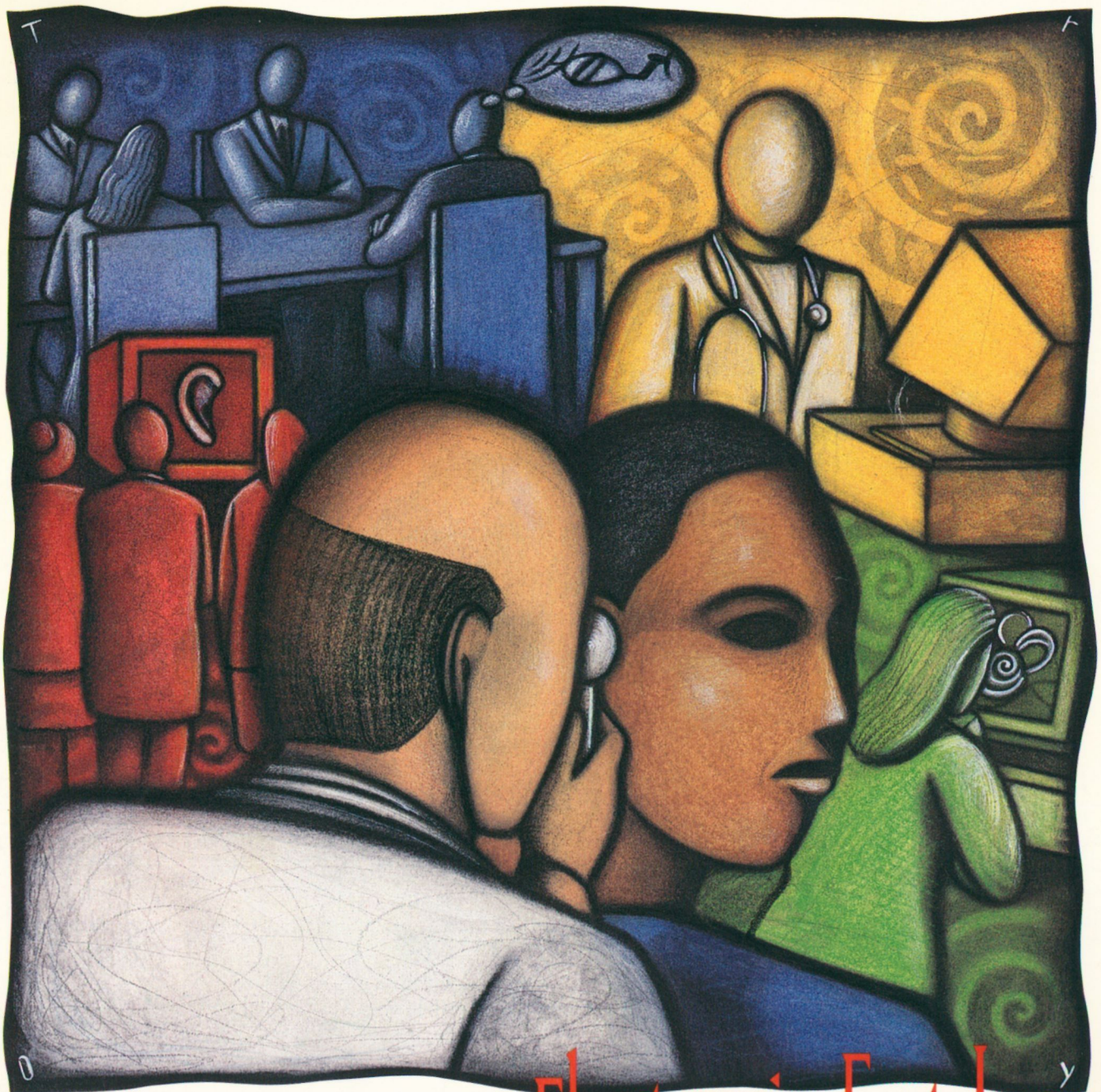
BUFFALO PHYSICIAN

State University of New York at Buffalo School of Medicine and Biomedical Sciences, Winter 1994



MANAGING MEDICAL INFORMATION IN UB'S

Electronic Fast Lane

BUFFALO PHYSICIAN
Volume 28, Number 1

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Dear Alumni and Friends,

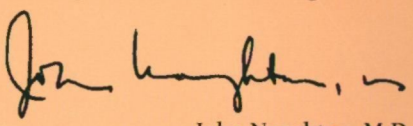
Although a little over two years away, a working committee co-chaired by Dr. Harold Brody and Dr. Ronald Batt and staffed by Dr. Joyce Vana, has begun to plan the Sesquicentennial events with special emphasis directed to UB's anniversary founding date on May 11, 1996. More will be reported about the proposed activities. However, the Health Sciences Campus development on the Main and Bailey Campus and future planning is moving forward.

I am pleased to report that construction of the new research building is well ahead of schedule and occupancy should be underway in late 1994 or early 1995. The program planning that will convert Harriman Hall to the administrative locus for the medical school and serve as the main entrance to the complex at this site is well underway. We are hopeful that this project, together with the removal of Diefendorf Annex, can be completed by the anniversary date. Once completed, the medical school and its health sciences colleagues will have a core that will include the Health Sciences Library; the School of Dental Medicine; the new research building; the animal facility; and the components of Cary, Farber and Sherman Halls together with the Schools of Nursing and Health Related Professions.

Despite all this, more will be needed. In the formative stage is the concept to develop a Comprehensive Health Education Center that can house those programs that will emphasize and direct our efforts in primary care, community medicine, epidemiology, preventive medicine and statistics.

We hope you will join us when we celebrate the good fortune of reaching 150.

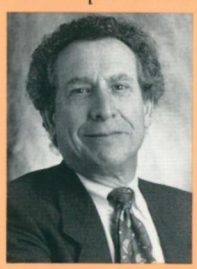
Sincerely,



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

Dear Fellow Alumni,

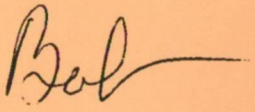
In September a new activity of the Medical Alumni Association was initiated with the first visiting lectureship by an outstanding alumnus, Dr. Joseph Chazan. Dr. Chazan, Class of 1960, is medical director of the Artificial Kidney Centers of Rhode Island and director of the renal division at Rhode Island Hospital. While in Buffalo, he conducted nephrology grand rounds at the Buffalo VA Medical Center and consulted with the nephrology service. A second visiting lectureship is planned for later in the year. This educational activity exemplifies the strong desire of the Medical Alumni Association to add unique dimensions to the teaching program, taking advantage of the exceptional qualifications of many of our alumni.



The Community Physicians Program has been enthusiastically received by the first- and second-year medical students. This year, the program, chaired by Elizabeth Maher, M.D., Class of 1985, has expanded to four sessions. Physicians from various specialties discuss their medical practice from the viewpoint of what they do, their practice commitments and life styles. This innovative program provokes unlimited questions concerning the effect that different types of medical practice have on all aspects of professional and personal life.

The Governing Board again solicits your continued support in order to maintain and expand these representative functions.

Best regards,



Robert E. Reisman, M.D. '56

BUFFALO PHYSICIAN

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WINTER 1994

The School of Dental Medicine's William Feagans retires after over 20 years. Page 21.

Alum Deborah Richter — working for people in need. Page 24.

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RESEARCH

Chemotherapy shown effective in treating brain tumors in infants

A multi-center study headed by a University at Buffalo pediatric neurologist has shown that very young children with brain tumors can be treated successfully with chemotherapy immediately after surgery, postponing, and in some cases eliminating, the need for radiation treatments that are devastating to the developing brain.

The study was the lead article in the June 17 issue of *The New England Journal of Medicine.*

"To understand the importance of these results," said Patricia K. Duffner, M.D., professor of neurology and pediatrics, "you need to consider the situation when we began this study in 1986. At that time, children less than one year old with brain tumors were let die. The only treatment available was radiation, and the survival rate was terrible. Children who did survive were so profoundly retarded, so damaged, that survival brought no quality to life."

The study, which was conducted by the Pediatric Oncology Group in institutions in both the United States and Europe, involved 198 children under the age of three with malignant brain tumors. Following complete or partial removal of their tumors, 132 children who were less than 24 months of age when diagnosed received multi-agent chemotherapy for two years. Sixty-six children between the ages of 24 and 36 months when diagnosed received the chemotherapy regimen for one year. Following completion of chemotherapy, all children received radiation therapy.

The results showed that chemotherapy produced a complete or greater than 50 percent reduction in the tumor size in 39 percent of the children. Cancer had not progressed in 41 percent of the older group after one year of chemotherapy and in 39 percent of those under 24 months after two years of chemotherapy. Researchers found no deterioration of brain function as a result of the chemotherapy.

Certain tumors responded better than others, the study showed. Emryonal tumors did not respond well, while 61 percent of infants and very small children with ependymoma tumors were still alive after three years.

Results showed children who had no tumors following chemotherapy survived nearly as long as children whose tumors were removed completely through surgery. ✚

— BY LOIS BAKER

MATT CALIMAN

Hard work equals low cholesterol for Mennonite men.

Low cholesterol levels found in Mennonite men despite their diets

One of the first dietary studies of cloistered Old Order Mennonites provides further evidence that physical activity can help lower cholesterol levels.

The UB study found that despite consuming a diet high in saturated fat and cholesterol, the Mennonite men, who do the daily farm work, not only had lower cholesterol levels than their female counterparts — a reversal of the national norm — but had significantly lower cholesterol levels and blood pressures than the national average for males.

Information on the community's eating habits also showed that members know they should avoid foods high in saturated fat and cholesterol, but because such foods are basic to their agrarian diet, they eat them regularly anyway. In addition, half of the members reported a family history of heart disease.

The study of 250 adults was conducted by Andrew Michel, M.D., and Myron Glick, M.D., while they were medical students, and Thomas Rosenthal, M.D., chair of the department of family medicine. Results of the study were published in *The Journal of the American Board of Family Practice.*

Little scientific data exist on life among Old Order Mennonites; anecdotal evidence suggests their diet puts them at risk for heart disease. The aim of the researchers was to assist primary care physicians responsible for their care by defining the population's cardiovascular risk factors. ✚

— BY LOIS BAKER

RESEARCH

New pain relief technique speeds recovery for back surgery patients

UB neurosurgeons have pioneered a new method to relieve pain following surgery to repair a herniated disk that increases comfort dramatically and gets patients on their feet and out of the hospital two to three days sooner than conventional pain-control methods.

A research team headed by Kevin J. Gibbons, M.D., assistant professor of neurosurgery, placed an absorbable gelatin sponge filled with morphine over the disk-surgery site in 45 patients before suturing the incision. The team compared the comfort and recovery time of these patients with a control group of 15 disk surgery patients who received standard post-surgery morphine injections to control pain. All surgeries were performed at Millard Fillmore Gates Circle Hospital.

Thirty-three of the patients receiving the morphine sponge were able to walk the same day they had disk surgery, and all were walking by the following day, Gibbons reported. More than a third required no additional pain medication on the day of surgery, and by the first post-operative day, half of the patients needed no further pain relief, he said.

Thirty-one were discharged on the first post-operative day, 10 on the second, three on the third and one on the fourth.

None of the 15 patients who received conventional treatment for pain could go home on the first post-operative day, he reported. Three were discharged on the second day following surgery, eight on the third post-operative day and four on the fourth.

"We hit upon the idea of injecting morphine into the sponge as a possible way to provide effective, long-lasting pain control *after* the surgery," he said.

UB neurosurgeons have been using the morphine sponge successfully for 18 months. Other surgeons have begun using the technique as reports of its effectiveness have spread by word of mouth, Gibbons said.

Additional members of the research team were Adrienne P. Barth, a certified neuroscience nurse; Arvind Ahuja, M.D., clinical assistant instructor of neurosurgery; James L. Budny, M.D., clinical associate professor of neurosurgery, and L. Nelson Hopkins III, M.D., professor and chair of neurosurgery.

Gibbons presented the study results at the annual meeting of the American Association of Neurosurgery. +

— BY LOIS BAKER

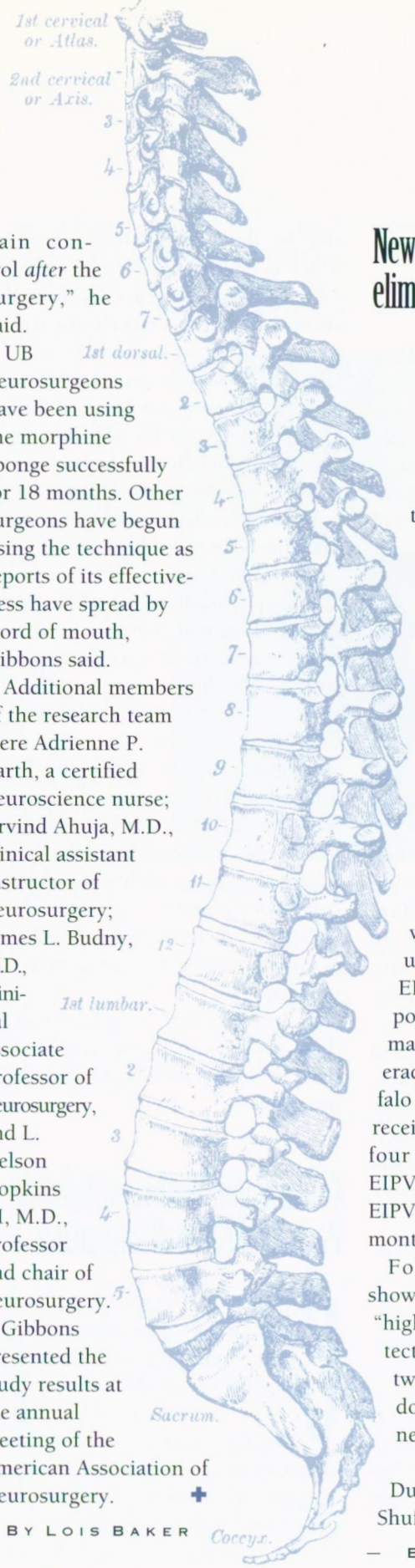


FIG. 37.—Lateral view of the spine.

New polio vaccine schedule could eliminate vaccine-related disease

Inoculating infants with two doses of a new enhanced-potency form of inactivated poliovirus vaccine followed by a single oral dose of live attenuated virus may be the best way to protect against the disease and guard against vaccine-related cases.

A study by UB researchers showed that children who received the vaccines in that sequence demonstrated the highest antibody titers during a four-year follow-up after being challenged with a single dose of the oral attenuated poliovirus vaccine (OPV) at age five.

Howard Faden, professor of pediatrics and co-director of the division of infectious diseases at The Children's Hospital of Buffalo, who directed the study, said, "The use of sequential immunization with EIPV (enhanced potency inactivated poliovirus vaccine) followed by OPV may be a major step toward ultimate eradication of poliomyelitis." The Buffalo study involved 158 children who received three immunizations in one of four sequences — OPV-OPV-OPV, EIPV-EIPV-EIPV, EIPV-OPV-OPV or EIPV-EIPV-OPV — at two, four and 12 months of age.

Follow-up serologic evaluation showed that both forms of vaccine were "highly effective" in stimulating protective levels of immunity, but that two doses of EIPV followed by a single dose of OPV produced the highest neutralizing antibody titers.

Faden's co-authors were Linda Duffy, Ph.D., Martha Sun and Cynthia Shuff. +

— BY LOIS BAKER

Children's Hospital appoints Dias chief of pediatric neurosurgery

The Children's Hospital of Buffalo has appointed Mark Dias, M.D., chief of the division of pediatric neurosurgery. Dias was previously an attending neurosurgeon at Children's Memorial Medical Center in Chicago and assistant professor of neurosurgery at the Northwestern University School of Medicine.

Dias obtained his medical degree from the Johns Hopkins University School of Medicine. He also completed neurosurgical residency training at the University of Pittsburgh and neurosurgical fellowship training at Primary Children's Medical Center of the University of Utah. In 1987 he received the Pittsburgh Neuroscience Society Award for Clinical Research.

The author of various publications in pediatric neurosurgery and developmental neurobiology, Dias maintains a special interest in developmental malformations of the brain and spinal cord and in the surgical management of pediatric brain tumors. ✚

Millard Fillmore offers radio-frequency ablation procedure

Millard Fillmore Hospitals is one of a limited number of facilities in the country using radio-frequency ablation to treat certain types of tachycardia.

The tachycardias that are curable by the new ablation procedure, which is typically performed under local anesthesia, are generally those that are mediated by an extra electrical pathway, according to Donald Switzer, M.D., UB clinical assistant professor of medicine and electrophysiologist at Millard Fillmore Hospitals. He adds that physicians "traditionally have had to resort to chronic drug therapies, which are often only partially effective and may result in side effects for these patients."

The radio-frequency ablation procedure uses specialized, electrode-tipped cardiac catheters that are positioned within the heart at specific abnormal targets. The high-energy, radio-frequency current is then passed directly through the catheter to cauterize the abnormal pathway within the heart, destroying only the targeted area without affecting the overall heart function. Following the procedure, the heart's electrical system stabilizes to a normal conduction pattern.

Patients are monitored overnight and generally resume normal activity the next day.

Switzer adds that "over 95 percent of these abnormal pathways can be effectively and permanently cured with this procedure." ✚

Construction begins on Summit Park Medical Mall expansion

Construction began in late August for a 21,000-square-foot expansion of the Summit Park Medical Mall in the Town of Wheatfield.

The expansion will accommodate the Summit Immediate Treatment Center, a new service operated by Niagara Falls Memorial Medical Center since May. Memorial will also operate a linear accelerator at the expanded site to provide radiation therapy as part of its comprehensive cancer treatment program. The expansion also includes additional space for physician office suites.

Construction is expected to be completed this spring.

The Summit Park Medical Mall is a 30,000-square-foot medical office complex that opened in 1990. In addition to physician offices, the complex houses primary care and outpatient services provided by Memorial Medical Center. The complex includes the Summit Immediate Treatment Center; Niagara Family Medicine; X-ray, laboratory, physical therapy and pharmacy services; and a satellite office of the Milestones program that provides treatment for alcohol and substance abuse. ✚

Roswell Park inks referral pact with Daughters of Charity system

The Daughters of Charity National Health System (DCNHS) and Roswell Park Cancer Institute have signed a memorandum of understanding to facilitate patient referrals from any DCNHS hospital to Roswell for specialized cancer treatments, including bone marrow transplants.

The agreement, which culminates 18 months of deliberation, is expected to foster development in the areas of patient care, research and understanding. It will see Roswell, the nation's first cancer treatment and research center, assist and consult in the development of specific cancer treatment and education programs at DCNHS hospitals and in the training of DCNHS physicians at Roswell.

The Daughters of Charity National Health System — with more than 60 facilities in 18 states and the District of

Columbia — includes acute care hospitals, nursing homes and psychiatric facilities. Four of its hospitals are located in New York State: Our Lady of Lourdes Memorial Hospital in Binghamton, St. Mary's Hospital in Rochester, St. Mary's Hospital in Troy and Sisters of Charity Hospital in Buffalo.

Roswell Park Cancer Institute is a National Cancer Institute-designated comprehensive cancer center that serves patients from 38 states and 17 countries. It is in the process of a $241 million renovation project that includes all new clinical facilities.

The DCNHS-Roswell agreement will explore a variety of activities, including participation of DCNHS patients in Roswell's special cancer registries, the development of continuing medical education programs and the creation of special education programs in such areas as cancer prevention and detection. ✚

Roswell Park conducting clinical trials of taxol and carboplatin

Roswell Park Cancer Institute is one of only a handful of research facilities in the country conducting clinical trials to assess the effectiveness of taxol and carboplatin in patients with advanced cancer.

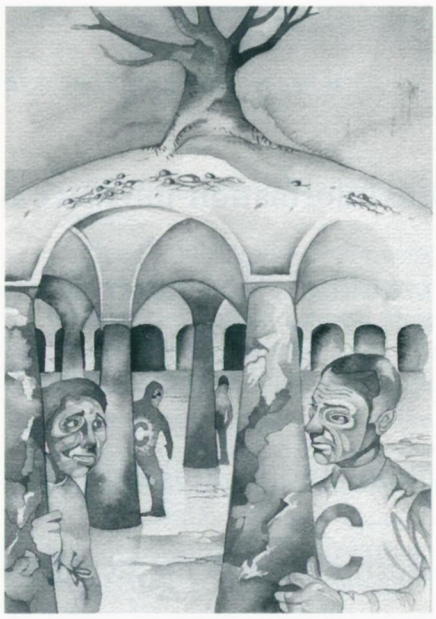
Taxol has been widely publicized in the popular media for its dramatic, but preliminary successes with ovarian cancer. Researchers began clinical studies of taxol in 1983, and some reports suggest that the drug is also effective in treating cancers of the breast and lung.

Patrick Creaven, M.D., Ph.D., senior investigator, and Derek Raghavan, M.D., Ph.D., chief of the division of solid tumor oncology and investigational therapeutics, head the studies.

Enrollment is limited to 30 to 35 patients with advanced cancer, particularly lung cancer patients, who have failed to respond to either conventional or investigational therapies.

The researcher's goal is to determine optimum drug dosages, evaluate side effects and identify — and later target — those cancers that respond best to the taxol-carboplatin regimen.

Co-investigators on the Roswell Park trial are: Vicky Jones, M.D.; Ellis Levine, M.D.; Gregory Loewen, D.O., Neal Meropol, M.D., Raymond Perez, M.D., and Lakshmi Pendyala, Ph.D., all of the department of medicine, and Youcef Rustum, Ph.D., and Raymond Baker, Ph.D., of the department of experimental therapeutics. ✚



MATT CALIMAN

Tracking the course of cancer.

Family Cancer Syndrome Registry will track genetic propensity

A new cancer registry designed to pinpoint, track and ultimately reduce a family's genetic predisposition to colorectal cancer has been established at Roswell Park Cancer Institute.

The Family Cancer Syndrome Registry is designed to help individuals whose family medical history reveals a disproportionately high number of colorectal cancer cases and deaths.

"We have the ways and the means to provide direct assistance to families who may be at high risk for developing colorectal cancer," said Miguel A. Rodriguez-Bigas, M.D., associate chief of the department of surgical oncology and director of the registry. "Our objective is not only to collect research data, but also to provide important care, genetic testing and counseling, education and peace of mind to those who are registered."

The Family Cancer Syndrome Registry identifies families in which at least three members in two generations have had colorectal cancer, with one of the members diagnosed before age 50. Such families are known to carry the gene for Hereditary Nonpolyposis Colon Cancer.

The Family Cancer Syndrome Registry becomes the third registry established and headquartered at Roswell. The Familial Adenomatous Polyposis Registry was established in the mid-1980s and currently lists 42 registered families with 25 living affected persons and 55 persons at risk. The Gilda Radner Familial Ovarian Cancer Registry — named after the comedienne who lost her life to the disease — is an international listing of women with two or more first-degree relatives who have developed ovarian cancer. Established by M. Steven Piver, M.D., chief of the department of gynecology, it is the only one of its kind in the country. ✚

BY NANETTE TRAMONT KOLLIG

In a science as information-intensive as medicine, it was only a matter of time before scientists would use computer technology to manage that information.

At UB's School of Medicine and Biomedical Sciences, the time is now as the medical school and its affiliated teaching hospitals embark on an ambitious new medical informatics and medical information processing program that puts them in a leadership role for now and the future.

Medical informatics — the academic discipline associated with the processing and management of medical information — involves areas such as expert systems development, clinical information systems, computer-assisted instruction and software programs that can bring new information on a patient to a student or clinician. And although the management and processing of medical data isn't necessarily done with computers, principally nowadays it is.

The medical school's project consists of a number of initiatives on both the academic and clinical fronts in various stages of development; all will serve to make medical information more accessible to practitioners and further the school's mission of quality education, research and patient care. Among the initiatives are the medical school's mandatory undergraduate medical computing course; a database to aid the physician credentialing process; the linkage of hospitals and physicians' offices to

ILLUSTRATIONS BY TROY THOMAS

INTO THE

the medical school, its Health Sciences Library and each other via computer network; and real-time, on-line consults and sophisticated videoconferencing capabilities. A recent $1.5 million gift will establish a chair in medical informatics at the medical school, one of the first in the country. Also under development is an electronic patient index shared between the teaching hospitals, and perhaps the ultimate realization of the promise medical informatics holds for medicine — the computer-based patient record.

The main thrust of UB's medical information processing program — and the infrastructure that supports many of its initiatives — is the development of the Western New York Health Sciences Consortium Interfacility Communications Network. When complete in 1997, this "information superhighway" will link the school and its affiliated teaching hospitals with communications capabilities able to transmit complex medical data such as PET images from one to another in a matter of seconds.

The development and implementation of the network is under the direction of John Hammond, director of information services for the Western New York Health Sciences Consortium, a spin-off of the Graduate Medical Dental Consortium of Buffalo, formed in 1987.

"Each hospital campus has its own internal communications network already. What we establish will become a 'network of networks,' or what is known as a CHIN — Comprehensive Health Information Network," Hammond explains.

Phase I of the project, to be completed in 1995, will see UB linked with Millard Fillmore Hospitals' Gates Circle facility, The Buffalo General Hospital and Erie County Medical Center via New York Telephone's FDDI (Fiber Distributed Data Interface) Network lines. FDDI lines operate at a band width of 100 million bites per second and are able to accommodate the transmission of images and real time, motion data, Hammond says.

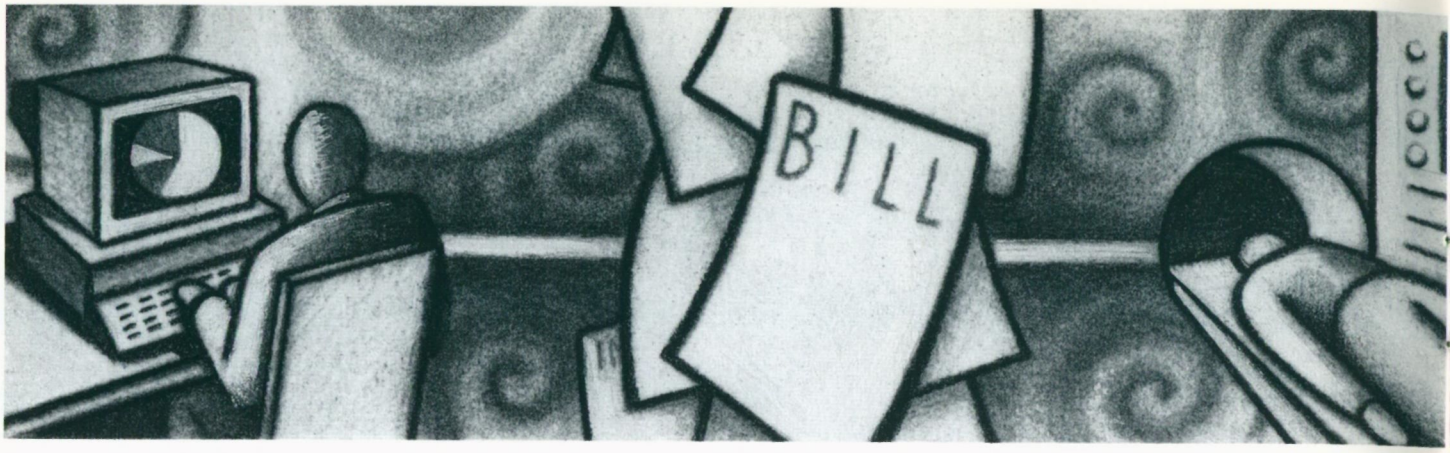
Erie County Medical Center and Buffalo General already have in place between them a microwave Ethernet connection (Ethernet connections transmit information at 10 million bites per second) and a T-1 existing phone line that sends data at a "snail's pace" 1.54 million bites per second.

A chest X-ray, which requires 2 million bites of information, now takes about two seconds to transmit, Hammond says.

Phase I also will realize Ethernet connections between the Buffalo VA Medical Center and UB, and Roswell Park Cancer Institute and UB via microwave.

The completion of Phases II and III (from mid-1995 until 1997) will see FDDIs emanating from a central New York Telephone hub to Sisters Hospital, Millard Fillmore Suburban, The Children's Hospital of Buffalo and Mercy

ELECTRONIC FAST LANE



Hospital, as well as the existing Phase I hook-ups. Millard Fillmore will also have a T-1 between its Gates Circle and Suburban facilities. A connection to the Southern Tier hospitals, which have already formed their own rural health care network supported by Sprint's Healthcare Application Network Delivery System, New York Telephone's fiberoptic and digital network and Compression Labs Inc.'s videoconferencing equipment, will also be established.

Other potential FDDI sites include Roswell, Blue Cross, Blue Shield, Niagara Falls Memorial Medical Center and the Maple Road MRI Center.

"Seventy percent of medical data is already available in some form of digitized information already. What we have to do is construct a central repository for the data, which now exist in eight, nine or 10 areas.

"And we want to have automatic feeds as much as possible," Hammond says, adding that of the affiliated teaching hospitals, Erie County Medical Center is farthest along in its systems development.

"After each repository has that in place, we have to find a logical mechanism to connect them."

He estimates it will take eight to 10 years and $20 million to develop and implement the CHIN.

Representatives from UB have already engaged in discussions with SUNY Central to solicit support; UB's project could serve as a model for other academic health centers in the system.

"We could establish it here," Hammond says, "and then give it to Upstate and the others.

"And we're so diverse," he adds. "It's one of our strengths. If it can work here, with all our diversity, it can work anywhere.

"We have a federal facility, a county facility, a cancer center, a children's facility, two Catholics and two not-for-profit privates. Our information services directors meet regularly and the CEOs meet every two weeks."

Hammond credits those CEOs and information services directors for working to establish the network. "The directors develop a list of what each has worked on and it's my job to broker deals to move those things along in a shared fashion. We capitalize on ways to benefit and increase the chances to exchange information to make it available at multiple sites," Hammond adds.

The network and its participant hospitals will also realize monetary savings in its economies of scale as well as the cost- and time-savings benefits inherent in medical information processing systems. According to John Loonsk, M.D., director of medical computing and assistant professor of biophysics at UB, the implementation of these systems in hospitals can have dramatic care and cost-saving benefits.

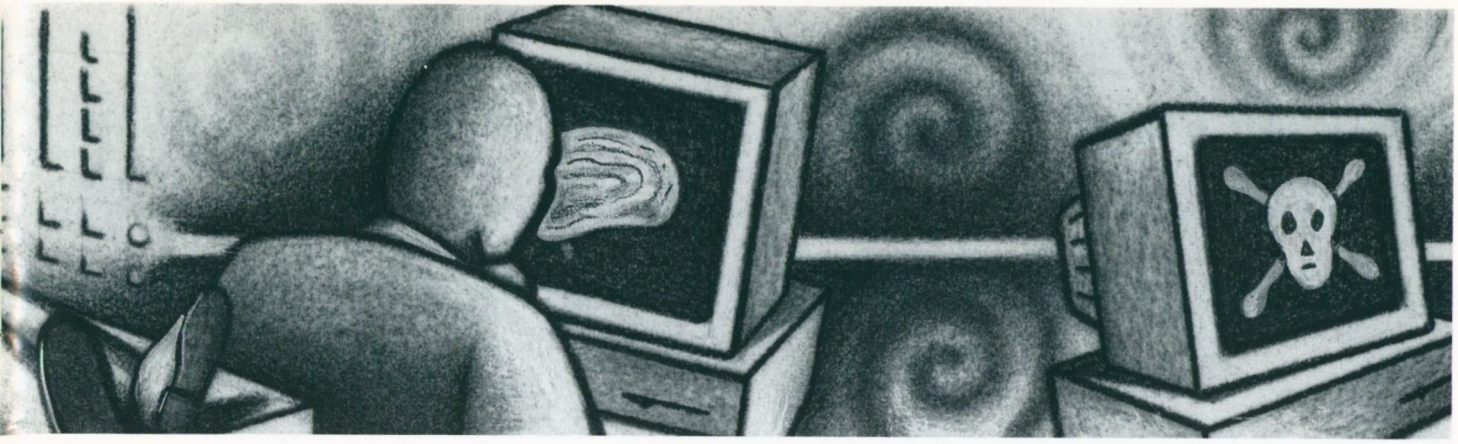
"There's evidence that by giving quality information to residents, attending physicians and students at the time of decision-making and ordering, you can encourage good practice patterns," Loonsk says.

One study, he said, demonstrated an over $800 reduction in cost per hospital stay when residents were given information on the cost and appropriate parameters of their orders at the time they placed them.

"There are some examples of actual length of stay reductions with similar systems," he adds.

The network will also foster the development of a physician-credentialing database that would automatically track physicians credentialed at multiple facilities; most medical staff are re-credentialed every two years. A similar system, albeit based only at the medical school's office of graduate medical education, tracks and aids in the management of resident credentialing.

In addition to its benefits to the medical school and its teaching hospitals, UB's medical informatics project meshes well with projected health care reforms as well as the medical school's existing primary care focus, notes John Naughton, M.D., vice president of clinical affairs and dean.



"It makes the educational outreach to community academic practice sites more real," he says, putting more expert tools in the hands of primary care physicians in both the clinical and educational arenas.

"Bringing more information to practice is also re-engineering relationships in medicine," the dean notes. "It's really on the cutting edge of reform."

And most experts agree that one of the main thrusts of reform will be in reforming the way medical information is ordered, stored and retrieved, and what is done with it.

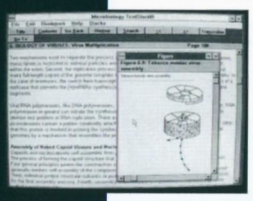
UB's multifaceted program offers practitioners many innovative features that will benefit both them and the ultimate end-users of health care — their patients.

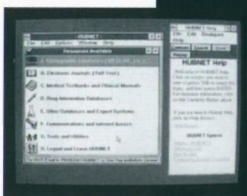
HUBNET

Created through the joint efforts of the medical school's office of medical computing, the Health Sciences Library and the hospital librarians through the Western New York Health Sciences Consortium, HUBNET (Hospitals-UB Library Resource Network) provides the hospitals (as well as anyone with the right computer hardware, software and a password to log onto it) with immediate access to UB's fifth-ranked-in-the-nation Health Sciences Library and its considerable electronic resources.

HUBNET offers its users the National Library of Medicine's MEDLINE resource (previously only the mini-MEDLINE bibliography was available at UB), full-text tools such as journals (among them *The New England Journal of Medicine, The Lancet, Pediatrics, JAMA)* and textbooks (such as *Scientific American Textbook of Medicine)* with graphics, the Cancerlit database, the *Physician's Desk Reference,* drug information databases and clinical information systems such as expert systems, computer-assisted instruction and a health care planning and administration database.

HUBNET — THE HOSPITALS-UB LIBRARY RESOURCES NETWORK — WAS CREATED AT A COST OF $250,000 THROUGH THE JOINT EFFORTS OF THE MEDICAL SCHOOL'S OFFICE OF MEDICAL COMPUTING, UB'S HEALTH SCIENCES LIBRARY AND THE WESTERN NEW YORK HEALTH SCIENCES CONSORTIUM. EACH HOSPITAL WILL PAY $9,100 ANNUALLY TO SUBSCRIBE TO THE ELECTRONIC SERVICE.



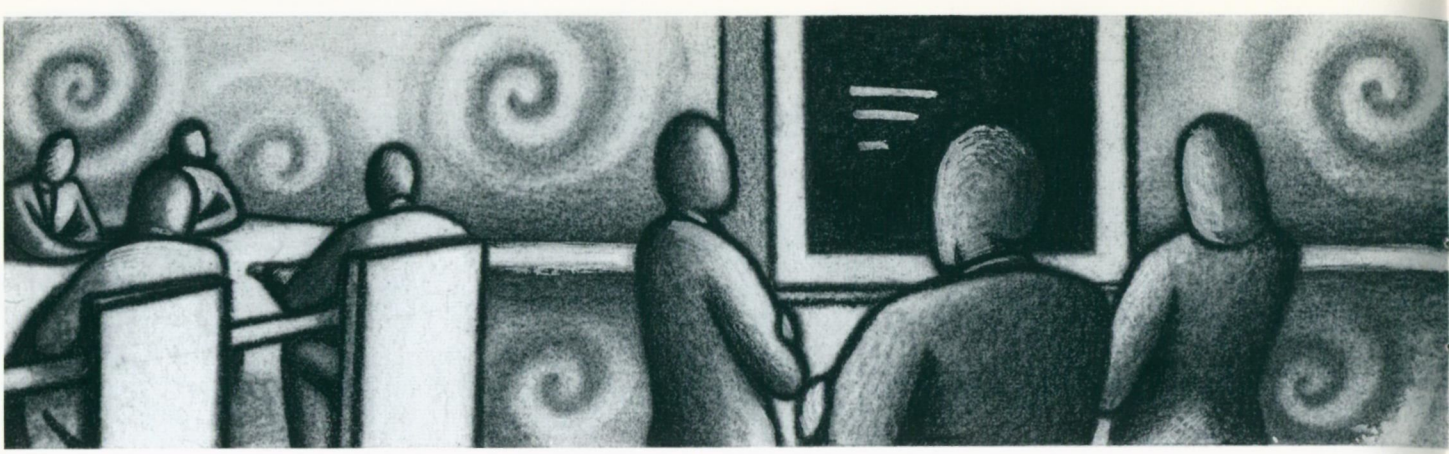


"HUBNET is an integration of many resources from several different database providers. Some are updated quarterly, some even weekly," explains John Loonsk, M.D., director of medical computing and assistant professor of biophysics and architect of the HUBNET system. Users of the system now have access to the equivalent of 6.5 million pages of medical data, Loonsk adds.

In addition to its menu of resources, HUBNET provides physicians, residents and medical students with a uniform access method to those resources as they rotate from hospital to hospital. Previously, users had to learn several systems to gain access to only part of the information that is now available on the system.

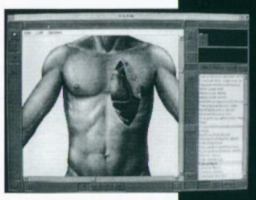
HUBNET also runs Internet-enabled electronic mail. "And we're bringing up a bulletin board service as well," Loonsk says.

Jack Freer, M.D., a 1975 medical school graduate who is now a clinical assistant professor of medicine based at Millard Fillmore Hospitals, praises the new system on a number of fronts.



"It's super for getting messages to people who have mailboxes and regularly check their mail. For example," Freer says, "I'm the course coordinator for the third year ethics course, and the pediatric coordinator and I can get messages back and forth in no time — often the same day. We also have a patient management system that prints progress notes and prescriptions."

Freer also cites HUBNET for its potential to improve the quality of practice.



"You can use it to search in a matter of minutes virtually anything you could do in a library. Just yesterday," he says, "a question came up about a new treatment using beta blockers for heart failure, which have traditionally been contraindicated. Now there are reports that it is useful if used judiciously for tachycardia.

With the MEDLINE you can search beta blockers and come up with 1,500 articles, then search heart failure and come up with 1,200 articles and then combine them and come up with 70 articles.

"All you need is a computer and a modem," Freer notes, adding, "the residents and students use it from home."

At Millard, officials are trying to ensure an adequate number of computers will be available for use at its large number of off-site facilities, Freer says.

In large part, HUBNET got its impetus when the medical school and its teaching hospitals wanted to switch from mini-MEDLINE to MEDLINE "over a year ago when it became clear that the mini-medfile system was aging and not up to modern standards.

"Two of the hospitals were on the cusp of changing to try to offer these types of resources to more sites than just their single hospital sites," Loonsk says, adding, "but the costs then go up dramatically.

"So we had interest from a number of places."

Funded as well as developed jointly by the medical school and its teaching hospitals, HUBNET went "live" last fall when its network connections (existing and special phone lines as well as Ethernet and microwave connections), hardware and software development and acquisition were completed.

"There are some hospitals and medical schools with shared medical databases," Loonsk says.

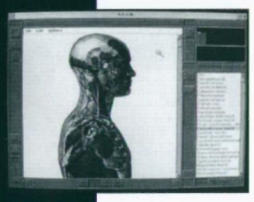
"But few have the magnitude of the resources we have, few have the system's communications capability and few represent the level of cooperation we have here."

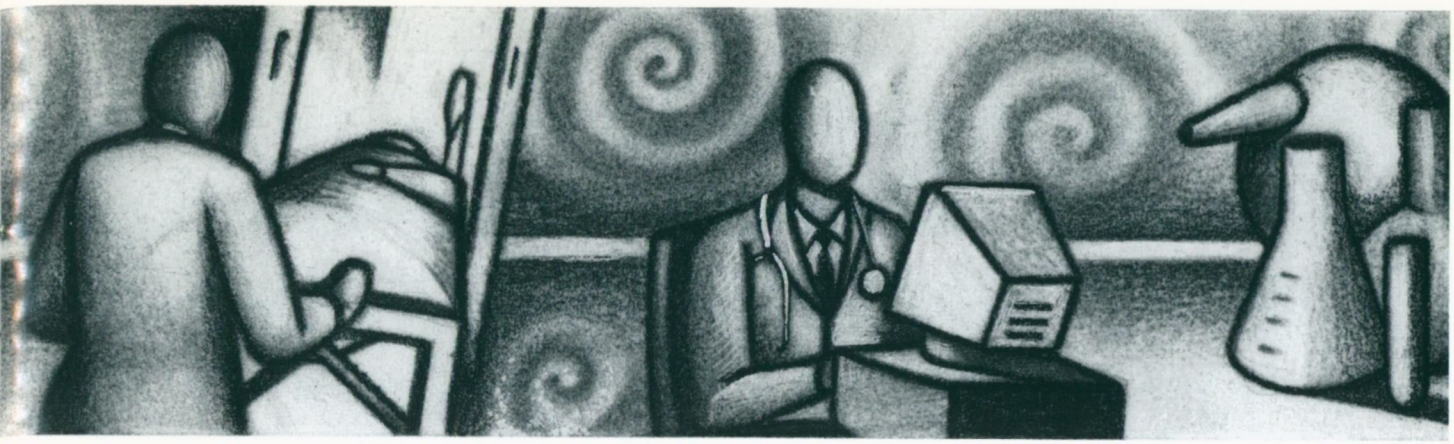
Annual operating costs of the $250,000 library resource network are expected to tally about $100,000.

"Each hospital contributes $9,100 a year to subscribe to HUBNET," Loonsk says.

"When people see what's available, and its potential, we hope to bring other resources on line, such as Poisondex, a database used in emergency situations for dealing with poisoning. A citation index is also attractive," Loonsk adds.

THE SCHOOL USES SOPHISTICATED COMPUTER-ASSISTED INSTRUCTION PROGRAMS SUCH AS ADAM (ANIMATED DISSECTION OF ANATOMY FOR MEDICINE), A SOFTWARE PROGRAM THAT ALLOWS STUDENTS TO "DISSECT" — FROM GROSS ANATOMICAL STRUCTURES RIGHT DOWN TO THEIR HISTOLOGY — ON A COMPUTER SCREEN AND MULTIMEDIA TEACHING TOOLS THAT WILL BECOME COMMONPLACE IN THE NEXT DECADE.





Medical Informatics in the Classroom

Well ahead of most medical schools in its use of medical informatics in the classroom, The School of Medicine and Biomedical Sciences has required its medical students to take a medical computing course in their second year since the mid-1980s.

"It's not really a computer literacy course," says John Loonsk, M.D., director of medical computing and assistant professor of biophysics who teaches the course. "But we do have to address literacy issues in a remedial fashion in some instances," he adds.

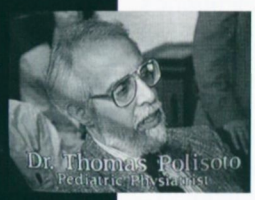
"The course is designed to give students exposure to and the theory behind medical informatics tools as they would apply them to clinical cases," Loonsk says.

"It's a brief overview of diagnostic programs, designed as an introduction to ensure people are comfortable with computers, since they're so common in hospitals," says medical student Tom Guttuso, currently on a leave-of-absence for a Howard Hughes Medical Institute Research Training Fellowship after completing his second year.

The school has only recently begun using computer-assisted instruction — such as ADAM (Animated Dissection of Anatomy for Medicine), a software program that allows students to "dissect" — from gross anatomical structures right down to their histology — on a computer screen. Other developments include computer-based multimedia teaching tools that may eventually replace microscopic and other conventional teaching tools and techniques, as well as serve as resources that can be retrieved in clinical settings.

A computer-based patient record (CPR), developed by Loonsk and M.D.-Ph.D. student Harold Litt, is also in use. Students are assigned a patient case — each CPR contains a complete intake history and physical, admitting notes, orders, laboratory data and radiological studies — and are asked to review all of the clinical information, apply medical information tools contained in the CPR to their patient and determine a diagnosis and suggested treatment.

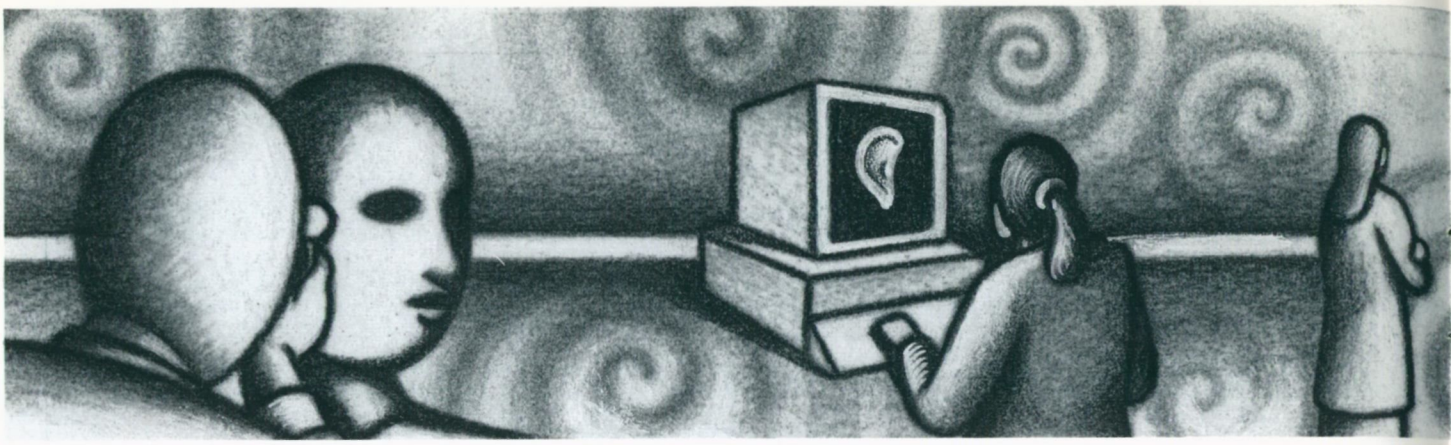
VIDEOCONFERENCING — WHICH INTEGRATES VOICE, DATA AND VIDEO CAPABILITIES — BRINGS REAL-TIME SUBSPECIALIST CONSULTS TO PRIMARY CARE PRACTITIONERS AT THEIR PRACTICE SITES AS WELL AS "BRINGS" PATIENTS IN RURAL LOCALES TO URBAN MEDICAL CENTERS FOR EVALUATION AND ASSESSMENT.



Videoconferencing Capabilities

Videoconferencing — which integrates voice, data and video capabilities — has the ability to bring real-time sophisticated subspecialist consults to primary care practitioners at their practice sites as well as "bring" patients in rural locales to urban medical centers for evaluation and assessment.

"We're doing a lot with videoconferencing," according to John Hammond, director of information services for the Western New York Health Sciences Consortium. Hammond has worked to establish the Western New York Health Sciences Consortium Interfacility Communications Net-



work that will carry videoconferences from one site to another.

A link between rural Cuba (New York) Memorial Hospital and Children's Hospital has already been in place since last spring when physicians from Children's evaluated a six-year-old patient in Cuba — saving the girl and her parents the 150-mile round trip they have had to regularly travel during her recovery and rehabilitation from the cerebral hemorrhage she suffered two years ago.

The Cuba link is the start of a connection to Southern Tier hospitals that have already formed their own rural health care network supported by Sprint's Healthcare Application Network Delivery System, New York Telephone's fiberoptic and digital network and Compression Labs Inc.'s videoconferencing equipment.

Using the technology, the hospitals will be able to send diagnostic-quality images to specialists for viewing on high-resolution, gray-scale monitors or printed onto film for traditional light box viewing, regardless of image modality — CT, MRI, DSA, X-ray, ultrasound, etc. "We can use the techniques developed to exchange information and teach," Hammond adds.

"We've identified three groups of physician practices that want to move to implement. Dave Ellis [M.D., assistant professor of emergency medicine at ECMC] has probably gone the farthest, using the technology to triage patients at New York State Department of Corrections prison sites.

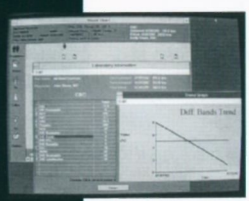
"He has a video otoscope scheduled for implementation early this year."

Computer-Based Patient Record

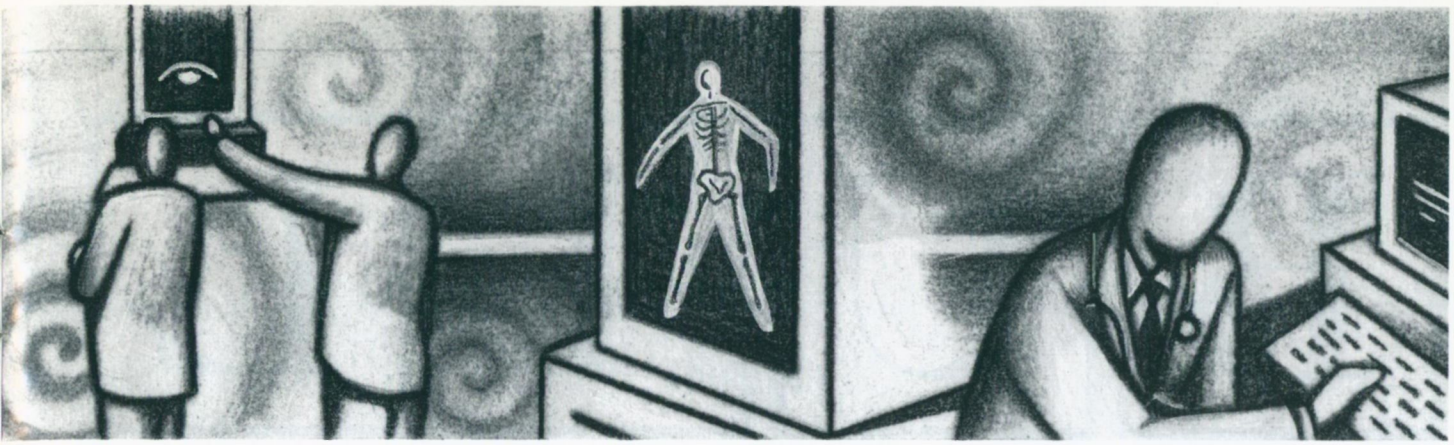
The capability of computers to manage and integrate the array of diverse data and information inherent in the practice of medicine probably will realize its ultimate application in the computer-based patient record (CPR).

Computer-based patient record development and implementation have been bolstered by recommendations from the federal Institute of Medicine as well as by practical application as hospitals use computers to manage the wealth of information they amass on their patients. Most health care reform proposals also call for automation of patient data — from medical records to billing information — to avoid duplication and reduce processing inefficiencies and their inherent costs.

COMPUTER-BASED PATIENT RECORD DEVELOPMENT HAS BEEN SPURRED BY RECOMMENDATIONS FROM THE FEDERAL INSTITUTE OF MEDICINE. MOST HEALTH CARE REFORM PROPOSALS ALSO CALL FOR AUTOMATION OF PATIENT DATA — FROM MEDICAL RECORDS TO BILLING INFORMATION — TO AVOID DUPLICATION AND REDUCE PROCESSING INEFFICIENCIES.



Toward that end, the Western New York Health Sciences Consortium has already begun to develop the first step in building a CPR — a patient index, listing the name, address and identifying number of every patient served by its members, according to John Hammond, director of information services for the consortium. The index would be shared and integrated among the teaching hospitals and eventually provide a complete medical record that would "follow" a patient regardless of which hospital he is treated at.



John Loonsk, M.D., director of medical computing and assistant professor of biophysics, and M.D.-Ph.D. student Harold Litt have developed a prototype computer-based patient record used to train students using case-based learning. The CPR includes systems for writing and displaying physicians' notes, orders, consults, lab values and radiological studies, including actual images, and reports. Perhaps the most immediate benefit the CPR offers is its ability to allow physicians to view all clinical information about a patient in one place, with access to lab values, consults, medical imaging and reports, ostensibly as soon as they are completed.

The computer-based patient record in use at the medical school also has integrated medical information tools, such as drug references, clinical manuals, textbooks, literature searching, expert system decision support and electronic communication, that students can use to facilitate diagnoses and the development of treatment plans. The CPR uses a Windows format that allows users to use and display several items (or "pages" from a chart) of information at the same time.

UB's CPR is modeled on existing paper-based medical records — with data from different sources presented independently — but with some notable enhancements. The computer-based patient record offers users the ability to view lab results in two different ways: all the values for a given day and lab group, with high and low values noted; or a single value followed graphically over time. Other enhancements in the works include increasing the flexibility of labdata representation to allow graphical display and statistical analysis of many values over time and incorporating special computer languages that would allow communications with mainframe patient databases.

"WE'RE SO DIVERSE — IT'S ONE OF OUR STRENGTHS. IF IT CAN WORK HERE, WITH ALL OUR DIVERSITY, IT CAN WORK ANYWHERE."

JOHN HAMMOND, DIRECTOR OF INFORMATION SERVICES FOR THE WESTERN NEW YORK HEALTH SCIENCE CONSORTIUM

"THERE ARE SOME HOSPITALS AND MEDICAL SCHOOLS WITH SHARED MEDICAL DATABASES," LOONSK SAYS, "BUT FEW HAVE THE MAGNITUDE OF THE RESOURCES WE HAVE, FEW HAVE THE SYSTEM'S COMMUNICATIONS CAPABILITY AND FEW REPRESENT THE LEVEL OF COOPERATION WE HAVE HERE."

JOHN LOONSK, M.D., DIRECTOR OF MEDICAL COMPUTING AND ASSISTANT PROFESSOR OF BIOPHYSICS

But Loonsk sees almost unlimited potential in a newer paradigm of medical information management that moves away from the existing paper-based structure of the patient chart — the visual chart, which would use object-oriented programming techniques to allow a more visual and intuitive representation of medical data and offer a way of using and interacting with data that would change the way physicians practice medicine. ✚

PHOTOS: ROBERT WALION

BUILDING THE FUTURE

By Andrew Danzo

UB takes the first steps toward an integrated health sciences campus

When Charles V. Paganelli, Ph.D., arrived at UB 35 years ago, the east wall of Sherman Hall was several steps from the room he now occupies. Today, there's a set of swinging doors in that wall, and beyond them is the Hermann Rahn Laboratory of Environmental Physiology.

The laboratory, a two-stage addition built in the early 1970s and mid-1980s, is home to the Center for Research in Special Environments. Inside one theater-sized room is a centrifuge that can subject a person to seven times the force of gravity. Across the hall, in a room filled with instruments, is a hypobaric/hyperbaric chamber that can simulate conditions ranging from the edge of space to the ocean floor. "It's got a pressure capability as great as any pressure chamber in this country," proudly declares Paganelli, professor of physiology and interim chairman of the Physiology Department.

The laboratory addition is just one of the developments that have occurred in recent years at the UB School of Medicine and Biomedical Sciences. Anyone who's been away for a while will still find much that is familiar on the campus. But from the school's new wing to the six-story research building now nearing completion, some striking changes have been taking place.

"The campus has now had about a decade of infusion of support that came with the promise when the state took it over to make a health sciences complex on this campus," says John Naughton, M.D., the medical school's dean and vice president for clinical affairs.

Now, the university is on the verge of taking another big step toward that goal. Officials from UB and the State University Construction Fund started preliminary work this fall on a new master plan that could serve as a blueprint for the final transformation of the Main Street campus into an integrated health sciences center.

Officials caution that it is still too early to get into specifics, but the outline is clear. "Our goal is to have the South Campus operate as the health sciences campus for UB," says Ronald Nayler, associate vice president for university facilities.

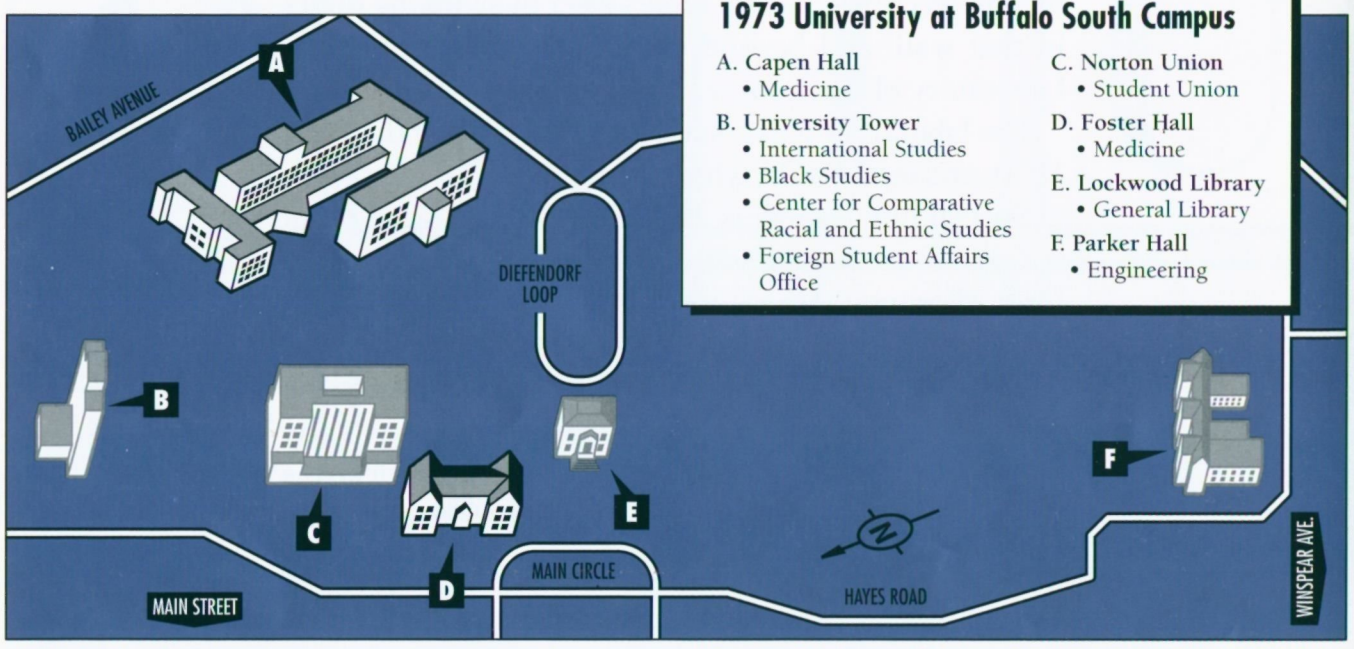
Naughton sees definite benefits.

"It's a concentration of the faculty expertise in the various health science areas and the ability to integrate, where appropriate, certain educational and training opportunities for future professionals," the dean says. "As this movement toward health reform comes, the interrelationship of physicians and nurses and therapists working in a team model will evolve, and we can better structure those educational opportunities."

In the early 1960s, when the state absorbed UB, it was thought that the entire university might move to one huge new campus. But there wasn't enough money, and it soon became obvious that the South Campus would continue to play an important role. The university decided to gradually move remaining academic departments from the South Campus to the new North Campus in Amherst over a period of years, with the eventual aim of turning the South Campus into a health sciences complex. That's why there's been so much renovation and new construction on the South Campus in recent years.

But until the new effort to update the master plan, the work had been piecemeal, occurring without a comprehensive blueprint.

"There had never been a physical layout, there had never been detailed planning as to how that should be accomplished," says Nayler. "So we had the goal and some specific



1973 University at Buffalo South Campus

A. Capen Hall
- Medicine

B. University Tower
- International Studies
- Black Studies
- Center for Comparative Racial and Ethnic Studies
- Foreign Student Affairs Office

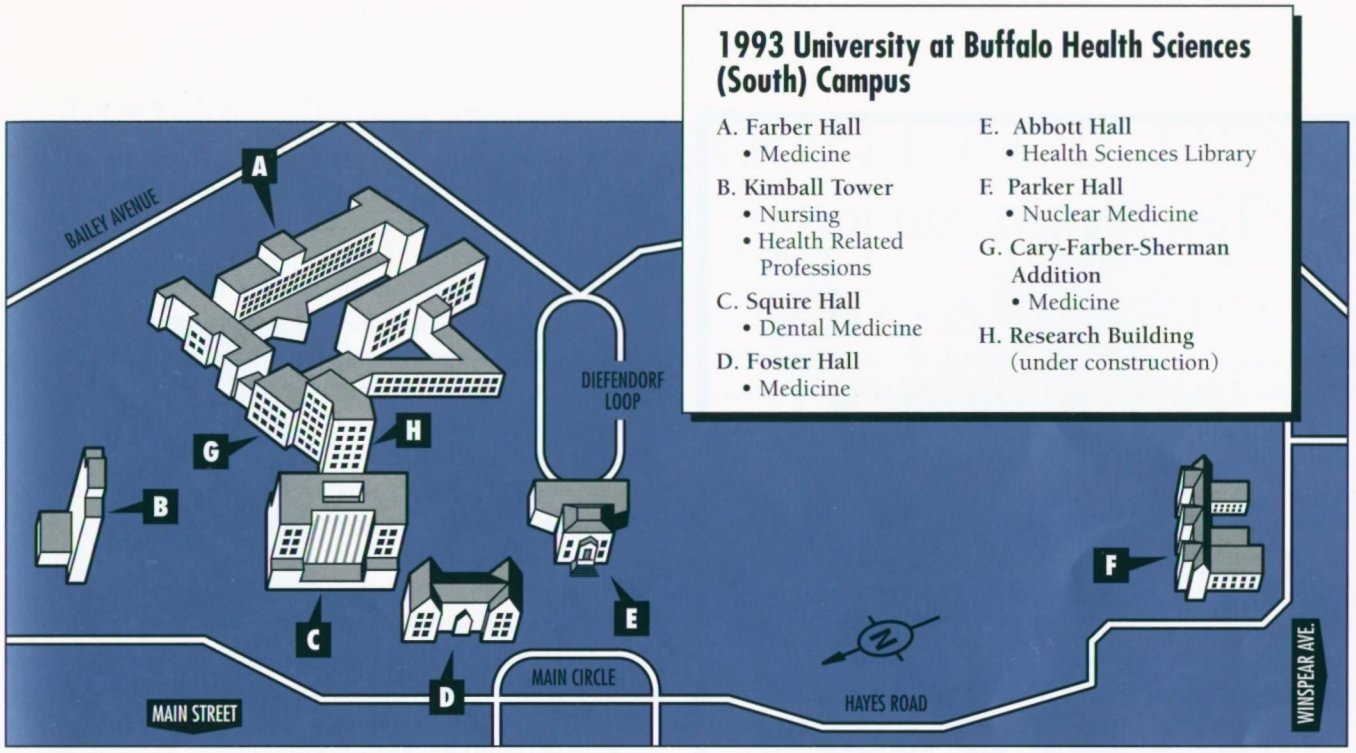
C. Norton Union
- Student Union

D. Foster Hall
- Medicine

E. Lockwood Library
- General Library

F. Parker Hall
- Engineering

MICHAEL GELLEN



objectives, but we never had a physical plan. This will get us there."

Over the coming 18 to 24 months, UB administrators will work with faculty, state officials and others, including community representatives, to develop a consensus on where the university is headed and what facilities it needs to get there. They will pore over everything from classroom and laboratory requirements to plumbing and roadway design. Along the way, they're even putting the campuses' existing blueprints onto computer.

"It's mainly looking at what exists and what the possibilities are," says Naughton.

The resulting master plan will serve as the physical design to achieve UB's long-range goals, among them the health sciences campus. UB will forward the plan to Albany. "Then it's a question of, given the fiscal status of the state, how quickly that can be accomplished," says Nayler. It probably will take years to implement larger goals like the health sciences campus, and the work will most likely be incremental. But the master plan will give UB a better platform to set priorities and establish needs when it makes its funding requests, Nayler explains.

"Our goal is sooner rather than later, of course," he adds.

Even without the new master plan, the South Campus already has seen considerable progress in the shift toward health sciences.

"I think the South Campus renovation projects to make it more of a health sciences complex began around 1982," says Naughton. "The first major change was the conversion of Squire Hall, formerly Norton Union, which had been the student union until that time, into the School of Dental Medicine."

Nayler says dentistry still has room to grow in Squire Hall. The school is developing plans to expand the use of dental clinics, and he says that probably will be possible without new construction.

Another big change was renovation and expansion of Abbott Hall into the Health Sciences Library during the mid-1980s. "We preserved all the historic aspects of that building on the Main Street side, and now we have a first-rate health sciences library," says Naughton, adding that the library is rated the fifth best in the nation.

He also cites the rehabilitation of what had been cramped space in Foster Hall for laboratory facilities and the addition of a small wing for clinical practice activities. "We ended up with a very first-rate facility," the dean says.

About four years ago the Department of Nuclear Medicine began moving into Parker Hall on the southwest corner of the campus. And this summer it finished installation of a cyclotron in Parker as part of the PET imaging center operated in conjunction with the Buffalo VA Medical Center.

Of course, there is also the medical school's new wing, known as the Cary-Farber-Sherman Addition and opened about six years ago.

THE FIRST MAJOR CHANGE WAS THE CONVERSION OF SQUIRE HALL, FORMERLY NORTON UNION, WHICH HAD BEEN THE STUDENT UNION UNTIL THAT TIME, INTO THE SCHOOL OF DENTAL MEDICINE.

"That greatly improved our teaching ability," says Paganelli.

The CFS Addition includes classrooms, laboratories, an animal facility, a modern auditorium and offices. It was designed to provide a more comfortable learning environment, right down to the lobby space. "We furnished it so that students, between classes and at exam time, could use the facility more to their needs," says Naughton.

The new space also allowed the medical school to consolidate faculty in areas like biochemistry and biophysics. They previously were based at the old Bell Aircraft plant on Buffalo's West Side, the Ridge Lea building in Amherst and other locations.

As the health sciences improvements were going on, the university was also building on the North Campus to accommodate departments moving from Main Street. A new fine arts center opened in August, taking in the school of Arts and Letters, which vacated Harriman and Wende halls on the South Campus. Naughton says he would like to renovate Harriman after next summer, then move the medical school administration there.

Also next summer, the university hopes to move the Chemistry Department into a new natural sciences and math complex under construction on the North Campus. Nayler says the first phase of that complex, including an eight-story tower, will be ready for the fall semester, and preliminary planning is underway for the second phase, which will include math, computer science and geology. "That's our next highest priority in terms of facilities for the North Campus," Nayler says.

In all, the state has spent about $200 million on new construction and renovation at the North and South campuses in recent years, he says. The flurry of activity owes partially to the recent availability of bond funds, he adds.

When chemistry moves to the North Campus, that will free up Acheson Hall on the South Campus. The intention is to use Acheson for health sciences, but final decisions have yet to be made, Nayler says. In any case, he added, "We'll need to do almost a gut renovation."

There is no date yet for math to move from Diefendorf Hall, but Naughton says he expects the Diefendorf Annex to be razed by 1996, restoring the mall that the warehouse-like building has occupied for nearly three decades.

Once the natural sciences are consolidated on the North Campus, the only non-health program remaining on the South Campus will be Architecture and Planning. Though there currently is no money budgeted for it, Nayler says plans have long called for moving that school to the North Campus, too. "In fact, there's a site that's been chosen, and we've intentionally kept it open," he added.

The School of Pharmacy, meanwhile, seems settled in Amherst. "There are some natural interactions between the chemistry and pharmacy faculties," says Naughton. "So I would think it would remain on the North Campus."

While it's too early to say what the South Campus would look like as a health sciences center, administrators would like to bring Nursing and Health Related Professions closer to the main academic core. They are now in Kimball Tower, part of the dormitory complex on the campus's north end.

The dormitories will probably change, too, as the number of undergraduates on campus shrinks. The new master plan is expected to take account of the housing and social needs of older students, including married couples.

"It will be a changing campus," says Nayler. +

UB's New Research Building Blends Form with Function

Of all the recent changes on UB's South Campus, the medical school's new research building is easily the most visible.

When it's ready for occupancy, possibly as soon as early 1995, the 112,000-square-foot building will also be one of the university's major assets. Located between the dental school and the CFS Addition, its six floors will house laboratories, offices and conference rooms, as well as animal facilities for pathogen-free work.

"Everyone's sort of excited about it," says John Naughton, M.D., vice president for clinical affairs and medical school dean.

"The laboratories will be state of the art, flexible and easily expandable," says Ronald Nayler, associate vice president for university facilities. "It's going to be one of the better research facilities in the country for a medical school in terms of the way it's designed and outfitted."

Total cost is expected to be more than $50 million.

Bruce Holm, Ph.D., the medical school's associate dean for research and graduate studies, says applications to use the building will be reviewed in coming months, and decisions are expected during the summer. "Space will be assigned based on the existence of interdisciplinary centers," he adds.

Such centers, which bring scientists from different backgrounds together under a common theme, provide enhanced research capability and are more competitive in securing grants, Holm says. Some already exist at UB, such as a microbial pathogenesis center that deals with parasitology, infectious disease and sexually transmitted disease. Holm says there are other research groups that are similar, but haven't formally organized themselves as interdisciplinary centers. The new research building may now encourage them to do that.

"I view the new building not simply as extra space, but as a catalyst by which we can revamp or expand a variety of research programs," he added.

As researchers move to the new building, UB plans to renovate existing research space in the Cary-Farber-Sherman Addition. "It'll be an ongoing process over the next several years," Holm says. "There are already plans for whole floors to be revamped."

Recently the medical school's primary care initiative has been attracting grant money, and though the amount is small compared to basic science, the research effort is growing. Primary care studies tend to rely more on offices than the traditional "wet" labs used in basic science, and the university will be reviewing those needs as it develops its new master plan.

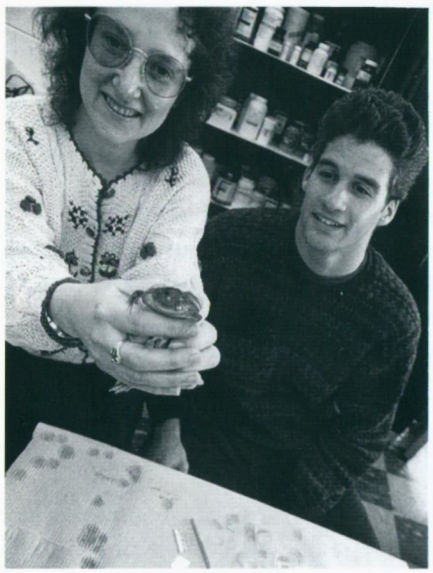
Holm, however, emphasized that researchers need not fear a new competition between "wet" and "dry" laboratory needs. "One of the messages that needs to get out to the faculty is that we're not forsaking one for the other," he says. "We can and will be strong in both." ✚

— ANDREW DANZO

SIMON TONG

The six-story, 112,000-square-foot research building will house laboratories, offices and conference rooms, as well as animal facilities for pathogen-free work.

ROBERT WALION



Susan Udin, Ph.D., Thomas J. Guttuso, Jr. and one of their research subjects.

Thomas J. Guttuso, Jr., receives Howard Hughes research grant

Thomas J. Guttuso, Jr., a UB medical student who recently completed his sophomore year, has received a year-long grant under the Howard Hughes Medical Institute's Research Training Fellowships for Medical Students program.

Guttuso, son of assistant dean and director of medical school admissions Thomas J. Guttuso, will receive a $24,000 stipend to study the effects of the pineal gland on neuronal plasticity in aquatic frogs. He will take a year's leave of absence from medical school and remain in Buffalo to complete his research.

"The main application of the research is strongly related to healing and regeneration," he says. "I'm working on developmental issues. It's found that young frogs heal a lot better — as do young humans — because they have a 'plastic' system." Guttuso credits Susan Udin, Ph.D., professor of physiology, for supporting his research efforts. ✚

UB physicians play critical support role in World University Games

Last summer, UB played host to college athletes from around the world as the World University Games '93 were held in Western New York. But while the focus was on the athletes, another group was hard at work behind the scenes to meet the Games' medical needs.

Led by four UB physicians, this group was responsible for managing and staffing the medical office on UB's North Campus and coordinating care at venue sites.

The Games' four chief medical officers were James Hassett, Jr., M.D., associate professor of surgery and a surgeon at Millard Fillmore Hospitals; Richard LaFountain, M.D., assistant professor of emergency medicine and director of emergency services at Millard Fillmore Gates Circle; Richard Weiss, M.D., associate professor of orthopaedic surgery and a surgeon at The Buffalo General Hospital, and Gregory Young, M.D., clinical associate professor of emergency medicine and clinical assistant professor of internal medicine and corporate director of Millard's emergency services.

Hassett, medical director for hospitalization, coordinated support for patients admitted to Millard, the designated primary receiving hospital. Of the 7,000-plus athletes and officials from 89 countries, only five required hospitalization.

"The staff of the hospitals provided tremendous support and expertise," Hassett says. "Since most of the patients could not speak English, we had to use translators and provide for their needs."

LaFountain, director of the Village Polyclinic, was responsible for arranging continuous coverage by 180 physicians and medical personnel. Together, they treated 550 people, including athletes, officials and Games staff. "We transformed dormitory and office space into an emergency facility complete with X-ray, pharmacy, physical therapy and exam/resuscitation services that simply are not available in many of the athletes' own countries," LaFountain says, adding staffing was totally voluntary.

Weiss was responsible for the venues and recruiting physicians as well coverage for the opening ceremonies at Rich Stadium. "A great deal of intensity existed at the venue sites because minor injuries affecting the athletes would involve discussion with the Games' site physician, the country's physician and FISU [the Games' governing body]," Weiss says.

Young, medical director of emergency services, coordinated spectator care, ensured advanced EMTs were available at all sites and worked closely with the advanced life support coordinators of three counties as well as the coordinator from the Province of Ontario to provide equipment and necessary supplemental staffing. ✚

— BY FRANK SAVA

Naughton honored as Citizen of the Year by Columbus Hospital

John Naughton, M.D., vice president for clinical affairs and dean of the medical school, and Ernestine Green, a Buffalo educator and Niagara Frontier Transportation Authority commissioner, were recently honored as Citizens of the Year by the Buffalo Columbus Hospital Foundation.

Naughton was recognized for his distinguished service as dean, his leadership in health, hospital and medical education issues, and for his more recent advocacy for and assistance to Buffalo Columbus Hospital's developing clinical affiliations with the medical school and its resources. ✚

Wrapping up a distinguished career

Former dental school dean William Feagans retires after over two decades at UB

After over 20 years as Dean of UB's School of Dental Medicine, William Feagans, D.D.S., Ph.D., has overseen the education of countless doctors of dental surgery, and left a brick and mortar legacy that will live on as countless more reap its benefits as they learn the profession of dentistry.

That legacy — in the form of the dental school's state-of-the-art Squire Hall facility — is one of the many reasons UB's school was cited as sixth in the nation in a 1992 *U.S. News and World Report*, "America's Best Graduate Schools," another Feagans accomplishment, as is his bolstering of the school's research and graduate education programs.

And, perhaps ironically, if Feagans had listened to his parents advice not to go into teaching when he graduated from dental school in 1954, probably none of it would have happened.

"I practiced in Kansas City after getting my dental degree, but I wanted to get more into education," Feagans says.

A graduate of the University of Missouri at Kansas City, Feagans taught at the Medical College of Virginia in Richmond from 1960 to 1966 after getting his Ph.D. in anatomy.

In 1970, Feagans came to UB from Tufts University to become the dean of the School of Dental Medicine, a position he held until he retired last year.

"I took over for Jim English, who was working on changing the course of dental education. He worked on combining the clinical program with research," Feagans says. "My mission was to continue the thrust he began," he says, adding, "especially trying to expand on the research mission."

Feagans' efforts toward this end were rewarded in 1988 when the School of Dental Medicine received more funding that year from the National Institute for Dental Research than any other institution in the nation.

"It was a great credit to Jim English and to the faculty," he says modestly. "It gave the dental school national and international publicity."

Robert Walion

William Feagans, D.D.S.

Feagans' career at UB was not without controversy. The move to Squire Hall — then Norton Union — the planning for which began in the late 1970s, caused "a big uproar because the students were going to be left without a union," he says. "No effort was made for an alternative space for the students." Despite the controversy, the dental school was nevertheless moved into Norton Hall — now known as Squire Hall — in 1986, leaving the students without a union from 1982 when the move began until 1984 when the Student Activities Center opened on the North Campus.

The $30 million Squire Hall renovation project included the addition of state-of-the-art clinics that feature individual operatories, each with its own dental chair and fixed cabinetry, developed specifically for the school. Students learn their profession in the same environment in which they will eventually practice. Squire Hall's support facilities include laboratories, X-ray rooms with nearby processing facilities, a plaster room, instrument and dispensing rooms and a demonstration room.

Feagans' tenure as dean of the School of Dental Medicine also realized international implications with the establishment of sister school relationships with dental schools in several countries, including Japan, Chile, Iraq, Israel, Mexico, Panama, Paraguay, Poland and Taiwan.

Feagans' legacy will be carried on by Louis J. Goldberg, D.D.S., Ph.D., former chair of the department of oral biology at the UCLA School of Dentistry, who took over as dean of the dental school when Feagans retired.

Goldberg holds a dental degree from the New York University College of Dentistry and a Ph.D. in anatomy from the University of California. ✚

— By Carrie A. Liberante

Physicians — Heal Thyselves!

OR, HOW TWO 1849 UB GRADS GOT EXPELLED FROM THE MEDICAL ASSOCIATION FOR CHARGING TOO LITTLE

It wasn't charging too much, but too little, that got two 1849 University of Buffalo graduates in trouble.

John D. Hill, M.D., and Eldred P. Gray, M.D., were expelled from the county Medical Association for contracting with the Erie County Board of Supervisors to render services for less than specified in the association's 1854 fee schedule.

"Acceptance of any specific office for a different amount or for remuneration in any different way than by salary is clearly an infraction of both the letter and the spirit of the fee bill resolutions," the association declared. The member who does so, it added, "has forfeited his claim as a member of this association."

Hill, who had been the top man in his class at UB, ignored the $600 salary prescribed by the Medical Association for a physician serving the county's almshouse. Gray agreed to "visit the jail and perform medical services" for $1 per visit — the average fee for a private patient — rather than the association's prescribed $150 salary.

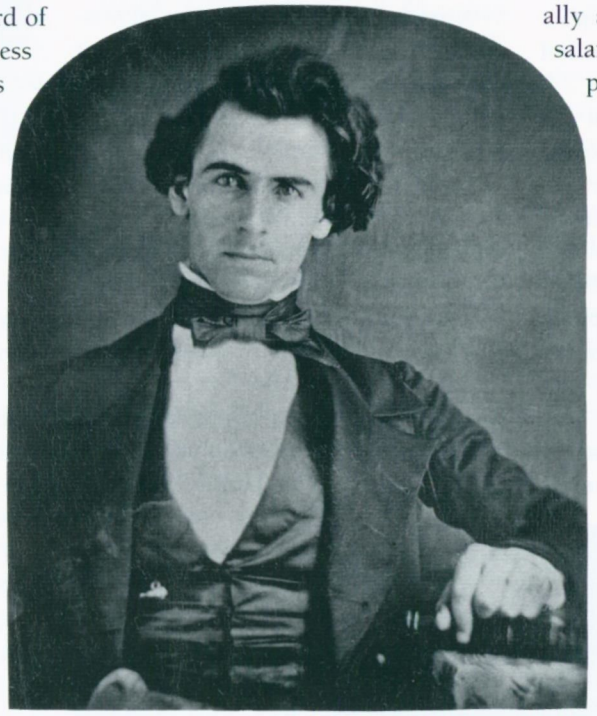
In January, 1855, the association voted to expel Hill, and in June, 1856, Gray.

Both physicians vehemently protested their expulsion and continued to attend association meetings, but as "bystanders," were not allowed to express opinions or vote.

Finally, both physicians — first Hill and then Gray — appealed to the State Supreme Court to be reinstated.

Hill said his expulsion deprived him "wrongfully and unlawfully" of participation in the association's counsels and actions, brought him "into disrepute" among his "professional brethren and others" and caused "great damage."

The court issued an alternative *writ of mandamus:* "either reinstate him or show why you cannot or will not," it told the Medical Association. The association's answer, when it came, was laughable.



John D. Hill, M.D.

Hill should never have been expelled because he was never truly a member, the association said, contending that when Hill applied for membership in 1849, he had not yet deposited a copy of his diploma with the county clerk, and thus was not legally authorized to practice medicine. And only those authorized to practice medicine could be members of the Medical Association.

Furthermore, he had not garnered the required two-thirds vote of the members present when his membership was considered — although he was, at the time, "admitted" — and he had neglected to sign the bylaws and pay the treasurer $1 for a certificate of membership.

The Supreme Court didn't buy the argument and ordered Hill reinstated.

When Gray was brought up on charges, he argued that he was not actually accepting less than the required salary from the county by charging $1 per jail visit since his fees would amount to more than the association's prescribed $150 yearly salary. In fact, Gray's fees totaled $178.

The association was, at first, big-hearted. It offered to let him retain his membership if he "immediately retires from the position which he holds in violation of the rules of the association."

He refused, arguing that for the association "to prescribe the rate of compensation I may receive for services rendered is an illegal restriction of my individual rights as a member. Fixing salaries for our public institutions" is a matter "over which they have no jurisdiction whatever, such duty being confided to other powers." He had, he said, "obligated myself to the Board of Supervisors for a faithful rendition of my services for the term of one year and I am unwilling to dishonor my contract or to give up an office which amply compensates me for my services."

The association voted to expel him.

He was reinstated in 1858 by order of the State Supreme Court to his "standing and position" in the association.

And 30 years later, in 1888, Hill was elected president of the association! ✚

— BY MILDRED SANES

FEE BILL

Adopted by the Buffalo Medical Association
To Regulate the Medical and Surgical charges of its Members.
Adopted November 15th, and ordered to go into effect January 1, 1854.

Medical visit within the present City limits $1.00
A single medical visit within the same limits, made to transient persons 2.00
Detention after the first hour, except in cases of obstetrics — for each hour during the day or night 1.00
Night visit, between 10 P. M. and sunrise 5.00
Remaining at the house, by previous arrangement, during the night, except in cases of obstetrics ..... 5.00 - 10.00
Rising at night and prescribing 1.00
First consultation visit, medical or surgical 5.00
Each subsequent consultation visit 2.00
Advice and prescription in ordinary cases at office ..... .50
Investigating and prescribing by letter or orally ..... 1.00 - 10.00
Ordinary obstetrical attendance, including abortions and premature labors ..... 10.00 - 20.00
For detention beyond six hours in obstetrical cases there may be charged for each hour additional 1.00
Instrumental delivery and turning ..... 25.00 - 50.00
All visits made subsequent to the accouchement, the same as for regular medical visits, viz 1.00
Venesection in addition to visit 1.00
Cupping 2.00
Introducing seton or issue, or applying moxa 2.00
Prescribing for gonorrhoea ..... 10.00 - 25.00
Prescribing for primary syphilis ..... 10.00 - 25.00
Prescribing for secondary or tertiary, not less than for primary, and additional charge optional. In venereal case the fees, or the security therefor, always to be required in advance.
Trephining ..... 25.00 - 50.00
Operation for cataract ..... 25.00 - 50.00
Operation for fistula lacrymalis ..... 10.00 - 25.00
Extraction of nasal polypus ..... 10.00 - 25.00
Excision of a tonsil or uvula ..... 5.00 - 10.00
Tracheotomy ..... 25.00 - 50.00
Reducing hernia by taxis 5.00
Application of truss to hernia 5.00
Operation for strangulated hernia ..... 50.00 - 100.00
Operation for fistula or fissura in ano ..... 25.00 - 50.00
Operation for haemorrhoids ..... 25.00 - 50.00
Tapping for hydrocele 5.00
Operation for radical cure of hydrocele ..... 10.00 - 25.00
Paracentesis abdominis (first time) ..... 10.00 - 25.00
Paracentesis abdominis (subsequent times) ..... 5.00 - 10.00
Removal of calculus from bladder by an operation .... 100.00 - 200.00
Removal of uterine tumors or polypi ..... 25.00 - 100.00
Introducing a catheter or bougie, first time (in addition to visit) 2.00
Introducing a catheter or bougie, subsequent times (in addition to visit) 1.00
Operation for phymosis or paraphyosi 10.00
Amputation at hip joint ..... 100.00 - 200.00
Amputation at shoulder joint ..... 50.00 - 100.00
Amputation at thigh through its shaft ..... 50.00 - 100.00
Amputation at fingers and toes ..... 5.00 - 20.00
Amputation at extremities at other points ..... 25.00 - 50.00
Amputation at breast ..... 50.00 - 100.00
Extirpation of testis ..... 25.00 - 50.00
Extirpation of tumors ..... 5.00 - 10.00
Reducing dislocation of hip joint ..... 20.00 - 50.00
Reducing dislocation of shoulder joint ..... 10.00 - 25.00
Reducing dislocation of other joints ..... 5.00 - 10.00
Post mortem examination before a Coroner 10.00
Post mortem examination made by request of the family . 5.00 - 10.00
An opinion involving a case of law 10.00
Life insurance certificate for the company 2.00
Life insurance certificate, for your own patient 1.00

For all other medical or surgical services not mentioned in this bill, the charge shall be in the same ratio, the ratio being determined by the relative responsibility of the services and the time occupied.

Visits beyond the present City limit are to be charged as City visits, with the addition of 1.00 per mile, for the first five miles. All fractions of a mile shall be charged as a full mile.

Visits made to several patients in the same neighborhood, shall be deemed regular visits to each individual, and shall be charged as such. Incidental visits, as when a physician passing a house in the country is called in, are to be charged as in the City, one dollar: but should it be necessary to continue attendance, each succeeding visit shall be charged with mileage.

It shall be considered dishonorable for any member of this Association to attend families or individuals by the year; or to take any other bargain or arrangement, the tendency of which will be to avoid the full purport and effect of the foregoing list of charges.

All bills shall be considered due when services are rendered, and bills are to be presented, at least once a year, and settlement requested. It is particularly recommended to each member of the Association that all his unsettled bills be presented at the close of each year. Uniformity in this respect is considered of great importance to the interest of the profession.

It shall be considered proper to make liberal deductions to all persons in moderate circumstances, excepting in cases of venereal disease.

ALUMNI

Working around the health care system

IN THE MIDST OF THE NATIONAL REFORM MOVEMENT, DEBORAH RICHTER '86, PUSHES FOR CHANGE

When Deborah Richter, M.D., got out of medical school, she wanted to help the poor. But the system got in her way.

"I had to treat people differently based on their insurance," says Richter, a 1986 graduate of the School of Medicine and Biomedical Sciences. "I had to treat the insurance rather than the patient. I have a problem with insurance companies telling me how to treat my patients," she says.

Richter explained that she has had patients "beg" her not to be sent to an emergency room because emergency room care is not covered under their insurance plan.

"I'm not sure I can continue to practice medicine in this system." she says. So she has looked for a way to practice medicine without feeling trapped between treating patients and pacifying insurance companies.

At Buffalo's county-run Geneva B. Scruggs Community Health Center, where the poor are her patients, Richter has struck a balance.

She joined the staff there after completing a residency in family medicine at the University of Rochester's Highland Hospital.

A staunch advocate of health care reform, Richter is local chapter president of Physicians for a National Health Program, an organization she's been involved with since 1991. She believes the single payer system, under which a centralized payer would pay hospitals, HMOs and private practice physicians, would be best for the country.

The main difference between this system (similar to the Canadian system) and President Clinton's proposed plan is the elimination of insurance companies, which Richter says would save an estimated $20 billion a year in industry profits and overhead in addition to reducing its considerable bureaucracy.

"I feel like there's a bureaucrat sitting between me and my patients," she says.

The system she advocates would also preserve fee-for-service. There is nothing in Clinton's plan for this, Richter says.

"We treat health care as a commodity. I don't think people should profit from keeping people healthy," she says. "Let people profit from selling things like cars."

Health care, she says, "should be a human right, like police and fire protection. You wouldn't ask someone to pay for police protection, would you?"

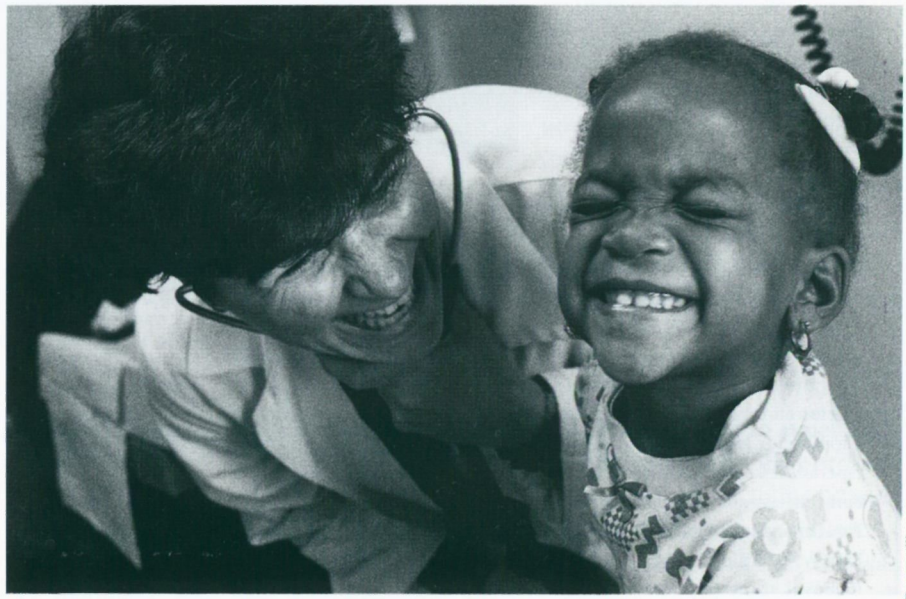
As a long-time advocate for a national health plan, she is very disappointed in Clinton's proposal. "It will ruin health care."

"I can't disagree with the ideology. The benefit package would be good if he could deliver it," she says. "But managed care, I don't agree with."

Richter argues managed care won't contain costs, and although Clinton's plan would eliminate all the small insurance companies, it would "leave all of the large ones owning health care lock, stock and barrel."

"[Under Clinton's plan] the large insurance companies will buy up the HMOs and own the doctors and the decisions," she says. "Treating people is not that simple."

Richter believes one of the problems with the way medicine is practiced today is that everyone is interested in his or her bottom line. "We don't want to put the bottom line on hospitals. They shouldn't have to worry that if they take a patient who's on Medicaid, they won't make any money," she says.



ROBERT WALION

Deborah Richter, M.D., and a very satisfied patient.

Richter says that what she considers routine care is often perceived as unnecessary treatment by the insurance companies — counseling, for example — which "renders the patient harmless," insurance jargon that in essence means neither the patient nor the insurance company is responsible for paying the bill.

"Clinton's plan will encourage this," she added.

In addition to Richter's opposition to insurance companies, she also is wary of Clinton's plan because she questions how it will be paid for.

"We spend about $90 billion a year on unnecessary paperwork," she says. "With that money, you could reinvest it into the system."

Richter says that paying for health care doesn't have to be as complex as the government makes it out to be.

She is especially concerned about the poor and elderly because they "don't do well in HMOs," noting that this group makes up 10 percent of the population but uses 72 percent of the health care resources.

Richter feels that one of the most important parts of her job as a physician is what she calls "mass education." Besides educating her patients and the public about the single payer system, she likes to educate her patients on a one-to-one basis about health care.

"I had a 16-year-old mom who brought her baby in every time he got the sniffles," she says. "So, I gave her a chart stating exactly when I should see the baby. Then she only brought the baby in when he needed it."

Richter notes that women now make up about 50 percent of the graduating classes at UB's medical school. "I believe that women will change medicine," she says. "People want their mommies when they're sick." +

— BY CARRIE A. LIBERANTE

Speaking of health care reform — First Lady Hillary Rodham Clinton, visiting Niagara Falls on November 5, talks about the president's health care reform plan with medical school dean John Naughton, M.D., right. Naughton greets Rep. John J. LaFalce, D-North Tonawanda, as Mark Celmer, president and CEO of DeGraff Memorial Hospital, looks on.

WANTED

Help us find your classmates! The Medical Alumni Association is seeking the whereabouts of the following missing alumni. If you can help us, please contact the Medical Alumni Office at (716) 829-2778.

CLASS OF 1944
Angel M. Ayala
William Burgoyne
CLASS OF 1954
Leonard Constantine
CLASS OF 1959
Ronald K. Hoyt
CLASS OF 1964
George R. Cohen
Eugene D. Means
Frederick Wurapa
CLASS OF 1969
William Cunningham
Peter D. Sirof
CLASS OF 1974
Ann C. Ganczewski
Jan M. Gorzny
Gugu R. Nxumalo
Keith F. Russell
CLASS OF 1979
Marion Alice Barnhart
Mary Louise Fedash
Theodore R. Hall
Carol H. Hinds
Avril Sampson
David M. Simpson
CLASS OF 1984
Maurice Wolin
CLASS OF 1989
Young Bum Huh
Louise LoBalsamo
John P. Osborn
Yasmin Panahy
Joseph P. Spychalski

1993 Distinguished Medical Alumnus — William F. Balistreri, M.D. '70, (center) receives the specially designed crystal buffalo award from John Naughton, M.D., (left) vice president for clinical affairs and dean of the medical school, and Robert Reisman, M.D., '56, president of the Medical Alumni Association.

ALUMNI

Spring Clinical Day and Reunion Weekend set for April 29 - 30

Mark your calendars and be sure to set aside the time to attend the 57th Annual Spring Clinical Day and Reunion Weekend at the Buffalo Marriott. Cocktail receptions for all reunion classes will be held on Friday, April 29, 1994, with Spring Clinical Day on Saturday, April 30.

This year's Stockton Kimball Lecturer will be Jerome Kassirer, M.D., '57, editor of *The New England Journal of Medicine* and 1991 Distinguished Medical Alumnus. ✚

CLASS OF 1944

"Hope to see all that are able at the 50th."

JAMES R. SULLIVAN, M.D., CHAIRPERSON

CLASS OF 1949

"Come join your classmates for a weekend of nostalgia at our 45th reunion."

CARMELO S. ARMENIA, M.D., CHAIRPERSON

CLASS OF 1954

"For the Class of '54, every reunion is special. Come celebrate our 40th!"

NICHOLAS C. CAROSELLA, M.D. CO-CHAIRPERSON

"Looking forward to seeing your attractive and intelligent faces again. Please come!"

EDWARD A. RAYHILL, M.D., CO-CHAIRPERSON

CLASS OF 1959

"Looking forward to seeing all of you again at our 35th Class reunion."

JOSEPH F. MONTE, M.D., CHAIRPERSON

CLASS OF 1969

"Twenty-five years. It's the right time to return for a great weekend."

HANLEY M. HORWITZ, M.D., CO-CHAIRPERSON

"Don't miss our 25th. We need you to make it a success."

GERALD D. STINZIANO, M.D., CO-CHAIRPERSON

CLASS OF 1964

"Step across the enchanted portal of our 30th Reunion's Magic Kingdom! Enter joyously and celebrate our conviviality! Welcome home!"

MARVIN Z. KURLAN, M.D., CHAIRPERSON

CLASS OF 1974

"Twenty years have gone by fast. Let's get together and renew old friendships."

JAMES A. SMITH, M.D., CHAIRPERSON

CLASS OF 1979

"Come back to our 15th Reunion, reminisce and see how we, the school and Buffalo have changed."

PETER E. SHIELDS, M.D, CHAIRPERSON

CLASS OF 1984

"Ten years have passed, we have a lot to catch up on. Free up your schedules now to return to Buffalo and see old friends."

NORA E. MEANEY-ELMAN, M.D., CHAIRPERSON

CLASS OF 1989

"It's hard to imagine that five years have passed. We look forward to seeing you. Please join us for Spring Clinical Day and the reunion parties."

LEE R. GUTERMAN, M.D., CHAIRPERSON

ALUMNI

1993 reunion classes donate $101,050 to medical school

Last year's reunion classes donated over $100,000 to the medical school. Following is a listing of participating classmembers and class totals.

Class of 1943 — Class Total: $13,550

March — Total: $6,000

Dr. Kenneth W. Bone
Dr. Richard J. Buckley
Dr. Robert J. Collins
Dr. John M. Donohue
Dr. Alfred S. Evans
Dr. Eugene M. Farber
Dr. Richard S. Fletcher
Dr. Joseph V. Hammel
Dr. Ruth F. Krauss
Dr. Ronald E. Martin
Dr. Walter R. Petersen
Dr. Nathan P. Segel
Dr. Ralph E. Smith, Jr.
Dr. Winslow P. Stratemeyer
Dr. James W. Taft

December — Total: $7,550

Dr. Ralph T. Behling
Dr. Ivan L. Bunnell
Dr. Peter A. Casagrande
Dr. Louis F. Ciola
Dr. Paul A. Cline
Dr. Edward B. Crohn
Dr. B. Joseph Galdys
Dr. John P. Guinther
Dr. E. George Heus
Dr. Richard J. Jones
Dr. C. Philip Lape
Dr. Anthony J. Marano
Dr. Amos J. Minkel, Jr.
Dr. Robert W. Moyce
Dr. John C. Ninfo
Dr. Morris Unher
Dr. Paul J. Wolfgruber

Class of 1948 — Total: $3,885

Dr. William H. Bloom
Dr. David P. Buchanan
Dr. Glenn B. Doan
Dr. Thomas J. Enright
Dr. Daniel J. Fahey
Dr. William F. Gallivan, Jr.
Dr. Raphael S. Good
Dr. Myron Gordon
Dr. Harold L. Graff
Dr. Robert J. Hall
Dr. Vernon C. Lubs
Dr. Daniel G. Miller
Dr. Raymond E. Moffitt
Dr. Kenneth R. Niswander
Dr. Norman L Paul
Dr. Richard C. Proplesch
Dr. James G. Robilotto

Class of 1953 — Total: $9,100

Dr. Stanley L. Cohen
Dr. Donald L. Ehrenreich
Dr. Sander H. Fogel
Dr. Ronald F. Garvey
Dr. Thomas G. Geoghegan
Dr. Jack Gold
Dr. John W. Handel
Dr. Curtis C. Johnson
Dr. Milford C. Maloney
Dr. Richard J. Nagel
Dr. James M. Orr
Dr. Donald O. Rachow
Dr. Molly Seidenberg
Dr. Jacob B. Shammash
Dr. Howard C. Smith
Dr. Raymond M. Smith, Jr.
Dr. Harold Smulyan
Dr. John N. Strachan
Dr. Michael A. Sullivan
Dr. John D. Voltmann
Dr. Marvin Wadler

Class of 1958 — Total: $17,350

Dr. Elroy E. Anderson
Dr. John V. Armenia
Dr. Roger M. Baretz
Dr. Ronald E. Batt
Dr. David A. Berkson
Dr. Melvin M. Brothman
Dr. Gary N. Cohen
Dr. Bernice S. Comfort
Dr. Carl A. Contino
Dr. Thomas G. Cummiskey
Dr. William F. Deverell
Dr. Robert C. Dickson
Dr. Frederick W. Dischinger
Dr. Benson L. Eisenberg
Dr. Domonic F. Falsetti
Dr. John W. Float
Dr. Eugene A. Friedberg
Dr. Michael T. Genco
Dr. William L. Glazier
Dr. Gerard T. Guerinot
Dr. Leo A. Kane
Dr. Marie Leyden Kunz
Dr. Jacques M. Lipson
Dr. Michael A. Mazza
Dr. Robert J. Perez
Dr. Lucien A. Potenza
Dr. Richard A. Rahner
Dr. Richard R. Romanowski
Dr. Walter H. Rothman
Dr. Morton Spivack
Dr. Alfred M. Stein
Dr. Richard D. Wasson
Dr. Reinhardt W. Wende
Dr. James S. Williams

Class of 1963 — Total: $4,650

Dr. David S. Berger
Dr. Max M. Bermann
Dr. James R. Blake
Dr. Anothony M. Foti
Dr. Paul A. Lessler
Dr. Donald A. Levine
Dr. Don L. Maunz
Dr. Robert M. Post
Dr. Eugene M. Sullivan, Jr.
Dr. Charles S. Tirone
Dr. Joseph C. Tutton
Dr. John M. Wadsworth

Class of 1968 — Total: $16,625

Dr. Joel M. Andres
Dr. Lawrence D. Baker
Dr. Albert W. Biglan
Dr. John C. Bivona, Jr.
Dr. Anthony J. Bonner, Jr.
Dr. William E. Clack
Dr. Geoffrey E. Clark
Dr. Marc N. Coel
Dr. Gary H. Cramer
Dr. Geraldine F. De Paula
Dr. Lawrence J. Dobmeier
Dr. George L. Druger
Dr. Stephen A. Edelstein
Dr. Frank G. Emerling
Dr. Ronald J. Friedman
Dr. Bruce H. Gesson
Dr. Theodore Hopens
Dr. Kenneth L. Jewel
Dr. Brian S. Joseph
Dr. Richard F. Kaine
Dr. Gary D. Karch
Dr. Julian R. Karelitz
Dr. David Kramer
Dr. Harold L. Kulman
Dr. Francis J. LaLuna
Dr. Sanford E. Leff
Dr. Kenneth W. Matasar
Dr. Robert A. Milch
Dr. Roger B. Perry
Dr. Howard W. Raymond
Dr. Robert D. Rodner
Dr. Robert T. Rosen
Dr. Elias S. Rosenblatt
Dr. George P. Saba, II
Dr. Barbara B. Sayres
Dr. Lawrence J. Schwartz
Dr. John E. Shields, Jr.
Dr. Timothy S. Sievenpiper
Dr. Sara R. Sirkin
Dr. Lesbia F. Smith
Dr. Stuart C. Spigel
Dr. Richard H. Stamile
Dr. Bruce C. Stoesser
Dr. Jeffery S. Stoff
Dr. Robert E. White

Class of 1973 — Total: $21,675

Dr. Bruce M. Abramowitz
Dr. William J. Ackerman
Dr. William S. Bikoff
Dr. Frederick R. Buchwald
Dr. Jack R. Cavalcant
Dr. Yung C. Chan
Dr. Thomas J. Dwyer
Dr. Demetrius Ellis
Dr. Lee A. Evslin
Dr. Robert G. Fugitt
Dr. Vincent J. Fuselli
Dr. Ralph R. Hallac
Dr. Maxine D. Hayes
Dr. Marc E. Heller
Dr. Fredric M. Hirsh
Dr. Robert Huddle, Jr.
Dr. John T. Klimas
Dr. Paul Kuritzky
Dr. Sharon Kuritzky
Dr. Robert S. LaMantia
Dr. Dana P. Launer
Dr. Thomas A. Lombardo, Jr.
Dr. Mary Jane Massie
Dr. Charles J. McAllister
Dr. Daniel J. McMahon
Dr. Arthur W. Mruczek, Sr.
Dr. Vincent G. Natali
Dr. Patrick L. O'Connor
Dr. Robert L. Penn
Dr. Daniel A. Pietro, Jr.
Dr. Andre Raszynski
Dr. Jacob D. Rozbruch
Dr. Barry Sanders
Dr. Michael A. Sansone
Dr. Arnold W. Scherz
Dr. Arthur C. Sgalia, Jr.
Dr. Robert M. Simon
Dr. Gary J. Wilcox
Dr. Lynda M. Young
Dr. Lawrence Zemel

Class of 1978 — Total: $4,675

Dr. Thomas R. Achtyl
Dr. Stewart R. Altmayer
Dr. Louise T. Barbieri
Dr. Michael H. Blume
Dr. Daniel P. Cannucciari
Dr. Richard R. Curran
Dr. Stuart L. Dorfman
Dr. Richard S. Elman
Dr. Fred H. Geisler
Dr. Kenneth L. Glick
Dr. Stephen E. Killian
Dr. Mark J. Kramer
Dr. Roberta Meltzer
Dr. Paul Miles-Matthias
Dr. Charles W. Morgan
Dr. Matthew J. O'Brien, Jr.
Dr. Lois A. Polatnick
Dr. Robert P. Pszonak
Dr. Joel J. Reich
Dr. Paul A. Rutecki
Dr. Steven M. Seidman
Dr. Richard J. Sternberg

Class of 1983 — Total: $7,860

Dr. Peter J. Accetta
Dr. Deidre Bastible
Dr. Melinda S. Cameron
Dr. Susan E. Champion
Dr. Michael J. Chaskes
Dr. Victor Chehebar
Dr. John A. Feldenzer
Dr. Kevin S. Ferentz
Dr. Patricia J. Flanagan
Dr. Arthur M. Goldstein
Dr. Catherine A. Goodfellow
Dr. Denise M. Goodman
Dr. Jonathan A. Graff
Dr. William F. Hanavan
Dr. Richard D. Jackson
Dr. Stephen L. Kinsman
Dr. Mary M. Lee
Dr. Younghee Limb
Dr. William J. Mayer
Dr. Francis C. Mezzadri
Dr. Gwen L. Nichols
Dr. Charles R. Niles
Dr. Robert E. Noble
Dr. Cynthia A. Pristach
Dr. Allen D. Rosen
Dr. Mark Schwager
Dr. Neal T. Smith
Dr. Robert J. Smolinski, Dr. Claudia Foskett '85
Dr. Adolph Soto, Jr.
Dr. Robert S. Stall
Dr. Mark A. Venditti
Dr. Renata Wajsman
Dr. Stuart Y. Wernikoff
Dr. Kenneth S. Zimmerman
Dr. Gregory Zuccaro, Jr.

Class of 1988 — Total: $1,680

Dr. Stephen F. Achilles
Dr. John J. Barbaccia
Dr. Andrew Cappuccino
Dr. Helen M. Cappuccino
Dr. Charles Everett
Dr. Sandra L. Everett
Dr. James E. Hohensee
Dr. Gerald P. Igoe
Dr. Kevin W. Kopera
Dr. William R. Kuehnling
Dr. Nancy J. Lisch
Dr. Pierre T. Martin
Dr. Robert F. Mennella
Dr. Kathleen A. O'Leary
Dr. Karen S. Reed
Dr. Robert F. Reed
Dr. Nicole L. Sasson
Dr. Robert A. Sicoli
Dr. Wayne R. Waz
Dr. Janet M. Williams

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As the World Turns

BIG CHANGES IN FOREIGN AFFAIRS AND DOMESTIC HEALTH CARE ARE ONLY THE BEGINNING

Last fall, we witnessed the successful completion of the Biosphere project, where groups of individuals were locked inside a building for two years, having to deal with each other and eat whatever food was available without any assistance from the outside world. This used to be called Residency. At this point I understand they're actually board eligible in pediatrics and psychiatry.

Of course the biggest news was the signing of the Middle East peace accords. Lots of dignitaries were in attendance, including ex-presidents and vice presidents. In a case of mistaken identity, Dan Quayle asked Yasser Arafat what it was like to play drums with the Beatles on the Ed Sullivan Show.

Our sources tell us that Yitzhak Rabin agreed to shake hands as long as there was no hugging and kissing.

The Israeli prime minister looked a bit stiff and uncomfortable — he made Al Gore look like a speed-addicted aerobics instructor.

Now that he has the foreign situation under control (with the exception of NAFTA, Somalia, Haiti, Bosnia and the Toronto Blue Jays winning two World Series in a row), the president has finally turned his attention to health care reform.

As you know, the biggest problem facing doctors today is there just isn't enough paperwork out there. Bill Clinton says that under his plan paperwork is going to be totally eliminated. Since when does the U.S. government eliminate paperwork? They invented it — in 1852. This is like putting Ted Danson in charge of the NAACP.

I graduated from residency last year and got my first taste of managed care. I still don't know what it is. I thought PPOs caused mycoplasma pneumonia.

Well, there I am billing for my services and the hospital HMO says, "Sorry, we can't pay you."

"Why not?"

"Because you haven't paid us your fee."

If I'm not mistaken, this used to be called protection money and it was collected by the Mob. I guess HMO stands for Higher Mafia Organization. They might as well have some guy sitting outside the OR with a cash register!

"HEY MAC! Before you scrub, that'll be 10 bucks. Let's see some ID."

We are already seeing an onslaught of news coverage on the health profession. In order to facilitate proper coverage, we offer this abridged glossary of non-clinical terms used in medical context that cannot be found in any standard medical dictionary or spell checker.

Allied Health Professional — A person who works in a health field that is allied with the practice of medicine, i.e., the First Lady.

Attending Physician — A physician on the medical staff who is legally responsible for the care given to a patient. He is the physician frantically looking for a stethoscope to borrow from the medical students.

Capitation — Formerly called castration.

Cherry Picking — Accepting only healthy people for insurance coverage, i.e., providing hurricane insurance for the midwest and tornado insurance for residents of Hawaii.

Clinical Autonomy — The ability of physicians to make medical judgments based on their training, experience and specialty, without outside interference, practiced during the Paleozoic Era, now extinct.

Discounted Rate — A payment arrangement in which providers agree to accept reimbursement that is based on a percentage lower than their usual billed rate. (See Wal-Med.)

Medical Students — Students who spend time in a hospital learning clinical medicine. They can be identified by their white coats, the 59 pounds of medical equipment they carry and as the ones frantically volunteering their stethoscopes to the attending physician. ✚

JAY LINCOLN

Stu Silverstein, M.D., president of Standup Medicine Seminars of San Francisco, California, lectures nationwide on humor in medicine.

ROBERT WALION

The Emergency Medicine Residency program will be based at The Buffalo General Hospital.

Emergency Medicine residency program wins ACGME approval

UB's Emergency Medicine Residency program has won provisional accreditation status from the Accreditation Council on Graduate Medical Education.

The program, which consists of three years of training beginning at the PGY-1 level, officially begins in July of 1994 with its full complement of 10 residents. Residents will be based at The Buffalo General Hospital and will rotate through Erie County Medical Center, The Children's Hospital of Buffalo and Millard Fillmore Hospitals.

George Braen, M.D., professor and chairman of emergency medicine, will direct the program.

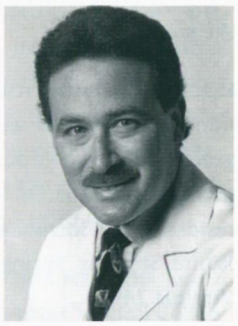
Clinical training will consist of rotations in medicine, trauma and burns, surgical intensive care, anaesthesiology, pediatric emergency care, orthopaedics, coronary care, plastic and hand, as well as rotations in emergency health services systems and administrations.

"We're in the process of recruiting residents for next year," said Dan Dike, M.D., assistant to the chair, noting that the existing undergraduate program rotations have "attracted some very good people who are interested in staying in Buffalo.

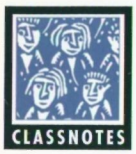
"Buffalo General Hospital is building a new emergency department and offices for the overall residency program and ECMC is building a new emergency department," Dike said. "And Millard is reconstructing its suburban emergency department, which is where the residents will be rotating." ✚

Hand fellow joins staff of Our Lady of Lourdes Medical Center

Scott F. Garberman, M.D., who completed a fellowship in UB's department of orthopaedic surgery, division of upper extremity and microsurgical reconstruction, has recently joined the medical staff at Our Lady of Lourdes Medical Center, in Camden, New Jersey.



Garberman earned his medical degree from Hahnemann University in Philadelphia and finished a residency in general surgery at Abington Memorial Hospital in Abington, Pennsylvania. ✚



1940s

RALPH T. BEHLING '43, of San Mateo, California writes, "I'm taking our five children and their 'mates' on a Caribbean cruise in September to celebrate our 50th Anniversary."

HERBERT E. JOYCE '45, received the Max Cheplove medal on October 23, 1993. The medal is awarded for significant contributions to the progress of Family Medicine. Dr. Joyce is the 25th recipient of the medal.

EUGENE J. MORHOUS '45, informs us that his wife of 48 years died in May of acute lymphocytic leukemia. Dr. Morhous resides at 57 Sherwood Drive, White Sulphur Springs, West Virginia 24986.

1950s

HERBERT P. CONSTANTINE '53, received Brown University's Senior Teaching Citation Award at the 1993 Commencement. His daughter Paula received her MA from Columbia School of Journalism in 1993.

HARRIS H. KANEL '57, of Riverside, California, was installed as president of the Riverside County Medical Association. Dr. Kanel is an associate clinical professor of orthopaedic surgery at Loma Linda University.

JOHN S. PARKER '57, announces that he is retiring from practice in January 1994. He is currently an AMA delegate.

THOMAS P. HAMILTON II '57, writes, "I retired from the U.S. Army May 9, 1993. Most recent positions were chief, preventive medicine division, Army Medical Department Center and School (chair and full professor) and Deputy Commander, Director of Medical Education and Commander, Brooke Army Medical Center."

1960s

MORTON E. WEICHSEL, JR. '62, was appointed chief of professional services, Los Angeles County, California Children's Services and also professor of pediatrics and neurology at UCLA School of Medicine.

RALPH D'AMORE '65, is director of emergency services at the Medical Center of Baton Rouge, Baton Rouge, Louisiana.

ROBERT A. MILCH '68, medical director of Hospice Buffalo, has been appointed clinical assistant professor of family medicine at the University at Buffalo School of Medicine and Biomedical Sciences. Dr. Milch will be teaching palliative care to family medicine residents and developing a curriculum to include a rotation at Hospice Buffalo. Dr. Milch also serves on the Ethics Committee of the Erie County Medical Society.

1970s

JAMES S. MARKS '73, was awarded the Public Health Service's highest award, the Distinguished Service Medal, in June 1993. Dr. Marks is the Deputy Director for Public Health Practice at the Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in Atlanta, Georgia. He is the son of Dr. and Mrs. Eugene M. Marks '46.

LINDA SHRIRO SCHENCK '77, has been appointed to the Admissions Committee of the University of Minnesota Medical School and to the Governor's Advisory Committee on Genetically Engineered Organisms. Her husband, Carlos Schenck '76, is still with the Minnesota Regional Sleep Disorders Center at Hennepin County Medical Center. They have three children, Carly, Nicholas and Teddy.

JEFFREY K. SEITELMAN '77, received a Ph.D. in psychoanalysis from the Southern California Psychoanalytic Institute in June 1993. Dr. Seitelman teaches at the institute and has a private practice in psychiatry in Seal Beach, California. His son Rob, age 14, attends the Orange County High School of the Arts; his wife, Judy, is a business writer and has her own business.

COVIA L. STANLEY '78, was installed as the pastor of Mount Rona Baptist Church in Newport News, Virginia, in June 1993. After closing his private practice in obstetrics/gynecology in 1987, he moved to Richmond, where he worked at the Virginia Department of Health. He began taking courses at the School of Theology at Virginia Union University in September 1987. This fall he completed requirements for a master's degree in divinity.

MARK S. GLASSMAN '78, has been named director of pediatrics at New Rochelle Hospital Medical Center. Dr. Glassman will be responsible for enhancing inpatient pediatric capabilities, developing a practice in pediatric gastroenterology and serving as a liaison between New Rochelle Hospital Medical Center and New York Medical College. He is board certified in both pediatrics and pediatric gastroenterology and also holds a master's degree in human nutrition from the Institute of Human Nutrition at Columbia University College of Physicians and Surgeons. He serves on the editorial boards of the *American Journal of Gastroenterology* and the *Journal of Allergy and Asthma for Pediatricians*. Dr. Glassman and his family live in Connecticut.

1980s

PATRICIA FLANAGAN '83, assistant professor of pediatrics at Brown University School of Medicine, has been named the first Fleet Scholar for Social Pediatrics at Brown University. The award is for a three-year period. The scholarship was established to support young, promising academic faculty whose research will address topics of concern for the well-being of children according to changing needs over time. Dr. Flanagan's area of

research interest is in the evaluation of neurodevelopmental outcome of infants born to adolescent mothers. She is a pediatrician on staff at both Rhode Island Hospital and Women and Infants Hospital. Dr. Flanagan's background encompasses a wide range of social issues surrounding adolescent pregnancy. She is currently a member of the Rhode Island Attorney General's Task Force on Sexual and Violent Physical Abuse of Children.

HERBERT NEWTON '84, and his wife Cheryl, proudly announce the birth of their first child, Alexander James ("AJ") Newton, 8 lbs. 11 3/4 oz., born August 24, 1993.

JOHN V. BOSSO '85, was named chief of the division of allergy at Nyack Hospital, Nyack, New York and elected a fellow of the American College of Allergy and Immunology. He and his wife, Janet, are expecting their second child in October.

ROGER A. DALEY '85, is an assistant professor and head of the hand and upper extremity section in the department of orthopaedic surgery at the Medical College of Wisconsin.

ANDREW FRIEDMAN '85, is now on staff at the University of Nebraska, Omaha, as a plastic, hand and microvascular surgeon. He and his wife, Susan, have two children, Jacob, 4, and William, 2.

DAVID FORSTER '85, informs us that his wife Carol (Hammer) Forster '85 is area service chief of pediatrics for the Northern Virginia area of Kaiser Permanente. He is in private practice in ophthalmology and is chief of the uveitis service at Georgetown University. "We have two wonderful children: Christopher, 2, and Sara, 3 months."

Veronique James '88

NICHOLAS D'AVANZO '86, writes, "I am practicing in a four-man group of pediatricians in North Carolina. We just had our second child, Stephen Nicholas, June 1, 1993, 10 lbs. 5 1/2 oz."

ANDREW P. GIACOBBE '86, writes, "I completed my plastic surgery residency in June and I am now in private practice. My wife, Laura, my daughter Cristina, and I are living in Buffalo."

JENNIFER L. CADIZ '87, is currently a staff oncologist at William Beaumont Army Medical Center.

BLAKE KERR '87, writes, "I work as a general practitioner in Eastern Long Island, and just published *Sky Burial,* Moble Press, about traveling to Everest in 1987 and becoming swept up in Tibetan National Demonstrations."

MARY JO MCDONELL (O'BRIEN) '87, is in private practice in Niagara Falls. She is chief clinical instructor in pediatrics for the family practice residency program as well as assistant chief of pediatrics at Niagara Falls Memorial Medical Center. She has two children: Seamus, 2, and Rhiannon, 4 months. Since the birth of her second child she has given up a pediatric clinic.

DEBORAH WHITE '87, and her husband Chris White (M.S. '84), announce the birth of a daughter in January 1993. She joins a brother, age 4. Dr. White is in practice in internal medicine in Medina, New York.

SUSAN L. BEHEN '88, completed a residency in general surgery at the Johns Hopkins Hospital and accepted a fellowship at the University of Texas at Houston.

VERONIQUE JAMES '88, works in the pediatric clinic of Bridgeport Hospital, and Richard Ho (MSTP '92) is a second-year medicine resident at Yale. They announce the birth of Kathryn Nicole on August 7, 1993.

GINA B. DINUNZIO '89, joined the faculty at the Medical College of Virginia as an assistant professor of obstetrical anesthesia. She and her husband, Monte Cox, announce the birth of their daughter, Heather Cox, in January 1993.

ANTHONY L. CAPOCOLLI '89, writes, "Now a neurosurgery resident at SUNY Downstate Medical Center. Married "Cristy" from LIJ. Baby a-comin' in 9/93."

1990s

RONALD A. ALBERICO '90, is a member of the executive committee of the resident's sections of the New York State Radiologic Society. He has two children: Karissa, 10 months, and Zach, 2 1/2.

CLASSNOTES

GAIL BURSTEIN '90, writes, "My husband, Peter Bloom '90, and I are working in a rural hospital in South Africa for nine months this year. I shall run the pediatric ward and Peter plans to work on an NIH grant to study African iron overload."

JOHN G. GELINAS, JR. '91, writes, "I presented a paper called 'Neuroleptic Malignant Syndrome and Polymyositis' at the 1993 Annual Convention of the American Psychiatric Association in San Francisco. I married Carole H. Buddenhagen on November 30, 1991, and we have a son, Andrew John Thomas Gelinas, born December 8, 1992. We live in West Hartford, CT."

JAMES D. KUHN '92, finished an internship in general surgery at Union Memorial Hospital in Baltimore and is beginning orthopaedic surgery at George Washington University. He informs us that Marie Christine Durnan '92 and Michael Longo '92 are engaged to be married.

OBITUARIES

EILEEN L. EDELBERG '44, died on April 19, 1993, of cancer of the pancreas. She had been an associate physician (Emeritus) at Smith College in Northampton, Massachusetts.

ROBERT W. MOYCE '44, died in Stinson Beach, California, after a long battle with cancer. He was the founding president of the San Bernardino, Riverside County, OB-GYN Society. Dr. Moyce established the residency training program at San Bernardino County Hospital and was its first chairman.

CURZON CADY FERRIS '46, died July 27, 1993 in Abilene, Texas. Before his retirement from the US Air Force in 1970 he commanded the 819th Medical Group and Dyess USAF Hospital. Following his retirement, he was in private practice in Abilene as a general surgeon. In 1975 he was appointed Director of Public Health for the Abilene-Taylor County Health Department. He retired from the Hendrick Medical Center staff in 1988.

SPENCER O. RAAB '54, died June 22, 1993. Dr. Raab was chief of hematology-oncology at East Carolina University School of Medicine and a member of the Board of Directors of the American Cancer Society. He started outreach clinics in eastern North Carolina.

LEO JOSEPH HEAPHY '56, died June 4, 1993 at his residence in Raleigh, North Carolina after a long illness. Dr. Heaphy was a nationally known expert on pulmonary diseases, particularly occupational respiratory diseases. He testified about these maladies before many regulatory agencies, including several Congressional subcommittees. His efforts were instrumental in obtaining federal and state legislation regarding worker compensation and safeguards for byssinosis and related diseases.

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