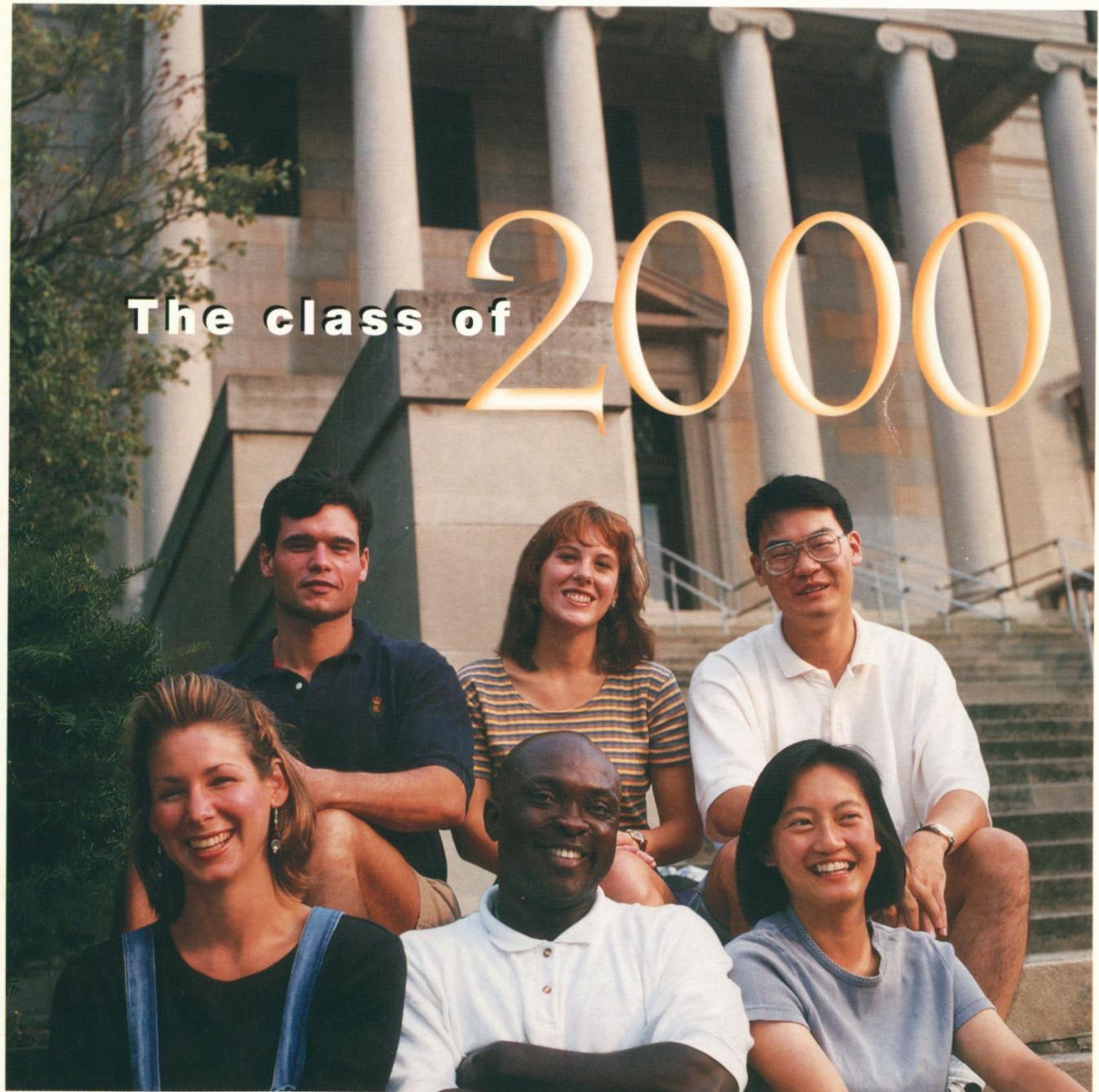


# BUFFALO

State University of New York at Buffalo School of Medicine and Biomedical Sciences, Autumn 1996

# PHYSICIAN



**BUFFALO PHYSICIAN**  
Volume 30, Number 4

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**TEACHING HOSPITALS AND  
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**Cover photo** by Frank Cesario

## Dear Alumni and Friends,



AS THE MEDICAL SCHOOL ENTERS its next sesquicentennial period, the faculty have begun to introduce new, significant innovations into the curriculum. You are already aware from earlier reports that the third and fourth years have been reorganized to include a Family Medicine clerkship in the third year, and two advanced modules, one each in Internal Medicine and Surgery, in the fourth year. These changes have increased our emphasis on ambulatory education and generalism, and they have strengthened students' experiences in medicine and surgery.

In this academic year, major restructuring of the first two years begins with the implementation of two interdisciplinary courses, each of which will span two years. One, the Clinical Practice of Medicine, integrates all the previous courses that taught clinical skills, epidemiology, preventive medicine, and community health. The second course, the Scientific Basis of Medicine, emphasizes problem-based learning. Each course uses small groups and emphasizes independent learning.

Clearly the introduction and implementation will require additional curricular reorganization in the years to come. UB is fortunate that the first two directors are skilled and dedicated educators. Andrea Manyon, M.D., assistant professor of family medicine, will direct the Clinical Practice of Medicine course, and Murray Ettinger, M.D., Distinguished Teaching Professor of biochemistry, will direct the Scientific Basis of Medicine course.

In preparation for these major undertakings, retreats have been held with the involved chairmen, faculty, and administrators. A two-and-a-half day workshop directed by a team from McMasters Medical School in Hamilton, Ontario focused on conducting problem-based learning courses.

The medical students are quite enthusiastic about the new directions. We will keep you posted on the school's progress in subsequent issues of *Buffalo Physician*.

Sincerely,

John Naughton, M.D.  
Vice President for Clinical Affairs  
Dean, School of Medicine and Biomedical Sciences

## Dear Distinguished Alumni,



THE CLASS OF 2000 has just begun medical school. They can almost touch their dream. When it's fulfilled, will their dream be anything like they imagined? I think so. More than half of these men and women will dedicate themselves to some form of primary care. They will engage themselves with the poor, the unemployed and underserved, the pregnant teen with AIDS, and the unwanted child. Managed care will not result in doctors overlooking these individuals. The medical community needs to remain stronger and more powerful than any special interest group. The students of the Class of 2000 will carry the message into the 21st century that doctors will heal and protect all patients, regardless of their ability to pay, or the pain and disease they may have.

The Medical Alumni Association is dedicated to helping these medical students enter into the 21st century with a sense of vision and hope. Dr. Jack Richert, who has navigated the Alumni Association for the past 14 years, has fulfilled that mission as a liaison between the medical school and its graduates. It is with his leadership that we originated and supported some 37 new activities, including; the Match Day scroll, the hosting program for residency interviews, the Freshman Orientation Program, the Hope and Healing Project, student travel to scientific meetings, receptions at national medical meetings, the newsletter, community physicians' programs, and the past presidents' dinner.

Dr. Richert has just announced his forthcoming retirement. Thank you, Dr. Richert, for your vision and energy. You will be missed and always remembered.

Sincerely,

Jack F. Coyne, M.D.  
President, Medical Alumni Association

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# Photodynamic therapy:

**DEVELOPED IN BUFFALO TO BENEFIT CANCER PATIENTS EVERYWHERE**

**I**T STARTED OUT AS A NUISANCE that puzzled lab technicians: A chemical that was used to identify live cells in a culture could kill the cells if they were exposed to light.

"I said, 'Hmm,' when I found out about that," remembers chemist Thomas J. Dougherty, Ph.D., a UB research professor of radiation oncology at Roswell Park Cancer Institute. "The technician mentioned it to me as a warning, but I decided to see if this was something we could use."

Canadian company that manufactures it under the name Photofrin.

"Dougherty is the seminal figure in PDT," says Frank Mahoney, a project officer at the National Cancer Institute, which funds Dougherty's research. "Many of the people in the field around the country have passed through his lab."

"The very first approval was a big hurdle because the FDA didn't know anything about it, and they had to look at the manufacturing methods and the laser equipment, as well as the drug."

Was it ever. What began as a chemical's troublesome property led to a whole new modality of cancer treatment called photodynamic therapy, or PDT.

Thanks in part to Dougherty's continued research activity in the field, Buffalo is now home to two photodynamic therapy centers. Researchers around the world are using PDT to treat cancer and other diseases, and the first PDT drug received Food and Drug Administration approval last year.

The drug, porfimer sodium, was patented by Dougherty and Roswell Park Cancer Institute. It is licensed to a

PDT is a multistep process in which a harmless drug absorbed by body tissues is activated by laser light and releases cytotoxic substances inside tumors.

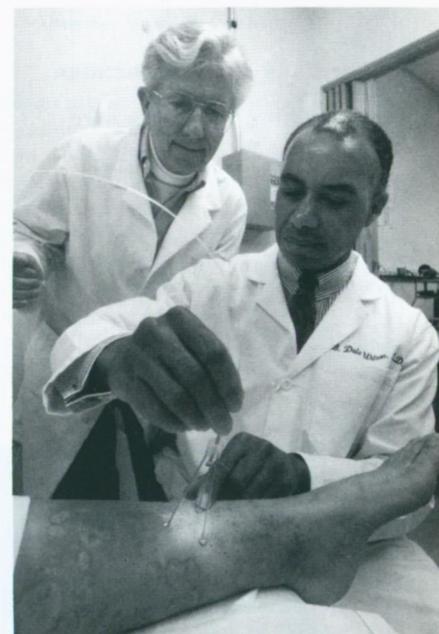
First, the patient is injected with Photofrin, which is taken up by cells throughout the body, especially by rapidly dividing cancer cells. Then doctors use a fiberoptic to deliver a beam of laser light at the correct frequency to the tumor. When Photofrin absorbs energy from the light, it releases a molecule called singlet oxygen. This molecule is so reactive that during its one-millionth-of-a-second life span, it

will oxidize anything it touches, killing the cancer cell but sparing surrounding tissue.

Because laser light doesn't penetrate far into tissue, PDT can only be used on tumors that are on or near the surface of organs that can be reached with an endoscope. Also, it is a local therapy; a treatment in one region of the body won't catch metastases elsewhere.

Although it is not appropriate for all cancers, PDT is cheaper, quicker, and safer than many conventional cancer therapies. Photofrin's main side effect is that it renders patients' skin highly sensitive to light. If they do not avoid prolonged exposure to the sun for 30 to 60 days after treatment, the photodynamic effect can cause severe sunburn. Researchers are trying to develop new drugs without this side effect.

In early experiments in the 1970s, Dougherty and his colleagues used PDT and conventional lamps to kill tumors



**Thomas Dougherty, Ph.D., watches as colleague B. Dale Wilson, M.D., uses photodynamic therapy to treat a patient with basal cell carcinoma.**



that had metastasized to the skin. "I found out later that a couple of researchers had tried something similar much earlier—one in the 1930s, and one in the 1960s. But in those days, the equipment wasn't up to the demands, and they never did anything about it," Dougherty says. "It just shows you that there's nothing new. Somebody's always thought of it before."

By 1980, with the development of lasers that could focus light of the correct wavelength through endoscopes, researchers in Japan began treating lung cancer.

Scientists around the world have used PDT successfully on esophageal, bladder, stomach, and cervical cancers. In this country, Photofrin and the PDT laser equipment is only approved for treating late-stage esophageal cancer. Early-stage lung cancer may be next.

"The very first approval was a big hurdle because the FDA didn't know anything about it, and they had to look at the manufacturing methods and the laser equipment, as well as the drug," Dougherty says. "I think future approvals should come much more quickly."

Dougherty also blames himself for a tactical error that may have slowed the process of getting Photofrin on the market. He and his colleagues started their own company to manufacture the drug, but lack of funds forced them to sell to Johnson & Johnson. The company then sold the rights to Photofrin to the Canadian company, QLT, which finally made a success of it.

"The new drugs will move through the process quicker, because we won't make the same mistakes," Dougherty says with a chuckle.

Under Dougherty, the Photodynamic Therapy Center at Roswell Park is developing new PDT drugs, participating in clinical trials of new drugs and therapies, and investigating the mechanisms that make PDT work. Roswell Park treats about 100 patients a year with PDT.

Meanwhile, following the FDA approval of Photofrin and PDT, the Buffalo General Hospital has opened its own photodynamic therapy center to begin treating esophageal cancer. The Buffalo General center is under the direction of Thomas S. Mang, Ph.D., the former director of Roswell Park's PDT center and a longtime colleague of Dougherty's. In addition to patient treatment, the Buffalo General center will also conduct phase II and III trials on another photosensitive drug, tin ethyl etiopurpurin, which is sensitive to a different wavelength of light. These trials will build on successful preliminary trials on several cancers, including AIDS-related Kaposi's sarcoma and recurrent breast tumors.

## Three hospitals explore merger

THE BUFFALO GENERAL Hospital, the Children's Hospital of Buffalo, and Millard Fillmore Health System have announced they are exploring the possibility of merging.

Officials from the three hospitals say that leadership committees are meeting to discuss whether a merger would be beneficial.

It is not the first time that the region's hospitals have explored the possibility. In 1977, officials from Buffalo General, Children's, Deaconess, and the former E.J. Meyer Memorial Hospital asked medical school dean John P. Naughton, M.D., to lead a study into the feasibility of a merger. His report recommended forming a new nonprofit corporation to manage the consolidated hospitals, reduce underused bed capacity, and eliminate redundant services. However, the plan failed to win the necessary support from the medical or lay community, or the Erie County Legislature. +

Other potential uses for photodynamic therapy include treatment of psoriasis, port wine stain, and macular degeneration, says Mang, UB research associate professor of oral surgery. Because photosensitive drugs accumulate preferentially in cancer cells and fluoresce when exposed to the correct wavelength of light, they can also be used to pinpoint very early-stage cancers of as few as 100 cells.

Dougherty welcomes the new PDT center at Buffalo General.

"It's very helpful to have other people involved in PDT, because you expand your knowledge base," he says. The two neighboring centers are about to begin collaborating on a PDT training program for gastroenterologists.

"Besides, we are a research hospital," Dougherty adds. "It's important to get this technology out into other kinds of hospitals where it will benefit more and more people." +

—BY JESSICA ANCKER

## ECMC expands into community

THE ERIE COUNTY MEDICAL Center Healthcare Network has opened four community-based primary care health centers, as well as the four already on the ECMC campus.

All four provide health services for children, families, and seniors. In addition, the Cleve-Hill Family Health Center includes a dialysis center, and the Dr. Matt A. Gajewski Human Services Center has pharmacy services, general dental services, eye and foot care, and human services.

"We've seen tremendous growth in outpatients in the last couple of years, particularly in family medicine," explained hospital spokesman Joe Grano. "Since the industry is moving toward a more deregulated environment, it's very important that we maintain and build a strong outpatient base." +

## Henry Heimlich, M.D., gives grand rounds at Buffalo General

**O**DDLY ENOUGH, he has never used the technique that has made his name a household word. Henry Heimlich, M.D., laughed when asked about his own experience with the Heimlich maneuver.

"You know, the chances of one person out of the entire population of the world ever being in the situation of needing to use it are very slim," he pointed out during a coffee break in grand rounds at the Buffalo General Hospital in July.



The 76-year-old surgeon and researcher was in town to give a grand rounds presentation that whirled from subject to subject—from new ways to save lives with the Heimlich maneuver to plans to combat AIDS with malaria.

"I just wanted you to know that my life is not over," he told the assembled residents and students.

In an unexpected twist, Heimlich took the opportunity to criticize the American Red Cross on the subject of the Heimlich maneuver.

He insisted that the American Red Cross is resisting evidence that the Heimlich maneuver should be the first rescue method used not only on choking victims, but also on victims of drowning.

According to Heimlich, the Heimlich maneuver expels water from the lungs, jump-starts breathing, and massages the heart. Thus, he said, it should be used before mouth-to-mouth resuscitation is

tried on drowning victims. "It's ridiculous to think you can blow air through water-filled lungs," Heimlich said.

He said the Red Cross has included the Heimlich maneuver in its own drowning guidelines, but doesn't consistently teach it. He accused the organization of being afraid to alter its protocol because it didn't want to admit that the old one was flawed.

"People—particularly children—are dying because the Red Cross has not followed its own guidelines,"

Heimlich charged. "It's a cover-up of past failures. The public has to be told that the same Heimlich maneuver they know for choking has to be used for people who are drowning." Heimlich has filmed two public service announcements on his theory.

According to the American Red Cross handbook *CPR for the Professional Rescuer*, the organization recommends using the Heimlich maneuver on a drowning victim only if the airway is obviously blocked, or if resistance to mouth-to-mouth resuscitation suggests a blocked airway. A spokesperson for the American Red Cross declined to comment on Heimlich's charges, saying only that the organization relies on medical consensus when drawing up its guidelines.

At this point, medical consensus does not support Heimlich. The Emergency Cardiac Care Committee of the American Heart Association recommends CPR and artificial ventilation for drowning victims. An Institute of Medicine panel concluded that "the available evidence does not support routine use of the Heimlich maneuver in the care of near-drowning victims." Their report was published in the May-June 1995 *Journal of Emergency Medicine*.

A thoracic surgeon, Heimlich first gained prominence in the 1950s with his invention of the Heimlich operation, in which a damaged or defective esophagus is replaced with stomach tissue. His Heimlich valve, which permits chest wounds to drain and seals them to prevent lung collapse, saved lives during the Vietnam War and is still routinely used in thoracic surgery.

He published his description of the Heimlich maneuver in 1974, after experimenting with pressure to different parts of the chest and back.

He has founded his own nonprofit research and public education organization, the Heimlich Institute, in Cincinnati, OH, and serves as its president.

Heimlich concluded his Buffalo General talk by discussing his current research into malariotherapy.

In the 1920s and 1930s, doctors treated tertiary syphilis by infecting the patient with vivax malaria, which was then cured with quinine. A 1992 review article in the *Journal of the American Medical Association* concluded that the lack of modern controlled trials means that the efficacy of the treatment was never proven.

Heimlich pointed out that infection with plasmodium vivax is now known to increase the patient's levels of certain cytokines. He believes that these give a boost to the immune system that may be therapeutic for diseases including AIDS.

His preliminary study on eight AIDS patients in the People's Republic of China indicated that a three-week course of malariotherapy increased patients' CD4 counts, he said. He presented his unpublished results at the 11th International Conference on AIDS in Vancouver, British Columbia, in July.

Heimlich predicted that because malariotherapy was cheap, it would be ignored by the big drug companies. Nevertheless, Heimlich claimed, "This is the most promising method that was presented at that meeting." +

—BY JESSICA ANCKER

TWO READERS RESPONDED TO THE SUMMER ISSUE OF BUFFALO PHYSICIAN MAGAZINE, "IN THE END—HOW DOES MEDICINE DEAL WITH DEATH." THEY HAVE GIVEN US THEIR PERMISSION TO PUBLISH THEIR LETTERS.



## Assisted death is protected by the U.S. Constitution

TO THE EDITOR:

**A**n important fact that dominates the discussion of physician-assisted death was essentially absent in the articles on this subject in the Summer issue of *Buffalo Physician* magazine.

Physician-assisted "suicide"—whether by removal of life-support or by making available a means to terminate life by the patient's own hand—is not an act that can be proscribed or allowed by legislative or executive action; it is inherent in the individual rights protected by the Constitution.

Recent court cases have clearly placed this act in the same domain as that of the right of a woman to control her own body in her decision whether to continue or terminate a pregnancy. As Ronald Dworkin discusses in Aug. 6 *New York Review of Books*, the federal and state judiciaries are clearly establishing a reading of the Second and Fourteenth Amendments that extends the right to due process and to equal protection to individual action concerning one's own body as long as that action does not have consequences for another person or society at large.

That is, the courts are saying that the state has no legitimate interest in what I do with my body, period.

With respect to abortion, of course, this reading of the Constitution has raised the strong and significant question of the rights of the fetus, but with respect to a person's right to die, there is no such competing interest.

Essentially, all of the physicians interviewed for the *Buffalo Physician* articles were expressing their moral values concerning life and death. It is certainly their right to do so, and it is their right to practice medicine in a fashion consistent with those moral values. However, their moral values have no standing in this issue as it is a point of law.

What these articles could have done was to start from this legal reality and then to discuss how this reality was to be faced and dealt with in the patient-physician setting. As the articles pointed out, physician-assisted suicide is a reality. Physicians are not being convicted for it, even if prosecuted, and, at this point, it appears to be constitutionally protected. OK, so now what do we do to make this work?

Sincerely,

**Daniel J. Kosman, Ph.D.**  
UB Professor of Biochemistry

## Doctors must relieve pain

TO THE EDITOR:

**F**ifteen years ago, my wife was suffering constant pain from bony metastases. I gave her the sedative, analgesic, and antidepressant tablets I had and called the physician in charge for a prescription for stronger narcotics.

She sent me on an errand, and when I returned, she had killed herself.

I blame myself for not supplying adequate analgesia, whether narcotics administration likes it or no. I do not blame her physician, for he was doing what many of us did, which is to worry more about addiction than about adequate analgesia. This I have avoided since.

In the 1940s, one of our teachers told us about an old doctor (him?) who treated terminal patients in pain by leaving a bottle of morphine tablets. "One or two for sleep or pain. If you take ten, you will not awaken."

The pagan Seneca is quoted as saying, "If you can no longer live honorably, you may die honorably."

Properly used narcotics will alleviate most pain. But there will be a difficult remaining few who find their lives intolerable and need a kindly assisted exitus.

Few physicians could overcome ethics and training to do killing deliberately. Probably physician referral to the judicial process followed by technician intervention if ordered makes the most sense.

There is an old Welsh legend about the "black draught" that a doctor gives to the terminal patient. The caring physician should not have to carry the "black draught" in his bag. Some of my old patients used to ask to see my "black draught" bottle. When they found I had none, they seemed relieved, as I would be.

Sincerely,

**Donald N. Groff, M.D. '45**

# THE CLASS OF 2000

A fresh perspective on medical school from UB's newest students

BY JESSICA ANCKER

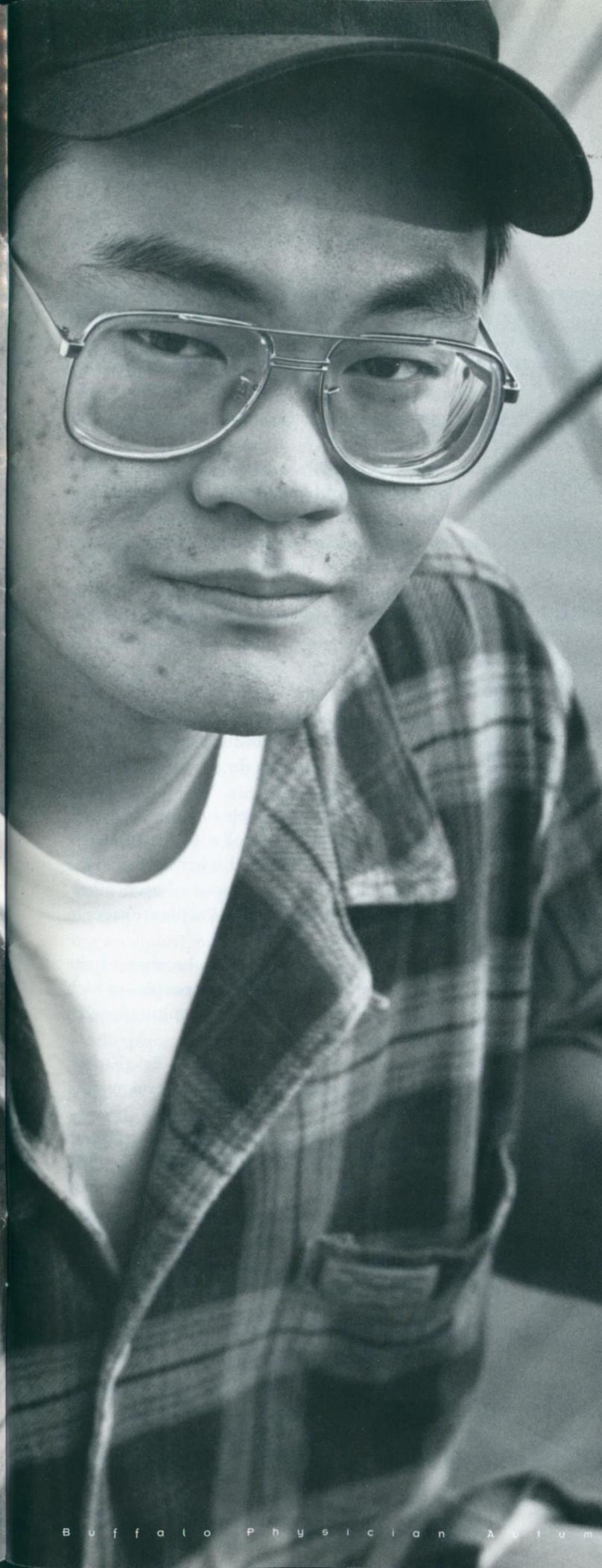
PHOTOS BY FRANK CESARIO

**"STUDY HARD.** Fill out this questionnaire. Sit for this identification picture. Have compassion for your patients. Cooperate with your classmates. Sign up for this club. Study hard!"

In a whirlwind of tours, lectures, instructions, and good advice, UB's Class of 2000 has been inducted into the world of medical school. Every day, professors make sure the new students understand the magnitude of their course load; school administrators make sure they know where to turn for help; senior students make sure they know where to go out on Friday nights.

"I'm getting so much good advice I'm not sure who to listen to," says a bewildered—but pleased—first-year student, Julie Cheng.





**Chuck Lau** majored in chemical engineering as an undergraduate at UB, but he chose medicine because he wants to deal more closely with people. "I'd like to meet different kinds of people every day, and develop personal relationships with them."

Lau says the little things are important in the doctor-patient relationship. He remembers once undergoing some medical tests, and watching as the doctor started writing up his report.

"He could have told me right away that everything was fine, but he didn't say a thing until he was done filling out his forms," Lau says. "When I'm a doctor, I'll try to remember how nerve-wracking that was!"

The son of Taiwanese immigrants, Lau has been a scout leader, an emergency room volunteer, and a designer of websites. "I think there are other things I would be good at, but I want to apply my skills to an area where I can make the most difference," he says.

He hopes to find time during the next four years to go fishing—at least once in a while.

## Orientation

In brief talks in Farber Hall's Butler Auditorium during the three days of orientation, Dean John P. Naughton, M.D., and other UB administrators and professors outline the first-year curriculum. Associate Dean Dennis Nadler, M.D., tells the students that they must shoulder the responsibility of the profession immediately, without waiting for graduation. To emphasize that, he leads the class in reciting a version of the Hippocratic oath. Then he says, "Welcome to the profession of medicine!"

In a lighter moment, several senior students present a skit about cynical med school applicants. Outside the interview room, the mock applicants freely chat about their ambitions ("Surgery!" "Proctology!"). But in the interviews, they all parrot the answer they figure will get them into medical school: "Definitely primary care!"

On the last day of orientation, the upper-level students divide the first-years into teams and send them on a scavenger hunt that introduces them to restaurants and landmarks all around Buffalo.

## Gross anatomy

The first moment of gross anatomy lab feels like the real beginning of medical school.

The students file in quietly, noting the smell of formaldehyde and trying not to be nervous. In the lab, they are urged to respect those whose bodies are on the covered tables, and they observe a moment of silence.

"The tension was just building," Gretchen Schueckler says. "All I could think of was opening the cover, but first there was the introductory stuff, which seemed to go on and on."

"I went in thinking, 'These are not people; they're just bodies,'" says Chuck Howarth. From that point of view, the introduction isn't exactly helpful. "Suddenly, it puts them back into the 'people' category."

It is a relief, the students say, to uncover the body and get to work on the back muscles, selected as the first assignment because they are relatively easy to work on, and because the back of the cadaver is usually less upsetting to view.

Lynn Barnhard admits, "I was looking around a little to see if anyone was going to faint." No one does.

## Butler Auditorium—again?

As part of UB's drive to begin clinical instruction earlier, the students take an intensive first-aid course in their first few weeks of class. The course includes certification in cardio-pulmonary resuscitation.

"I was really pleased that that was one of the first things we

did," Barnhard says. "That's what you're there for. You're not just there to sit in a classroom all day, you're there to do something."

But despite the changes in the curriculum, there's no way to avoid lecture classes altogether. By the end of the first week, Butler Auditorium, which had been so exciting during orientation, is becoming old hat.

The students are eager for labs, visits with doctors and real patients, and other forms of hands-on learning. Some students choose to participate in a special section of the histology course in which an interactive computer program replaces videotapes. They also turn to an anatomy program that lets them perform an ideal dissection. In a virtual dissection, slips of the scalpel aren't irrevocable—each muscle, organ, and bone can be replaced!

## Student fellowship

Within a week, most of the 135 students have met each other. Feeling a sense that they are all fighting a common battle against the massive workload, they begin forming study groups and teams.

"The joy for learning is pulling people together," Charles Olisa says. He contrasts medical school with the intensive pre-medical course he has just completed, where he found the students competitive and a little suspicious of each other. "Here, there is no caution, or competition. People are eager to get in there and participate."

Teamwork comes easy, Howarth says, because of the character of the students. "They're really nice people—which I guess isn't a surprise, because the school is looking for that kind of person to become a doctor."

"We're all so happy to be here, I think," says Eric Kirker. "I've been walking around with a big stupid smile on my face all week."

If they have happiness in common, they also share trepidation. "I can't imagine how I'm going to learn all this stuff. Luckily, I know everyone else is scared, too," says Howarth.

"I can tell right now that I'm going to be a miserable person for the next four years," he adds, grinning so widely it's hard to believe he means it. ♦

## Who are the members of the Class of 2000?

Their year of graduation isn't the only number that makes UB's Class of 2000 unique.

The class's mean MCAT score of 10.39 has set a new high, in a substantial jump from last year's average of 9.77. And the

students' undergraduate grade point averages have also set new records—3.56 in science courses and 3.65 overall.

"People always say the quality of education is going down in this country, but it's certainly not true of our applicants," comments admissions director Thomas Guttuso, M.D. '60.

In part, that's because so many students are applying to UB. The number of applicants for this year's class was 3,391 (down slightly from a peak in 1994); there were 25 applicants for each of the 135 slots.

But UB doesn't select its students based solely on grades and test scores.

"We try to judge maturity, empathy, demonstrated interest in medicine and in the community and society," Guttuso says. "We're looking for something inside their hearts and souls, and not just inside their brains."

As a result, it's no wonder this year's students sound idealistic, enthusiastic, and dedicated. An entrance survey conducted by assistant dean Frank Schimpfhauser found that the top reason students gave for becoming doctors was a desire to help people and deal with them directly. Less frequently mentioned were earning a comfortable income, exercising leadership, or winning community respect.

The students are fairly savvy about the future of medicine. They understand that the changing marketplace is creating a greater demand for generalists, and they also know that UB is emphasizing primary care. About 50 percent of the entering class say they plan to enter one of the three primary care fields—general internal medicine, general pediatrics, and family medicine. Schimpfhauser's previous surveys have found that about 50 percent of students will change their career preferences during medical school. Even with all of those changes, however, just under half of last year's class did end up entering a primary care residency.

### Reflecting the applicant pool

UB favors applicants from western New York; as a result, most members of the Class of 2000 are from the western part of New York State.

The school also favors qualified members of



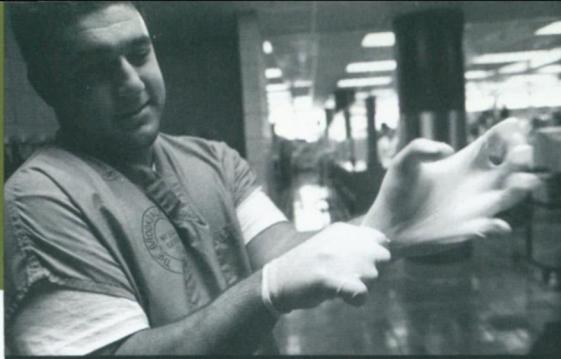
**Lynn Barnhard** knows all about being a patient. Her enthusiasm for ballet, soccer, swimming, and cheerleading led to tendinitis and orthopedic problems at a young age.

"Since it's your body, you're interested in it. I learned a lot about it."

Sports are still important to her, though these days she only has time for a quick bike ride.

Barnhard says her early experiences also taught her a lot about doctors, especially pediatricians, and how they interact with children and their parents. "That helped me develop a sense of what kind of doctor I'd like to be," she says.

At Canisius College, she majored in biology and psychology and won guaranteed admission to UB's medical school as a sophomore under the early assurance program.



The first days of anatomy class are full of good advice. "Start studying now!" Ray Dannenhoffer, Ph.D., urges the students. "If you do well on your first exams, you'll cruise. If you don't, you'll be struggling for the rest of the course."

underrepresented minority groups, such as Native Americans, African-Americans, and Latinos. Eight students are members of underrepresented minorities—down from previous years largely due to greater competition from downstate medical schools, Guttuso says.

The average age of the students is 23, but 17 of them are 26 or older. Eleven members of the class have already earned master's degrees; for the first time in several years, none have doctorates.

Women make up 47 percent of the class. Most students majored in science as undergraduates, but as always, a substantial minority (46) studied non-science subjects instead. Many of them (32) earned their undergraduate degrees at UB.

"In terms of demographics, we're gen-

erally approaching a mirror image of the applicant pool," Guttuso notes.

### In their hearts and souls

The lengthy admissions process involves an initial screening and interviews of almost 500 candidates by the 51 members of the admissions committee.

"It's fantastic. You meet unbelievable young men and women," Guttuso says.

Over time, Guttuso has noticed changes in the applicants.

"They've gotten more knowledgeable and wordly, more aware of problems that exist in the country and in the world," he says. "They're more mature. When I think of the way I was when I was 21, I wouldn't have stood a chance with these people." +

### Career Number Two

Seventeen members of the Class of 2000 are 26 or older. Most of them had begun careers and were earning comfortable salaries. What made these people want to return to school for four grueling years?

GRETCHEN SCHUECKLER was ascending the career ladder in her human resources jobs in the banking industry when she realized her work wasn't fulfilling.

"Every day at the bank, I thought, 'I'm doing nothing for society!'" remembers Schueckler, 28.

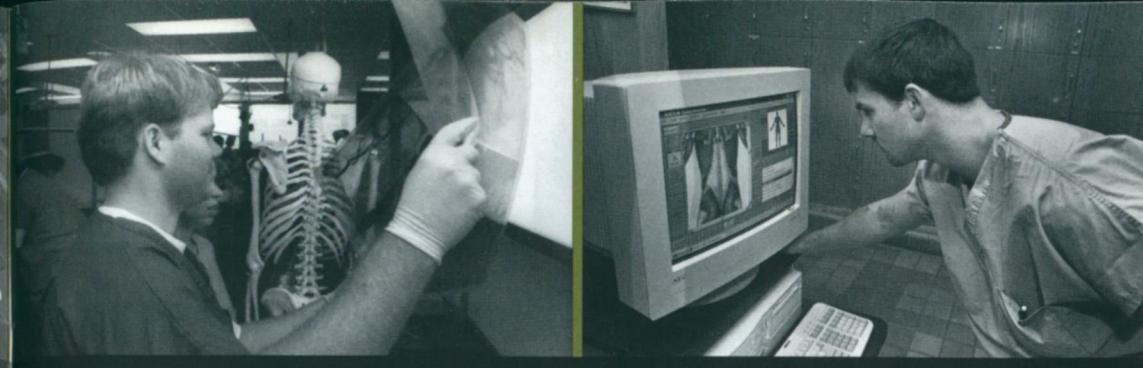
In an attempt to find more meaningful work, she began volunteering in the Sisters Hospital emergency room in her spare time. "I loved working in the hospital. Believe it or not, I even loved the way the hospital smelled!" Then her younger brother was accepted to the UB medical school.

"That kind of put things in perspective for me," Schueckler remembers. She quit her bank position, got a job at the Buffalo General Hospital as a clerk-secretary, and started working toward getting into medical school herself. "The initial pay cut was very difficult. I had to move out of my own apartment and move in with strangers. Plus, I was spending thousands of dollars on school, so I had even less money!"

She needed three years of evening classes in biology, chemistry, and physics before she could take the MCATs. Schueckler says that for the first time she found herself doing well in science. "In college, I was young, I was immature, I was distracted. But when I was taking evening classes, I loved it."

During her years of preparation, she

Charles Olisa



**He doesn't restrict his advice to academic matters. "You have to be a person, too. Don't stop doing the things you enjoy doing. If you want to watch the Bills game, watch the Bills game. Otherwise, you'll turn into a geek!"**

began working at UB's Primary Care Resource Center, putting her human resources background to work counseling and recruiting medical students.

All her efforts paid off: Shueckler was admitted to UB as part of the Class of 2000. "When I found out, I cried. It was the most incredible feeling."

"My parents always told me, 'You would be the luckiest person in the world if you had a job you love,'" Schueckler says. "I think I've found it."

Medical school is the culmination of a lifelong dream for CHARLES OLISA, a dream born during his childhood in a Nigerian refugee camp.

During that country's civil war in the 1960s, Olisa lived and worked with his uncle, a doctor.

"It was terrible," Olisa remembers. "There was a cholera epidemic going on and there were dead people all over the place."

What really impressed the young man was the single-minded dedication of his uncle and the rest of the medical team in caring for the victims and stemming the epidemic.

"Cholera is very contagious. They could have caught it, but all they thought about was serving the sick people."

Despite a four-year gap in his education caused by the civil war, Olisa won a scholarship to come to the United States and study agriculture at Central Missouri State University. "My first choice was always medicine, but I couldn't get a scholarship to do that."

After earning his degree, Olisa started thinking about medical school again. But his mother in Nigeria retired, and he

began working to help support his younger brothers. Most recently, Olisa worked for Corning Inc. During this time, he became an American citizen.

"I always wanted to be a doctor, but as the years went by I thought it was slipping away."

Finally, last year, he decided to go for it. He quit his job, and moved to Brooklyn, where he took an intensive post-baccalaureate pre-medical course and worked with AIDS patients at Montefiore Hospital.

When he got a telephone call telling him he was admitted to UB, he didn't believe it. "I thought it was one of my friends playing games with me," he says. It wasn't until he received a faxed letter of admission that he decided it must be real.

"It's a miracle, as far as I am concerned," he says. "I wake up every morning and thank God."

At 38, Olisa is the oldest member of the Class of 2000. But he says there is such a sense of teamwork among the first-year medical students that he doesn't feel his age sets him apart.

He does believe he has an easier time ignoring distractions. "It's taken me so many years to get here that I'm not going to let anything stand in my way!"

Olisa hopes to join the National Health Service, which will underwrite his medical education in return for several years of primary care work in underserved areas. "All I want to do is provide service where it is needed." +



**Gretchen Schueckler**

**Chuck Howarth** has a lot of unlikely skills, and they all came in handy during his first days in medical school.

His four years as an emergency medical technician made the CPR course a breeze. His undergraduate major in mechanical engineering had given him a thorough knowledge of the equations governing capillary diffusion. And his high school job as a meat cutter had taught him what he needed to know to find his cadaver's scapula on the first try.

But just because medical school feels familiar, that doesn't mean it's boring—especially since Howarth was admitted to UB from the waiting list at the last minute. "I'm just so happy to be here. It's all so cool."

A moment later, he is bemoaning the loss of his free time. He has always juggled hobbies, volunteering, school, and his job as a mechanical engineer, where he's been involved in products as disparate as a baby stroller and an artificial heart. "Doing a lot of different things always makes me happy. Now, I'm going to have to focus on one thing."

### The Oath of Medicine

For the first time, UB administered a professional oath to students on the first day of orientation. "We want them to start internalizing these principles from day one," said associate dean Dennis Nadler, M.D.

The oath used at UB is adapted from one written by Louis Lasagna, M.D., dean at the Tufts University School of Medicine.

"I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians and scientists in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply for the benefit of the sick all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is both art and science to medicine, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say, 'I know not,' nor will I fail to call in my colleague when the skills of another are needed for a patient's recovery. I will pursue the expansion of my knowledge throughout my life for the benefit of my patients.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most certainly it is not my place to judge them.

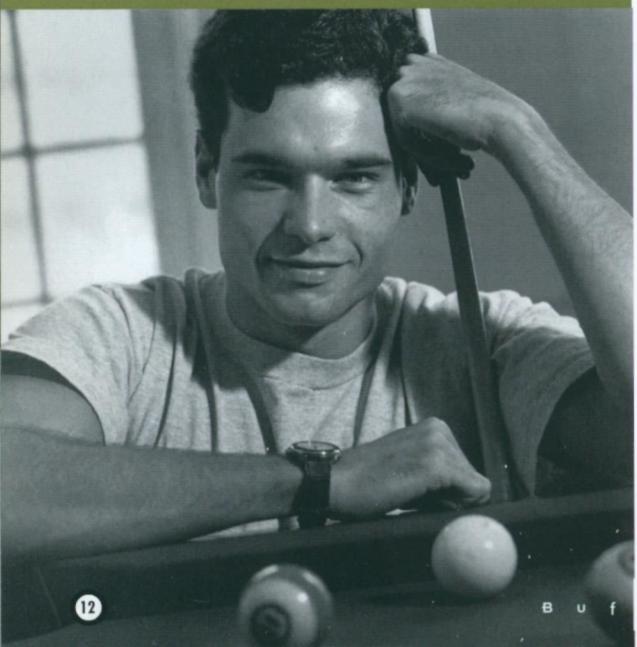
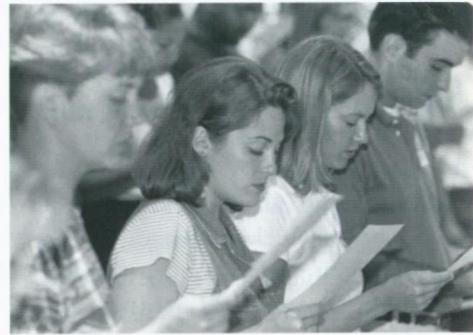
Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But if it be merely within my abilities to help ease suffering at the end of a life, may I face this awesome responsibility with humbleness and awareness of my own frailty.

I will remember that I do not treat a fever chart, or a cancerous growth, but a sick human being, whose illness may extract a substantial toll from both patient and family. My responsibility includes all related problems if I am to care adequately for the sick.

I will prevent disease whenever I can; for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all, those sound of mind and body, as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live, and remembered with affection thereafter. May I always act to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help." +



THE CLASS OF  
**2000**

A party aboard the U.S.S. Little Rock on Buffalo's waterfront gives the new students a welcome chance to relax and mingle. The event is sponsored by the Medical Alumni Association.



**Julie Cheng** comes from a family of doctors and nurses. But she says, that made it all the more important to decide for herself whether medicine was right for her.

A native of Staten Island, Cheng worked for a year in a clinic in New York's Chinatown doing public health and educational activities. She also traveled to Brazil with a Christian group called Youth with a Mission. The group accompanied a doctor who was visiting remote areas of the Amazon region.

Cheng was inspired by the doctor's dedication and skill. "There was no electricity, so everything he did he did with no diagnostic equipment or technology."

She was also impressed by the importance his visit assumed for the local people. "They had no doctors, so they would travel for days to come to see him."

The trip made her realize something important about the role of medicine in her life. "It's a way I can combine my faith and my skills."

The former and current  
OMS department chairs;  
Joseph E. Margarone,  
D.D.S. and Richard E.  
Hall, D.D.S., Ph.D., M.D.



by Andrew Danzo

# DOUBLE DOCTORS

Residents earn M.D.s  
along with their oral  
surgery certification

UB's six-year oral and maxillofacial surgery residency is now among a growing minority nationwide in which residents earn a medical school diploma along with their OMS certification.

The program, a joint effort of the School of Dental Medicine and the School of Medicine and Biomedical Sciences, is based in UB's Department of Oral and Maxillofacial Surgery. It has graduated six oral and maxillofacial surgeon/M.D.s since 1994.

"It is quite successful," says Joseph E. Margarone, D.D.S., the former chair of the Department of Oral and Maxillofacial Surgery, who won the support of the medical and dental schools to initiate the program. "We have developed a wonderful relationship. The cooperation is more than I had hoped I could achieve at the time."

UB's dental and medical schools have long had a close relationship. Students from both have mingled in shared basic science lectures for years. A number of faculty members have appointments at both schools. The dental school also cooperates with the medical school and area teaching hospitals as part of the Graduate Medical Dental Education Consortium of Buffalo.

"That is a model that has caught the attention of people outside of Buffalo," notes John Naughton, M.D., UB's vice president for clinical affairs and dean of the medical school. "You don't often see dental schools and medical schools working together like that."

"The medical education is involved in all my cases. It gives you a better global perspective on how to take care of those patients."

JEFFREY S. KINGSBURY, D.D.S., M.D.

Recent graduate Jeffrey S. Kingsbury, D.D.S., M.D., practices in Buffalo.

FRANK CESARIO



# DOUBLE DOCTORS

Not that there isn't a bit of subtle rivalry. In Squire Hall, the dental medicine building, the new residency is known as the Oral and Maxillofacial Surgery/M.D. Program. But Medical OMS, or MOMS, is the favored label over at the medical school's end of campus.

Licensing boards do not require a medical diploma to practice as an oral and maxillofacial surgeon, nor does the American Board of Oral and Maxillofacial Surgery, the specialty's national certifying body. Nonetheless, oral and maxillofacial surgeons have long received quite a bit of medical training, including clinical rotations in medicine and surgery. Margarone proposed the OMS/M.D. program shortly after the OMS residency was lengthened from 36 months to 48 months.

"With that 48 months, we were almost but not quite mimicking the third- and fourth-year clinical courses of medical school," he recalls. "It seemed foolish that all this education was being acquired, but when they got through it they didn't have a medical degree."

The first year of the six-year program is a combination of a traditional oral surgery residency and second-year medical school courses, after which the residents must pass the first part of the U.S. Medical Licensing Examination. During the second and third years of the program, the residents complete the last two years of medical school. They then do a year of general surgery in Buffalo, followed by two years of oral surgery, which includes clinical work, electives, and research. Along the way, the residents must complete at least six months in other surgical specialties, such as neurosurgery or otolaryngology.

William L. Cecere, D.D.S., M.D., who graduated from the residency in June and now practices in Buffalo, says that it sharpened his abilities. "We learned invaluable patient care, patient management, and basic surgical skills," he says.

The residency experience also promotes closer ties with medical colleagues. "We have a very good relationship with the surgical community," Cecere says. "I think it also helped in that a lot of people didn't know what oral and maxillofacial surgery was all about. It was an education for the medical community."

The specialty includes the diagnosis and treatment of diseases, injuries, and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region. Oral and maxillofacial surgeons might be called upon to treat anything from impacted wisdom teeth to jaw dysfunction to serious facial injuries. They play a particularly important role in early detection of oral cancer. And, as the American population ages, oral surgeons are expected to encounter more complex medical problems.

"Most people think it's just pulling teeth out, but it's not," notes Margarone.

"It's really the specialty that bridges the gap between medicine and dentistry," says Richard E. Hall, D.D.S., Ph.D., M.D., Margarone's successor as department chair.

"It's really the specialty that bridges the  
gap between medicine and dentistry."

RICHARD E. HALL, D.D.S., PH.D., M.D.

Hall's own education "bridges the gap" very well. He earned his D.D.S. from UB, then went to the University of Rochester to a joint program in which he earned a Ph.D. in microbiology along with certification in OMS. Then, Hall earned his M.D. at UB.

Margarone points out that an M.D. alone does not qualify oral and maxillofacial surgeons for broader hospital privileges or wider scopes of practice than their single-degree counterparts. The M.D., however, does open the door to more advanced medical training and specialization in areas such as plastic and reconstructive surgery or cranial-

facial surgery. Of the UB program's graduates, four are in private practice. Another went on to a burn fellowship in Chicago and is now in a plastic and reconstructive surgery fellowship, and the sixth is completing a fellowship in aesthetic facial surgery.

The M.D. adds to the surgeon's clinical perspective. "It does not make anybody a better surgeon," Margarone says. "It does enhance their total approach to a patient."

"It does not make anybody a better  
surgeon. It does enhance their total  
approach to a patient."

JOSEPH MARGARONE, D.D.S.

gery has been intensely involved in three research areas: laser surgery, photodynamic therapy, and endocrine control of cancer. "The clinic feeds the basic science with the observations to direct it, and the basic science feeds back into the clinic," says Charles Liebow, D.M.D., Ph.D., the department's research director. Liebow, who once served as associate scientific director of the National Pancreatic Cancer Project, works with OMS residents and dental Ph.D. students on a variety of research projects.

Some intriguing observations have come from laser surgery. "Patients seemed to have decreased pain and much less bleeding, almost hemostatic," Cecere remembers noticing. The observations led to experiments on how laser surgery wounds heal. "I was

# DOUBLE DOCTORS

able to show that there was an increased amount of epidermal growth factor and nerve growth factor in areas of the hamster cheek pouch."

Jeffrey S. Kingsbury, D.D.S., M.D., who worked on laser-cancer research before graduating from the residency in 1995, has a new paper in publication on photodynamic therapy's effectiveness in treating precancerous lesions. Now in private practice outside Buffalo, he continues to do research. "It's done at times that would otherwise be off time or leisure time," he says.

Part of his week goes to Erie County Medical Center and the Buffalo General Hospital, where he and his partner, Joseph E. Margarone III (the son of the former department chair), are involved with both outpatient and inpatient care. At ECMC they're more likely to see gunshot wounds than impacted wisdom teeth. "The medical education is involved in all my cases," Kingsbury says. "It gives you a better global perspective on how to take care of those patients."

According to the American Association of Oral and Maxillofacial Surgeons, 39 of the nation's 106 OMS residency programs now offer integrated OMS/M.D. training.

"It's not a requirement to practice," says Cecere. "But you never know if it will be required in the future to belong to some of these HMOs and insurance companies. There is an element of discrimination already against single-degree oral surgeons in the health-care industry."

The program receives about 100 applicants a year for its two openings, Hall says. Applicants are evaluated by a joint board composed of members of the admissions committees of the dental and medical schools. Medical school admissions director Thomas Guttuso, M.D., was invaluable in helping to create the OMS/M.D. program and setting up its admissions and interview process, Hall and Margarone say. He remains a strong supporter.

The MOMS program aims to cultivate the common ground between medicine and dentistry, they say. In parts of Europe, they point out, dentistry was traditionally considered a specialty of medicine rather than a separate discipline.

"I look at our department and our specialty as the causeway and the port of interaction between the medical school and the dental school," Hall says. "The medical component changes the perspective of the individual in assessing and caring for the patient." +

Oral and maxillofacial surgeons might be called upon to treat anything from impacted wisdom teeth to jaw dysfunction to serious facial injuries. They play a particularly important role in early detection of oral cancer. And, as the American population ages, oral surgeons are expected to encounter more complex medical problems.

# One woman explains what the Women's Health Initiative means to her

June DiGiacomo doesn't mind answering nosy questions about her most private feelings, medical history, and general aches and pains. In fact, she willingly drove an hour to Buffalo from her home in rural Indian Falls, NY, for the ordeal. "I'm doing it for my daughter," she says. "If this can help her and other women in the future, it's worth it."

The 67-year-old DiGiacomo is one of 164,000 women across the nation who are participating in one of the largest clinical trials ever; the \$625 million Women's Health Initiative. Sponsored by the National Institutes of Health, the multifaceted study is expected to produce a vast database on the health of postmenopausal women.

The research will focus on diseases that are unique to women as well as those that manifest themselves differently in women and men—topics that have received scant attention in the past. Morbidity and mortality from cardiovascular disease, cancer, and osteoporosis will be studied.

"Women are different from men, and people are finally beginning to realize that," says Karen Falkner, Ph.D., the WHI recruitment coordinator for UB.

"Part of the problem, of course, is that there haven't been a lot of women researchers, and women researchers generally have more of an interest in doing research on women," adds Jean Wactawski-Wende, Ph.D., a co-principal investigator.

Principal investigator Maurizio Trevisan, M.D., the chairman of UB's Department of Social and Preventive Medicine, says that the Women's Health Initiative is also designed to address previous research biases toward middle-class white subjects. There are extra efforts to recruit African-Americans, Asian-Americans, Native Americans and other minorities, and to enroll women from all economic groups.

UB, one of 40 participating centers around the country, is expected to reach its goal of enrolling 3,900 subjects this winter. The women, all between the ages of 50 and 79, are being divided into two trial groups and an observational group.

In a dietary modification trial, 1,067 women are being taught how to severely reduce their fat intake. In a hormone replacement trial, 611 women are being randomized and given hormones or placebo. The remaining 2,222 women—including DiGiacomo—make up the observational group. These women will answer annual questionnaires and have two physical checkups three years apart.

The women in the dietary and hormone groups are also being recruited to participate in a randomized calcium and vitamin D trial intended to quantify the effect of those nutrients on bone fractures and colorectal cancer.

Depending on when they join the study, the women in the WHI will be followed for nine to 12 years.

UB has also received funding and NIH approval to conduct two ancillary studies, the Women's Health Initiative Memory study, which will measure the effects of hormone replacement therapy on cognition; and a study of the relationship between bone density and periodontal health.

Recruiting women for the hormone trial has been the hardest, the researchers say. Some women refuse to try hormones under any circumstances because of the fear of cancer, while others can't wait to try them because of the relief they provide from hot flashes and other symptoms of menopause. It's hard to find women who do not have strong opinions about hormone replacement and therefore would be willing to be placed in a random trial, they say.

"This is an extremely important part



*"I'm doing it for  
my daughter,"*

says June DiGiacomo,

a participant in the

Women's Health

Initiative at UB.



of WHI, because there is conflicting information about hormone replacement, and there are really no long-term, clinical trials," Trevisan notes.

While enrollment is nearly finished, it will be years before the first results are released. Meanwhile, both researchers

and subjects take pride in feeling that they are part of a historic endeavor.

"We all have daughters," DiGiacomo says, gesturing to several other WHI participants in an office in UB's Farber Hall. The women, several of whom are friends, chat about their families and drink coffee

as they fill out the questionnaires.

"I know that this isn't going to do me much good because we won't start to get any answers for another ten years," she adds. "But it will do other women some good. That's why I wanted to do it." +

— BY JESSICA ANCKER

# What medicine looks like

## SEEING ANATOMY THROUGH MEL DIEDRICK'S EYES

**F**or more than 40 years, Melford Diedrick advanced the state of medical scholarship in Buffalo and contributed to medical learning and research throughout the world.

But Diedrick isn't a doctor. He's an artist.

Diedrick, now 84, was the first trained medical illustrator in Buffalo and served as UB's director of medical illustration from 1947 until his retirement in 1977.

A Buffalo native, he studied illustration at the Rochester Athenaeum and Mechanics Institute (now the Rochester Institute of Technology) in the early 1930s. Soon his longtime fascination with medicine and human anatomy led him to the Johns Hopkins University. There he studied in a department called Art as Applied to Medicine under German émigré Max Broedel, considered the father of medical illustration in the United States. From dissecting cadavers and observing autopsies, Diedrick learned not only how to draw the human form, but how it worked.

"Max Broedel was a great influence," notes Harold Brody, M.D., retired chair of UB's anatomy department and a close colleague of Diedrick's. "He was a passionate person about details—he felt every detail of a medical illustration had to be absolutely correct."

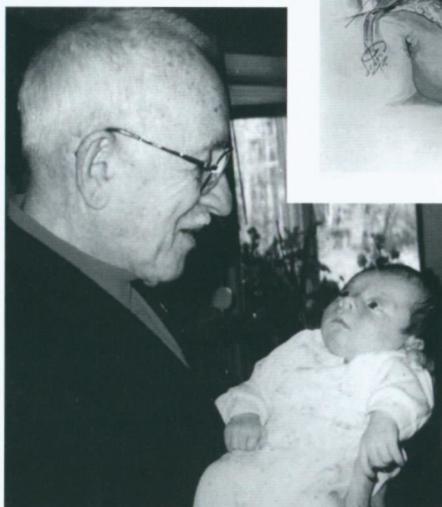
Despite his training, Diedrick found that bringing medical illustration to Buffalo wasn't easy.

"When I first came to the University of Buffalo in 1935," recalls Diedrick, "the dean of the medical school didn't know what I meant by medical illustration. I had to pull an example out of my briefcase to show him."

"The faculty didn't know either. They

were largely clinicians, and didn't realize how illustrations could help in their teaching. For example, Dr. Roswell Park wrote an important surgical text, but it had few illustrations, and they were poor ones."

Armed with his "graduation certificate" from Johns Hopkins (a hand-written letter from Broedel), Diedrick took his mentor's advice and offered his services to the university free of charge. Relatives provided room and board. He earned pocket money the first summer by substituting for vacationing morgue attendants and cleaning animal cages. And he



**Mel Diedrick admires his great-grandson, Michael William White. Above, an illustration that Diedrick considers one of his best: "Gracilis muscle used to repair severe radiation damage," created for John Graham, M.D.**

preached the gospel of medical illustration to anybody who would listen.

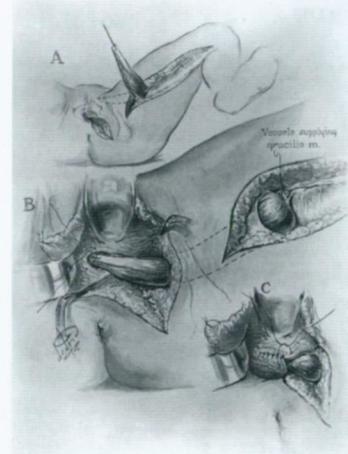
One of his first converts was Kornel Terplan, M.D., the newly named chair-

man of the medical school's Department of Pathology. Terplan let Diedrick set up an easel in a corner of the department and soon named him assistant curator of the Pathology Museum at \$70 a month.

When a photographer at Buffalo General Hospital died, Diedrick took a two-week crash course in the use of the camera and was hired in his place, bringing his monthly salary up to \$200.

"That was enough to get married on, in those days," he says. In 1937, he married the hospital's chief switchboard operator, Bertha Wagner.

Another supporter at the medical school was Wallace Hamby, M.D.



"Luckily, I was there when neurosurgery came to Buffalo," Diedrick says. "Wally Hamby had just recently established a new neurosurgery department. And I was interested in this new and exciting division of surgery. I was in the right place at the right time." Hamby

not only gave Diedrick steady work in a fascinating new field, but championed the need for real medical illustration throughout the school.

"Hamby encouraged Mel," agrees Mildred Sanes, the former medical editor of the *Buffalo Evening News* and a friend of Diedrick's. "He felt there was a future for him at the university."

And there was: Diedrick became an integral part of the school, illustrating lectures, presentations, and articles for publication in medical journals.

Then came World War II. With many physicians away at the front, the demand for illustrations dwindled. To support his growing family—including his young sons, Douglas and Curtis, Diedrick painted physicians' portraits.

Things picked up when Max Thorek, M.D., offered him the opportunity to establish a Department of Medical Illustration at his American Hospital in Chicago. The offer spurred UB to act, and in 1947, the university gave Diedrick the title of director of medical illustration at a salary matching the Chicago offer.

"Mel was an on-the-spot illustrator," recalls Brody, who regularly requested Diedrick's services. "He would go into the surgery room and draw while surgery was being done, making sketches which he would develop later."

"Occasionally physicians would try to tell Mel how they wanted him to make a drawing," says Sanes with a smile. "He had no hesitancy about telling them that medicine was their field but drawing was his, and that he was the best judge of how to present the subject."

His drawings played an important role in teaching medical students in this country and abroad, including Sweden, where he went at the invitation of a surgeon at the University of Goteborg. His illustrations have been included in a number of surgical atlases. He also illustrated in the entire 500-page text *Vaginal Surgery*, by two former members of the UB faculty, David Nichols, M.D., and Clyde Randall, M.D., which is now in its fourth edition.

The illustrations were some of the last Diedrick drew professionally.

"The last illustrations I did were the most exciting for me," he says. "They were the most productive for clinical work."

He also helped make medical matters more comprehensible to the general public. In the 1950s, he illustrated a medical television show, "Modern Medicine," and later illustrated some of Sanes' weekly features in the *Buffalo Evening News*.

But he didn't spend all his life at the easel. In 1946, he became a founding member of the Association of Medical Illustrators. He served as its president in 1963, and 30 years later was the recipient of its Lifetime Achievement Award—the seventh member to have been chosen.

An enthusiastic violinist, he was a founding member of the Cheektowaga Community Symphony Orchestra in 1961 and played in its violin section for 11 years.

In 1982, Diedrick moved to Queenstown, MD, where he now lives with his son, Douglas. His wife, Bertha,

died in 1995.

Brody recalls fondly what he valued about Diedrick's drawings. "His aim was to teach the body, not idealize it. That perhaps is what is most important about his work." +

— BY LUKAS HAUSER

## Siegel awards recognize excellence in teaching

The Louis A. and Ruth Siegel Teaching Awards recognize excellence in teaching by members of the preclinical, clinical, and volunteer faculty at UB. Based on student nominations and review by a student committee, they are presented at the medical school's spring faculty meeting. The awards were established by the late Louis A. Siegel, M.D., a volunteer faculty member of the Department of Gynecology and Obstetrics.



### 1996 PRECLINICAL AWARD:

Perry Hogan, Ph.D.,  
Physiology

*Commendations:*  
Charles Severin,  
Ph.D., Anatomical  
sciences

John Wright, M.D.,  
Pathology

Roberta Pentney, Ph.D., Histology  
James Marshall, Ph.D., Social and

Preventive Medicine

Reid Heffner, M.D., Pathology

### 1996 CLINICAL AWARD:

Jerry Chutkow, M.D., Neurology

*Commendations:*

Mary Jane Petrucci, M.D., Pediatrics  
Harvey Bumpers, M.D., Surgery

Scott Zuccala, M.D., Obstetrics and  
Gynecology

Mary McGorrage, M.D., Medicine  
Ehsan Afshani, M.D., Radiology  
Robert Scheig, M.D., Medicine

### 1996 VOLUNTEER AWARD:

Thomas J. Foels, M.D., Pediatrics

*Commendation:*

Tad Traina, M.D., Pediatrics

### 1996 HOUSE STAFF AND SPECIAL AWARDS:

Karen Houck, M.D., Obstetrics and  
Gynecology

Leszek Kolodziejczak, M.D.,  
Surgery

Jose Aranez, M.D., Obstetrics and  
Gynecology

Patricia Sticca, M.D., Pediatrics  
Calphor Carty, M.D., Pediatrics

Kee Wee, C.C. IV

Anand Singh, C.C. II



## Gift establishes award for minority medical students

**A**\$10,000 gift from the National Medical Association will support an annual award to honor a graduating minority medical student.

Charles L. Anderson, M.D. '73, spearheaded the NMA's fundraising efforts to establish the award in the name of the Buffalo chapter of the NMA.

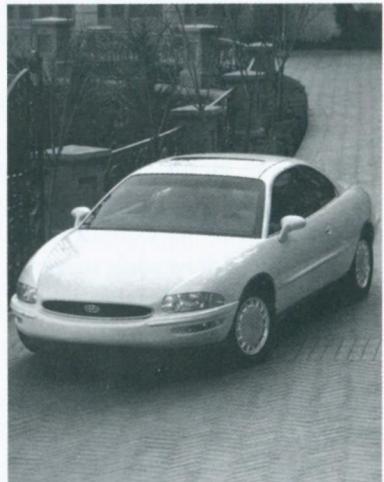
"As a student at UB and now as a member of the clinical faculty at the medical school, I've become very much aware of how important it is for minority medical students to be honored for their hard work," said Anderson, UB clinical assistant professor of family medicine and immediate past president of the Buffalo chapter of the NMA, which is the oldest and largest organization for minority physicians in the United States.

Award recipients will be chosen on the basis of academic achievement, leadership qualities, and commitment to serving minority populations.

"Only 6 percent of American physicians are minorities. We must recognize the medical students who are representative of these minority groups and who clearly reflect the NMA's vision," said Buffalo NMA chapter president Luther K. Robinson, M.D., UB associate professor of pediatrics and director of clinical genetics and dysmorphology at Children's Hospital of Buffalo.

The first award will be presented next spring. +

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Margaret Paroski, M.D., past president of the Medical Alumni Association, William Siener, Ph.D., the director of the Buffalo and Erie County Historical Society, Kenneth J. Levy, Ph.D., senior vice provost of UB, and medical school dean John Naughton, M.D., meet to dedicate a plaque at one of the original sites of the UB medical school in downtown Buffalo.

# celebration

150

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# Simulated patients help teach med students



Each examining room in the University Physicians Office holds a man or a woman in a white coat prodding and questioning a gown-clad patient.

Seems like business as usual—only these patients aren't sick. They're actors making \$12 an hour to help teach medical students how to be doctors.

In these "standardized patient exams," actors follow scripts detailing a standardized patient's history, physical conditions, and personal characteristics. Some of the medical problems portrayed include lung cancer, ectopic pregnancy, AIDS, and depression.

Medical students are videotaped and scored after each 15-minute clinical encounter. The exams are meant to test communication, history-taking, and physical exam skills.

Students talk to patients and may go so far as to feel a stomach or look in an ear, but do not perform any other physical exams. If the student recommends that the standardized patient undergo a particular test or exam, the patient will offer paperwork

showing simulated results of the test.

The standardized patient exam program began three years ago after a survey showed that professors and medical students wanted more precise, standardized, and immediate methods of assessing clinical ability.

A growing number of medical schools around the country use standardized patient exams; the National Boards are expected to incorporate them within a few years. UB does not use the scores for promotion or graduation now, but may do so in the future.

"You really utilize what you've read and what you've learned," says Keung Lee, 29, a fourth-year student in the M.D./Ph.D. program. "It's not what you know, learn, or read in a textbook, but how you apply that knowledge to realistic situations."

Standardized testing with trained actor-patients is intended to be uniform, objective, and reliable, according to Frank Schimpfhauser, Ph.D., assistant dean for educational research.

The actors are ordinary people including medical personnel from the University Physicians Office, their friends and family, and graduate students who respond to postings on bulletin boards. Karen Zinnerstrom, the patient recruiter and trainer, said that she looks for people who "don't mind talking about their bodies and aren't condescending towards students."

Some of the 20 patient profiles are written at UB, while others are provided by the National Boards or other medical schools in the U.S. or abroad. UB uses 40 actor-patients in all, with two actors trained to portray each standardized patient.

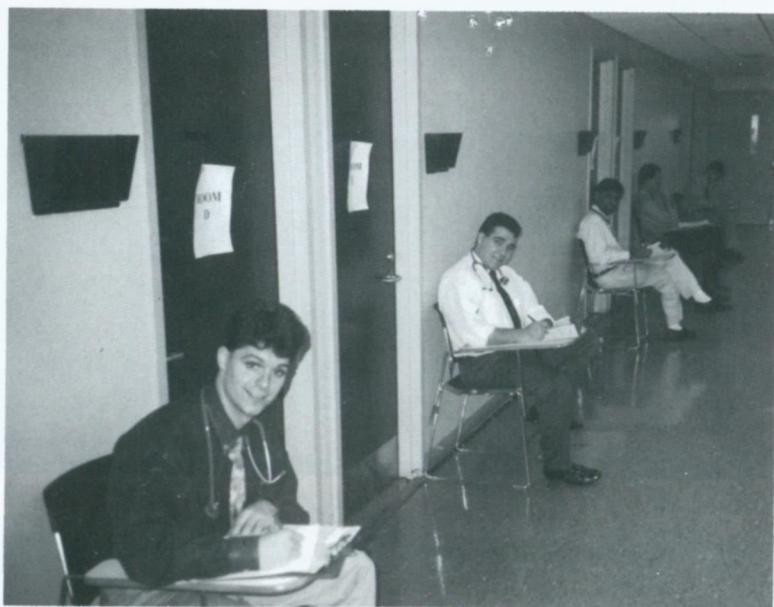
After each exam, the medical student fills out a form assessing the patient's condition and outlining treatment plans.

The patient also fills out a form evaluating the student's performance, including whether students properly washed their hands and introduced themselves at the beginning of the exam.

The program has had the unexpected benefit of making the standardized patients much more savvy in their real-life dealings with doctors. Heidi Kueber, a doctoral student in education who has served as a standardized patient since 1994, says, "I have become a better patient, and when I have to choose my next doctor, I will feel more comfortable doing it."



—ERIN ST. JOHN KELLY



# Could medical school provide a different learning environment?

BY VICTOR FILADORA

**E**very student in medical school is an accomplished individual with a solid educational background. In order to gain admission, students have met a standard of educational excellence, measured by grades and test scores.

Since the first day of kindergarten, these grades and scores have represented competency and success, and they have become a part of our identity.

Acceptance into medical school is the culmination of years of hard work, dedication, and accomplishment which is based in large part on academic success.

In professional schools such as medical school, why does competency continue to be judged by grades after students have proven their worth through the admission process?

Ellis Gomez, M.D., of Niagara Family Health Center believes that "we look

at grades and test scores to measure stamina, motivation, and persistence." If Gomez is correct, and grades do represent other factors in addition to knowledge, there should be alternative ways to gauge a student's success.

There are many medical students who strive to perform well for reasons other than obtaining good grades. If students are not motivated by grades, why continue with that system? Do professors not feel confident enough in their students, or in their own objective evaluation skills, to use more innovative methods? How will medical school graduates be measured? By their practices, or by grades?

Studying for grades is a non-productive way to demonstrate knowledge. Performance-based compensation, on the other hand, is a system that is used for professionals in many fields, and should be considered as a possibility in medical education as well.

Thomas Guttuso, M.D., director of admissions at UB's medical school, stresses that it is imperative to have a good knowledge base to be a successful physician. "No matter how good your personal qualities may be, your effectiveness as a good physician is based on your knowledge base. So the better your knowledge base is, the better you are able to integrate that knowledge into a clinical setting, and the more effective you will be."

An important factor in attaining that knowledge base is motivation. The intelligence may be there, but if the individual is not properly moti-

vated, the highest levels of success will not be achieved.

New incentives would increase individual motivation and create students who are more eager to learn. Does it make more sense to reward students with grades, or with opportunities that could further their careers and benefit the school?

Rewarding students with grants for summer research, internships, or opportunities to study abroad instead of grades could create a whole new breed of students. Pride would no longer be bound to a letter. It could be attached to meaningful events throughout a student's educational experience and would create a valuable knowledge base in each of us.

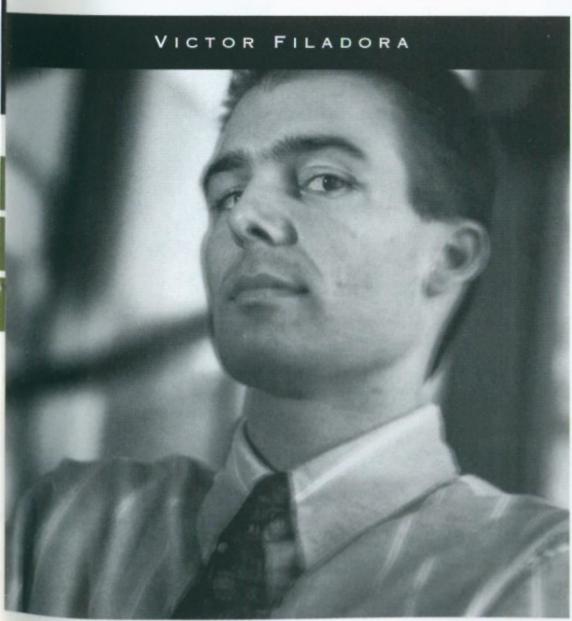
Students can read about any topic, but the most effective learning occurs when you actually participate personally. Performance-based opportunities could provide students with the ability to experience many things they have only read about.

They would also help students to retain their love for medicine. Many students have very fine thoughts in their hearts and souls as to why they want to enter medicine. They're usually very humanistic, and unfortunately many of them change because of what they go through in medicine. Performance-based opportunities could assist students in maintaining that motivation and focus.

The fundamental question that must be asked is what makes more sense? Do medical schools want to produce clinicians with good grades being the measure of competency, or would it better serve the profession to provide merit-based opportunities as motivation to those who perform at the highest levels of mastery? +

*In every issue, Buffalo Physician invites a current medical student to write an opinion piece about a topic of his or her own choice. Victor Filadora is in his third year at UB School of Medicine and Biomedical Sciences.*

VICTOR FILADORA





## CHASING EMERGING DISEASES

# Alan J. Lesse, M.D.

In 1984, a small town in Brazil was devastated by a deadly illness.

Ten children, ranging in age from three months to eight years, were suddenly attacked by a virulent disease that caused high fever, vomiting, abdominal pain, purpura, and shock. Within 48 hours, all the children were dead.

The illness was named Brazilian purpuric fever (BPF). It took several years and other outbreaks before researchers discovered that the disease was caused by an unexplained mutation of a very common bacteria, *Haemophilus influenzae* biogroup *aegyptius*.

This particular bacteria usually causes nothing more serious than conjunctivitis. Somehow, in the BPF outbreaks, it had been transformed from an annoying local infection to an overwhelming systemic disease with a 70 percent mortality rate.

It may not be immediately obvious why a faraway childhood disease should be of interest to Veterans Affairs medical center researchers in Buffalo. But this summer, the VA's Alan J. Lesse, M.D., won a \$160,400 grant to perform a four-year study of the disease.

Lesse explains that Brazilian purpuric fever, which has been classified as an emerging disease and a potential threat to the U.S., is relevant to the entire world. "No one knows how the *Haemophilus* bacteria acquired the virulence factors that make it so deadly. If we understand how that works, it might help us learn something about other emerging diseases."

Researchers also want to know whether bacteria can transfer these virulence factors, or epitopes, to other bacteria of the same or different species, he adds.

An associate professor in UB's Departments of Medicine, Phar-

macology and Toxicology, and Microbiology, Lesse is also the associate program director for the Department of Internal Medicine's house staff. In addition to his research, Lesse sees patients in the VA's clinic and wards, and teaches pharmacology and microbiology at UB. He has twice been the recipient of UB's Siegel Award, which is based on student nominations for excellence in teaching.

Lesse, 40, earned his bachelor's degree and M.D. from the University of Virginia, completed an internship and residency in internal medicine at Temple University, and did a combined fellowship in infectious disease at the University of Virginia and its Affiliated Hospitals Program in Roanoke, VA.

It was during his fellowship that Lesse first started researching *H. influenzae* in connection with meningitis. After coming to Buffalo, he turned his attention to the bacteria's lipooligosaccharides. When the Centers for Disease Control distributed the BPF bacteria to interested researchers, Lesse joined colleagues at UB to investigate it.

One mystery is that, unlike many virulent bacteria, the BPF organism is not surrounded by a

protective capsule. "We're not sure how it manages to evade the host's defenses in the absence of a capsule," Lesse says.

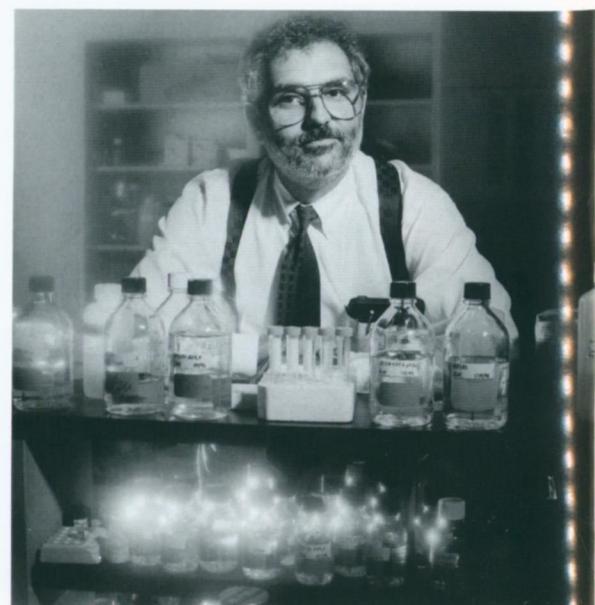
BPF has also been identified in central Australia. The emergence of the same infection in widely separated populations of *H. aegyptius* means that the bacteria has acquired virulence more than once—and could do so again.

"Our hypothesis is that the virulence of the BPF organism arises from a confluence of several different virulence factors," Lesse explains. "When all the factors are present, then you can have an organism that invades the host."

Lesse and his colleagues have identified some of those virulence factors in the surface proteins of the BPF organism. Some can arise spontaneously even when there's no outbreak of BPF. In fact, one of the epitopes has been discovered in a 1981 culture from a patient in Buffalo.

"You might be able to find in nature an organism that has one or two of these factors," Lesse says. "Our goal is to identify all or most of these factors and then determine how they interact with the host to cause the disease." +

by Jessica Ancker



# Reunion chairs prepare for reunion weekend festivities

**I**t's not too early to plan for the 1997 Spring Clinical Day and Reunion Weekend. A cocktail reception will be held on Friday, April 25, 1997. The 60th Spring Clinical Day and Reunion Dinners will be on Saturday, April 26.

For more information, call the Medical Alumni Association at 716-829-2778.

The reunion classes are the classes of 1947, 1952, 1957, 1962, 1967, 1972, 1977, 1982, 1987, and 1992. Here's what your reunion chair has to say to you!

## CLASS OF 1947



### William Bukowski, chair

Let's all get together and reminisce about the last 50 years as physicians.



### Robert Baumler, co-chair

A 45th reunion may not seem as important as a 50th, but don't wait until then! Come to your 45th!

## CLASS OF 1952



### Burton Stulberg, co-chair

Don't miss the 45th reunion. How great it will be to see how nobody really changes. It won't be hard to get reacquainted—and what fun it will be to get together again.

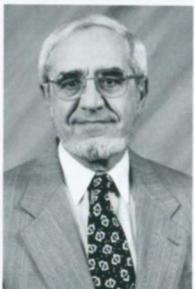
## CLASS OF 1957



### Germante Boncaldo, chair

It's time to get together! We need to see each other.

## CLASS OF 1962



### Sebastian Fasanello

Our past reunions have been wonderful—this one will be magnificent!!



### Neal Fuhr, co-chair

Help us to win the attendance trophy again by your presence at your 45th.

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## CLASS OF 1967



### Donald Miller and Thomas O'Connor, co-chairs

Thirty years ago we partied *big time*. Let's plan to do it again. It won't be the same unless *you* are here. We'll be in touch with all the details.

## CLASS OF 1972



### Murray Morphy, chair

Jimi Hendrix and Janis Joplin won't be here, but we hope you will. Share life's best revenge and live well with your 25th reunion classmates next spring.

## CLASS OF 1977



### Nedra Harrison, co-chair

It has been 20 years since graduation! We have a lot to share with everyone. Come, enjoy, share, and have fun!

### Gregory Young, co-chair

Twenty years have come and gone. Don't miss this chance to get together before any more slip by! Nedra and I are looking forward to seeing you. Take the time to help us renew old friendships.

## CLASS OF 1982



### Michael Cesar, chair

"Blessed is the man that walketh not in the counsel of the ungodly, nor standeth in the way of sinners, nor sitteth in the seat of the scornful. But his delight is

in the law of the Lord, and in his law doth he meditate day and night."

## CLASS OF 1987



### Alan Beitler, co-chair

Ten years—how time flies! Do you wonder where everyone is, and what they are doing? Come to our reunion, catch up, and have a great time. See you there.

### Thomas Smith, co-chair

Ten years is not long enough to forget all the fun we shared. Hope to see all at the reunion.

## CLASS OF 1992



### Paul Paterson, chair

Five years—such a short time, but so much has happened. Come get together in April 1997 to catch up! +

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## UB alumnus heads medical society

Russell W. Bessette, D.D.S. '69, M.D. '76, was installed in May as the new president of the Medical Society of the County of Erie.

Bessette, who is in practice with the Buffalo Medical Group, P.C., is the clinical chief of plastic surgery at Buffalo General Hospital and a clinical professor of surgery at UB.

Currently serving a six-year term on the New York State Public Health Council, he was appointed chair of the group this June. Bessette is also a past president of the UB Medical Alumni Association.

Two other UB alumni were also installed into new positions with the Medical Society: Franklin Zeplowitz '58 as president-elect, and Nedra J. Harrison '77 as vice president. +

## New alumni board members elected

Jack F. Coyne '85 began his tenure as president of the board of the Medical Alumni Association at this year's Spring Clinical Day in May.

Coyne, a pediatrician at Niagara Falls Memorial Medical Center, is also a Greek Orthodox priest with a particular interest in providing medical and social services to the poor. He is medical director at Memorial Pediatrics, which provides a wide range of services for children and families. He is also the medical director of child advocacy teams in Erie and Niagara counties that investigate sexual abuse. Coyne's message to fellow alumni appears on the inside front cover of this issue of *Buffalo Physician*.

The Medical Alumni Association's new vice president, Jared C. Barlow



Jack F. Coyne

'66, is medical director and administrator of the Millard Fillmore Surgery Center and chair of the hospital's Department of Anesthesiology. He served as an anesthesiologist in the Vietnam War.

Elizabeth L. Maher '85 is the organization's new treasurer. An attending physician at Medina Memorial Hospital, she is also a clinical instructor in the UB Department of Emergency Medicine. Maher chaired and mediated the May 1996 Spring Clinical Day program. +

## Zeplowitz chairs UB fundraising organization

Franklin Zeplowitz '58 is the chair of the James Platt White Executive Committee. Founded in 1986, the James Platt White Society is made up of donors whose annual gifts to the medical school are \$1,000 or more. It is named after one of the founders of the UB medical school. +

## Alumnus chairs radiology department

Angelo M. DelBalso, D.D.S. '72, M.D. '78, has been appointed chair of UB's Department of Radiology. DelBalso, the author of *Maxillofacial Imaging*, is director of radiology at Erie County Medical Center. He also holds faculty appointments at the Uniformed Services University of the Health Sciences in Bethesda, MD, and UB's School of Dental Medicine. A colonel in the U.S. Army Reserves, he is chief of radiology with the 865th U.S. Army Reserve General Hospital in Niagara Falls, NY. +

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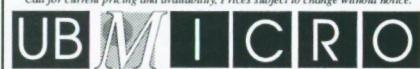
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# Elliott C. Lasser, M.D., radiologist

**LASSER WINS DISTINGUISHED ALUMNUS AWARD FOR HIS WORK IN THE FIELD OF CONTRAST MATERIALS RESEARCH**

BY JESSICA ANCKER

**E**lliott Lasser '46 didn't choose radiology. He was ordered into it. His career choice was made for him at Camp LeJeune, NC, where he was serving in the U.S. Navy after going through college and UB medical school in the accelerated military training program.

"Our commanding officer, who happened to be a radiologist, had developed an anemia of some kind," Lasser remembers. "He came to me and said, 'Lasser, from now on you're the radiologist around here.' I went to the books frantically looking up everything I needed to know."

Despite this unpromising beginning, Lasser's marching orders developed into a lifelong love of radiology. During nearly 50 years of research and practice, Lasser has established the field's standard screening tests for new contrast media, learned how to identify patients at risk of severe reactions to contrast media, and determined ways to prevent the reactions. He is also the founder of an unusual set of international meetings that regularly bring together academics and representatives of rival pharmaceutical companies to discuss contrast media research. Contrast Media Research '97 will be held in Kyoto, Japan.

"If I really contributed anything of substance, that's probably the thing that will have the greatest impact over time," says Lasser, 73. "It's the only meeting where representatives of various companies discuss their work without try-

ing to hide everything from each other. It's contributed to the speed with which research is being carried on in this field."

Lasser has served as chief of the radiology departments at Roswell Park Cancer Institute, the University of Pittsburgh, and the University of California

at San Diego, where he is an emeritus professor and an active researcher.

"As long as I have the interest and funds I hope to keep on going," says Lasser, the winner of this year's Distinguished Alumnus Award from the UB Medical Alumni Association.

Lasser began his formal training in radiology, after his two-year stint at Camp LeJeune was up, at the University of Minnesota, where he completed a radiology residency and earned a master's degree in radiology.

He trained in neuroradiology at Serafimer Hospital in Stockholm, Sweden, where he learned special procedures involving insertion of catheters to inject contrast media to targeted structures. Later, as chair of radiology at Roswell Park, he began investigating the causes of the occasional reactions to the contrast media, which could range from mild to fatal.

"Every radiologist has had patients who experience reactions. I never had a death myself, but I was lucky," he says. "I went to the standard textbooks ex-



**Elliott Lasser, M.D. (right), with Medical Alumni Association president Jack Coyne, M.D., and Dr. Lasser's wife, Phyllis. Lasser was awarded the Distinguished Alumnus award in an October ceremony in Buffalo.**

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"EVERY RADIOLOGIST HAS HAD PATIENTS WHO EXPERIENCE REACTIONS," LASER SAYS. "I WENT TO THE STANDARD TEXT-BOOKS EXPECTING TO FIND ALL THE INFORMATION I NEEDED, AND TO MY SURPRISE I DIDN'T FIND ANYTHING ABOUT IT."

pecting to find all the information I needed, and to my surprise I didn't find anything about it."

Contrast materials and patient reactions became the focus of his research. He has found that patients with asthma, allergic diathesis, or certain other hypersensitivities are more likely to experience contrast media reactions. He has identified at least three mediators that play a role in contrast media reactions: histamines, heparan sulfate, and bradykinin. Lasser's recent research involves nitric oxide and contrast media reactions.

It was Lasser who helped demonstrate that a simple two-dose course of oral corticosteroids protects patients from reactions; the treatment is now routinely used for high-risk patients. Tests he developed are now used routinely by pharmaceutical companies evaluating new contrast media for toxicity.

His interest in contrast media reactions led to research into asthma that has suggested a possible evolutionary advantage to the condition. Lasser has

shown that a substance commonly found in asthmatics' blood, heparan sulfate, appears to protect against arteriosclerosis. Asthmatics also have higher blood levels of high-density lipoproteins, providing another level of protection against arteriosclerosis. "When I presented this to my own group, my colleague said, 'How can I get asthma?'"

In his free time, Lasser enjoys tennis and golf. He also recently took up wood carving. He says he had never forgotten the good smell of carved wood from the summer camp he attended as a child, so with his wife, Phyllis, he took a few lessons from a friend. "I picked up a piece of wood from his wood pile, and tried it, and lo and behold, I wasn't as much of a klutz about it as I thought I would be." In fact, he has become proficient enough that his wife stopped doing it—she says he's too competitive about it.

Lasser has no plans to give up radiology any time soon, though.

"Throughout my whole career I've been paid for something I love doing," he says. "I'm very lucky." +



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# Albert James Myer, the founder of the National Weather Service

BY BERNARD L. WIGGIN

**T**he man who developed the National Weather Service would have enjoyed the satellites and computers that it relies on today. Albert James Myer, who earned his M.D. from the University of Buffalo in 1851, was a man for innovation and advance.

Myer, born September 20, 1828, spent much of his youth in Buffalo with a straitlaced aunt who taught him the severe mores of a God-fearing Scottish home.

At the age of 14, he went to Geneva College (now Hobart and William Smith), where he spread himself thin between studies, sailing, horseback riding, and faculty baiting. His interests were the sciences, languages, and mathematics, but for five years top grades eluded him.

After the University of Buffalo Medical School was founded in 1846, Myer returned to Buffalo, becoming a telegraph operator by night and a medical student by day. His graduate thesis, "A Sign Language for Deaf Mutes," showed his early interest in visual communications systems.

Myer suffered a physical breakdown after his graduation in 1851 and was ordered to have a complete rest. He soon recovered to practice medicine in Charleston, SC, and Monticello, FL. In 1854, he received a commission as an assistant surgeon with the U.S. Army.

He served at Forts Davis and Duncan in the heart of Apache country in Texas; married his grammar-school sweetheart, Kate Walden; and became wealthy when her

father, a Buffalo judge, died in 1857.

He developed a military signaling system called "Wigwag" cross signal communications, using flags in the day and torches at night. After the military adopted the Wigwag system, Myer became a signal officer and later took charge of the signal office. He served with valor in the Civil War, where his signals helped summon

## HE DEVELOPED A MILITARY SIGNALING SYSTEM CALLED "WIGWAG"

CROSS SIGNAL COMMUNICATIONS, USING FLAGS IN THE DAY AND TORCHES AT

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RELIEF TROOPS TO HELP THE UNION CAUSE IN SEVERAL TIGHT SPOTS.

relief troops to help the Union cause in several tight spots.

He was reorganizing the corps when he became involved with a bill authored by congressman and general Halbert E. Paine of Milwaukee to create a national weather service. A Joint

Congressional Resolution was passed and signed into law in 1870 by President Ulysses S. Grant.

To set up the new service, Myer asked for \$15,000 for the first year and \$25,000 for the second year. He solicited advice from scientists around the world, and expanded the Fort Whipple Signal School in Arlington, VA, to train weather observers. (Fort Whipple has since been renamed Fort Myer in his honor.)

In October 1870, 25 weather observers with the rank of sergeant were sent on detached duty to 25 locations between Boston, MA, and Omaha, NE. The reports were telegraphed to Washington and a selected list of reports sent back to the stations in under 90 minutes.

At first, reports consisted only of current weather information. Myer himself issued the first forecast on November 8, 1870, and soon hired professional forecasters.

The National Weather Service became a success almost overnight. Metropolitan newspapers like the *New York Herald* began to publish the complete daily output of the weather bureau.

More forecasters were hired and trained, and demand grew for such services as flood warnings and river stage reports.

Under Myer, the National Weather Service began to exchange reports with Canada, and observation stations were established on Mt. Washington in New Hampshire and Pike's Peak in Colorado. Instrumented balloons were flown over the U.S. and Europe. Two polar expeditions carried observers from Myer's bureau.

In 1873, the International Meteorological Conference in Vienna adopted Myer's idea of asking all countries to make simultaneous observations each day at 7:55 a.m., Washington time. Two years later, the first international weather bulletin was issued from Myer's office, followed in 1878 by a weather map covering the northern hemisphere.

With his service attracting international acclaim and curiosity, Myer returned to Buffalo in failing health in 1880. Upon hearing of his illness, Congress promoted him to brigadier general.

Myer died August 24 of that year in Buffalo's Palace Hotel overlooking Lake Erie, surrounded by his wife and their six children and by a special staff of medical friends. He had truly expended his life in the service of his country. +



DAGUERREOTYPE OF ALBERT J. MYER, CIRCA 1854. COURTESY U.S. ARMY SIGNAL CORPS MUSEUM.

The late Bernard Wiggin worked for the National Weather Service in Buffalo from 1945 to 1965. This story is condensed from an article

published in the December 1970 Smithsonian magazine, with the gracious permission of the author's wife, C. Leona Wiggin.

In June of this year, the National Weather Service, now under the jurisdiction of the National Oceanic and Atmospheric Administration, dedicated its new weather forecast office in Buffalo to Myer. It is the only weather forecast office to be dedicated to an individual.



## 1 9 3 0 s

**KENNETH GOLDSTEIN '39**, of Williamsville, NY, retired in 1983. He spends six months in Florida and six months in Williamsville each year, and he plays tennis three times a week and golf four times a week.



## 1 9 4 0 s

**THEODORE W. KOSS '41**, of Smithville, TN, had a total hip replacement but writes that he was "up and about in no time." Retired, he lives a half-mile from his fishing boat, *Marian*, and goes fishing every day.

## 1 9 6 0 s

**IRVING S. KOLIN '65**, of Winter Park, FL, will participate as principal investigator in two nationwide studies of a new psychoactive compound to be tested in the treatment of schizophrenia. He also made a presentation on "New advances in the treatment of drug dependency" at the winter meeting of the American Osteopathic Society in St. Petersburg, FL.

**DONALD J. WALDOWSKI '65**, of Kailua-Kona, HI, writes, "I am moving to Hawaii in August 1996 and working for Kaiser Permanente at their Kona Clinic as the pediatrician."

**KENNETH H. ECKHERT '68**, of East Aurora, NY, has been elected 1996-97 president of the Sisters Hospital medical staff. A surgeon specializing in breast care, Eckhert is the medical director of the Sisters Breast Care Center. He has been chief of surgery at Sisters since 1988. He

is an assistant clinical professor of surgery at UB and an adjunct clinical associate professor at the New York College of Osteopathic Medicine.

## 1 9 7 0 s

**ALAN J. FINK '70**, of Wilmington, DE, was voted by fellow physicians one of the "Top Docs in Delaware" in neurology in *Delaware Today* magazine. Fink writes that Michael Lippmann '70, who is in pulmonary medicine in Philadelphia, was named to a "Top Docs" list in *Philadelphia* magazine.

**MICHAEL BARON '71**, of Blountville, TN, is affiliated with Midway Medical Group in Bristol. He writes, "I am continuing my practice of pulmonary and critical care medicine in an area where the doctors and hospital are trying to manage health care and not be managed by it."

**JOHN E. KNIPP '72**, of Washingtonville, NY, has been elected president of the medical

staff of the Cornwall Hospital in Cornwall, NY.

**DANIEL A. PIETRO '73**, of Canton, MA, was recently named medical director and vice president at Sturdy Memorial Hospital in Attleboro, MA. He also continues to practice cardiology on a limited basis at the Harvard-Brockton-West Roxbury Veterans Affairs Medical Center, and is assistant professor of medicine at Harvard Medical School and Brigham and Women's Hospital. He recently celebrated his 25th wedding anniversary and has four children. Michael and Teresa are at Tufts University, Daniel is a junior in high school,

and Lisa is in eighth grade.

**ELLIOTT A. SCHULMAN '74**, of Wynnewood, PA, has moved his neurology practice to Crozer-Chester Medical Center in Chester County, PA. He is the director of the Center for Headache Management. He and his wife, Bonnie, have two sons: David (10) and Andrew (9).

**JOHN BRAICO '74** and **KATHLEEN BRAICO '74**, of Queensbury, NY, share a pediatric practice with three other doctors and a nurse practitioner in Glens Fall, NY, at the edge of the Adirondacks. As well as practicing general pediatrics, John is heavily involved in the

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neurodevelopmental evaluation of children with learning disabilities. Kathy also serves as the medical director of the Hole-in-the-Woods camp for seriously ill children in Lake Luzerne, a Paul Newman camp. She describes it as "not unlike repeating one's residency every summer!"

**GLENN S. ROTHFELD '75** of Somerville, MA, is the founder and medical director of Spectrum Medical Arts of Arlington, MA, a primary care practice combining conventional and complementary medicine. He writes, "I trained in acupuncture in Leamington Spa

in the United Kingdom, and I teach at both Tufts Medical School and the New England School of Acupuncture. My first two books, *Natural Medicine for Heart Disease* and *Natural Medicine for Back Pain*, have just been published by Rodale Press." Emma, the oldest of his four children, is starting at Columbia University this fall.

**LEWIS R. GRODEN '77**, of Pleasantville, NY, has returned to New York to join the full-time faculty of the Department of Ophthalmology, Montefiore Medical Center, Albert Einstein College of Medicine,

as director of refractive surgery and director of the Montefiore Laser and Eye Center. He previously spent more than 12 years in Tampa, FL, where he served as director of cornea services and vice chair of the Department of Ophthalmology at the University of South Florida.

**BARRY ROSENBERG '78**, of Rocky Mount, NC, is board certified in internal medicine and practiced in West Palm Beach, FL, for 10 years. "I have recently made a change in careers, having completed a radiology residency at the Medical University of South

Carolina in Charleston, SC. I have just begun a general radiology practice at Heritage Hospital in Tarboro, NC, and at an outpatient clinic in Rocky Mount, NC. I am married with four children, ages 7-13."

**LEONARD G. FELD, PH.D. '76, M.D. '79**, of Williamsburg, NY, was chosen for the *American Health* special issue featuring "The Best Doctors in America: The Nation's Top M.D.'s Chosen by their Colleagues." Chief of pediatric nephrology at the Children's Hospital of Buffalo and a professor at UB, he is a pediatric representative to the National

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CLASSNOTES

## BUFFALO PHYSICIAN

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Pediatric Transplant Committee of the United Network of Organ Sharing.

1 9 8 0 s



**MICHAEL T. ROSS '81**, of Detroit, MI, is developing and implementing a customer service and communication training program for medical and support staff of the Henry Ford Health System in Detroit. He continues to work in emergency medicine. He writes, "Jacob Edward, our third child, joined the family on March 29. We're ecstatic. Vanessa, now 7, enjoys piano, ballet, and acrobatics. Joshua, 3, loves raising Cain."

**ARLENE ROSE CURRY '82**, of Brooklyn, NY, is working fulltime in the Department of Emergency Medicine at Saint Vincent's Hospital in New York City. "My husband, John, and I are the proud parents of Alyssa (4 1/2) and Tristan (1)."

**ALBERT SPEACH '82**, of Lexington, KY, and his wife, Terri Speach, announce the birth of Byron Nelson Speach on May 2, 1995.

**JOHN CLAUDE KRUSZ '83**, of Dallas, TX, is the medical director of Nursefinders Home Health Co. He writes that he is the only board-certified neurologist also certified in pain management in the north Texas area.

**HERBERT B. NEWTON '84**, of Worthington, OH, was granted tenure at Ohio State University, where he was promoted to associate professor of neurology.

He remains director of neuro-oncology. His family announces the birth of daughter Ashley Rene Newton, born on January 23, 1996. She weighed 8 pounds, 13 ounces and was 22 inches long. Ashley's older brother, Alex, is 3.

**JON WARDNER '85**, of Ann Arbor, MI, is "in busy group PM&R practice at St. Joseph Mercy Hospital and a clinical instructor at the University of Michigan Medical School. Had a rendezvous with Jim Esser '85 at the University of Michigan/Indiana University football game in Bloomington in October 1995. He came in from Kentucky. Michigan won."

**KARIN E. CHOY '86**, of Las Vegas, NV, writes, "I'm leaving the chilly winds and snowfalls of New England for the heat of the Desert Southwest to start up a new pediatric clinic for Kids Health Care, an outpatient center affiliated with Columbia-Sunrise Children's Hospital in Las Vegas. Everyone come visit and play!"

It was great seeing everyone at the reunion. See you all again in 5?"

**CARL G. COLTON '86**, of Lancaster, PA, began working as a gastroenterologist in July 1995 in Lancaster. He and his wife, Mary Katherine, have three children: Ashley (8), Brittany (5), and Graham (2).

**ANDREW P. GIACOBBE '86**, of Buffalo, NY, is enjoying his third year of plastic surgery practice in Buffalo and recently became certified by the American Board of Plastic Surgery. He and his wife, Laura, recently celebrated the birth of their second child, Andrew Alexander. Their daughter, Cristina, is 4.

**LEILA S. GRAYSON '87**, of Freehold, NJ, has relocated to private practice in central New Jersey as a board-certified general surgeon. She has two boys: Jonathan (5), and Nathaniel (1). She writes that classmate Bob Halpern is an emergency department physician at Edward Hospital in Naperville, IL.

**PEGGY (MOREY) STAGER '88**, of Cleveland Heights, OH, and her husband, Richard, announce the birth of their son, Samuel, on April 1, 1996.

**MITCHELL TUBLIN '88**, and Mary C. Davitt '88, have recently moved to Albany, NY, where they have joined the faculty of the Albany Medical College as assistant professors of radiology and pediatrics,



respectively. They proudly announce the birth of their second son, Joshua Martin, born April 15, 1995.

**PAULA SANDLER '89**, of Yonkers, NY, has started a fellowship in neurology, voiding dysfunction, and urodynamics at Columbia University. Before that, she had been in private urology practice in Beckley, WV, since completing her residency in June 1994.

**HOWARD CHANG '89**, of San Diego, CA, will be joining the pulmonary and critical care medicine group at Sharp Memorial Hospital in San Diego.

## 1 9 9 0 s

**DOUGLAS P. PREVOST '90**, of Snyder, NY, writes, "My wife, Anita, and I are proud to announce the birth of our fourth child, Jack Anthony, who arrived May 8, 1996. He joins his two brothers, Ryan (4) and Connor (2 1/2), and his sister, Claire (17 months). It is quite a houseful!"

**HOWARD L. STOLL III '90**, of Charlottesville, VA, is completing a residency in radiology at the University of Virginia, and will be returning to Buffalo to join the Southtowns Radiology Group. "My wife,



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Theresa, and I had our first child, Christopher Howard Stoll, on Nov. 16, 1995."

**ROHIT "ROB" BAKSHI '91**, of Buffalo, NY, writes that he is "pleased to have returned to his hometown to begin an academic practice at the Dent Neurologic Institute and the UB Department of Neurology." After medical school, he served an internship at Massachusetts General Hospital and Harvard Medical School before completing a neurology residency at the UCLA Medical Center. He has recently completed an MRI and CT neuroimaging fellowship at the Dent Institute. A board-certified neurologist, he will concentrate on both clinical and research interests in the areas of neuroimaging and multiple sclerosis, as well as a general neurology practice.

**MARY (CAPPUCCINO) BONAFEDE '91** and **JOE BONAFEDE '91**, of Cleveland Heights, OH, announce the birth of their first child, Joseph Samuel ("Sam") on Jan. 15, 1996.

**GAYLE (FRAZZETTA) SINGH '92** and **VINEET SINGH '92**, of Denver, CO, announce the birth of Vijay Rocco Murphy Singh in September 1995. They write, "Call for the story of (Vijay's) name. He spends most of his time eating and laughing—the apple doesn't fall far from the tree." Gayle is enjoying private practice in family medicine, and Vin is a

resident in orthopedics at the University of Colorado. They add, "Neil Waldman '92 lives around the corner. He just took an ER position in Montrose, CO, and is married to Nori Garcia, D.D.S."

**ANDREW BAUER '93**, of Tacoma, WA, completed his pediatric residency at Madigan Army Medical Center in Tacoma and is moving to Heidelberg, Germany. In March, he presented a poster at the Uniformed Services Pediatric Society meeting in Maclean, VA. Bauer has a new daughter, Samantha, born Jan. 18, 1996.

**MICHAEL F. SWEENEY '93**, of Akron, OH, is married to Liz (Zylka) and has a daughter, Molly Erin (1 1/2). He is in the fourth year of his OB/GYN residency at Akron City Hospital.

## OBITUARIES

**GORDON J. HIPPERT '45**, of Tucson, AZ, died May 12. He served as a captain in the U.S. Army Medical Corps before returning to UB for his residency in obstetrics and gynecology. A founding member of the American College of Obstetrics and Gynecology, he was chief of staff at St. Mary's Hospital and Tucson Medical Center.



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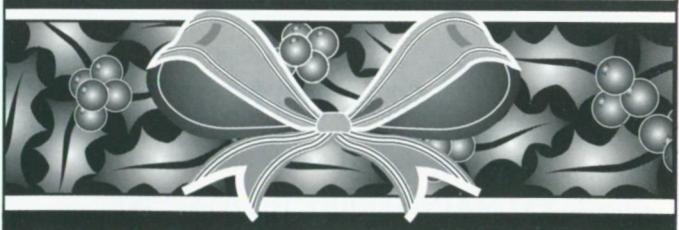
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