passion for Freud, whose contributions to understanding unconscious and irrational impulses are elucidated in the book, harkens back to his desire to become a psychoanalyst after college. He went to medical school to become a psychiatrist but took an elective in brain science with Harry Grundfest at Columbia and worked in the lab so much that he switched to doing research about memory instead.

Over the years, Dr. Kandel cultivated a curiosity about the University of Vienna Medical School for its contributions to modern scientific medicine. When he received an honorary degree from the University of Vienna Medical School in 1984 he was asked to speak on behalf of the other honorees. In preparing his talk he focused on the history of the University of Vienna Medical School and he read more about Rokitansky. Many years later, in 2001, Dr. Kandel gave a talk to the Practitioner’s Society, a small academic medical group in New York, and spoke about Klimt, Kokoschka, and Schiele. “In preparing that talk I soon realized the relationships among the Viennese Modernist artists, psychoanalysis, and the Vienna School of Medicine,” he says. He started writing the book in 2005.

Dr. Kandel believes that Vienna 1900, the “Age of Insight,” inspired a dialogue between the arts and sciences that continues to this day. “While scientists know something about art and enjoy it, people interested in the humanities do not, by and large, enjoy science. I think bridging the gap is important and exciting, as we have seen when it happened in Vienna 1900.” Kandel has been strongly encouraged in this view by President Lee Bollinger’s insight that neural science is likely to have a major impact on the academic curriculum of the University since as Bollinger puts it: In a sense all of us at the University work on problems of the mind. Because all human endeavors are activities of the mind and brain, the mission of Columbia’s Mind Brain Behavior Initiative is to make these new areas of research the subject of rigorous systematic study. The programs will expand neuroscience’s scope to include such disciplines as philosophy, anthropology, sociology, and nanotechnology.

One topic that fascinated Dr. Kandel as he wrote the book was how the brain allows itself to be deceived by art. An example is how the eyes of a portrait, such as that of Adele Bloch-Bauer, seem to follow the viewer as he or she moves around the room. The same sense of being followed does not happen with a sculpture because the viewer intuits that the 3-D statue will not move. “The brain is being tricked on some unconscious level with a painting and knows it is being tricked,” says Dr. Kandel.

“Our Mona Lisa”

Dr. Kandel put the portrait of Adele Bloch-Bauer on his book’s cover because at the time he painted her portrait, Klimt was experimenting with flattening the 3-D figure in relation to the background, contrary to prototypical portraits in which figure and background are more distinct. He also was exploring the idea of unconscious sexual drives. The black rectangles in the painting represent sperm, the ovoid forms, eggs. The artist showed her, with whom it has been suggested he had an affair, as both dignified and sexual.

The painting had been owned by the Bloch-Bauer family but was seized by the Nazis during World War II. It was displayed in a museum in Austria after the war and was returned to the niece of Adele Bloch-Bauer’s husband in 2006 after she sued Austria to repossess it. When Neue Galerie founder and benefactor Ronald S. Lauder purchased it from the niece the same year, for a record-setting amount, he told the New York Times the purchase was a “once-in-a-lifetime acquisition” and added, “This is our Mona Lisa.”

“The portrait brought awareness of the Viennese school and culture to New Yorkers,” says Dr. Kandel, who often visits the Neue Galerie. The painting being in New York has done more for Viennese art than it would have done had it remained in Vienna.

As Eric Kandel spoke at the museum, Adele Bloch-Bauer’s eyes followed him around the room. And if you listened carefully, you could also almost hear the clinking of wine glasses from her salon and the faint sounds of a Viennese waltz in the distance.
New Columbia-Bassett first years glimpse their future in Cooperstown while inaugural class embraces longitudinal patient care

By Gina Shaw

It is the third day of medical school for Nick Feinberg’16, and he is standing a few feet behind an interventional cardiologist in the cardiac catheterization lab at Bassett Medical Center in Cooperstown, N.Y. Mr. Feinberg watches intently as the doctor guides a pressure wire through a catheter inserted in the arm of a woman in her mid-50s, who worries that one of the three stents previously placed in her coronary arteries has reoccluded – or a new blockage is to blame for her mild chest pain.

“Do you mind if I do some teaching?” the doctor asks the patient, who nods her assent. He then explains to Mr. Feinberg why he approaches most such procedures through the radial artery rather than the groin, the standard in interventional cardiology: “There’s a 500 percent increased risk of bleeding and other complications with the groin approach,” the doctor tells the student. He goes on to explain the fine points of the fractional flow reserve technique he will use to measure the patient’s arterial pressure.

The past three days have been intense for Mr. Feinberg, who attended St. Andrews University in Scotland on a golf scholarship and played on the pro circuit in Asia before pursuing post-baccalaureate studies at Northwestern University in preparation for medical school. He is among the 10 members of the third class of medical students accepted to the Columbia-Bassett program in Cooperstown.

After a week of orientation at the Bassett campus, they headed to Washington Heights to join their classmates to start 18 months of preclinical studies at P&S. They will return to Cooperstown for their clinical work in January 2014.

The 2012 orientation week was the first time since the Columbia-Bassett program started in 2010 that two full complements of medical education scenes from a new brand of medical education
students were on the Bassett campus at the same time. Mr. Feinberg and the rest of the Columbia-Bassett class of 2016, including Joanna Tu, a member of a champion rowing team at Stanford, and Laura DiCola, a Harvard alum who spent two years getting her master’s degree in health policy, were greeted in Cooperstown by the first class of Columbia-Bassett students, the Class of 2014, who moved to Cooperstown for their clinical studies in January. (The Columbia-Bassett Class of 2015 will arrive in Cooperstown in January 2013.)

As the first-year students were oriented by rotating through Bassett’s clinical programs and spending time getting to know the people of Cooperstown by helping out at a dairy farm and a family-owned restaurant, the members of the class of 2014 continued to fully immerse themselves in the day-to-day care of patients.

When they returned to Cooperstown in January of 2012, the inaugural class spent 10 weeks in “rapid inpatient blocks,” Bassett’s condensed version of the standard 4- to 8-week clinical rotations in such areas as ob-gyn, surgery, neurology, and psychiatry. “We squeeze into 10 weeks what P&S students in Manhattan do in 52 weeks so we can get students into our longitudinal patient care curriculum sooner,” says Henry Weil ’86, assistant dean for medical education at Bassett, who oversees the program with Walter Franck ’64, Columbia’s senior associate dean at Bassett.

For the 40 weeks following those rapid inpatient blocks, Bassett students follow a two-threaded curricular experience: One thread is composed of scheduled clinical events, and the other allows students to follow their own panel of patients.

In the first thread, students rotate through primary care and specialty clinics on a daily basis, with preceptors in each topic specifically assigned to them. In any given week, they might go from pediatrics and surgery on Monday, to the ob-gyn clinic and the OR on Tuesday, to an ENT clinic and the cath lab on Wednesday.

“Tomorrow morning, Andrew Gomez might have a general medicine clinic in the morning, and in the afternoon, he might go to a school-based health center,” explains Dr. Weil. “They go to different kinds of clinics every half day, and for each particular type of clinic, they always have the same preceptor, which fosters a long-term relationship and helps students sort out what they want to do as a career.”

Time for patients

In the second thread of the longitudinal curriculum, students progressively build their own unique “panels” of patients as they go. Because they are notified in advance of the clinical appointments of their longitudinal panel patients, students frequently substitute a longitudinal patient follow-up for one of the scheduled experiences in the first thread. “This allows the students to work with human beings in the fullness of their journey in pursuit of health, cure, or palliation, as opposed to only seeing patients in isolated, brief, intense periods of illness,” says Dr. Weil.

Blake Alberts’14, a South Dakota native, had already added 100 patients to his panel by early September, and most of his classmates had the same experience. Some they simply track as they might follow a Twitter feed from the White House or Jay-Z: what’s going on with Jane Doe today? Is she going to be discharged? Will she have surgery?

But they develop close relationships with a smaller group of patients. “I now have patients I’ve been seeing for four to seven months, through multiple episodes of illness,” says Mr. Alberts. “I’ve met their family members. That’s something I’d never get through a traditional program.”

And if one of his daily clinic assignments coincides with a day that one of his patients has an important medical appointment – surgery, a follow-
Bassett’s unique SLIM curriculum, tapping business and public health resources, helps students understand the health care system.

up visit, or a transition home – Mr. Alberts notifies his clinic preceptor, and they change the schedule. The patient relationship is paramount.

“I have one patient with coronary artery disease, and I’ve followed him from the clinic with chest pain, through the cath lab, to his CABG surgery, and then through follow-up,” says Mr. Alberts. “Over the course of a four-month episode of care, he’s seen probably four different physicians, and I was the one consistent person through that pathway. So not only was I learning, but I was able to help him in communicating to new physicians what his other doctors had said. I almost served as a walking chart for him.”

One week in August, Andrew Gomez’14, a University of Arizona graduate who spent four years working in engineering before pursuing medical school, was following a patient who received a below-the-knee amputation. He watched a vascular surgeon perform the surgery, then joined his psychiatry preceptor as the patient was evaluated for psychiatric services.

Health care professionals at Bassett take their responsibility to teach seriously, says Allan Guiney’14. “Whether it’s a nurse or a radiation tech or a respiratory therapist, they almost grab you to explain what they’re doing and how it’s important to the patient’s care.”

That is evident in the cath lab as Nick Feinberg steps into the adjacent observation room, stripping off his heavy lead-lined apron. A representative from the company that makes stents shows him two bare metal stents and explains how they are cramped. Senior nurses explain how the real-time procedural record is created on the EMR system. Another nurse discusses the advantages of the wireless FFR monitor with its two-sided screen.

Mr. Feinberg takes it all in eagerly. “How much variation do you see in the coronary vasculature?” he asks an interventional radiologist, who responds that the structure may well be as unique as a fingerprint.

When he returns to the medical school conference room to join his classmates, who have spent the morning similarly absorbed in patient care – in ENT clinics, thoracic surgery, pediatrics, the ICU – Mr. Feinberg joins a cacophony of excited reports in the room. “What did you see? How many patients? That was so cool…”

Shelf exams
Third-years like Mr. Alberts and Mr. Gomez have discovered one wrinkle in Bassett’s innovative curriculum. Their medical school counterparts who rotate through traditional single-focus clinical experiences take the standard shelf exams administered by the National Board of Medical Examiners at the end of each rotation.
“The way we do things at Bassett does make studying for shelf exams more difficult,” says Mr. Alberts. “Our classmates in Washington Heights are immersed in ob-gyn for six weeks, for example, and then they take the ob-gyn exam. They have nothing else to think about for those six weeks. We take the shelf exam every 6-8 weeks like they do, but we’re not immersed in that single subject.”

For the first few months, Mr. Alberts was nervous about that. “With just those brief immersion periods at the beginning, was I learning everything I needed to know from medicine, from surgery, and so on?” he says. “But as the year has gone on, I’ve realized that we can’t just drop those skills once we’ve finished a rotation. We have to incorporate the complete picture of the health needs of our patients.” And he notes that his group’s shelf exam scores have followed an upward trajectory, just like those of his classmates in Washington Heights.

“We learn to juggle multiple tasks – working with physicians in clinic and the hospital, doing research, working on performance improvement projects, following patients in our panels, and studying for shelf exams,” says Mr. Gomez. “Thinking about everything at once keeps us on our toes.”

The Columbia-Bassett program seems to be particularly appealing to students with a bit more life experience under their belts than the traditional medical student. The majority of each year’s class did not go directly from college to medical school. In addition to Mr. Gomez’s engineering experience and Mr. Feinberg’s pro golfing, Katie Williams’16 spent time volunteering at a free public clinic in Chile, and Maeve O’Neill’16 worked at the New York State Department of Health AIDS Institute and traveled to El Salvador to help at a childhood malnutrition program.

“I actually think that the class below us, the class of 2015, is on average older than we are,” says Mr. Guiney, who spent two years doing genetics research before entering medical school.

The SLIM curriculum
Another unique aspect of the Columbia-Bassett program is its SLIM (Systems, Leadership, Integration, and Management) curriculum. Taught in collaboration with Columbia’s business and public health schools, SLIM comprises about 5 percent of the Bassett students’ total time and is designed to prepare students to understand the U.S. health care system, the ways in which care is delivered, strategies for quality improvement, and the overarching issues of cost and payment.

They participate in Bassett Functional Teams, learning how the health system balances priorities and addressing non-clinical challenges ranging from encouraging better hand hygiene to integrating a new information system. They attend “SLIM Lunches” with stakeholders ranging from local business owners who struggle to provide health insurance for their employees, to a person with a high-risk cancer history who had to give up health insurance to pay for his children’s college, to politicians, lobbyists, and insurers. And for most Columbia-Bassett students, the scholarly project required before completing the Columbia M.D. degree will likely involve some element of the SLIM curriculum.
“Yesterday I had a meeting with one of Bassett’s management councils,” says Dae Woong Lee’14, a Dartmouth graduate who hopes to take some of SLIM’s care delivery lessons back to his native South Korea after his residency. “We talked about reportable events; in this case, something happened during a delivery and the baby had complications. We initiated a root cause analysis to understand why the event happened, what were the systems factors, and addressed how to report it and how the hospital handles it. Those are all aspects of the health care system that I would never have been exposed to as a medical student in a traditional program.”

(Read about efforts to adapt the SLIM curriculum for more P&S students in a P&S News article in this issue, Page 7.)

Meanwhile, the class of 2016 – just three days into medical school – is getting an afternoon’s immersion in the world of health care delivery and finance with an introductory lecture from Linda Green, Ph.D., the Armand G. Erpf Professor of Business in the decision, risk and operations division at Columbia’s business school.

“Most medical students are going into a system they know nothing about,” she tells them. “You learn all the scientific and clinical underpinnings of giving health care, but not much about the system you do it in. That needs to change because the consensus is that the U.S. health care system, once thought the best in the world, is not as great as we had thought. And since going forward, you will be leaders of the U.S. and other health care systems, it will be up to you to change it.”

The “Bassett track” has been variously described as a rural medicine curriculum, a primary care curriculum, and a health care delivery curriculum. In fact, it is all and none of those, says Dr. Weil.

Bassett, he says, “emphasizes relationships on all levels”—relationships between students and patients, fostered by the longitudinal curriculum; between students and more senior physicians, like the preceptors assigned in their yearlong clinics and the single “major mentor” each student receives upon enrolling in the program (like an advisory dean at the main campus, only one mentor for one student); between students and the rest of the medical staff; and, perhaps most significant, relationships between the students themselves.

“It was like ‘The Real World: Cooperstown’ when we first came here for orientation two years ago,” says Mr. Alberts. “We knew we’d be spending the next few years of our lives together. By the time we went back to New York for our 18-month preclinical curriculum, we already had a strong bond.”

That bond is already solidifying for Mr. Feinberg and his new classmates, as Dr. Weil spends the orientation week shepherding the first-year class across Cooperstown’s bucolic landscape in an oversized white van. Like a merry camp counselor, he intersperses on-site visits to hospice programs, introductions to home health nurses, and daylong stints shadowing electricians and dairy farmers with spontaneous stops to pick blueberries and eat ice cream.

They spend an afternoon at Cooperstown’s venerable Fenimore Art Museum, getting an inside look at early American painters from the museum’s president, Steve D’Ambrosio; the next evening, they take in a performance of “Aida” at the Glimmerglass Festival, a summer opera festival.

That part may not sound much like preparation for becoming a physician, and Dr. Weil will be the first to say he’s not trying to find some way to teach art in the service of medicine. “They’re not learning about opera or Native American beadwork for any sort of relationship between art and human health,” he says. “We want our students to learn about the creative side of life for its value in and of itself. They are caring for the whole person when they see patients, and we are teaching the whole person, not just the medical student.”

For the rest of the week, the class of 2016 interspersed dinner with their upperclass counterparts and stints making pottery together with clinical rotations, a meeting with the president of the Bassett system, and lunch with the head of Bassett’s research division “to get them started right away thinking about research they could do here,” says Dr. Weil.

They then returned to Washington Heights for a very different week of orientation with the rest of the class of 2016 before plunging into “Molecular Mechanisms & Disease,” “Foundations of Clinical Medicine I,” and “Clinical Gross Anatomy.” Meanwhile, back in Cooperstown, with the shores of Otsego Lake glimmering nearby, the class of 2014 observes tumor resections, talks with patients about pain control, and prepares to begin work on scholarly projects, all in anticipation of becoming, in May 2014, the first graduates of the Columbia-Bassett program.
A MILESTONE
FOR THE NEW ENGLAND JOURNAL OF MEDICINE,
A NOD TO COLUMBIA’S CLINICAL LEADERSHIP

NEJM’s 200 Years Include Many Examples of Ground-Breaking Research from P&S  |  By Keely Savoie
Widely regarded as the preeminent peer-reviewed medical journal, The New England Journal of Medicine marks its 200th anniversary this year; it is the oldest continuously published general medical journal in the world. Its history of prestige and influence also reflects the reputation of 245-year-old P&S, whose faculty members have published seminal articles in the journal since at least the mid-19th century.

“Historians generally consider modern medical research to have started in the United States in the first decade of the 20th century,” notes Alan N. Schechter ’63, chief of the molecular medicine branch at the National Institute of Diabetes and Digestive and Kidney Diseases, senior historical consultant at the NIH, and a member of the Columbia Medicine editorial board. “The opening of the Columbia-Presbyterian Medical Center in 1928 in Washington Heights advanced such research greatly with the pioneering integration of the basic medical sciences with the diverse hospital units. From this enterprise flowed an extraordinary record of accomplishments in clinical, basic and what would now be called translational research.”

Described on these pages are just five of the dozens of preeminent research papers Columbia medical faculty have published in the pages of NEJM during its 200-year history. But NEJM papers only skim the surface of Columbia’s prolific clinical contributions. Many major P&S contributions to medical knowledge and practice were published in other preeminent journals, including JAMA, Lancet, Nature, Cell, Neurology, and the Journal of Clinical Investigation.

For example, in 1938, Dorothy Andersen at Babies Hospital was the first to describe and define cystic fibrosis as a clinical entity. The paper was published in the American Journal of Diseases of Children. Later, during a heat wave in 1948, Columbia’s Paul di Sant’Agnese recognized that children with cystic fibrosis made up the majority of patients admitted to the hospital for heat prostration and soon discovered that these children lost electrolytes through their sweat at a higher rate than healthy children, a finding that would lead to his development of the “sweat test” in 1953, published in the journal Pediatrics. This test became central to the study of this disease and allowed its further definition over the next several decades.

Another example illustrates the importance of cross-disciplinary collaboration, which continues to be one of the most important tenets of research at Columbia. P&S faculty member and pulmonary specialist André Cournand worked with fellow faculty member Dickinson Richards’23, an expert in cardiovascular medicine, to develop a means of safely determining cardiac output and other aspects of normal and abnormal cardiac function in patients. Working on the Columbia service of Bellevue Hospital in New York City, they designed and demonstrated the clinical use of a catheter that could remain in situ for prolonged periods for right heart studies, an innovation that contributed to their sharing the Nobel Prize in Physiology or Medicine in 1956. The research was initially published in the Proceedings of the Society for Experimental Biology and Medicine and is generally considered the birth of modern cardiology, says Dr. Schechter.

Although the summaries on these pages focus on NEJM articles that made a difference in clinical care for patients throughout the world, singling out this journal inevitably leaves out seminal clinical accomplishments by P&S faculty published elsewhere: the Apgar score (Virginia Apgar’33, Current Researches in Anesthesia and Analgesia, 1953), the crucial discovery of low concentration of sodium in the blood of patients with Addison’s disease (Robert Loeb, Science, 1932), the development of bacitracin (Balbina Johnson and Frank Melenev’y1916, Science, 1945), Arthur Voorhees’ first use of synthetic grafts for arterial repair, now standard (Annals of Surgery, 1952), the development of the oxygen tank by Alvan Barach’1919 (JAMA, 1926), the popularization of the Whipple procedure for pancreatic cancer (Allen O. Whipple’1908, Annals of Surgery, 1935), and the development of a diagnostic test for rheumatoid arthritis (Harry Rose and Charles Ragan, Proceedings of the Society for Experimental Biology and Medicine, 1948). The list could go on and on, but the sheer breadth of contributions reported in the top journals of their day contributed to the reputation P&S now enjoys as a leader in patient care with the capacity to reduce the burden of disease and, in some cases, eradicate it. And these names and articles hardly scratch the surface of the list of P&S accomplishments in the basic sciences, which could be the basis of another article.

How the NEJM Articles Were Chosen

To acknowledge the 200th anniversary of The New England Journal of Medicine, Columbia Medicine chose five papers from the NEJM archives that are considered among the many landmark papers published by P&S faculty. This magazine did not make the choices in isolation.

P&S clinical department chairs and Columbia Medicine editorial board members were asked to suggest papers that made a major difference in their respective fields. They were asked to nominate papers written by P&S faculty about work done primarily at Columbia and published while the writer was on the P&S faculty. That process resulted in a list of 43 papers published between 1878 and 2012.

An ad hoc committee of the Columbia Medicine editorial board voted for the top five papers that are profiled on the following pages, covering topics that range from transplantation research that earned the faculty member a Nobel Prize to another Nobelist’s paradigm-shifting ideas on the brain and psychiatry.

Of the dozens of papers deserving of mention, these five are likely to be still remembered by some of our readers for contributing to sweeping changes in medical practice and adding footnotes to medical history books, further reinforcing the P&S legacy.

— Editor
In the shadow of the atomic bombings of World War II, E. Donnall Thomas, M.D., saw the possibility of new life – a treatment for cancer. Medical investigation into bone marrow transfusion as a potential treatment for radiation exposure was on the rise when Dr. Thomas graduated from Harvard medical school in 1946. As a resident at Peter Bent Brigham Hospital in Boston, Dr. Thomas learned of research that found that if a mouse’s spleen or marrow were shielded, it could survive a lethal dose of radiation.

Another paper later reported that bone marrow in a recipient mouse took on the characteristics of the donor, indicating that the donor marrow had replaced the recipient’s marrow. Dr. Thomas became determined to investigate the possibility of human bone marrow transplantation.

When Dr. Thomas was recruited as physician-in-chief at the Columbia-affiliated Mary Bassett Imogene Hospital in Cooperstown, N.Y., in 1955, he immediately began working on irradiation and marrow transplantation experiments with beagles, many of which went on to live their lives at his home after their study days were over. In 1957, he described the first set of human experiments in which ill patients were infused after varying amounts of radiation with increasing amounts of bone marrow to show that not only did the transplants seem to do no harm – what would now be deemed a phase 1 clinical trial writ small – but also the transfused marrow did “take” in some patients, generating adult blood cells.

“It was a lovely, lovely set of individual experiments,” says Stephen Emerson, M.D., Ph.D., director of the Herbert Irving Comprehensive Cancer Center and the Clyde and Helen Wu Professor of Immunology (in Medicine) at P&S. “He essentially pioneered this field single-handedly.

“What he presents in this paper is a series of single-patient clinical studies aimed at showing that if you give human bone marrow as an IV infusion, first of all you won’t hurt the patient, then showed if you gave the cells in a high enough dose to patients whose immune systems were suppressed [with radiation] you could actually have some of the cells take, meaning that they could grow into adult blood cells.”

Dr. Thomas’ bone marrow research – for which he won the Nobel Prize in 1990 – revolutionized the field of transplant medicine, ultimately provided treatment options for patients with leukemia, aplastic anemia, and other devastating diseases, and eventually opened an entirely new avenue of investigation in organ transplantation. (Dr. Thomas died in October at age 92.)

Today, bone marrow transplantation is the treatment of choice for many of these severe diseases, but researchers continue to build on Dr. Thomas’ work. Megan Sykes, M.D., the Michael J. Friedlander Professor of Medicine and professor of microbiology & immunology and surgical sciences, has developed a way to re-educate kidney recipients’ immune systems to induce graft tolerance using bone marrow transplantation.

Dr. Sykes started her research at Massachusetts General Hospital but moved her research to Columbia in 2010. As director of the Columbia Center for Translational Immunology, she continues her work to induce immune tolerance using bone marrow to different organs, which would eliminate the need for patients to spend their lives on debilitating immunosuppressant drugs and may even open the door to radically expanded use of xenotransplants in the future. “We expect and hope to make Columbia a leading institution in the use of bone marrow to induce immune tolerance to different organs in patients,” she notes.
As a young obstetrician, Vincent Freda, M.D., too often delivered babies who were brain-damaged, ill, or even stillborn because of Rh incompatibility with their mothers. These gut-wrenching experiences gave Dr. Freda the motivation to find a way to prevent the devastating disorder that accounted for hundreds of fetal and neonatal deaths and illnesses each year.

Women who are Rh-negative – between 10 percent and 12 percent of the overall population, variable by race – make antibodies to the RhD antigen present on the red blood cells of the Rh-positive fetus. Some of these antibodies enter the mother's bloodstream at the time of delivery (or, occasionally, earlier in pregnancy). In subsequent pregnancies, the mother’s antibodies cross the placenta and attack Rh-positive cells of the fetus, leading to severe anemia, possible brain damage, and even death of the fetus. “This was a devastating problem. When you talk about something that someone did that actually made a difference, this would have to be on the list,” says Ronald Wapner, M.D., professor of obstetrics & gynecology and vice chair for research in the Department of Obstetrics & Gynecology at P&S. Giving the product now called RhoGAM to all Rh-negative women within 72 hours of delivery prevented the woman from forming antibodies. “We virtually wiped out one of the most severe and devastating fetal conditions.”

In most cases, sensitization of the mother’s immune system increases with each subsequent delivery of an Rh-positive baby by an Rh-negative mother, and by the third or fourth pregnancies, the mother’s antibodies would devastate the babies’ red blood cells. “The babies would go into heart failure and develop hydrops, in which they would just swell up and ultimately die,” says Dr. Wapner.

Dr. Freda and John Gorman, M.D., director of the medical center’s blood bank, set out to find a way to cure the disease. They built on the work of Sir Cyril Clarke, who first identified that an Rh antibody given at birth could protect a mother’s next child, and the painstaking research of Ronald Finn, who had determined the stepwise progression that led to Rh disease. Working with William Pollack, Ph.D., of the Ortho Pharmaceutical Corporation who had developed means to fractionate human immunoglobulins, Drs. Freda and Gorman experimented with volunteer prisoners at Sing-Sing, the maximum security prison in upstate New York.

They injected Rh-negative prisoners with Rh factor then injected them with Rh(D) immune globulin (RhoGAM) to see whether it prevented sensitization. The effects were stunning: In almost all cases, sensitization did not occur. They had found a simple and stunningly effective way to prevent Rh disease. (In some cases, the prisoners would be injected on a Friday and not receive the immunoglobulin until the following Monday, leading to the still-current recommendation that RhoGAM be given within 72 hours of giving birth.)

In 1980, Drs. Freda, Gorman, and Pollack, along with Dr. Clarke and Dr. Finn, were awarded the Albert Lasker Clinical Medical Research Award for their work.

Since 1967, RhoGAM shots have become standard practice in obstetric care of Rh-negative mothers. The shots are now given at 32 weeks as well as at delivery to head off possible pre-term exposure and sensitization. But the medical knowledge is constantly being improved and refined. “We now have a test so that by six to 10 weeks of pregnancy we can draw blood from mother and determine the blood type of the fetus,” says Dr. Wapner. “In the future one can anticipate that we will not have to give women carrying Rh-negative fetuses RhoGAM.”

Columbia continues to be a major referral center for maternal-fetal blood incompatibility problems and is at the forefront of development for other tests that can determine fetal vulnerabilities, including Down syndrome, by a simple blood draw from the mother. “We’re one of the most active clinical research centers in the country and are involved in a lot of NIH-funded studies, including research evaluating new genetic techniques,” says Dr. Wapner.
I
n 1978, Eric Kandel, M.D., was asked to give a memorial lecture at Harvard in honor of one of his former psychotherapy mentors, Dr. Elwyn Semrad, professor of psychiatry and clinical director of the Massachusetts Mental Health Center of the Harvard Medical School. Semrad was a charismatic psychotherapist and teacher who did not believe that biological research would enlighten the study of psychotherapy. Moreover, Semrad believed that there were two kinds of psychiatrists: those who cared about people and those who cared about research. He urged Dr. Kandel to leave research to devote himself to psychotherapy.

“I was surprised that I was asked to give this lecture and used the occasion to bridge the gap between Semrad and myself,” says Dr. Kandel, who attributes the beginning of his interest in neurobiology to Columbia’s Harry Grundfest, Ph.D., and Dominick Purpura, M.D., under whom he studied as a New York University medical student during the six-month elective period of his senior year. In the lecture, Dr. Kandel laid out his perspective on psychotherapy and brain science. His thesis, which was new at that time to psychiatry, was that the study of the brain and the study of the mind, rather than competing with one another, were complementary ways of looking at the same questions.

Dr. Kandel titled the lecture, “Psychotherapy and the Single Synapse,” a play on words Helen Gurley Brown used in the title of her new book, “Sex and the Single Girl.” Dr. Kandel argued that insofar as psychotherapy or psychoanalysis succeeded in producing persistent therapeutic changes in a person’s behavior, the therapy must presumably produce persistent anatomical or biochemical changes at the level of single synapses in that person’s brain in much the same manner that psychopharmacological drugs produce changes in the brain. Dr. Kandel’s work with *Aplysia*, the sea snail, had demonstrated that such physical changes occur with learning and memory storage.

The lecture, published in The New England Journal of Medicine, was “an epistemological challenge to prevailing dogma,” says Jeffrey Lieberman, M.D., the Lawrence C. Kolb Professor and Chair of Psychiatry. “At that time most leading people in the field were psychoanalysts; department heads were psychoanalysts. The discipline was not terribly open to divergent points of view. It was as if Martin Luther had been invited to address the College of Cardinals at the Vatican.”

At the time, some psychiatrists feared what Dr. Kandel called “eliminative reduction” – that brain science would intellectually supplant psychoanalysis, doing away with the discipline of the mind altogether. “I never for a moment felt that,” says Dr. Kandel. “This is a complementary, parallel approach. It gives you new insights into psychotherapy but it doesn’t do away with transference or the existence of unconscious mental processes. It just tells you where they might be localized in the brain and how they might work.”

Two decades later, when the New York State Psychiatric Institute celebrated its 100th anniversary, Dr. Kandel expanded on these ideas in a paper titled, “Biology and the Future of Psychoanalysis,” published in the American Journal of Psychiatry in 1999.

“He was trying to synthesize two ways of looking at the brain,” says Steven Siegelbaum, Ph.D., chair of neuroscience at P&S, noting that Dr. Kandel’s speech seemed prescient. “With time the trend in psychiatry has been going away from psychotherapy toward psychopharmacology. But on the other hand there is an increasing appreciation of the role of experience, including that provided by psychotherapy, in altering the activity of the brain and neurocircuitry. We have a much more sophisticated understanding of which regions and circuits of the brain contribute to different sorts of behaviors – memory, emotions, mood, and obsessive-compulsive disorders as well as mental illnesses like schizophrenia.”

Recent research has confirmed Dr. Kandel’s suggestion. Biological markers have been discovered for obsessive-compulsive neurosis and for unipolar depression that can be detected with brain imaging. If, and only if, patients respond successfully to psychotherapy, those markers are reversed, much as they are with psychopharmacological therapy. “All the boundaries are really collapsing between psychiatry, neurology, neuroscience, and psychology,” says Dr. Siegelbaum. “I think over the coming years there will be much more convergence and more common ground.”

In fact, one of the missions of Columbia’s new Mind Brain Behavior Initiative is to encourage the reduction of the traditional divides between neuroscience and such disciplines as law, philosophy, anthropology, sociology, economic decision-making, art, and music. It will do so in part by bringing into neuroscience new approaches and further insights from physics, chemistry, bioengineering, nanotechnology, and computer sciences. Dr. Kandel’s 2012 book underscores this interdisciplinary approach. “The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna 1900 to the Present” explores the underpinnings in the brain of the viewer’s response to portraiture art. (Read more about the book elsewhere in this issue.)
It was just a typical day during his annual month on the nephrology consult service for Donald W. Landry, M.D., Ph.D., now the Samuel Bard Professor and Chair of the Department of Medicine at P&S, when he was called to the ICU to see a woman who had gone into renal failure. The woman had an infection and dangerously low blood pressure consistent with vasodilatory septic shock, and Dr. Landry was there to evaluate her for hemodialysis.

In reviewing her chart, he saw that when a medication (vasopressin) administered earlier to stop esophageal bleeding had been discontinued, her blood pressure had dropped precipitously in minutes. “Everyone knew that vasopressin did not ordinarily affect blood pressure, so they left her like that, treating her low blood pressure with catecholamine drugs,” says Dr. Landry. “But the sudden drop in pressure after removal of vasopressin seemed too coincidental to me, so I got them to turn it back on and her blood pressure immediately rose and stabilized.”

Dr. Landry’s astute reading of her chart likely saved the woman from dying of shock and led to Dr. Landry’s game-changing discoveries about the pathobiology of shock and how to treat it.

Every year more than 500,000 people are afflicted by shock, a syndrome of life-threateningly low blood pressure. While shock is always triggered by another cataclysmic medical problem, such as severe infection, shock itself can kill before the underlying causes can be brought under control.

When Dr. Landry saw that vasopressin raised the woman’s blood pressure enormously and in mere minutes, he knew he had stumbled onto something important. “At the time, vasopressin was used either as an anti-diuretic hormone for patients with conditions like diabetes insipidus, or as a way to control esophageal bleeding in patients with conditions like cirrhosis,” says Dr. Landry. “It was not known to have much effect on blood pressure at all.”

Dr. Landry filed the incident away in his mental notes, aware that vasopressin could also decrease cardiac output, a potentially deadly problem for patients in vasodilatory shock who require an increased cardiac output and a clinical risk he was not willing to take. “A good idea in medicine is only an indication to study it. Biological systems are so complex that you can’t solve problems by mental exercise, only by direct observation,” he adds.

Months went by before Dr. Landry, along with colleague and long-time collaborator Juan Oliver, M.D., professor of clinical medicine, had the opportunity to use vasopressin for blood pressure support in another patient. Then it happened in the course of a collaboration with Mehmet Oz, M.D., professor of surgery. “Mehmet had saved this patient by implanting right- and left-ventricular assist devices, essentially an artificial heart with ventricles hanging at the bedside. The patient was in vasodilatory shock but had a heart that could not be harmed by vasopressin so I suggested they try vasopressin, and his blood pressure skyrocketed,” says Dr. Landry.

“The size of the effect was so large that we knew that we had come upon a fundamentally important element of human pathophysiology that somehow had escaped notice. That a very low dose of vasopressin had such a huge effect suggested that the endogenous hormone must be deficient. So we measured levels of vasopressin and found, lo and behold, they were.”

This new understanding that shock produced vasopressin deficiency gave Drs. Landry and Oliver the confidence to give low dose replacement to patients in all variety of vasodilatory shock, and this treatment is now a part of the American Heart Association’s recommendation for patients in shock. Some experts have described Dr. Landry’s discovery that vasopressin could increase blood pressure in vasodilatory shock, thereby buying time to treat the underlying medical issue, as saving tens if not hundreds of thousands of lives.

“It’s very rare that a researcher discovers something that allows people in the ICU in shock to walk home,” says Qais Al-Awqati, M.D., Ch.B., the Jay Meltzer Professor of Nephrology and Hypertension, the Robert F. Loeb Professor of Medicine, and professor of physiology & cellular biophysics at P&S.

Dr. Landry is currently working to develop modified versions of vasopressin, which will reduce its side effects and toxicity. Dr. Oliver is working on ways to monitor vasopressin blood levels in real time, which would allow clinicians to fine-tune dosing to maximize patients’ responses while minimizing unwanted effects.
**BUILDING A BETTER WAY TO REPLACE HEART VALVES**

**Transcatheter Aortic-Valve Implantation for Aortic Stenosis in Patients Who Cannot Undergo Surgery**

Martin B. Leon, M.D., Craig R. Smith, M.D., and other PARTNER Trial Investigators  
N Engl J Med 2010; 363:1597-1607  
October 21, 2010

**Transcatheter versus Surgical Aortic-Valve Replacement in High-Risk Patients**

Craig R. Smith, M.D., Martin B. Leon, M.D., and other PARTNER Trial Investigators  
June 9, 2011

Just a few years ago, death was all that was certain for the thousands of patients who were diagnosed with aortic stenosis but not healthy enough for open-heart surgery to replace their heart valves.

“Untreated aortic stenosis is a uniformly fatal illness,” says Allan Schwartz’74, the Seymour Milstein Professor of Clinical Cardiology, the Harold Ames Hatch Professor of Clinical Medicine, and chief of cardiology at P&S. “There is no medical treatment that alters the prognosis and no preventative measures to slow progression. Ultimately, activity becomes increasingly limited and patients succumb to heart failure or sudden death.”

More than 1.5 million people every year are diagnosed with aortic stenosis, a progressive narrowing of the aortic valve. Affecting approximately 5 percent of older Americans, it is the most common valve disease among the elderly and the second most common reason for cardiac surgery in the elderly. Open-heart surgery to replace the aortic valve is effective, but many older patients with aortic stenosis are too ill or too frail for such an invasive procedure.

But in 2010, Martin Leon, M.D., director of the Center for Interventional Vascular Therapy, and Craig Smith, M.D., chair of the Department of Surgery, led a multicenter U.S. trial that gave these elderly patients an entirely new treatment option. In the Placement of Aortic Transcatheter Valve – PARTNER – trial, co-PIs Drs. Leon and Smith showed it was feasible to replace the aortic valve with an implant – the SAPIEN Transcatheter Aortic Valve – threaded into place through the femoral artery.

Standard valve replacement surgery requires surgical entry into the chest, arrest of the heart, use of the heart-and-lung bypass machine, removal of the native aortic valve, and replacement with a prosthetic valve. The physical, physiological, and emotional demands of the surgery are daunting, especially in the elderly. In transcatheter aortic valve replacement (TAVR), a replacement valve made of bovine pericardial tissue sewn into an expandable metal mesh ring is inserted through the femoral artery in the groin and threaded up to the heart, where it is then expanded with a balloon, pushing the old valve aside.

The PARTNER trial showed that even those patients too sick to withstand the standard procedure could receive new valves with TAVR and that it substantially improved survival and quality of life at one and two years post-procedure. In a second group of patients considered eligible for surgery but at high risk, survival was comparable to surgery at one and two years, with excellent improvement in quality of life.

“This is not an incremental improvement on past procedures. This is the dawn of a whole new era of treating structural heart disease,” says Dr. Schwartz. “The PARTNER study established a treatment for patients who previously had no options.” The PARTNER study has resulted in four articles in the NEJM, testament to its clinical importance.

“In patients diagnosed with aortic stenosis who could not get the surgery, half were dead at one year,” says Susheel Kodali, M.D., co-director with Mathew Williams, M.D., of the new Heart Valve Center at Columbia. “The TAVR procedure represents a 20 percent improvement on that number.”

Not only did the PARTNER trial establish that TAVR was possible, but it also showed that in some ways it was superior to traditional surgery: quicker recovery time, fewer ICU days, reduced overall length of hospital stay, and a quicker return of quality of life. Based on the trial results, the Food and Drug Administration approved the transcatheter aortic valve for patients who are too sick to undergo cardiac surgery and this fall approved it for high-risk surgical candidates.

As of early July 2012, Columbia had performed more than 500 TAVR procedures. But the PARTNER trial is just the beginning. “It is hoped that continued improvement in technique in device design will allow it to be used in less sick and younger patients,” says Dr. Schwartz. Dr. Smith, the Johnson & Johnson Distinguished Professor of Surgery and the Valentine Mott Professor of Surgery, and Dr. Leon, professor of medicine, are currently working on the PARTNER 2 trial, which tests a newer, smaller version of the transcatheter aortic valve, already in use in Europe, and seeks to determine if TAVR can be expanded for use with lower-risk patients.

In addition to the PARTNER 2 trial the group is about to embark on the COAPT trial, led by Gregg Stone, M.D., professor of medicine. The trial will compare a transcatheter mitral valve repair system with medical treatment in patients with heart failure and mitral regurgitation but at high risk for surgery.

“The Heart Valve Center is the largest program in the U.S. doing TAVR, bringing together experts in clinical and interventional cardiology, echocardiography, valvular disease, cardiac surgery, and other disciplines,” says Dr. Schwartz. “It is a current example of a long tradition of innovation through collaboration between cardiologists and cardiac surgeons at Columbia.”
A Talk with Former NEJM Editor Arnold Relman’46

Arnold Relman’46 became a game-changer in the ethics and politics of health care and medicine as editor-in-chief of The New England Journal of Medicine from 1977 to 1991. He founded the International Committee of Medical Journal Editors to address complex issues of ethics in medical publishing, such as publication of negative studies and protection of human and animal subjects in research. Dr. Relman was the first editor to require conflict of interest disclosure, a policy soon implemented by nearly every major medical journal worldwide. He also strengthened the enforcement of embargoes to balance public health concerns with the needs of medical professionals, patients, and the mass media.

Dr. Relman is perhaps best known for fighting the increasing commercialization of health care. Since 1980, when he first wrote about the “medical industrial complex,” commercial interests in health care have only expanded. Today he continues to be a prominent voice for patients over profits. Columbia Medicine asked Dr. Relman to reflect on his career.

How did your time at P&S influence you?
I am grateful to P&S for a first-rate, rigorous medical education. That got me started in the right direction. Because I came from P&S and was recommended by my teachers there, I was able to get internship at Yale, my first-choice institution. That started my career as an academic physician. I have maintained a relationship with P&S throughout the years and have been back many times to give talks and lectures. I served on Columbia’s Board of Trustees as the elected alumnus from P&S from 1989 to 1995.

I recently had the wonderful opportunity to attend my 60th reunion. About 20 members of my class were there, and it was a great pleasure to renew old acquaintances.

Tell us how you became editor-in-chief of what the New York Times called “perhaps the most influential medical publication in the world.”
After my residency at Yale I joined the faculty at Boston University, where I rose through the ranks to become full professor and chief of medicine of BU’s section of Boston City Hospital. In 1968 I left BU to become chair and professor at the University of Pennsylvania and physician-in-chief at the hospital. In 1976, I was in Oxford, England, on sabbatical when I got a call from the journal asking me if I would be interested in becoming the editor-in-chief. The offer was irresistible to me because the NEJM is, without question, the world’s preeminent general medical journal.

It was an exhausting but exhilarating job. I loved it. But after 14 years I simply had to put it down.

How do you respond to remarks about print journals becoming increasingly marginalized as online publishing becomes more mainstream?
I don’t believe that the hard copy of the best journals will ever disappear. Online publishing compromises the peer review process. Unbiased expert peer-review is essential in weeding out the vast amount of useless, trivial, duplicative, and sometimes frankly incompetent or grossly fraudulent material that’s submitted. A good, critical medical journal like The New England Journal of Medicine will always be fundamentally important because it speaks to the broad interests that hold the medical profession together.

How did editing the journal affect your perspective on the health care industry?
When I graduated P&S in 1946 nobody – nobody! – referred to health care as an “industry” and there were practically no investor-owned hospitals. As chief of medicine at Penn, I was like a general commanding an army in a battle that was raging around me. When I became editor of the journal it was like rising above it in an observation balloon. Now I had the opportunity to take a broader view of the total health care system and began to see problems and issues that I incompletely understood before. Suddenly I became aware of all kind of issues – economic, ethical, and political – that I didn’t have to face before.

Your 1980 article about what you termed the “medical industrial complex” voiced concern about the increase in profit-driven businesses in the medical world. What are your thoughts on that today?
Health care has become a business. Somebody’s health care income in the medical industrial complex is somebody else’s cost, and U.S. taxpayers are feeling it acutely.

In my original article, I explained that the new medical industrial complex was beginning to change health care policy and influence what doctors did and that it was increasing the cost of health care to the point of unsustainability.

Fee-for-service health care, which is most medicine in this country today, drives up the cost of health care by giving a financial incentive for physicians and hospitals to provide elective diagnostic and therapeutic services, while neither the doctor nor the patient feels the cost of that care acutely. We need to establish a single payer system supported by a tax, and health care workers need to work in groups to provide comprehensive care while being paid on a per-capita basis.

What did you do after your left NEJM, and what are you working on now?
While I was editor of NEJM from 1977-1991, I was also a part-time, unpaid teacher at Harvard. When I stepped down from NEJM, Harvard asked me to come on as a full-time professor of medicine. I remained there until I retired in 2000. But even then I stayed on as professor emeritus, a title I still hold today.

A year ago last April I decided it was time to move out of my office space at Harvard. I learned how to use my own computer rather than depend on assistance and I continue to do my work from home. I am still writing articles right now on how the U.S. can get itself out of this impossible and unaffordable escalation of health care costs and how it can provide decent health care to everybody at a price the country can afford. I hope to keep advocating for major health care reform, and urging physicians to become involved, for as long as possible. What else can a committed believer in the social responsibility of the medical profession do?
When William Meyers ’75 heard the scream, he knew he had discovered something interesting. For a moment, it didn’t matter that the medical student’s finger was trapped between the cadaver’s tightened abductor muscles and the razor-sharp edge of the pubic bone. Dr. Meyers had found a physiological relationship that would transform medical treatments of the mysterious groin and abdominal injuries that had tormented athletes for decades.

Dr. Meyers had cut 30 percent of the cadaver’s rectus abdominis muscle and was surprised to find that the tear had caused a complementary tightening of a muscle closer to the groin — and the medical student’s discomfort. “We both thought in terms of a connection,” Dr. Meyers says. “What goes on above and below the bone with the muscles?”

Dr. Meyers had been seeing athletes with severe pain in their abdominal and groin areas, but no research was available to explain the causes of their agony. His experiment began a process that led him to understand better the relationships between various muscles in the area he calls an athlete’s “transmission.”

His finding helped athletes who had been told they were not tough enough to withstand what had been thought to be mere pulls or strains understand the true extent of their injuries. Dr. Meyers was able to explain how the muscles that comprise the complicated weave of the body’s core interacted and how a tear in one could cause compensatory pain and weakness in others.

“In the NHL and NFL, particularly, the most common reason for early retirement was a vague ‘abdominal injury,’” Dr. Meyers says. “It was really a matter of tightening and loosening the muscles, and we can now repair the area.”

Dr. Meyers’ pioneering work in his field has made him popular among athletes of all abilities and pursuits, from the most elite to weekend warriors. Dr. Meyers repairs a menagerie of core injuries — which are often characterized as “sports hernias” — and his work in a field he characterizes as “very much evolving” has prolonged and even saved hundreds of careers.

Dr. Meyers, who chaired the Department of Surgery at Drexel University from 2001 to 2010, is one of several Columbia P&S and fellowship alumni who work with professional and collegiate athletes to help them maximize performance and return from injury. Many of them are athletes themselves (Dr. Meyers was a soccer goalie at Harvard and played in the Brazilian professional league) and blend their competitive experience with clinical knowledge and a dose of diplomacy to provide invaluable assistance to the teams they serve.

“People ask me why I do it,” says Patrick Connor, M.D., who completed the Charles S. Neer fellowship in shoulder surgery at Columbia in 1995-96 and is team doctor for the Carolina Panthers. “You’re under a looking glass, and not everybody says glowing things about you, particularly if things don’t go right. But I do it because of the people and the relationships.”

Working with elite athletes is more complex than most doctor-patient relationships. Coaches, trainers, management, family members, media, owners, and agents are all involved in the equation. It’s one thing to be able to diagnose and prescribe care and another to navigate the web of people with interests in an athlete’s health. It’s different at the collegiate level, where agents and management aren’t involved, but physicians must be able to satisfy a number of constituencies each time they treat a player. Dr. Connor says team physicians must be “master communicators.”
William Maloney, a 1983 graduate of P&S and team physician for the San Francisco 49ers and the Golden State Warriors, attributes that group dynamic in pro sports to the increased salaries paid to athletes and the ever-growing celebrity they enjoy. With so much money at stake, the impact of each injury is magnified, complicating the physician’s job. “As the money has gotten bigger, it has affected the relationship between the doctor and patient,” Dr. Maloney says. “They’re not only athletes; they’re actually superstars in the public sphere.”

Andrew Willis’97, the New York Jets team physician, believes that no textbook, classroom, or operating theater can prepare a doctor for those external pressures. The physician is trained clinically to heal a damaged body part. But only experience within the inner sanctum of a franchise allows the doctor to fit that knowledge into the goals and realities of big-time sports. “The medical part you learn in a textbook,” Dr. Willis says. “The management part is an apprenticeship that takes years. You have to take into account the personality of the athlete, the goals of management, and the athlete’s need to remain productive. It’s a fine balance. You have to weigh the athlete’s ability to stay healthy in the long run and their value to the team or organization.”

A big concern is the timing of an injury, both within the context of a season and of a player’s career. If a younger player sustains an injury, he is often less willing to undergo surgery and endure a long recovery that could hurt his ability to prove himself to the team. A veteran, however, may opt for a full repair, even if it takes him off the field for a long time. He may be in the middle of a long-term contract that provides him with financial security and the peace of mind to know that his place on the team is secure. “Some players are influenced by different factors,” says Christopher Ahmad, M.D., associate professor of clinical orthopedic surgery at P&S, who is the New York Yankees team physician. (See accompanying list for P&S alumni connected to professional baseball.) “Some need to establish themselves within a team or are in the last year of a contract and their upcoming contract depends on how they perform now. If they miss games, it can negatively influence getting a good contract, so they want to push through it.

“Some have talent but haven’t proved themselves. Sometimes, they’re willing to risk further injury to prove themselves.”

If the fraternity of team physicians has a godfather, it is Russell Warren, M.D., a Columbia College graduate who has been with the New York Giants since 1983 (he completed a fellowship in shoulder surgery at Columbia). “He trained a significant number of team physicians in the NFL,” says Dr. Willis, who completed a fellowship under Dr. Warren. In 2011, Dr. Warren diagnosed All-Pro Giants defensive end Osi Umenyiora with a tear of the meniscus in his knee. As he would advise any player with a similar injury, Dr. Warren recommended a repair to save Umenyiora’s meniscus rather than a quicker removal of the cartilage that might have sent him back to the field sooner. Umenyiora chose the repair to save the joint from further arthritis.

“There are certain things somebody can play with, and it’s just a pain issue,” Dr. Warren says. “But you don’t want to do undue damage to a joint. It’s a gray area, and the athlete has to understand the situation and what further damage can be done. Some guys say, ‘Do whatever you have to do.’”

Dr. Warren has had to shut down some young players with cervical disk issues because playing could have catastrophic consequences. “We have a rule,” he says. “If I say you don’t play, you don’t play.” Other players, who have had, say, partial tears of their rotator cuffs, can be injected with cortisone, rehabbed, and sent out to play, with the repair coming during the off-season.

In 2003, when then 26-year old pitcher Roy Oswalt was pitching in Houston, he made three separate visits to the disabled list, due to a groin injury, but refused to surrender to the considerable pain. The Astros were in a pennant race (they would miss out on the Central Division crown by one game), and Oswalt didn’t want to undergo surgery that would keep him away from the mound for more than three months. Despite what Dr. Meyers terms “a significant injury,” Oswalt not only kept throwing but also won his final four starts of the season. After the year, Meyers repaired his injury.

Dugout Healers

P&S alumni involved in professional baseball include:

• Xavier Duralde’83, lead orthopedist to the Atlanta Braves
• Thomas Holovacs’95, chief shoulder consultant for the Boston Red Sox
• Martin Boublik’86, associate team physician for the Colorado Rockies
  (also head team physician for the Denver Broncos and a consultant to the United States Ski Team)
• Struan H. Coleman’95, head team physician for the New York Mets
  (also a consulting physician for the PGA tour and the association of tennis professionals)
“He was heroic,” Dr. Meyers says. “He chose to play the rest of the season, and it was a contract year.”

College athletics do not have contract years, so William N. Levine, M.D., professor of clinical orthopedic surgery, director of sports medicine at P&S, and head team physician for Columbia’s 31 intercollegiate athletic teams, is not worried about his patients’ next paydays. To him, treatment is “always in the student-athlete’s best interest.” He has had to tell a senior who had contracted mononucleosis that she couldn’t run in the final race of her career. He also had to “medically retire” the starting goalie on Columbia’s women’s lacrosse team, because she was unable to recover from concussion symptoms. “Sometimes at the professional level, an athlete will make a decision that’s not in his best [long-term] interests, based on financial or contractual situations,” Dr. Levine says.

The best way to advise athletes at any level is to keep gaining knowledge, and physicians who work with teams and schools have ample opportunity to do that. One such avenue is the annual NFL Scouting Combine, which Dr. Willis describes as “100 years of experience in three days.” Every February, more than 300 players travel to Indianapolis to be scrutinized by the NFL’s 32 teams. Included is an exhaustive medical examination designed to reveal every injury a player has ever suffered and whether the treatment and recovery will allow him to be a successful professional player.

“You see a broad spectrum of injuries,” Dr. Willis says of the Combine. “Through the sheer volume of examinations, you understand the nuances of the injuries and see what will allow them to compete and what are not compatible with a long career in the NFL.”

A repaired anterior cruciate ligament (ACL) 30 years ago was definitely incompatible with long-term pro football success. Dr. Warren estimates that NFL doctors would flunk 80 percent to 85 percent of players with the injury. Today, 90 percent to 95 percent pass the examination. That’s a testament to improved surgical procedures and a greater understanding of the injury.

NFL physicians learn from each other as well. Each year, Dr. Connor takes two fellows with him to the Combine, and they consider it the highlight of their fellowship. “They see so much in such short a time,” he says. “It’s like drinking from a fire hydrant.”

One year, Tennessee Titans team physician Dr. Burton Elrod presented information about how he and two other surgeons repaired the fractured sternum of former Titans QB Steve McNair. The doctors grafted a football-shaped piece of bone from McNair’s hip onto his sternum to promote bone growth. It was hardly standard stuff, and the assembled physicians – who were hardly greenhorns – were happy to learn about the procedure. “None of us had dealt with a sternal fracture and how that can impact the heart,” Dr. Connor says. Physicians speak with each other during the season, and it’s not unusual for them to consult on different injuries. There is even cross-pollinization. Baseball’s Dr. Ahmad is an expert on throwing injuries of the shoulder and elbow and has spoken to NFL doctors who have to care for players with injured arms.

One characteristic many team physicians share, along with their medical skill, is a competitive spirit born of their own athletic experience. Dr. Ahmad was named honorable mention all-Ivy in soccer while at Columbia and helped the Lions to the NCAA tournament. Dr. Connor was an all-America tennis player at Oklahoma State. Dr. Warren was a member of Columbia’s only Ivy League football championship team (1961), while Dr. Willis played on three Ivy football title winners at Dartmouth (1990-92).

“We know about the heat of battle and injury,” Dr. Connor says. “Many of us can fall back on personal experience in this field.”

That knowledge also prepares them for the job’s pressure. “It’s the greatest but most stressful job any orthopedic surgeon could hope for,” Dr. Ahmad says. Part of that strain comes from media members who criticize doctors for operating only with teams’ best interests in mind. Dr. Connor says team physicians absolutely do not do that. “We’re not just worried about the player, but the reputation of the organization,” he says. “People have to know the doctors and trainers are doing the right thing by the players.”

So, is it worth all of the time and aggravation? Dr. Ahmad says the “most satisfying aspect” of the job is when a player thanks him for his efforts. Dr. Maloney reports how much fun he had during the 2011 season, when the Niners won the NFC West and reached the conference title game.

“I’ve always been a fan, and part of what makes this great is that you love to see your team do well,” says Dr. Warren, who has four Super Bowl rings. “I like to see people that I’ve taken care of come back and play at a high level. You don’t see that in private practice.”

‘You have to take into account the personality of the athlete, goals of management, and the athlete’s need to remain productive.’

– Andrew Willis’97, New York Jets team physician
1947
See Alumni in Print to read about a book written by Alex Caemmerer Jr.'47. Alex was director of the psychiatric clinic at St. Luke’s-Roosevelt Hospital Center from 1980 to 1991. He continues to practice psychiatry in Englewood, N.J.

1948
Irwin Nydick received two honors at the June 2012 graduation ceremonies of Weill Cornell’s medical residents. One award was created in his name to be given annually to the member of the voluntary attending physician faculty who best contributes to the residents’ professional development in the art of medicine. The award is named the Irwin Nydick Annual Award for Excellence in Medicine. He also received an engraved piece of crystal inscribed “Department of Medicine Class of 2012 Proudly Recognizes IRWIN NYDICK, MD ‘The Professor’ for his tireless commitment to instilling in each of us a spirit of life-long learning and inspiring us to be the best clinicians we can be.” The award recognized his many years of teaching and tutoring, especially since retiring from practice in 1998.

1953
Robert W. Milam Sr. lives in San Antonio. Long retired from the Navy, he writes: “I spend much of my time keeping up with nine children and 19 grandchildren. My hobbies are the study of physical geography and all its related studies (there are many). I would like to know which of my classmates are still alive. I was the youngest member of my class and have been aware of the inevitable shrinking number. My oldest child and only daughter is an M.D. and is in charge of psychiatric residency at the UTSA medical school here. My youngest son at age 25 has decided to go to medical school as soon as he meets the technical requirements.”

1954
Jim Hanway reports, “I just returned from major, multiple, intracardiac operative procedures by the son-in-law of Paul and Joan Weiss Mayer. I received wonderful care.”

1955
Richard Cruess received the 2012 Canadian Medical Association’s Medal of Service in August. The award acknowledges his contributions to the advancement of health care in Canada. Richard held several appointments at hospitals in Canada and joined the faculty of McGill University in 1963. He served as dean of McGill’s Faculty of Medicine from 1981 to 1995.

1957 Ph.D.
Shu Chien received an honorary doctor of science degree at Columbia’s commencement in May. Honorary degrees are awarded to individuals who have made significant contributions to their fields and are not limited to Columbia graduates. Dr. Chien was recognized for his seminal contributions to biology, medicine, and engineering. He received a National Medal of Science from President Obama in 2011.

1962
John C.M. Brust, professor of clinical neurology at P&S, received a 2012 Columbia University presidential award for excellence in teaching. The awards, given at Columbia’s commencement in May, honor Columbia faculty for their significant influence on the intellectual development of students at undergraduate and graduate levels.

1965
Stephen B. Kurtin has been appointed clinical professor of dermatology at Mount Sinai School of Medicine.

1966
Stephen Pauley received the Pomona College Trustees’ Medal of Merit for his contributions to environmental preservation and education. The retired ENT, head & neck surgeon was recognized for his support of Pomona’s environmental analysis program and a number of other college initiatives. The Stephen M. Pauley ’62 Professorship in Environmental Studies was established in 2000, spurring the growth of the environmental analysis program into one of the school’s most popular majors. He received the award at the 50th anniversary of his graduation from Pomona.

William Lovejoy received a Distinguished Service Award at P&S commencement this year. He is clinical professor emeritus of medicine at P&S.

Henry A. Solomon has been appointed to the medical advisory board of PreVu, a non-invasive skin cholesterol test developed by Miraculins, a medical diagnostic company headquartered in Manitoba. Henry holds executive positions in the American College of Cardiology; he is a fellow of the American College of Physicians and the American College of Cardiology. The clinical associate professor of medicine at Weill Cornell Medical College is listed in the “Guide to America’s Top Cardiologists.” He is author of “The Exercise Myth” and has appeared on “The Oprah Winfrey Show,” “20/20,” “Nightline,” “Face the Nation,” and “Today.”
1967 See Alumni in Print to read about a book written by John M. Briley Jr., a retired pediatrician who lives on Maui. He has written eight books in two series and hopes kids (especially) have fun with the first book out. After completing his pediatric residency in Boston, he moved to Hawaii with his wife to escape wintertime, not a good season for someone who contracted polio in 1954.

1970 Barry M. Massie received the 2011 John B. Barnwell Award from the Department of Veterans Affairs’ Office of Research and Development Clinical Science Research and Development Service. The Barnwell Award is the service’s highest scientific honor and recognizes a senior VA investigator for accomplishments in areas of prime importance to the VA’s research mission. Barry was honored for his seminal contributions to the understanding of the causes and treatment of chronic heart failure. The award also recognizes his exemplary record of service to the VA and to the clinical profession and provides three years of research funding. Barry is professor of medicine at the University of California, San Francisco. He recently stepped down after 10 years as chief of cardiology at the San Francisco VA Medical Center. “As someone who never worked at a VA hospital during my medical school or residency years, I remain impressed with the quality of care and research in this system. As a proponent of a single payer health care system, this is one that works well with no potentially perverse financial incentives to physicians for ordering tests or procedures and quality measures that rate at the top of U.S. hospital systems.”

1971 Eve E. Slater received the Peter W. Rodino Jr. Citizen’s Award from MDAdvantage Insurance Company of New Jersey. She is former assistant secretary for health in the U.S. Department of Health and Human Services. The award is presented to a citizen or group of citizens of New Jersey for distinguished service in advancing and promoting the health and well-being of the people of the state.

1973 See Alumni in Print to read about a book written by Edward Tabor. Ed is a vice president at the European pharmaceutical company Fresenius Kabi, working in the Washington, D.C., area. He is responsible for regulatory affairs for North America in the parenteral nutrition section of the company. This year he joined Fresenius Kabi from Quintiles, a pharmaceutical research company, where he was vice president for strategic drug development.

1975 David P. Roye Jr. received one of this year’s Alumni Medals given each year by Columbia University at its May commencement. Medals recognize alumni for 10 or more years of distinguished service to Columbia’s schools, alumni associations, regional Columbia Clubs, or University-wide initiatives. The St. Giles Professor of Pediatric Orthopedic Surgery is also director of pediatric orthopedic surgery at Morgan Stanley Children’s Hospital.

1977 See Alumni in Print to read about books co-authored by Richard P. Brown, associate clinical professor of psychiatry at P&S, and his wife, Patricia L. Gerbarq, assistant clinical professor in psychiatry at New York Medical College. They are experts in the use of complementary and integrative treatments for mental health conditions including depression, anxiety, ADD, and PTSD.

1980 After several years of private practice, combined with academic clinical research, teaching, and management at Columbia, Patrick H. Griffin moved to industry. His most recent appointment is as chief medical officer and senior vice president of development at ImmusanT, a biopharmaceutical company based in Cambridge, Mass. He is an expert in immune-inflammation and autoimmunity through immune system modulation and will use his expertise to advance the clinical development of a therapeutic vaccine for celiac disease. Board-certified in internal medicine and gastroenterology, Patrick trained at Columbia and Brigham & Women’s Hospital in Boston. He is a fellow of the American College of Physicians.

1982 Barbara Linder was one of the finalists for a 2012 Samuel J. Heyman Service to America medal. The awards, presented by the nonprofit Partnership for Public Service, recognize federal employees whose work advances the health, safety, and well-being of Americans and are among the most prestigious honors given to civil servants. Barbara was a finalist for the Science & Environment medal. She is senior adviser for childhood diabetes research at the National Institute of Diabetes and Digestive and Kidney Diseases. The honor recognizes her work in developing and testing innovative ways to prevent and treat the growing epidemic of type 2 diabetes in children, particularly among minority and disadvantaged children at greatest risk.

See Alumni in Print to read about a book co-edited by John C. Markowitz. John is professor of clinical psychiatry at P&S and research psychiatrist at the New York State Psychiatric Institute. He also is adjunct clinical professor of psychiatry at Weill Cornell Medical College.
1983
Gerald Neuberg, clinical professor of medicine at P&S, received the Leonard Tow Humanism in Medicine Award presented by the Arnold P. Gold Foundation at P&S commencement this year.

1987
Marc Dickstein received the P&S Class of 2012 Distinguished Teacher Award at P&S commencement this year.

1988
Jonathan Barasch, who also received a Ph.D. from P&S in 1987, received one of this year’s Columbia University presidential awards for excellence in teaching. The awards are given at Columbia’s commencement in May. Jon is associate professor of medicine and of pathology & cell biology at P&S. Presidential teaching awards recognize Columbia faculty who have had a significant influence on the intellectual development of students at all levels of the university.

1991
See Alumni in Print to read about a book written by David Biro. David is associate professor of dermatology at SUNY Downstate Medical Center in Brooklyn. He also teaches in the medical humanities division, directing a course on medicine and literature. His first book, “One Hundred Days: My Unexpected Journey from Doctor to Patient,” chronicled his experience undergoing a bone marrow transplant for a rare disease. He has written articles published in medical journals plus the New York Times Magazine, Slate, and the Philadelphia Inquirer.

Bryan A. Liang is the E. Donald Shapiro Distinguished Professor of Health Law and executive director of the Institute of Health Law Studies at California Western School of Law and professor of anesthesiology and director of the San Diego Center for Patient Safety at the University of California San Diego School of Medicine. He has been appointed to the Global Drug Safety Roundtable of the Council on Foreign Relations and to the Institute of Medicine’s Committee on Understanding the Global Public Health Implications of Counterfeit, Falsified, and Substandard Drugs. He also was appointed to the American College of Chest Physicians’ Panel Task Force for Mass Critical Care and the Agency for Healthcare Research & Quality’s Healthcare Safety and Quality Improvement Study Section. This year he received a 2012 UCSD graduate student faculty mentorship award, given to only two UCSD faculty members. Bryan has Ph.D. and J.D. degrees in addition to his P&S M.D.

Daniel Schechter is senior lecturer (associate professor) in psychiatry at the University of Geneva Faculty of Medicine in Switzerland, where he also serves as the chief of consult-liaison and parent-child research in child and adolescent psychiatry at the University of Geneva Hospitals. Dan has lived in Geneva with his wife, Christine, and two sons, Jan and Filip, since 2008.

2003
See Alumni in Print to read about a book written by Dustin Thomason. After co-writing “The Rule of Four,” a 2004 best-seller, Dustin co-created the 2006 ABC drama, “The Evidence,” and has been executive producer of several television series, including Fox’s “Lie to Me.” “Rule of Four” remained at the top of the New York Times best seller list for more than six months. Translated into more than 25 languages, it has sold more than 4 million copies worldwide and was the best selling debut novel of the decade. Dustin also earned an MBA from Columbia.

2009
Keith Hermanstine has been chosen a 2013 Robert Wood Johnson Foundation Clinical Scholar. Keith will begin his two-year fellowship at UCLA in the fall of 2013. The 27 scholars were chosen from among more than 90 applicants from medical and surgical residencies across the United States. Keith is a psychiatry resident at UCSF.

2011
See Alumni in Print to read about a book written by Uzodinma Iweala. Uzodinma’s first book, the 2005 novel “Beasts of No Nation,” won the Los Angeles Times Book Prize, the New York Public Library Young Lions Award, and the Sue Kaufman Prize from the American Academy of Arts and Letters. In 2007 he was selected as one of Granta’s Best Young American Novelists.
What made a renowned pediatric neurosurgeon cut back on his clinical caseload and teaching responsibilities to preside over the largest and most powerful association of medical doctors and medical students in the country? “Selfish reasons,” Peter Carmel’70 MSD, the outgoing president of the American Medical Association and the first neurosurgeon to hold that post, says with a deadpan expression before breaking into a broad smile. “To preserve my vision of American health care,” he adds.

In an interview in April 2012 Columbia Medicine asked him to describe that vision and to outline his priorities for preserving it.

A big man with piercing blue eyes, the powerful hands of a surgeon move restlessly as he speaks, as if competing with his no less agile tongue. His eloquence, or what he calls “a knack for schmoozing,” a talent he discovered late in life, has received wide recognition. Two of his speeches were included in Vital Speeches of the Day, a prestigious online registry that also includes remarks by Barack Obama and Bill Clinton. His words have swayed hearts and changed minds, boosting AMA membership and, most importantly, helping to implement the association’s agenda as a pivotal player in shaping the ever-changing face of the American health care system.

Founded in 1847, as an advocate for the medical profession, physicians, and patients, the AMA has not always been in the vanguard of change. In the 1930s the association frowned on physician participation in fledgling health maintenance organizations set up during the Depression and was vehemently opposed to any government involvement in health insurance. In the 1950s and 1960s it opposed Medicare. Times have changed. In 2007 the AMA launched a public information campaign, “A Voice for the Uninsured,” to highlight the plight of uninsured Americans as a pressing social issue. And while the views of AMA members span the entire political spectrum, in 2011, with some reservations and calls for fine-tuning, the AMA House of Delegates voted to back President Obama’s lynchpin legislative push for health care reform, the Affordable Care Act, including the controversial individual mandate.

“The idea of doctors being the guardians of the health care system is a very old one. But I don’t think we have ever played our custodial role as well in the past as we’re playing it now,” Dr. Carmel says. Having witnessed the erosion of the medical decision-making power of M.D.s, the outgoing AMA president passionately argues that “to uphold what we hold dear, doctors need to rally as a group to step up and contribute actively to improve our health care system, to eliminate waste, and ensure quality of care.”

“I wanted to be a doctor since I was 3”

Dr. Carmel’s take on medical care was shaped as a child in Brooklyn, where he grew up observing his father, an old-fashioned internist in private practice who was committed heart and soul to his patients and his profession. “Watching my father in action, I knew I wanted to be a doctor.”

Pursuing his M.D. from New York University, he initially intended to become a psychiatrist but soon discovered that psychiatry did not provide the kind of hard facts and certainty he wanted. Surgery satisfied that need, only there was one problem: He fainted at the sight of blood. So he decided on neurology as an alternative and worked as a sub-intern on the neurology service at Bellevue Psychiatric Hospital, where he performed neurological workups every third night and weekend. Becoming friendly with the chief resident in neurosurgery, Amilcar Rojas, on some nights and weekends he would scrub in with him on operations. Fascinated by the physiology of the nervous system, he became increasingly interested in how neurosurgeons could affect and change that physiology, in operations for Parkinson’s and other movement disorders. So after a year of general surgery internship he went to the NIH to pursue neurophysiology research, in the course of which he decided, his queasiness about the sight of blood notwithstanding, to shift to neurosurgery.

Three decades at Columbia

Beginning a residency at P&S, he trained under the legendary neurosurgeon J. Lawrence Pool’32. “The experience was fabulous,” Dr. Carmel recalls. “Larry Pool was one of those people whom nature smiled on. He had charm, he had grace, he had good looks, he was smart, and he had these huge hands with long, spatula-like fingers. He was a wiz in the OR. When he was ‘on,’ nobody could operate like Larry.”

Completing his residency, Dr. Carmel was awarded an Allen Fellowship and worked in the laboratory of Malcolm Carpenter, defining the neuroanatomy of the ventral anterior nucleus of the thalamus in primates, for which he earned an MSD in 1970.

Joining the neurosurgery faculty at P&S, Dr. Carmel set up and ran the neuro-endocrine laboratory in the Institute for the Study of Human Reproduction, one of the early neuro-endocrine labs in the world, which has been continuously funded by the NIH ever since. Though he and his colleagues
were trained to perform all neurosurgical procedures, the department was then in the vanguard of a gradual national shift to surgical sub-specialization. Focusing his efforts on pituitary and pediatric neurosurgery, in 1985 Dr. Carmel founded the Division of Pediatric Neurosurgery.

Plasticity of children’s brains
His choice of sub-specialty was based in part on his sheer wonderment at the plasticity of the child’s brain. “Kids bounce. Physically they recover from surgery much more quickly than adults. And the kid’s nervous system tolerates operative shocks and operative manipulation much better than that of adults. When you take out a very large tumor, the volume displacement problem is significant. In kids the problem is very much diminished. That means, less blood loss and speedier recovery.”

Working with children and their families also presented a special challenge and a special charge. “Kids are wonderful, and their families are wonderful too, bearing up under enormous emotional burdens. I’m always amazed at their bravery.” And then there are those extra-special perks, like the invitation to attend the wedding of a young man he had operated on to remove a brain tumor 17 years before. “I wouldn’t have missed it for the world. You don’t get that kind of an impact in many jobs.”

Calls to leadership
In 1994 he was recruited by the University of Medicine and Dentistry of New Jersey to chair the school’s neurosurgery division, which soon became, under his leadership, the Department of Neurological Surgery at New Jersey Medical School. He also was co-medical director of the Neurological Institute of New Jersey. “The biggest thing I’ve done in medicine is to create this department,” he proudly declares, having helped to transform it into an academic powerhouse. He insisted that junior faculty all engage in research and pursue sub-specialty training, based on his guiding principles: “The patient has a disease, we have an expert, that’s it. We’re all partners. I organized my department to maximize the talents of our faculty and to provide optimal care.” A proven master in his clinical expertise, Dr. Carmel proved no less adept at building a department and crafting the careers of generations of America’s top neurosurgeons and transforming the residency training program into one of the finest in the country. The institutional political savvy and people skills he honed in the process would later come in handy.

While developing his surgical know-how and academic bona fides, Dr. Carmel also became active in his professional association, the Congress of Neurological Surgeons, serving as a member of the board. In 1985 he was called upon to represent the Congress at the House of Delegates of the AMA. A two-year stint turned into a lifetime commitment. One of his first initiatives in an organization then dominated by state medical societies was to help establish AMA bylaws for a Section for Specialties. After that he was appointed to the AMA Council on Long-Range Planning. In 2002 he was elected to the AMA Board of Trustees. At the time, a majority of the delegates still considered health care a privilege, not a right. Dr. Carmel was among those delegates who helped turn attention to the plight of the uninsured. In 2010 he won a three-man race for the presidency.

“The AMA president does not set policy; that is done by the House of Delegates,” Dr. Carmel points out. “It’s the most democratic body I know. Throughout the president’s three-year tenure, the first year as president-elect, second as president, and third as immediate past president, you’re a spokesman, helping to articulate, enunciate, and promulgate the policies set by the House of Delegates.”

Among the most pressing issues in American health care is the need to develop new methods of payment to physicians. His principal push in promoting this issue has been to advocate for the elimination of the Sustainable Growth Rate Formula (SGR) imposed on doctors who treat Medicare patients. “For physicians it’s a matter of survival; it comes down to the math. The average doctor who sees a Medicare patient has a profit margin of roughly 6 percent. Based on the current formula, the SGR says that if payments to doctors in a given year go up faster than the GNP, then the difference in dollars has to be subtracted from next year’s Medicare payments. Consequently, Congress plans to cut Medicare payments to doctors by 32.2 percent on Jan. 1, 2013.” Dr. Carmel calls this a disaster for doctors and for Medicare. “Congress thinks American doctors are solidly behind Medicare but, in fact, the majority of doctors are not taking any new Medicare patients. They just can’t afford to.”

Dr. Carmel calls for a streamlining of paperwork as a time- and cost-saving measure. “While I do think it is fair, when the government is paying 44 percent of the tab, for the government to want to know whether it’s getting value for the money, there is a thin line between checking up and instituting undue administrative hurdles. The paperwork is excessive.”

In an effort to reduce the inordinately time-consuming and costly administrative burden faced by physicians, he has led the AMA’s call for the repeal of implementation of the new International Compendium of Diagnostic Codes, ICD-10, introduced by the World Health Organization. “Right now we have 14,000 diagnostic codes, that number rises to 68,000 in ICD-10. Right now we have 4,000 procedural codes; that number rises to 72,000 in ICD-10.” On the urging of the AMA, the Department of
Health and Human Services has agreed to postpone implementation and to discuss how to diminish the administrative burden on physicians.

He also has advocated for the development of more efficient methods of delivering care. “We have to teach our physicians to practice more efficiently, to see more patients in a shorter period of time.” Among possible solutions the AMA advocates to ease the workload of physicians is the use of ancillary personnel and increased use of technology.

Dr. Carmel has stressed the need to address the alarming shortage of doctors in all fields, perhaps the most worrisome issue for the future of American medicine. “The number of doctors we can educate is set by Medicare. Congress understands that we are already facing a shortage of primary care physicians, but we’re falling short of specialists too.

“We’re out there rallying physicians to stand up and defend the profession of medicine as we know it. I’m pleased to report we’re winning,” Dr. Carmel says. “AMA membership is up, and I can tell you the government is listening. We changed the face of the Affordable Care Act, and we changed the way Medicare has implemented Accountable Care Organizations [the current health care model, whereby doctors and hospitals are directly accountable for care].” The Department of Health and Human Services accepted almost all of the AMA’s recommendations for modification of rules of participation, thereby removing the hurdles standing in the way of the creation and development of doctor-directed ACOs.

Under Dr. Carmel’s tenure, the AMA has continued to advocate for tort reform. “While the effort has gone nowhere at the federal level,” Dr. Carmel says, “we have made incredible gains with the states. Eleven states have now passed caps on the reimbursement for non-economic damages.” In an effort to address the malpractice debacle, the AMA encourages pilots of many models, including medical courts with specialized judges trained to do medical litigation and early offers of compensation.

And while the AMA agrees that among the most wasteful practices is often unnecessary medical testing due to concern about liability suits, the organization is also studying proposals that protect in tort litigation any physicians who follow nationally accepted guidelines on testing. “The fastest rising portion of Medicare payments is for medical testing,” says Dr. Carmel. “Sure, we have to consider opinions of those who say we over-test, but we also have to listen to the concerns of physicians who say ‘I over-test because I don’t want to be sued’.”

Dr. Carmel urges continuation of a health care system organized on a mixed public and private basis. “Our American health care system needs to change. There is no question about that,” Dr. Carmel insists. “But we can’t change just for the sake of changing. We have to have reasonable models of change. And we have to institute changes that leave the doctor-patient relationship intact. Can we do it more cheaply than we do it now? The answer is: You bet! We have to make sure that resources are available both to enable good patient care and to allow fair compensation of physicians. It’s possible to do.”

But effective health care reform must also, in Dr. Carmel’s opinion, tackle the problem of waste. “You’ve recently read a number of stories in the news that say that waste and fraud consume a third of our medical payments. That is, in my opinion, a modest estimate. You can quote me on that. The bottom line is, we can and must build a better health care system. And we have to eliminate those who are taking money from the system without providing value.

“Many of us agree that universal coverage is the ultimate goal. But how do we achieve it? We don’t know the answer,” Dr. Carmel shrugs, “but we look to the states to be laboratories to figure out how to broaden health care as much as we can and as equitably as we can. All eyes are on the state of Vermont, where efforts are currently under way to develop a model for universal care.” (P&S graduate Karen Heit’70 is a member of the newly established Green Mountain Care Board charged with creating the first single payer health care system in the country.)

Dr. Carmel believes that America faces an enormous conflict of trust in its institutions. “Do you trust the government to do the right thing? Do you trust the courts to do anything? Do you trust the courts to equitably enforce the laws? We don’t believe in our institutions anymore. It’s time for us to stop complaining and get actively involved. For physicians, support of the AMA and its mission is one way to do just that.”

Life after the presidency

The AMA presidency has been a heady, albeit draining, experience. “Speaking, traveling, going, doing, representing… It has been exhilarating to speak out on behalf of my fellow physicians and to get such positive feedback from them.”

Dr. Carmel’s wife and ad hoc campaign manager, Jacqueline Bello’80, professor of clinical radiology, professor of clinical neurological surgery, and director of the Division of Neuroradiology in the Department of Radiology at Albert Einstein College of Medicine, lauds her husband’s ability to bridge divides as the secret of his success. “Peter gets it. Peter can listen to primary care people and radiologists, he can listen to almost everyone, and if nothing else, connect with them. Even if there’s not going to be an agreement at the end of the day, there is going to be a connection, and that’s important. He brings people together.”

Yet as much as he has relished the spotlight, Dr. Carmel sees his future back at the institution he helped build in Newark. “The major thrust of my efforts in the coming years will be to keep the New Jersey Medical School viable and growing and enlarging. My major ambition is to create a unified institute of those departments dealing with the nervous system.”

He also plans to devote more time to two abiding passions. Family comes first. “I would like to be a better husband, father, and grandfather. I have the world’s best and most beautiful wife, three wonderful sons” – one of whom, Jason Carmel’03 is assistant professor of neurology and neuroscience and assistant professor of pediatrics at Weill Cornell Medical College – “and seven terrific grandchildren. They are a constant source of pleasure and I have to make sure they all grow up right.” Another passion is the fruit of the vine. A lifelong connoisseur of wine, Dr. Carmel recently bought a plot of land in upstate New York on which he hopes to plant a vineyard.

“I’d like to be able to put a wine in the glass that’s not too embarrassing.” Dr. Carmel responds with a smile and a wink. “I don’t know personally if it works, and cannot vouch for it in my official capacity as immediate past president of the AMA, but I’m not taking a chance of missing out.”
Alumni Day Program

Alumni gathered Friday, May 4, in their old digs, the Bard Hall Lounge, for the Alumni Day Program, the highlights of which included a re-graduation ceremony for members of the Class of 1962 on their 50th anniversary and a solemn reaffirmation of the Hippocratic Oath in which all alumni and M.D.s in attendance were welcome to participate.

In his capacity as outgoing president of the P&S Alumni Association, Donald O. Quest’70 delivered welcoming remarks and introduced Gerald E. Thomson M.D., Hon’96, honorary alumni day chairman.

Dr. Thomson, the Samuel Lambert and Robert Sonneborn Professor Emeritus of Medicine at P&S, has long been one of the leading lights in medical education. A former member of the faculty at the Downstate Medical Center-Kings County Hospital, where he directed one of the nation’s earliest and largest maintenance hemodialysis units, Dr. Thomson joined the P&S faculty in 1970 to direct the treatment of end stage renal disease at the Columbia University affiliate, Harlem Hospital Center, where he served as director of medicine for more than a decade. Senior associate dean at P&S from 1990 to 2002, he energized the recruitment of minority students as head of the Office of Minority Affairs. Honored with an Outstanding Teaching Award and the 2002 Columbia University President’s Award for Outstanding Teaching, among other encomia, Dr. Thomson was named an honorary P&S alumnus in 1996.

Distinguished Women in Medicine, Lifetime of Learning Awards

The 2012 Virginia Kneeland Frantz’22 Distinguished Women in Medicine Award was presented to Jane E. Salmon’78, Professor of medicine at Weill Cornell Medical College and attending physician at the Hospital for Special Surgery, Dr. Salmon has studied the determinants of disease severity and the mechanisms of tissue injury in autoimmune disorders, specifically as they impact women. She has focused her research on three areas: the genetics of lupus, the underlying causes of pregnancy loss and preeclampsia in patients with autoimmune disease, and the biology of premature atherosclerosis in patients with lupus and rheumatoid arthritis. She also has studied and shed light on the devastating syndrome of recurrent spontaneous abortion in patients with lupus.

The inaugural Lifetime of Learning Award was presented to Paul Maddon’88 (M.D. and Ph.D.), a director of Progenics Pharmaceuticals, a company he founded, and a trustee of Columbia University. A molecular virologist and immunologist, Dr. Maddon made seminal contributions to our understanding of viral entry and infection. Committed to education at all levels, Dr. Maddon helped launch, and has supported since its inception, the Westchester Science and Engineering Fair to highlight the work of outstanding high school students pursuing research. He is also a member of the CUMC Board of Visitors and an ardent supporter of the Science Honors Program, a highly competitive program that draws some 700 high school students from the tri-state area for Saturday study and laboratory work with Columbia professors, graduate students, and post-docs.
Alumni, graduates, and guests filed into the elegant waterside reception space at Pier 61 at Chelsea Piers, sipped cocktails, and sampled hors d’oeuvres to the swinging background beat of the P&S Alumni Jazz Quintet. The boys in the band of P&S all-stars were John C.M. Brust’62 on saxophone, James C.M. Brust’01 on piano, R. Linsky Farris, M.D. (professor emeritus of ophthalmology) on bass, Donald O. Gold Medals and the Gala

On Friday evening, anniversary classes divided their reminiscent merriments among the Century Club, the Columbia Club, the University Club, and the INK 48 Hotel. Anke Nolting, associate dean for alumni affairs and development, an old friend to generations of alumni, introduced Stephen Nicholas, associate dean for admissions, at several of the parties. Dr. Nicholas keyed jubilant alumni in on the character and qualities of the current crop of students, their future colleagues.

Then and Now: 1962 photograph of newly minted MDs from the Class of 1962, from left: Peter Cohn, Bob Waldbaum, Myles Behrens, Nick Romas, and Martin Nadel and at their 50th anniversary class party, from left: Martin Nadel, Bob Waldbaum, Myles Behrens, Nick Romas, and Peter Cohn

Gold Medals and the Gala

Alumni, graduates, and guests filed into the elegant waterside reception space at Pier 61 at Chelsea Piers, sipped cocktails, and sampled hors d’oeuvres to the swinging background beat of the P&S Alumni Jazz Quintet. The boys in the band of P&S all-stars were John C.M. Brust’62 on saxophone, James C.M. Brust’01 on piano, R. Linsky Farris, M.D. (professor emeritus of ophthalmology) on bass, Donald O.

Donald O. Quest’70 set aside his trombone to welcome all in his capacity as P&S Alumni Association president. Speaking on behalf of the 50th anniversary class, Robert S. Waldbaum’62 wished the Class of 2012 “a rich and full life in their chosen calling.” Suchita R. Shah’12, selected speaker for the graduating class, thanked Dr. Waldbaum for paving the way. “As I look around the room tonight I see an impressive legacy,” she said. “We rise to fulfill that promise and to embrace that tradition of being catalysts for change.”

The evening’s master of ceremonies was Kenneth A. Forde’59, the Jose A. Ferrer Professor Emeritus of Clinical Surgery at P&S and a trustee of Columbia University. Dr. Forde read the gold medal citations.

William M. Manger’46 won the gold medal for outstanding achievements in clinical medicine. Founder of the National Hypertension Association, Dr. Manger has devoted his life to understanding the diagnosis, causes, and treatment of hypertension.

Roy E. Brown’56 won gold for meritorious service to P&S and its Alumni Association. Dr. Brown, clinical professor emeritus of pediatrics at P&S and of population and family health in the Mailman School of Public Health and an expert in child nutrition, has been chair of his medical school class since 1981 and serves as the go-to adviser for students interested in careers in international health.

Suchita R. Shah’12 received the gold medal given to a graduate in recognition of interest in and devotion to P&S and its Alumni Association. Elected to AOA, the national medical honor society, Dr. Shah was honored for her work as a spokesperson for her class.

Dean Lee Goldman delivered concluding remarks, in which he asked, tongue-in-cheek, for forgiveness from the Class of 2012 “for changing the curriculum on you mid-stream,” noting that “you have been a spectacular class.”
been in private practice for seven years. When he shipped out in July 1942, he had no idea that he would be away from home for more than three years or that the future course of his life and career would be profoundly shaped by those years.

The 23rd Station Hospital was originally established in September 1942 in the Belgian Congo (now the Democratic Republic of Congo) to provide wounded soldiers fighting the Germans in North Africa access to medical care along a southern Air Transport Command route which

When my father died, his medical partners and colleagues decided to honor him by creating an endowed fund at his medical alma mater, P&S, to support and train medical students interested in primary care. Their hope was that my father’s love of teaching and mentoring as well as his commitment to patients would be given voice through what is now known as the Brown Scholars Program. More than 25 years after its establishment, the program is coming of age as a growing number of students are showing an interest in pursuing careers in primary care.

Daniel Noyes Brown’32 was born in 1906 in New York City and spent a relatively sheltered childhood across the river in Red Bank, N.J. His father, Thatcher M. Brown, a banker, was for many years a member of the Board of Trustees of Presbyterian Hospital. He graduated from Yale in 1928 with a major in English and completed his premed requirements during the summers so that he was able to transition immediately to medical school the following fall. After receiving his M.D. degree from P&S in 1932, he continued his internship and residency training in internal medicine at Presbyterian Hospital and opened a private practice in New York City in 1935.

Early in World War II, my father, along with other PH staff, enlisted in the Army Medical Corps. He was assigned to the 23rd Station Hospital and the hospital’s PH contingent became its medical and surgical nucleus. My father was 35 when he joined the Army, having already
within a 25-mile radius of some of our greatest teaching centers.” Theirs than I was later to find was being practiced in many community hospitals
fine medicine with remarkably little medical equipment, better medicine that “a team of men trained in a university center can practice remarkably
ical students at P&S in 1958, he had discovered during his war service
shaped by their war experiences. As he explained in a talk he gave to med-

As one former patient wrote of him, ‘While he was very objective, he was never neutral but always on our side.’

including American, British, Russian, Yugoslav, and Indian soldiers. A high point for my father’s year in France was the opportunity to teach tropical medicine to nurses and medical officer students at the Medical Service School Center set up by the U.S. Army just outside Paris.

Upon returning home in October 1945, my father decided to form a group practice with several other close colleagues who had been similarly shaped by their war experiences. As he explained in a talk he gave to medical students at P&S in 1958, he had discovered during his war service that “a team of men trained in a university center can practice remarkably fine medicine with remarkably little medical equipment, better medicine than I was later to find was being practiced in many community hospitals within a 25-mile radius of some of our greatest teaching centers.” Theirs was the first medical group practice to be established in New York state

in 1947. Today, the Mount Kisco Medical Group has more than 250 pri-
mary care and specialty physicians.

The five founding partners (three internists, one surgeon, and one pedi-
trician) were the first specialists to set up practice in a community that had previously been served entirely by general practitioners. In a talk on group practice, my father explained that the objective “is to bring to the patient the combined knowledge, skill, and experience of a team of trained specialists without losing the intensely personal doctor-patient relationship, so that the developments of modern medicine, too numerous to be mastered by a single practitioner, may be available to each patient.”

In a condolence letter to my mother at the time of my father’s death, one of his long-time partners wrote, “His guidance to the Mount Kisco Medical Group in its formative years gave it a superb medical and ethical back-
ground.” My father continued as an instructor in medicine at P&S until 1958 and was instrumental in developing a training program for medical residents at the Northern Westchester Hospital in subsequent years. He retired in 1976 at the age of 70 as stipulated in the partnership agreement, the first of the original partners to retire.

I first met my father at the age of 2½, having been born when he was stationed in Africa. My warmest memories of my father as a child were the times when I was sick and he took care of me, sitting by my bedside all night when I had bad ear infections. As one former patient wrote of him, “While he was very objective, he was never neutral but always on our side.” Another patient wrote about his “gift of compassion so essential to the best in medical practice.” While battling chronic asthma and bronchial illness during his later years, his commitment never flagged. Thanks to the gift of modern medicine (e.g., prednisone), he was given an extra 25 years of life.

Another important outgrowth of his years in Africa was his interest in other cultures and his commitment to peace and international understanding. He wrote one of the earliest letters to the New York Times in 1965 protesting the war in Vietnam. From the mid-1960s into the 1980s, he served on the Board of Trustees of a large and well-established educational exchange program then known as the Experiment in International Living (now known as World Learning). During those years, he and my mother hosted students and teachers from Egypt, Spain, Nigeria, Tunisia, India, and Iran and gave them a welcoming home while they were in the United States.

Having relived his life in preparing this article, I feel strengthened in knowing that his legacy lives on, not just through me and my family, but also through the lives of the Brown Scholars at Columbia P&S.
Risk Evaluation and Mitigation Strategies for U.S. Drug Development
Edward Tabor ’73
Regulatory Affairs Professionals Society, 2012

Dr. Tabor’s book will help anyone involved in the development and marketing of pharmaceutical and biologic products navigate a new step in the drug development approval process, the Risk Evaluation and Mitigation Strategy, or REMS. Since 2007, the FDA has had the authority to require a REMS as a condition of approval for any product where agency reviewers determine a drug’s benefits would not outweigh the risks without some sort of additional control. As an authoritative resource on REMS requirements, process, and implementation, Dr. Tabor’s book will help predict whether the FDA may require a REMS and offer guidance on how to create a REMS. Dr. Tabor gained experience in government regulation of pharmaceutical and biotechnology products during his 22 years at FDA, including time as a director of two FDA divisions.

Listening to Pain: Finding Words, Compassion, and Relief
David Biro ’91
WW. Norton & Company, 2011

Originally published in hardcover as “The Language of Pain,” Dr. Biro’s book shows readers how to break through the silent wall of suffering – physical and psychological – that can accompany pain and illness. He draws together compelling stories from patients and insights from some of society’s greatest thinkers, writers, and artists, showing how language can alleviate the loneliness of pain and pave the way for empathy and effective treatment. Dr. Biro, who also has a Ph.D. in literature from Oxford, wrote about his own experience as a patient in his 2000 book, “One Hundred Days: My Unexpected Journey from Doctor to Patient,” which was excerpted in the Winter 2001 issue of P&S.

Letters to the Editor that were never published (and some other stuff)
Alex Caemmerer Jr.’47
Trafford Publishing, 2011

Dr. Caemmerer describes himself as an “inveterate letters to the editor writer,” with about 130 letters written to the New York Times and other publications during the past “dozen or so” years. With only a handful of the letters published, he collected the letters into print himself. He has divided the letters into chapters with titles that include psychiatry, psychoanalysis, depression, religion, Catholic bishops and priests, homosexuality, and violence; commentary on the topic introduces the letters in each chapter. The book also includes letters Dr. Caemmerer has written to individuals and essays on changes in American culture over the past few decades.

Casebook of Interpersonal Psychotherapy
John C. Markowitz ’82 and Myrna M. Weissman, Editors
Oxford University Press, 2012

Dr. Weissman and her late husband, Gerald L. Klerman, M.D., developed interpersonal psychotherapy, a time-limited, diagnosis-focused treatment that helps patients solve interpersonal crises and mobilize social support by helping patients change interpersonal behavior to improve psychosocial functioning. The therapy has been repeatedly tested in randomized trials with such success that it is now included as a leading therapy in treatment guidelines for major depression and eating disorders. This 2012 casebook co-edited by Dr. Weissman and Dr. Markowitz includes in-depth case illustrations by experts for clinicians who use the therapy. Chapters show adaptations of the therapy for patients with particular disorders, such as mood disorders, anxiety disorders, and personality disorders. The book also describes how the therapy can be used in different settings, including group, inpatient, and telephone therapy.
Our Kind of People: A Continent’s Challenge, A Country’s Hope
Uzodinma Iweala’11
Harper, 2012

Dr. Iweala’s debut novel, 2005’s “Beasts of No Nation,” was about child soldiers in West Africa. His latest book is a non-fiction work based on interviews he conducted over four years with Nigerians dealing with HIV/AIDS. Much of what has been written about HIV and AIDS emphasizes death, destruction, and despair, so Dr. Iweala wrote the book to capture the many and varied effects of the epidemic and the voices of the extraordinary people who live and die under its watch. The author traveled through his native Nigeria to meet individuals and communities affected by HIV and AIDS, speaking with people from all walks of life – ill and healthy, doctors, nurses, truck drivers, sex workers, shopkeepers, students, parents, and children.

12.21: A Novel
Dustin Thomason’03
Dial Press, 2012

Dr. Thomason follows up the bestseller he co-wrote in 2004, “The Rule of Four,” with this novel based on the date doomsayers worldwide claim the world will end because of an ancient Maya calendar prediction. The book has been described as a fast-paced thriller that incorporates ancient prophecy and modern science. A California doctor, Gabriel Stanton, who studies incurable prion diseases for the CDC and is considered the foremost expert on some of the rarest infections in the world, joins forces with Chel Manu, a Guatemalan-American researcher at the Getty Museum who has an artifact that might explain why the Maya kingdoms vanished overnight, a fate that could await their own civilization with only days remaining before Dec. 21, 2012.

Seafoam Wavefollower and the Mysterious Ghost
John M. Briley Jr.’67
Booklocker.com, 2012

Dr. Briley’s life as a pediatrician in Hawaii was so busy he shelved his eight manuscripts for children’s books. Now retired, he took one of the series off the shelf for this book about Seafoam Wavefollower, a juvenile sperm whale and skilled navigator. (The other series of books is about a miniature dragon called Green Flash.) In this adventure, Seafoam gets trapped in a sea cave, where he must rely on the ghost of a mysterious Hawaiian boy to help him. Warriors, sorcerers, and a giant whirlpool are among the hurdles keeping him from reaching home before a 24-hour rule that will force his family to abandon him takes effect.

Non-Drug Treatments for ADHD: New Options for Kids, Adults, & Clinicians
WW Norton, 2012

The Healing Power of the Breath
Shambhala, 2012
Richard P. Brown’77 and Patricia Gerbarg, M.D.

Dr. Brown and co-author Dr. Gerbarg are known for providing the latest breakthroughs in integrative mental health treatments. In “Non-Drug Treatments for ADHD,” they draw upon their many years of clinical experience to describe scientifically grounded complementary and alternative treatments for consumers and professionals. Dr. Brown and Dr. Gerbarg, a faculty member at New York Medical College, also teamed up for “The Healing Power of the Breath,” which teaches a range of simple breathing techniques drawn from yoga, Buddhist meditation, the Chinese practice of qigong, Orthodox Christian monks, and other sources and explains how to use them to reduce stress and anxiety, balance emotions, enhance concentration and performance, and improve relationships. Their website, www.HaveAHealthyMind.com, includes a free newsletter and information about standard and complementary treatments, research, and other resources.
in memoriam

**FACULTY**

Shivaji (Baba) Bhonslay, M.D., former assistant clinical professor of clinical surgery, died July 25, 2010.

John Philip Briggs, M.D., former assistant clinical professor of psychiatry, died Nov. 28, 2011.


Frederick Lane, M.D., former clinical professor of psychiatry, died June 12, 2012.

Gabriel G. Nahas, M.D., Ph.D., professor emeritus of anesthesiology, died June 28, 2012.

Kenneth Stalter, M.D., assistant clinical professor of surgery (at Bassett), died Jan. 18, 2012.

**ALUMNI**

1936

Leonard Bases, a retired surgeon and otolaryngologist, died Jan. 25, 2012. Dr. Bases entered medical school in the depths of the Great Depression, piecing together the funds for his tuition from a lucky race track bet, work as a shoe salesman, and the sale of his own blood. He served in the U.S. Army Medical Corps during World War II. Dr. Bases served for three decades as an attending otolaryngologist at Northern Westchester Hospital in Mount Kisco, N.Y. Following his retirement he volunteered with Care Medico, teaching and practicing medicine in Afghanistan and Java. He is survived by his wife, Ann, two sons, and two grandsons.

1942

Edward M. Wheeler, a retired orthopedic surgeon, died June 25, 2012, at age 95. He served as a medic in the U.S. Army during World War II, participating in the D-Day invasion. He treated injured soldiers behind front lines as the Army fought its way across Europe. Returning to civilian life, Dr. Wheeler pursued a practice as a member of the Mount Kisco Medical Group and volunteered as a surgeon at Grasslands Hospital and Sing Sing Prison. Later moving to Middle Haddam, Conn., he worked on the staff of Middlesex Hospital, Memorial Hospital. Following his retirement, he founded and ran the Wake Robin Sugar Shack and Maple Sugaring Operation in Shelburne, Vt. Survivors include his wife, Deborah, a daughter, and two sons.

1943

Stephen H.M. Plum died June 7, 2008, at his home in Meadow Lakes, Hightstown, N.J. He also graduated from the surgical residency program at Columbia.

1943D

Gilbert H. Glaser, founding chairman and professor emeritus in the Department of Neurology at Yale, died Jan. 21, 2012. Known for his research in epilepsy, he trained generations of American neurologists. After graduating from P&S, Dr. Glaser completed a neurology residency at the Neurological Institute of New York with H. Houston Merritt. When he was drafted he served as director of the EEG laboratory at Brooke Army Medical Center from 1946 through 1948. Following his discharge he became an assistant attending and chief of the neurology clinic at NINY. He moved to Yale in 1952 as assistant professor, becoming full professor in 1963. He was a past president of the American Academy of Neurology and the American Epilepsy Society. Yale established an annual Gilbert H. Glaser Lecture-ship in 2006 and a professorship in his name a few years later. Dr. Glaser is survived by his wife, Morflydd, a daughter, a son, and one grandchild.

1946

William P. Arnold died June 15, 2009. Dr. Arnold served for 50 years as director of public health in Middlebury, Conn. and as a member of the medical staff at Waterbury Hospital. “Crumbling, but surviving. Walk, though, daily. Still working,” he wrote with wry wit on an alumni questionnaire in 2002. Dr. Arnold served for two years as regional surgeon of the 18th Infantry Regiment, First U.S. Division E.T.O., in Germany following World War II. After his retirement he volunteered as a surgeon for the Middlebury Volunteer Fire Department. His hobbies included horses, calf roping, and Western riding. Dr. Arnold is survived by his wife, Millie, two daughters, and five grandchildren.

1948

W. Holmes Yealy, a retired radiologist, died Jan. 18, 2012. Dr. Yealy served as a naval corpsman during World War II and again as a battalion surgeon (first lieutenant) during the Korean War. He was a member of the radiology group and chairman of the Department of Radiology at Williamsport Hospital, in Williamsport, Pa. In his free time he was a passionate hiker and trekker, having made one trek to the base of Mount Everest and a circumambulation of the Annapurna massif. He also played trumpet for some years in the Susquehanna Valley Symphony. In later years Dr. Yealy suffered from Parkinson’s disease. Survivors include his wife, Enid, a daughter, a son, and a granddaughter.

1948

George Cytroen, a retired internist, died Feb. 3, 2012, at age 88. For more than four decades Dr. Cytroen pursued a private medical practice in Framingham, Mass. He also taught medicine on the clinical medicine faculties of Harvard and Boston University. Dr. Cytroen worked on the Framingham Heart Study for the U.S. Public Health Service during the Korean War. He is survived by his wife, Judith, a daughter, a son, and four grandchildren.

1948D

Enid, a daughter, a son, and four grandchildren.
1950
Dorothy Estes: see below.

1951
Gordon Arthur Logan died July 26, 2012, of lung cancer at his home on Mercer Island, Wash. He was 87. Dr. Logan served with the U.S. Marine Corps then earned a bachelor’s degree in electrical engineering and a master’s degree in psychology from Purdue University before entering P&S. He and his wife moved to Mercer Island in 1953. He helped found the Heart Center of Providence (now Swedish) Medical Center in 1959 using a grant from the John A. Hartford Foundation and served as the center’s director until 1987. He was affiliated with the University of Washington from 1952 to 1978. He retired from his medical practice at age 70 in 1994. He climbed all the major peaks of the Pacific Northwest and enjoyed hiking, camping, boating, and fishing. He was involved with the Mountaineers Club and the building of the club’s Mount Baker Lodge in 1954. He particularly enjoyed heli-skiing in Canada and, with his wife, enjoyed dancing, Dixieland jazz music, and festivals. Survivors include his wife, Joan, three sons, one daughter, five grandchildren, and seven great-grandchildren.

Elizabeth Aub Reid, a retired psychiatrist, died Feb. 19, 2012. A member of the clinical faculty in the Department of Psychiatry at Harvard Medical School, Dr. Reid served as psychiatric director of Consultation Liaison for the Harvard University Health Services. In her spare time she played the viola. She is survived by her husband, Robert C. Reid ’51, three children, and seven grandchildren.

1952
Wilbur G. Avery, a retired internist, died March 26, 2012, at age 90. Dr. Avery served as a weather forecaster during World War II. He pursued a private medical practice and served for many years as head of the University of Texas Health Center in Tyler. He is survived by his wife, Judy, two sons, two stepsons, six grandchildren, and two great-grandchildren.

1953
George F. Cahill Jr. died July 30, 2012, at age 85 from complications of pneumonia. The diabetes expert made important discoveries about the role of insulin in metabolism by studying research subjects on starvation diets. He also is remembered for testifying for the prosecution at the trials of Claus von Bulow, who was accused of trying to murder his wife with insulin. Dr. Cahill was research director of Joslin Diabetes Center in Boston from 1962 to 1978. He studied both divinity students, who were paid to fast for a week, and hibernating bears. In the 1960s, he tracked the blood chemistry of people who were trying an experimental treatment for severe obesity, total starvation for up to six weeks. He found that in the first few days without food, the liver starts breaking down protein to make glucose to feed the brain. After about a week,
After Dr. Cahill graduated from P&S, he became a professor of medicine at Harvard, where he taught until retiring in 1990. He was a researcher and administrator for the Howard Hughes Medical Institute from 1962 until retirement. After retirement, he began teaching a biology course for non-scientists at Dartmouth College that became so popular within days of the first lecture that the class had to be moved from a room that held 100 to an auditorium that seated more than 400. Preceded in death by his wife, Dr. Cahill is survived by four daughters, two sons, and 15 grandchildren.

Joseph S. Karas, a retired internist and member of the clinical faculty in the Department of Medicine at Brown University, died May 14, 2012. He was 83. Dr. Karas served as a captain in the U.S. Army Medical Corps. A cardiologist in private practice and a staff physician in internal medicine and cardiology at Rhode Island Hospital, he served for a decade as chairman of the Emergency Department Committee then as coordinator of medical services in the Emergency Department and director of the Poison Control Center. He was the recipient of a citation from Rhode Island Gov. John H. Chafee for his humanitarian work in poison control, “ensuring the health of all Rhode Islanders.” Dr. Karas also received a citation from the State of Rhode Island for his outstanding service as a volunteer ombudsman. Survivors include his wife, Louise, a daughter, four sons, nine grandchildren, and three great-grandchildren. In a 2002 alumni questionnaire, Dr. Karas bemoaned the passing of the era of the solo practitioner. “None or rare house calls. Too much reliance on testing, rather than listening to the patient and doing a thorough physical examination.”

1955
Chalmers A. “Babe” Loughridge, a physician the Washington Post called a visionary of emergency room medicine, died of congestive heart failure Aug. 12, 2012, at age 93. The Post said Dr. Loughridge was one of four Alexandria, Va., physicians who created the specialty of emergency medicine in the early 1960s when emergency rooms were becoming increasingly crowded but were poorly staffed (typically, an emergency room was supervised by a nurse with physicians on call). The president of the medical staff at Alexandria Hospital recruited Dr. Loughridge from his private practice as an internist and two other physicians to provide around-the-clock emergency medical care at the hospital. The staffing plan was soon followed by other hospitals around the country and the world and led to the development of emergency medicine as a specialty. Dr. Loughridge, a native of Gallup, N.M., received a chemical engineering degree from the University of Colorado and worked as an engineer in Pennsylvania and Texas before enrolling in P&S. His baseball skills led to his Babe Ruth-inspired nickname. He retired in 1986. Survivors include his wife, Ruth “Reggie,” a son, and three granddaughters.

1955
Retired internist Richard J. Eberly died Jan. 27, 2012. He was 82. Dr. Eberly served as a captain in the U.S. Navy at Bethesda Naval Hospital. He was a member of Moorestown Internal Medicine, a group practice, and served on the staff at Zurburg Hospital in Moorestown, Pa., and for a time as assistant chief of staff at the VA Hospital in Fayetteville, N.C. He also served as president of the Moorestown School Board. Dr. Eberly is survived by his wife, Cindy, a daughter, a stepson, and two grandchildren.

1956
Joseph A. Silverman, a pediatrician and expert in eating disorders, died May 6, 2012, from complications of Parkinson’s disease. He was 81. Dr. Silverman served as a medical officer in the U.S. Air Force assigned to the Strategic Air Command in Labrador and, later, the Pease Air Force Base in New Hampshire. While stationed in Labrador he volunteered to fly to remote Native American villages to provide pediatric care. Clinical professor of pediatrics at P&S and attending pediatrician at Presbyterian Hospital, Dr. Silverman maintained a private pediatric practice for more than four decades. He was a former member of the Board of Trustees of Presbyterian Hospital. Among his many honors, Dr. Silverman received the Humanities Award from BASH (Bulimia Anorexia Self-Help) at the VIII International Conference on Eating and
Mood Disorders in 1990, the Golden Achievement Award of the American Anorexia/Bulimia Association, and a certificate of commendation from the Council on Pediatric Research of the American Academy of Pediatrics for distinguished clinical contributions to pediatric research. Preceded in death by his wife, Joy, he is survived by two daughters, two sons, and four grandchildren. He also is survived by a brother, Michael Silverman, M.D., and a sister, Ethel Siris’71.

1961
Leonard D. Kohn died April 18, 2012. He was emeritus senior research scientist at the Ohio University Heritage College of Osteopathic Medicine. He worked for the National Institute of Diabetes, Digestive, and Kidney Diseases for 36 years before joining Ohio University in 2000. In 2003, he became the first J.O. Watson Chair for Diabetes Research, which was created with a gift from the Osteopathic Heritage Foundations and which laid the groundwork for the college’s continued and expanded focus on diabetes research and treatment. He retired in 2008 after beginning work on the development of a new compound, called C-10, that shows promise in fighting pancreatic cancer and diabetes. Other researchers have continued work on the compound; preliminary lab studies show that the drug can slow the growth of cancer cells and effectively treat various autoimmune-inflammatory diseases. A graduate of Columbia College, Dr. Kohn completed his internship and residency at Columbia before becoming a research associate at the NIH. He received many professional awards in recognition of his research. He was issued nine patents and had more than 20 patent applications pending.

1966
James “Jim” Jerow Elting died Aug. 10, 2012, at age 73. Dr. Elting, chair of the Board of Trustees of Hartwick College in Oneonta, N.Y., and an orthopedic surgeon at Bassett Healthcare, died after a sudden illness. Born in New Jersey, Dr. Elting started a lifelong passion for rowing while attending high school in Belleville, N.J. At Yale, where he majored in English, he competed on the varsity men’s rowing team. After graduating from P&S, he interned at Mary Imogene Bassett Hospital in Cooperstown then served in the U.S. Navy as first medical officer aboard the USS Columbus, the flagship of the Sixth Fleet. He completed a residency at Yale and became certified in orthopedic surgery. He returned to upstate New York and established Otsego Orthopedics in Oneonta and became the first orthopedic surgeon on the staff of A.O. Fox Hospital. He traveled extensively, teaching surgical techniques and lecturing throughout the United States, Europe, and Asia. He served as an orthopedic surgeon at the 1980 Olympic Games in Lake Placid. He returned to Bassett as senior orthopedic surgeon. A member of the Hartwick College Board of Trustees for 21 years, Dr. Elting had chaired the group since 2009. A loyal alumnus and generous supporter of P&S, Dr. Elting provided funds to establish a fitness and strength area in his name in Bard Hall. Dr. Elting is survived by his wife, Karen, three children, two step-children, and seven grandchildren.

1970
Correction: In the Spring 2012 issue of Columbia Medicine, Ellen Swain was mistakenly listed as the spouse of Arthur S. Brown, who died May 20, 2011. Ms. Swain was Dr. Brown’s beloved soul mate and life partner. In addition, mistaken mention was made about surviving children. Dr. Brown had no children.

1974
Merville C. Marshall, a faculty member in the Department of Medicine, former assistant dean, and director of the diabetes section in the Division of Endocrinology at New York Medical College in Valhalla, N.Y., died May 26, 2012. He was affiliated with Westchester County Medical Center. The recipient of awards for excellence in teaching and “best doctor” and “top doctor” citations, in 2008 he appeared on the program “Mystery Diagnosis” on the Discovery Health Channel, after diagnosing porphyria in a patient who had been symptomatic for decades but not correctly diagnosed. He also co-authored a book (with Rev. W. Darin Moore), “Body and Soul: Conversations with Your Physician and Pastor.” Dr. Marshall is survived by his wife, Sharon, and two daughters.

2009
Aderimola Stephanie Adegwumi, a surgeon, died Feb. 28, 2012, at age 30. She is survived by her parents.

House staff alumni
Frank Yatsu, who completed a two-year residency in neurology at the Neurological Institute of New York, died March 9, 2012, at age 79. He graduated from Case Western Reserve University’s medical school in 1959.
Wilderness Medicine (Reborn)

After several years in hibernation, the Wilderness Medicine Club is back up and running. This unique club provides opportunities for students to learn and practice wilderness medicine techniques outside of the lecture hall or classroom, often while on hikes or camping trips with wilderness medicine-trained Columbia doctors. Though the focus is learning medical skills practiced outdoors, the Wilderness Medicine Club maintains that possessing knowledge of wilderness medicine is integral to myriad medical careers. The club fosters the belief that back country medical skills are invaluable when practicing in urban areas incapacitated by natural disasters or working in a poorly stocked over-capacity emergency room.

In Fall 2012, the Wilderness Medicine Club held its first P-SOOP hiking trip (P-SOOP standing for Physicians and Surgeons Outdoor Orientation Program). The trip gave incoming first-year medical students a fun opportunity to get to know fellow students, jump start friendships with classmates, receive basic training in wilderness first aid, and explore the great outdoors.

– James Marvel’15

Rugby at Age 40

Harnessing the pent-up frustrations built from living in the library, the variably undersized but overenthusiastic P&S Rugby Football Club posted a 3-1 record in the Fall 2011 campaign and brought home the Wood Memorial Tournament trophy yet again. The team also had the opportunity to fight for the pride of P&S in the faraway land of Philadelphia for Wharton’s annual Hogfest, where P&S won, 2-1.

This year is shaping up to be a great year for the Rugby Club as the legendary club turns 40, celebrating on Randall’s Island this fall during the 30th Wood Memorial Tournament. The tournament commemorates the life and memory of rugby team founder John C. Wood Jr.’76 with food, beverages, and competitive rugby action.

To commemorate the 40th anniversary of the P&S rugby team and the 30th anniversary of the Wood Tournament, P&S is hoping to raise $50,000 to endow the team for future P&S students. Anyone interested in making a gift should contact Laura Gilbert, P&S Alumni Office, lt2137@columbia.edu, or 212-305-1230.

– Hyonwoo Paco Kang’15
Ephraim Engleman, P&S’37 was a violin prodigy at age 6, and at age 17 took a job playing in an orchestra in the pit of a local silent movie theater. Eventually music became an avocation and medicine became a calling. At P&S he played chamber music with members of the faculty; his class was the first to stage a senior class show. He graduated to become a world-renowned rheumatologist and remains on the faculty at the University of California, San Francisco.

Dr. Engleman believes that part of his medical mission is to pass on the blessings he has received. “I happen to be an alumnus of a great medical school and want to do what I can to help P&S keep teaching medicine the way I learned it.” As a collector of rare instruments, including two Stradivarius violins and two others by Guarneri del Gesù, Dr. Engleman and his wife, Jean, made provisions in their wills to establish a scholarship with a preference of awarding the scholarship to a student with an interest in music.

Peter Liou, P&S’13, this year’s Engleman Scholarship recipient, performs regularly in the very same Bard Lounge where Dr. Engleman played his violin as a P&S student nearly 75 years ago. Peter has played both piano and violin at several Columbia University Medical Center events and at Musical Mondays, monthly concerts put together by P&S students for the CUMC community. “There is simply no other medical school in the country that offers the same opportunities for musical expression as P&S,” says Peter. “From the Bard Hall Players to chamber music concerts and coffee houses, I have no doubt that P&S students will be some of the most well-rounded physicians out there.”

In July 2012, during a surgery rotation at the University of California, San Francisco, Peter had the fortune to meet with Dr. Engleman and join him at his home in San Mateo for an impromptu music session. It was a thrill for Peter to meet both Dr. Engleman and his Strad!

The bequest made by Dr. and Mrs. Engleman will leave a legacy to P&S with future generations of P&S students benefiting from the Engleman Scholarship.
Most of us knew nothing of rugby when we enrolled at P&S in 1972. We knew nothing of the rules or the flow of the game. We got more sophisticated when we’d see other teams doing things we didn’t even understand. This was pre-Internet, so you couldn’t watch the latest world finals on YouTube. We had a little book.

It was somewhat of a rogue thing. We just took money out of our pockets to buy balls, shin guards, jerseys. Our uniforms were Columbia blue and dark blue stripes. We looked better than we were, initially. I’m sure the referees were pretty frustrated with our ignorance.

You fight to the death on the field, but afterward you party. You could lose the game and still win the party. It became a focal point for the entire medical school. There are traditional songs, which of course we had to learn, that got carried back and forth between the teams, carousing.

When Dean of Admissions Andy Frantz saw that someone had been a college athlete, he’d ask whether they’d be interested in playing rugby. The scuttlebutt was that telling Dr. Frantz you’d play got you a plus on your interview.

Now my eldest daughter, Katie, is a fourth-year medical student at P&S. She wants to wear my old jersey, which looks like a calico; it’s been sewn back up again so many times. I told her maybe she can wear it under her graduation gown.

— Melvin P. “Mad Dog” Rosenwasser’76, the Robert E. Carroll Professor of Surgery of the Hand at P&S, was a founding member of the P&S rugby team that went on to win the 1975 divisional championship of the Metropolitan New York Rugby Football Union. He earned his nickname from “little scuffles” on the field.