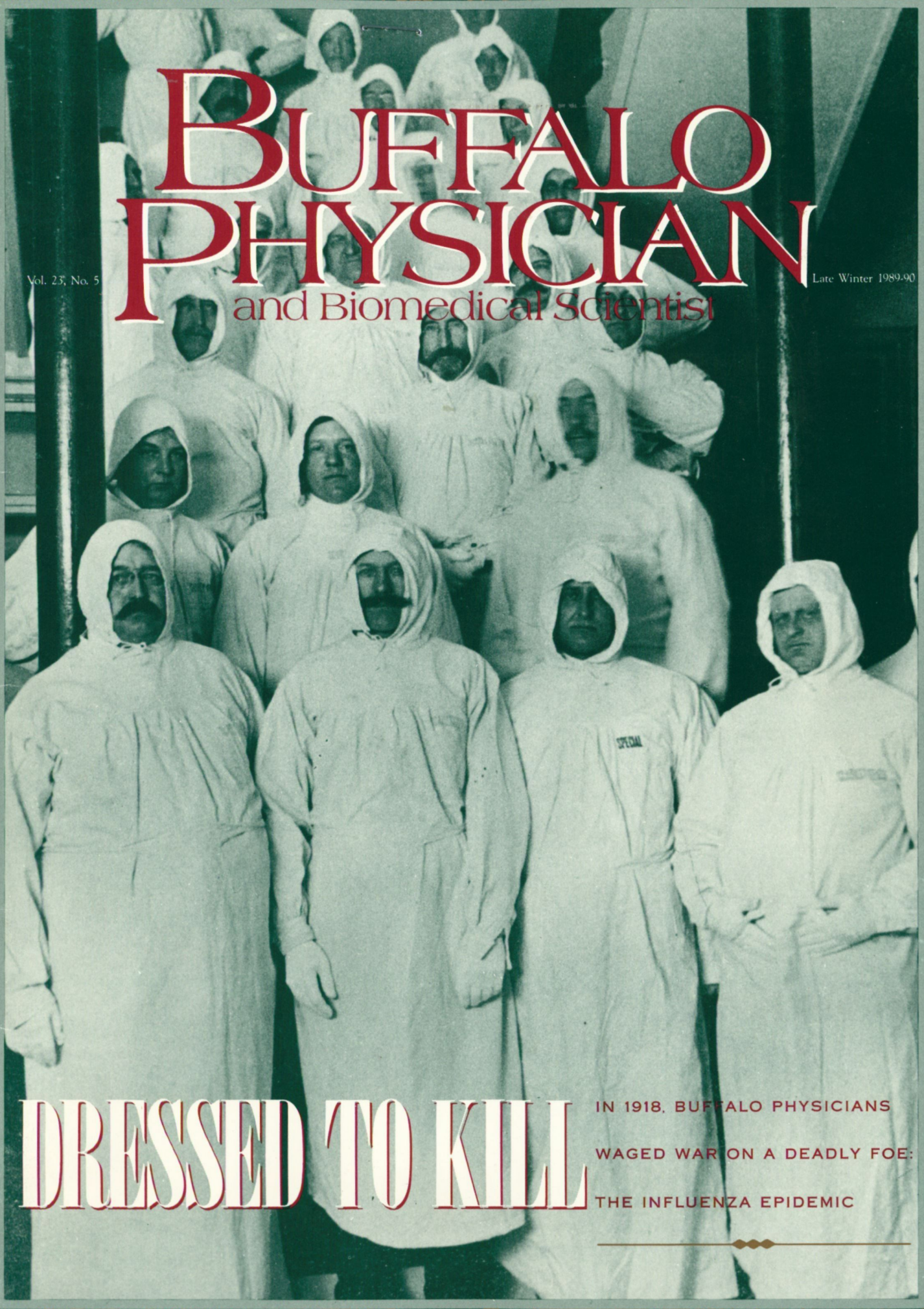

BUFFALO PHYSICIAN

and Biomedical Scientist

Vol. 23, No. 5 Late Winter 1989-90

DRESSED TO KILL

IN 1918, BUFFALO PHYSICIANS WAGED WAR ON A DEADLY FOE: THE INFLUENZA EPIDEMIC

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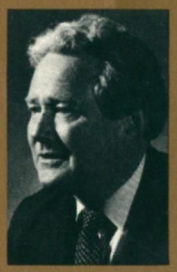


Dear Alumni and Supporters of the UB medical school:

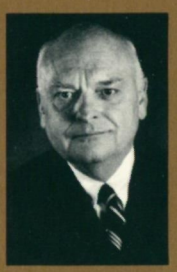
Medical schools and the health care establishment must contribute ideas and programs to meet the needs of our rural citizens. This was the consensus of a recent conference of legislative leaders, faculty from New York State public and private medical schools, and national leaders held in Buffalo. Dr. Thomas Rosenthal of the Department of Family Medicine was instrumental in organizing the event.

Clearly, departments of family medicine will play an important role in directing training efforts to produce medical manpower to populate these underserved areas, and in fostering innovative mechanisms that provide continuing education opportunities and professional linkages between a medical school and the rural physicians.

With the leadership of our department and the strengthening of the conference participants' resolve, I am sure that this unmet need will be dealt with constructively in the years ahead.

Sincerely,

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



Dear Colleagues:

Spring Clinical Day and Reunion Weekend will be held April 28. A series of outstanding speakers will address the theme "Changing Aspects of Medical Practice." The Stockton Kimball Lecture will be given by Dr. Arnold Relman, editor-in-chief of the *New England Journal of Medicine*. Please plan to attend. I'm sure you will be happy you did.

Plans are firming up for the first annual UB Medical Alumni "West Coast Mini Spring Clinical Day" to be held in Long Beach, Calif. on May 12. A videotape of Dr. Relman's lecture, in addition to other discussions, will be presented. If you are able to attend, please contact Dr. Richard Berkson at 1868 Pacific Ave., Long Beach, Calif. 90806, or phone (213) 595-4718.

Your association and the school are once again seeking nominations for the Distinguished Medical Alumnus/a Award. If you have a nominee, please submit his or her name on the card located in the front of the magazine.

Looking forward to seeing you all at our alma mater on April 28.

Joseph L. Kunz, M.D.
President, Medical Alumni Association

BUFFALO PHYSICIAN
and Biomedical Scientist

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Volunteers in Third World, page 14.

Serving the underserved, page 2.

Cover: *Battling an epidemic, page 8.* Photo courtesy of the Buffalo and Erie County Historical Society.

Independence for the elderly, page 24.

Features

Departments

High Altitude Paradise

Editor:

A note confirming that ex-Buffalonians do read the *Buffalo Physician and Biomedical Scientist*, and comments on the article, "Mountain Medicine" (Autumn 1989).

My wife and I live near Conifer, Colorado at 8,225 feet and spend considerable time climbing and hiking at higher altitudes. Snowmass is at 8,575, not 11,000 feet. Our highest town is Leadville, at 10,152 feet. One town, Silverton, at 8,316 feet has only 14 frost-free days. Dr. Robert Gerner, formerly at Roswell Park Memorial Institute, practices general surgery at Vail (8,150 feet).

Personally, I have never heard of any native suggesting breathing in a paper bag for altitude sickness and I have no knowledge of anyone having severe altitude sickness at 8,000 feet, nor fatalities at 9,000 feet. Heavy smokers, whose adjusted "altitude" would be about 10,000 to 13,000 feet, might have trouble.

Rapid, competitive climbing, especially by youngsters, commonly can promote the onset of cough, headache, giddiness, and nausea, but rarely serious "mountain sickness." In winter, the associated increase in energy expenditure may lead to a dangerously impaired judgment. The only practical solution is to head downhill.

We see other problems in flatlanders before they adjust to this high altitude paradise:

- There is the teenager welded to his third can of pop who ascends rapidly on the ski lift and then jumps and soars over the moguls down the valley floor, only to roll in pain from pneumatosis intestinalis.
- There is the young lady who misses a commercial flight and heads up over the mountain in an un-pressurized plane, only to learn that her gas-filled prostheses have placed her in double jeopardy.
- Of course there was the huge Texan who died on the slopes and wouldn't fit in the largest available coffin. The local coroner inserted an aspiration tube, and shipped him home in a shoe box.

The advice to spend one day at Vail (8,150 feet) or at Aspen (7,980 feet) in mild activities before climbing a 14,000-foot peak (there are over 50 of them) is reasonable. Your reward will be some of the most beautiful scenes in the world!

Cheers,
George E. Moore, M.D., Ph.D.
Professor of Surgery
Chairman, Division of Surgical Oncology
Department of Health and Hospitals
City and County of Denver

(Editor's Note: Dr. Moore was director of Roswell Park Memorial Institute from 1952 to 1967.)

John Krasney, Ph.D., whose work was described in the article, replies that neurologist Marcus Raichle and some mountaineers, not natives, advocate the paper bag treatment for acute mountain sickness.

Recent evidence indicates that both sides of the argument may be right, Krasney said. Breathing 3 percent carbon dioxide may alleviate symptoms of acute mountain sickness, while it is uniformly agreed that higher levels can exacerbate the condition.

He notes that heavy exertion during climbing by non-acclimatized *and unfit individuals can indeed lead to serious problems. He agrees that it is rare for people to experience severe acute mountain sickness at 8,000 or 9,000 feet, but it has been documented in a Colorado skier and several climbers on Mt. Fuji. These individuals probably have only a minimal increase in ventilation drive, which allows them to get sick at modest altitudes.*

This Historian Never Sleeps

Editor:

I read with great interest David Snyderman's article "From Rags to Stitches" (Autumn 1989). Dr. Border is a treasure and without equal as an expert in his field. His knowledge of physiology and trauma is encyclopedic.

However, I feel compelled to correct an inaccuracy within the article. Quoting Border, Snyderman writes: "There was no real professional anesthesia until World War II. At that time, the armies trained and designated anesthetists."

This is not true. The Mayo Clinic residency program in anesthesiology dates from the late 1920s, as does the program at the University of Wisconsin. The American Society of Anesthesiologists began to issue certificates which certified a physician as a specialist in 1936. The American Medical Association recognized anesthesiology as a medical specialty, on an equal footing with surgery, in 1940.

The University at Buffalo can be proud of the role it played in the early organization of anesthesiology. The first academic appointment here predates the First World War and there was a residency training program in place in Buffalo in 1937.

The Second World War accelerated the process of specialization, not only in anesthesiology, but in most fields of medicine. The recognition of anesthesia as a specialty in the '20s and '30s, along with the role played by the University of Buffalo, is a research interest of mine. While these facts may be somewhat obscure, they are fairly well known, at least among anesthesiologists.

I thank you for the opportunity to educate and erase a popular yet inaccurate view of my profession.

Most sincerely,
Douglas R. Bacon, M.D.
Staff Anesthesiologist
Roswell Park Cancer Institute
Clinical Instructor in Anesthesiology
Graduate Student,
UB Department of History

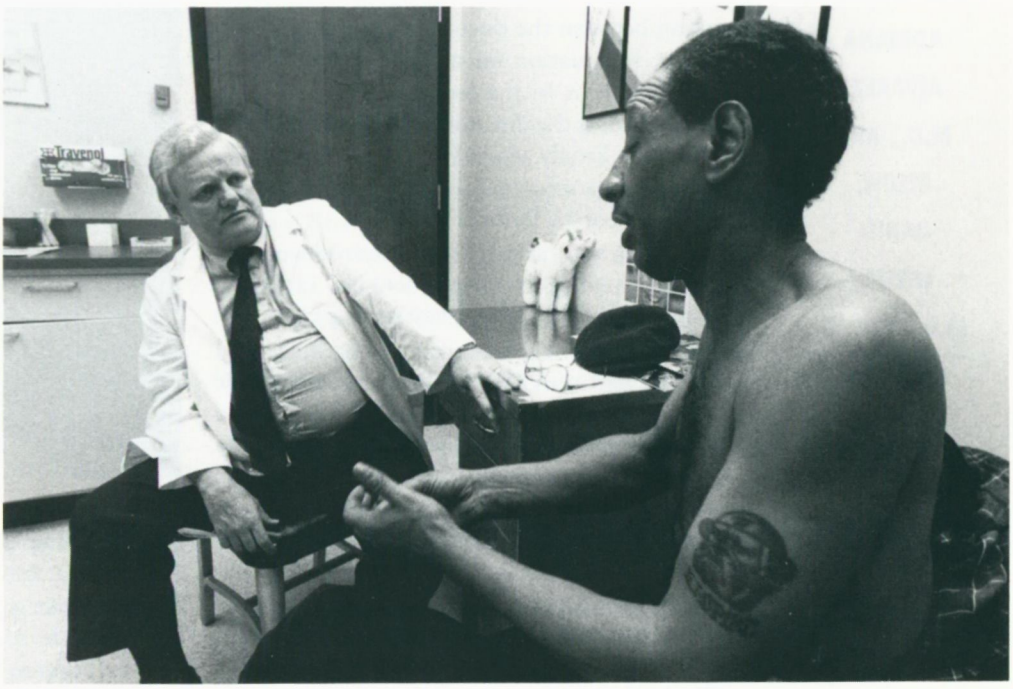
John R. Border, M.D., replies that anesthesia was first practiced as a specialty in the '30s by a few people, but did not become generally accepted or generally organized until after World War II.

Letters

The *Buffalo Physician and Biomedical Scientist* welcomes letters from its readers. Address them to *Buffalo Physician and Biomedical Scientist*, 136 Crofts Hall, University at Buffalo, Buffalo N.Y. 14260.

'Private Practice' for the Inner City

NEW UB PROGRAM BRINGS PERSONALIZED CARE TO THE URBAN POOR



PHOTOS: SIMON TONG

Understanding his patients is a goal of David Holden, M.D., left.

By DAVID HIMMELGREEN

A mother brings her sick toddler to the hospital emergency room. The wait is long and the child begins to cry. The mother is confused by the forms she has to fill out in order for her child to be seen by a doctor they've never met. The physician, overworked and tired, is brusque and appears to be unsympathetic. Mother returns home vowing never to return. But she will be back.

"Where do the urban poor go for medical care? They are frequently driven, in an almost cattle-like mode, to the ERs of major inner-city hospitals and health clinics where they are shuttled from doctor to doctor," said David Holden, M.D., professor and chairman of UB's department of family medicine.

"Patients are put through a system which is sometimes analogous to a conveyor belt," added Daniel Lasser, M.D., M.P.H., clinical director of the Family Medicine Department at the Erie County Medical Center. "There is little opportunity for interaction between the doctor and patient. It's not a conducive situation for any of the parties."

But Buffalo is in the forefront of a better approach. Lasser is the director of a new UB program called Urban Family Medicine. Its mission is to provide a more personalized kind of health care for the urban poor in Buffalo.

"What we are trying to do is to introduce a private doctor's office into the inner city," explained Peter Kowalski, M.D., clinical assistant professor in family medicine.

"We try to ensure that each patient gets to see a specific doctor on a continuous basis," added Adriana Alvarez, M.D., clinical assistant professor in family medicine. "By doing this we build a bond of trust with our patients and the community."

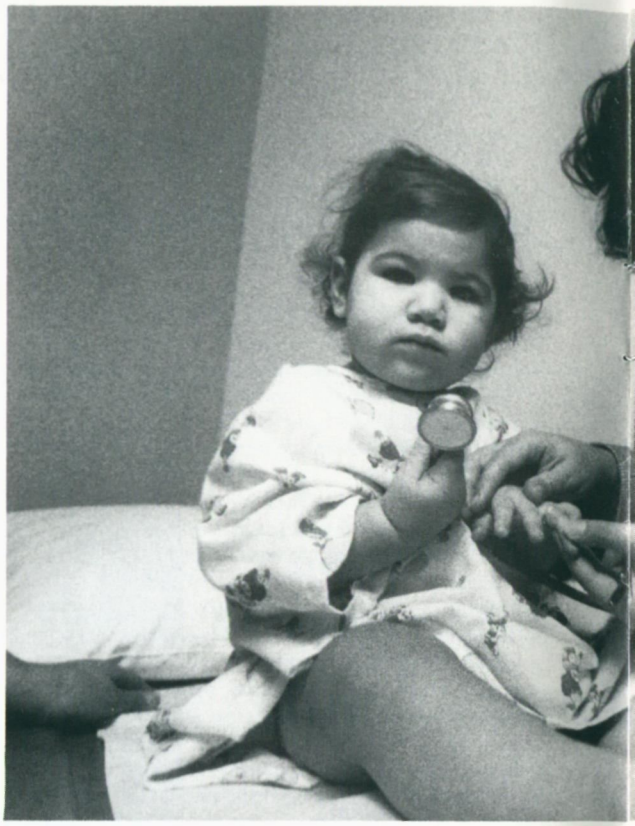
The street is dotted with stores that have closed down, marked by their white-washed windows. The weather-warped porch on one house sags in the middle. Several other houses could use a fresh coat of paint. Children play on sidewalks strewn with litter.

The blight of the inner city intertwines with the problems of the Third World on the lower west side of Buffalo. The people are poor, primarily Hispanic and African American. Recent emigres and illegal aliens bring with them the diseases of their native countries. It is not uncommon to find malnutrition, tuberculosis, and intestinal parasites.

The people in that neighborhood are also vexed by the inner-city health problems commonly found throughout the U.S. Infant mortality is high. Alcoholism, drug abuse, and hypertension tear at the heart of the community. And diabetes is another problem, particularly among the Hispanic population.

At 514 Niagara St. there is a ray of hope called the Niagara Family Health Center. A bright and cheery office with light colored walls and shiny linoleum floors, it's airy and warm, not cold and sanitized. The health center is a test site for the Urban Family Medicine Program, and the program hopes to open more like it.

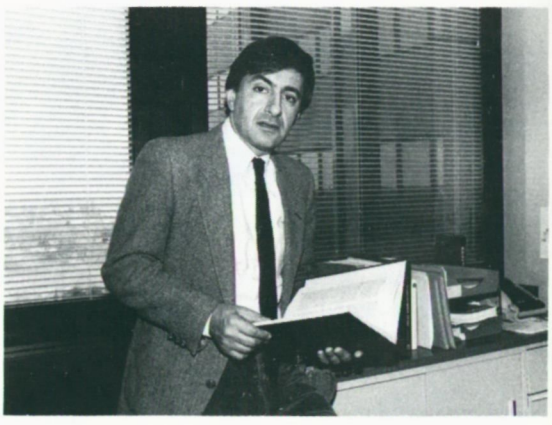
The staff is small, consisting of two nurses, a receptionist, a secretary, a medical student and internist who work part time, and a community volunteer who speaks Spanish and English. The only full-time physicians are UB's Alvarez, the center's director, and Peter Kowalski. A small staff helps to foster a private-practice mentality, David Holden believes.



AT RIGHT, ADRIANA ALVAREZ, M.D., AND BELOW, DANIEL LASSER, M.D., TRY TO STOP THE "CONVEYOR BELT" APPROACH TO MEDICAL CARE IN THE INNER CITY.

The Niagara Family Health Center is run by Millard Fillmore Hospital, which pays for the building and the salaries of the staff. Because it filed a certificate of need for the center, Millard Fillmore is reimbursed by Medicaid at a higher rate than usual.

It's more cost effective for patients to visit the center than to visit an emergency room. Emergency rooms always cost more because they must pay for a doctor to be on call, noted Alvarez. Plus, the patient pays twice because another doctor must follow up.



"The nice thing about the clinic is that it doesn't cost the patient a cent," said Reid Heffner, M.D. "We don't spend a lot of time worrying about how much money they make in order to determine their eligibility."

At the center, the patient can see the doctor, get lab tests, be treated and schedule a follow-up appointment, she added. In the long run, costs will come down because this continuity of care at the center will decrease the number of people who visit the emergency room.

Because physicians are reluctant to open a practice in areas that are economically depressed and have high crime rates, the Urban Family Medicine Program tries to provide incentives to attract physicians to the inner city.

"We will offer physicians both faculty and research positions with the University," said Lasser. "Additionally, we can help them to change their Medicaid rate structure to increase their income by getting them affiliated with local hospitals.

"These incentives make it worthwhile to open a practice in the inner city."

"Being affiliated with Millard Fillmore Hospital, my reimbursements for working at the clinic are better than if I opened my own office," noted Alvarez, who supplements her income through the University by teaching and doing research.

Working in the inner city brings other rewards as well.

"I like working with inner-city populations because the patient-doctor relationship is important and because the people are generally very grateful," noted Kowalski.

"It's really nice to work with people who need you," added Nancy Cotter, a fourth-year medical student at UB who is doing a rotation at the Niagara Street center.

Most of the people seen during the day have Medicaid, while a few have other insurance.

For those who fall through the cracks—patients who can't afford insurance but don't qualify for Medicaid—the center offers a free clinic each Wednesday evening.

The clinic is staffed by volunteers. Parishoners from St. Paul's Cathedral perform clerical tasks and make sure the office runs smoothly. A nurse and two medical students work with patients. While 13 physicians are signed up to take shifts at the clinic, more are always needed. Free lab work and security personnel are provided by Millard Fillmore Hospital.

"The nice thing about the clinic is that it doesn't cost the patient a cent," said Reid Heffner, M.D., who conceived the idea of opening the free clinic. "We don't spend a lot of time worrying about how much money they make in order to determine their eligibility."

Heffner, who is professor of pathology and director of laboratories at the Erie County Medical Center (ECMC), added that the paperwork isn't intimidating, so patients aren't afraid to come to the clinic.

"The idea is to take away all of the red tape," he said. "Let somebody come into the office in much the same way a patient visits a doctor in Williamsville. This way of doing things creates a bond of trust and goodwill."

Aside from the Hispanic and African American community, the free clinic serves the homeless, recently released prisoners, and transients who pass through Buffalo.

"It is clear that most of the people that come to us don't have the means to pay for health care," Heffner stated.

The old man waits at the bus stop as the snow begins to swirl with increasing intensity. The wind cuts

through his tattered coat and makes his bones ache. The bus, as usual, is late and the traffic speeds by, spitting up black slush that seeps through his old tennis shoes. He's apprehensive about his visit to the clinic and it doesn't take long for him to change his mind. He turns around and makes his way home.

The Niagara Street health center experiences a relatively high no-show rate by the patients, but this will come down as the patients become more comfortable with the system, Alvarez predicts.

THE CENTER TRIES TO OPERATE LIKE A PRIVATE DOCTOR'S OFFICE IN THE INNER CITY, EXPLAINS PETER KOWALSKI, M.D., RIGHT.

"It sounds pretty simple for a patient to make an appointment for things such as physicals or immunizations," Holden remarked. "But many of our patients are not yet accustomed to the process of preventive health care. They have not been educated to go to a physician that they know and feel comfortable with."

"It takes a lot of effort to make sure that patients show up for appointments," Alvarez added. "We make special provisions such as calling them up the night before and getting them cabs to pick them up and take them home."

Many people in this country have trouble getting medical appointments at all. The number of people unable to get health care has gone up dramatically over the last decade, Lasser pointed out. In 1987, nearly 37 million Americans lacked health insurance.

"Many of these people fall between the cracks," he said. "They don't qualify for Medicaid. And the jobs they work at don't provide health insurance or don't pay enough money for health care coverage."

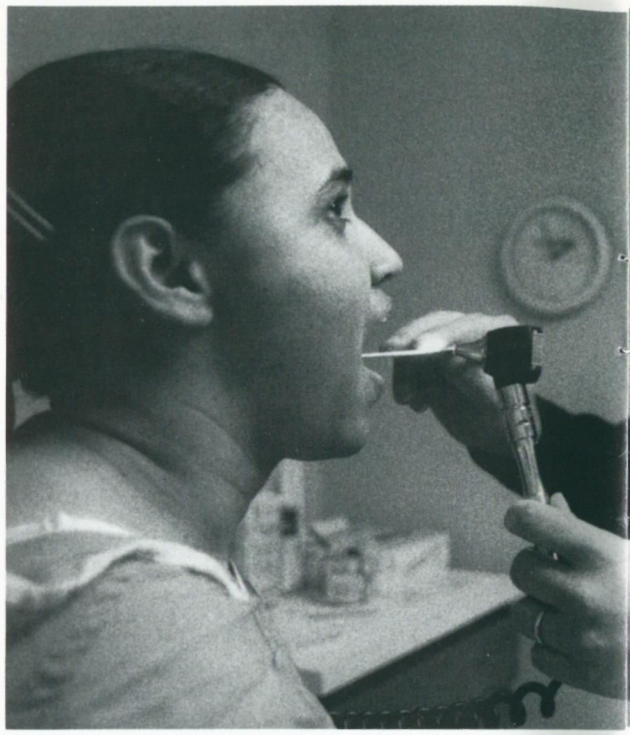
Although health care technology is at the cutting edge in the U.S., it means nothing to people who can't get medical care.

"The U.S. ranks high in infant mortality compared with other developed countries," Lasser reported. "Yet we spend more per capita per baby than any other country in the world. There's something wrong with what we're doing.

"We spend more money on beds for premature babies and not enough to prevent the premature births of infants.

"Why is it that Buffalo has so many institutions dedicated to infant and child health, and yet the city has such a high infant mortality rate?" Adding additional hospital beds or sophisticated equipment to a ward will not solve the problem, he noted. We need better prenatal care.

Lasser has a strong interest in primary health care for the urban poor. He came to UB this summer from Massachusetts, where he worked in medically underserved communities. He holds a master's degree in Public Health from Harvard University and was an associate professor in the Department of Family and Community Medicine at the University of Massachusetts Medical School.



In New York State, ensuring that urban residents get the health services they need is a major public health issue, noted John Naughton, dean of the medical school and vice president for clinical affairs at UB.

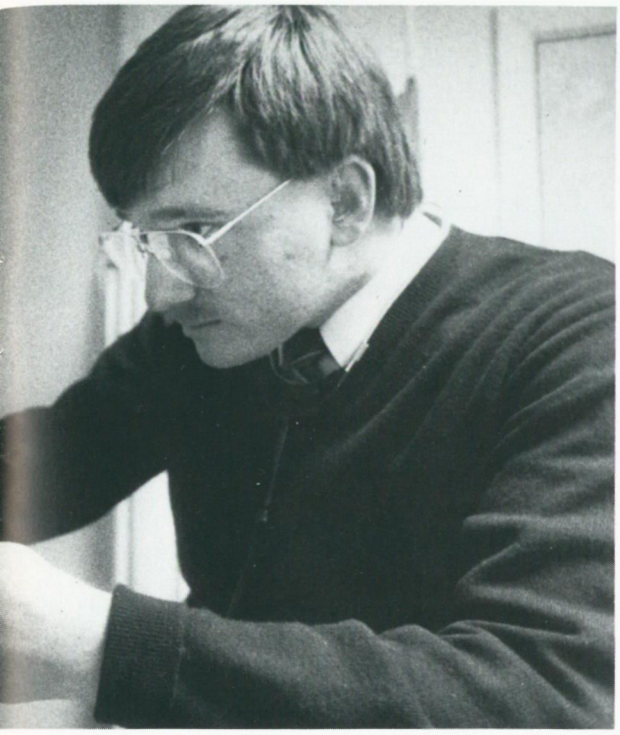
Part of the problem of access to care has been that too many physicians were entering specialties and not enough chose primary care, he explained. The Graduate Medical-Dental Education Consortium has set a goal of steering 50 percent of UB medical students into primary care by 1993.

"We have to ensure the proper education and training of physicians as well as quality health care now" for two underserved groups: urban and rural residents, he noted.

UB already has a successful rural health program, which was started in 1985. Holden points to that as an example of what can be done when the University and community join forces.

Urban Family Medicine may set up similar links. The community seems willing—George McCoy, chief executive officer of ECMC, came to the Department of Family Medicine with the idea of developing a stronger primary-care base within the city, Lasser explained. As a result, the hospital established a new department of family medicine which operates a new family care center.

"We need to develop a coalition that involves departments within the University, the county, local hospitals such as Buffalo General and Millard Fillmore, and community health clinics like the Geneva B. Scruggs Health Care Center," Lasser add-



ed. "A collaborative effort will enhance the access and quality of health care for the urban poor."

One example is the longstanding collaboration between UB's Family Medicine Department and Buffalo General Hospital to operate the Family Practice and Immediate Treatment centers at the Deaconess Center.

Another example is the Emerson K. Young Health Center, a small family practice office staffed by physicians from the Department of Family Medicine and operated by Sheehan Memorial Hospital in the Perry Housing Project.

Another goal of urban family medicine is to develop a group of physicians who understand the language and culture of their patients.

"We are actively trying to recruit minorities into family medicine," Holden said. "In fact, our program has the largest number of black and Hispanic residents of any residency associated with the consortium."

He did note however, that any resident interested and committed to working with inner-city populations would be encouraged to join the program.

The Department of Family Medicine also offers a fellowship in urban family medicine for physicians who have just completed their family practice residency. The fellowship is designed to sharpen the skills of the physician, as well as encourage participation in teaching and research, Lasser pointed out.

Special training is needed because physicians in urban family medicine must recognize problems that are magnified in the inner city, such as alcohol and drug abuse or issues of gay and lesbian health, he said.

"Family medicine takes a biopsychosocial approach to the problems of people," Holden noted.

Students and residents are taught that their jobs aren't limited to the diagnoses of pathological medical problems, explained Lasser.

"Our job it to find out *why* they hurt," he added.

Finding out what is wrong may take time and patience, said Holden. He pointed out that it may take three or four visits before a patient opens up and begins to tell the doctor what is really going on.

"I had a black preacher come to me about his hypertension," Holden said. "He seemed withdrawn and unwilling to open up to me. After several visits, I could tell that he was beginning to trust me. So, he starts telling me about the problems his two sons are having with the police and how he was being accused of obstructing justice because he intervened one time when the police were dragging one of his sons off to the police station.

"Here's a man who never had any trouble with the law in his whole life. I intervened with a social worker to clear the charges of obstruction. Subsequently, his blood pressure came down. I think these problems had a lot to do with his health, and his blood pressure probably wouldn't have dropped by just changing his medication.

"By communicating with this man and finding out about his life, I was able to improve his health."

Communication goes beyond understanding the complexities of high-technology medicine; keen observation skills and sensitivity to the vagaries of human behavior are required. Coupling these skills with continuity of care, the new Urban Family Medicine Program at UB aims to bring the best of personalized care to the urban poor. •

URBAN FAMILY MEDICINE: SERVING THE UNDERSERVED

- Goal: providing personalized medical care to the urban poor and training physicians to practice in underserved urban areas.
- Program offers monetary and other incentives for doctors to practice in inner city.
- Test site called Niagara Family Medicine Center is located on Buffalo's lower west side, and the Emerson K. Young Health Center is located on the east side.
- The centers are run by area hospitals and receive money through Medicaid reimbursement.
- Weekly free clinic is staffed by volunteers. To volunteer, call Kim Griswald, R.N. at 887-8243.

ONLY THE BUBONIC PLAGUE OF 542 A.D. AND THE BLACK DEATH OF THE 14TH CENTURY KILLED MORE PEOPLE THAN THE INFLUENZA EPIDEMIC OF 1918-19

THE OTHER ENEMY

FLU

UB marshalled its forces to fight the biggest killer of World War I

During World War I, Buffalonians worried about their boys "Over There," fighting to keep the Kaiser in check. But in 1918, the City of Buffalo was visited by a foe more powerful than the Kaiser: influenza.

The Great Influenza Epidemic of 1918-19 was the second of three waves of the disease that caused millions of deaths as it swept across the globe. Flu was a bigger killer than the war.

While the official U.S. death toll from the war was 116,516, more than 550,000 Americans died from the 1918-19 epidemic and its complications. World-wide, the war killed 10 million people; twice as many died from influenza.

"I'm 96 years old, and I never went through a period where an epidemic scared people like it did then," said Lloyd Graham, the father of UB Professor Saxon Graham.

"A lot of people died. And doctors didn't have anything to effect a cure. Hospitals were jammed full and doctors were run ragged.

"It was worse than the war news at the time."

The city was virtually shut down by the epidemic for several weeks. Buffalo weathered the crisis better than most other cities its size, however. One major reason: the leadership provided by the UB medical school and its alumni.

By DEBORAH BRUCH BUCKI, R.N., M.S.

A Prime Target

A bustling industrial center in 1918, Buffalo was playing a significant role in the American war effort. With more than 475,000 residents, it was the 10th largest city in the United States. But Buffalo was a prime candidate for an influenza disaster.

Recent immigrants from southern and eastern Europe—nearly half of the city's population—were at high risk. Coming from isolated, rural areas that were largely unaffected by earlier waves of influenza, they had little immunity to the virus they would face in congested urban areas. This group suffered the highest mortality and morbidity rates, noted Robert S. Katz in his 1974 study on the epidemic.

Buffalo was a busy railroad hub, second only to Chicago, with large numbers of troops and supplies passing through. This provided an opportunity for the disease to be brought into the city.

While Buffalo had excellent medical resources, they were severely taxed by the demands of war. The city boasted an internationally renowned expert on public health, Francis E. Fronczak, as its health commissioner. Unfortunately, Dr. Fronczak, a UB graduate, was with the American army in Europe when the pandemic struck.

The ranks of health care providers had been depleted by the city's generous response to the call for military volunteers. On Oct. 7, 1918, the *Buffalo Evening News* reported that there was "a minimum of doctors and nurses in the city, and if the spread of the disease should reach epidemic proportions, the city would be handicapped in combatting it."

The *News* story proved to be prophetic. Four days later, another newspaper, the *Buffalo Commercial*, reported that Dr. Walter S. Goodale, head of the Buffalo City Hospital (now Erie County Medical Center) "and his force are unable to cope with the situation there." Meanwhile, a transit workers' strike had crippled the city, hampering transportation to and from medical facilities.

Influenza first appeared in Buffalo at the end of September 1918. By the second and third weeks of October, the illness was reaching pandemic proportions.

At the peak of the epidemic on Oct. 20, 138 people in Buffalo and Erie County died from influenza and pneumonia. Those diseases accounted for 33 percent of the total deaths in 1918, according to the annual report of the acting health commissioner, Franklin Gram.

Influenza, both in Buffalo and nationally, hit young adults the hardest. The statistics demonstrated "the greatest mortality during the age period from 20 to 30, at the very prime of life, and it also showed that influenza put at naught all accepted ideas relative to disease resistance," concluded Dr. Gram.

Victims were more likely to be male than female. There was an apparently low mortality rate among African Americans, probably because they had acquired immunity during the 1892 epidemic.

Death generally resulted from respiratory complications, such as pneumonia. The technology was too rudimentary to identify the infecting virus, so treatments were limited.

All doctors could do was try to alleviate symptoms, which included "abdominal and gastric pains, gradually appearing deafness . . . severe and often persistent cough, pain along branches of the sensory nerves . . . severe and most distressing headache, pain in the eyes, usually deep-seated, scotoma, severe dizziness, and apoplectiform seizures," according to an article by George F. Cott, professor of otolaryngology at UB, in the December 1918 issue of the *Buffalo Medical Journal*.

Marshalling Forces

The influenza pandemic struck Boston before hitting other east coast cities, giving medical officials some warning.

As acting health commissioner, the first thing Dr. Gram did was to form a special advisory committee, which met daily through the worst part of the epidemic. Several of the physician members were associated with the UB medical school. They included Dr. Gram, Class of 1891; Dr. DeWitt H. Sherman, a UB graduate and professor of pediatrics; Dr. Edward J. Meyer, a UB graduate and faculty member who was president of the

PHOTO: COURTESY BUFFALO AND ERIE COUNTY HISTORICAL SOCIETY

ORDINARY CITIZENS—NOT JUST PHYSICIANS AND DENTISTS—WORE GAUZE MASKS TO AVOID CONTAGION. BECAUSE INFLUENZA WAS EASILY SPREAD THROUGH CROWDS, BUFFALO PROHIBITED ASSEMBLIES OF MORE THAN 10 INDIVIDUALS, THEN SHUT DOWN ALL SCHOOLS, THEATERS, SALOONS, CHURCHES, AND STREETCARS.

Buffalo City Hospital's Board of Managers, and Dr. Walter S. Goodale, Class of 1903, who would later become chair of the medical school's Department of Preventive Medicine.

Under the leadership of the advisory committee, the City of Buffalo mobilized aggressively to combat the pandemic.

Hospitals were asked to dedicate half of their beds to influenza cases. Beds were in such short supply that Buffalo's Central High School (today Hutchinson

Technical School) was converted into wards for influenza cases. Plans were made to open the Broadway Auditorium and the Elmwood Music Hall as convalescent hospitals if necessary.

Buffalo's greatest need was manpower. "It was no uncommon matter to find persons who had waited two or three days after having 'phoned or summoned physicians, suffering and dying because every physician was worked beyond human endurance," wrote Acting Commissioner Gram.

On Oct. 16, the senior class of the UB medical school was pressed into service. As reported in the *Buffalo Commercial*, this order was extended on the following day to cover the sophomore and junior classes. These students would fill a serious shortfall during the most critical period of the pandemic.

The city adopted a strict plan to limit contagion. On Oct. 10, Mayor George S. Buck issued a proclamation restricting public assembly of more than 10 individuals. As reported in the *Buffalo Evening News*, this prohibition extended to "all theaters, moving picture shows, churches, Sunday schools, parochial schools, private schools, saloons and dance halls, with the exception of such gatherings as shall have the sanction and approval of the Health Commissioner or Acting Health Commissioner."

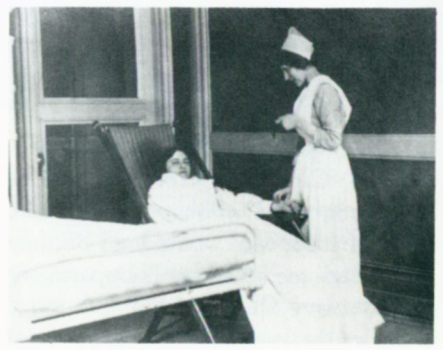
Lloyd Graham remembers his efforts to avoid coming into contact with infected people. After visiting military forts in New England as part of his job with the Army YMCA, he and his wife stopped to visit relatives outside Syracuse. Before they got out of the car, they were told not to come into the house because a son-in-law had the disease.

On the drive home to Kenmore, the Grahams' Model T roadster broke down outside a munitions plant. From there they called a Ford dealer to tow the car, and while waiting, saw people being carried out on stretchers from a nearby apartment building.

Rather than stay in a hotel and risk contagion, the Grahams decided to drive straight home. On the way, they had flats four or five times, but fixed them in the dark—no easy task in the days when automobile tires had inner tubes that had to be patched. They made it home by daylight, just in time to comply with the driving ban on the weekly "gasless Sunday."

PHOTOS THIS PAGE: COURTESY BUFFALO AND ERIE COUNTY HISTORICAL SOCIETY

A. Wilmot Jacobsen, a retired UB professor of pediatrics who died Dec. 17, remembered his experience during a brief interview shortly before his death. Jacobsen was a soldier in France at the time of the epidemic. All the way home from Europe he said, he wore a mask, which was supposed to prevent the spread of the



BUFFALO WAS A PRIME TARGET FOR INFLUENZA: ITS LARGE POPULATION OF IMMIGRANTS HAD NO IMMUNITY, AND THE TROOPS MOVING THROUGH THE CITY SPREAD THE DISEASE. THERE WAS NO CURE. DOCTORS AND NURSES COULD ONLY TRY TO MAKE THE PATIENT COMFORTABLE.

disease.

As the epidemic began to take its toll, Buffalo's efforts to limit contagion intensified. The mayor prohibited public funerals where influenza occurred, and mandated that burial occur within 24 hours of death.

No one except family members and health personnel were allowed to visit the homes of influenza victims. However, healthy relatives of victims were allowed to proceed with their daily affairs outside the home. The quarantine remained in effect for about three weeks.

Life at the University of Buffalo was disrupted. With the exception of military courses, UB cancelled all classes and prohibited football games with out-of-town schools. The University would remain closed for almost three weeks.

In Buffalo, the draconian measures were met with protest. As reported in the *Buffalo Evening News*, the city's own Department of Education objected to the closing of schools, and owners of soda fountains protested to the health commissioner about their closings. Churches attempted to avoid restrictions by conducting outdoor services.

Ultimately, the restrictions were enforced and accepted. Inspectors were dispatched to enforce store closing rules. Churches complied reluctantly with prohibitions against services, including funerals. Even the Liberty Loan parades, which encouraged people to support the war by buying bonds, were cancelled.

Virtually all non-essential public contacts were stopped.

On Oct. 11, the *Buffalo Evening News* declared that "Buffalo is today a community without streetcars, theaters, saloons, or schools: a situation unique in its history as a city." By Oct. 14, the newspaper announced that "quarantine conditions were more completely in effect than at any time since the epidemic began . . . few persons left their homes."

WAGING THE BATTLE

With the schools closed, the city assigned its 2,000 teachers to conduct a house-to-house survey of influenza prevalence. They wore masks and avoided entering any afflicted home. The teachers also alerted the health department about people who needed care.

Acting Commissioner Gram recognized the importance of accurate data collection because he had served as registrar of vital statistics and superintendent of communicable diseases for the City of Buffalo.

He and the advisory committee also knew they needed accurate medical information. Even before the start of the epidemic in Buffalo, the *Buffalo Evening News* of Sept. 20 reported that Dr. Gram had sought influenza information from a research laboratory in New York City, the State Department of Health in Albany, and the United States Health Research Department in Washington.

Buffalo's advisory committee undertook its own studies. As reported in the *Buffalo Commercial*, these were performed by Drs. Herbert U. Williams and Frank Youngberg, with the assistance of senior students at the University of Buffalo.

The City of Buffalo knew it needed citizens' cooperation, and education became a primary focus of its campaign. On Oct. 11, the *Buffalo Evening News* reported that the city was spreading health information through physicians, newspaper advertisements, pictures, payroll circulars, instruction at factories, and placement of placards at hotels and factories.

Acting Commissioner Gram published instructions on home care, which included avoiding contact with others. Residents were advised to "Stop shaking hands! Even at the expense of appearing discourteous, don't do it!"

Within a month of the outbreak, it became apparent that Buffalo's strict health measures had worked. On Oct. 25, the *Buffalo Evening News* reported that the city's "rigid, preventive measures had saved lives."

With a population of about 475,000, the city had witnessed 28,398 cases of influenza during the epidemic, Commissioner Fronczak reported in 1919. The morbidity rate for the United States as a whole was about 10 percent, according to *The Survey* on Nov. 16, 1918. Yet, Fronczak noted that Buffalo had experienced a morbidity rate of less than 6 percent.

It wasn't until years later that scientists were able to attribute the epidemic to the swine flu virus. The epidemic was especially severe because respiratory infections, which had become common within military encampments, created the potential for enormously toxic interactions with influenza.

Not knowing the cause of the disease had left physicians almost defenseless in treating the illness. Their best strategy was to contain its spread. While the epidemic took many casualties, Buffalo was able to cut its losses in its biggest battle of World War I. •

(Editor's note: Deborah Bruch Bucki, R.N., M.S., is a UB doctoral student studying medical sociology.)

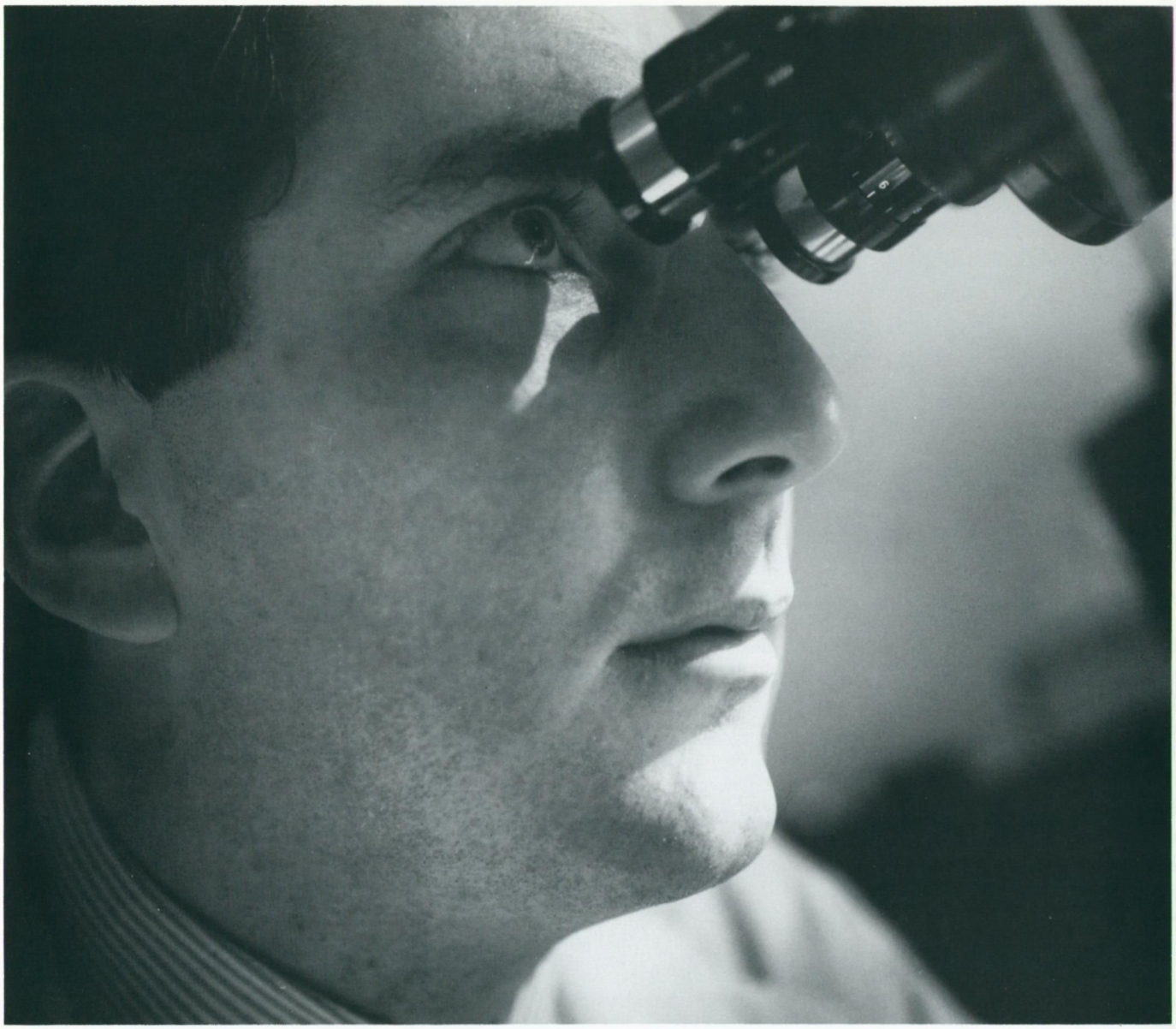


PHOTO: DOUG LEVERE

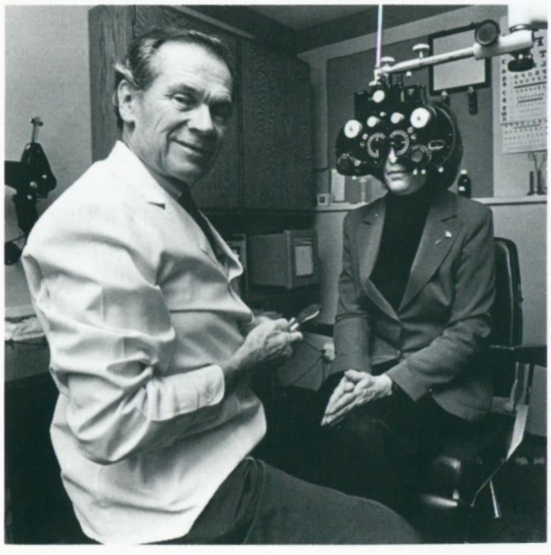


PHOTO: MARK HARRISON

Above, Brian McGuiness, M.D.; left, Robert Maynard, M.D., and right, Richard Lee, M.D.

PHOTO: ROBERT WALION

IT'S NOT LIKE HOME

An ophthalmologist saved sight and lives in Kenya and Nepal; a medical researcher tangled with ethical questions high in the Himalayas, and another physician fled Sri Lanka when he found himself in the middle of a bloody civil war. Three doctors from UB found different kinds of adventure and adversity while volunteering in the Third World.

By DAVID M. SNYDERMAN

In the Third World, an ophthalmologist can lift a death sentence by performing a cataract operation.

There, "blindness is fatal," explained ophthalmologist Robert Maynard, M.D. "In Nepal, the expected life span of a blind person is three to five years."

Maynard, a 1953 graduate of the UB medical school, is one of many UB physicians who volunteer their time overseas to help the less fortunate.

In the past few years, Maynard has spent a month in Nepal and three weeks in Kenya, restoring sight to the people in those countries.

"I like to travel, and it's a good way to travel. I also like to leave a country better than we found it," said Maynard.

"The rate of blindness in both Nepal and Kenya is 20 times that of the United States and it's mostly due to cataracts."

The need is so great, the ophthalmologists had to work frantically. Maynard said they would see 50 to 100 patients a day with the help of ophthalmic assistants who also acted as interpreters.

Maynard found that medical care is lacking in both places, especially Nepal.

"In Nepal, outside the major cities, Western medicine is practically non-existent," he said. "In Kenya, things are much better. They do have some medical facilities there."

The living conditions were also somewhat primitive.

"In Nepal, things were very basic," Maynard explained. "It was much like it must have been in the middle ages: they do their cooking over a small wood fire. We weren't camped out in tents, but we stayed in a hotel which was still pretty basic. The people lived much as you and I might live if we were backpacking.

"The machine has not hit Nepal. In Kenya, things are more progressive but living is still very basic. We had rooms in the eye center in Kenya. It was quite comfortable there."

PHOTOS: DAVID HIMMELGREEN

Not all physicians can have the same dramatic effect that Maynard has had in restoring sight and thereby saving lives, according to Richard Lee, M.D., chief of the division of maternal and adolescent medicine and a professor of medicine and pediatrics at UB, as well as the head of the Department of Medicine at Children's Hospital.

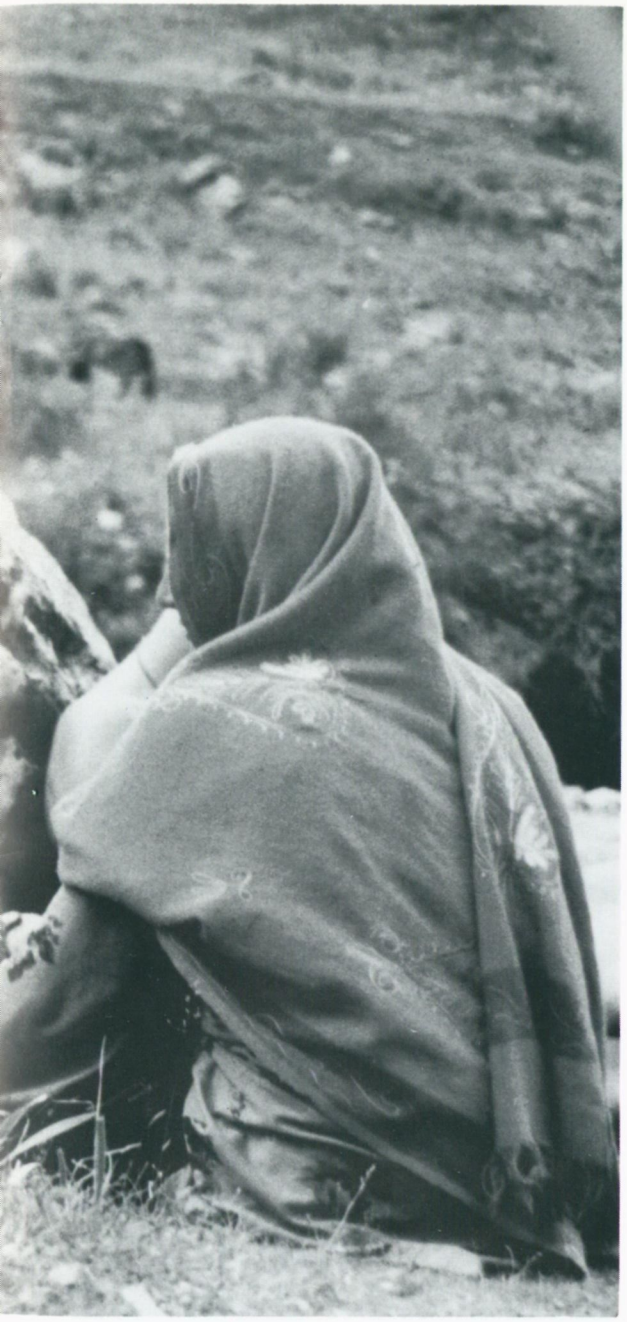
"Ophthalmologists probably have the best of all worlds," Lee said, explaining that ophthalmologists can do a lot of good in a short period of time without the need for a continuation of treatment.

"The others who are able to do a lot of good are plastic surgeons. They can convert someone from being despised or ostracized" for their looks into someone who appears normal, he added.

Acting as an internist, Lee has been "everywhere except the South Pole and Australia," he joked, although his travels have taken him primarily to the Amazon region of Brazil, the mountains in Chile and the Himalayas, and refugee camps in Thailand. He spends varying amounts of time when he visits, often making several trips per year.

"We do some good and we give out some aspirin and vaccines," Lee said, but noted that he can't make the kind of difference in a person's life that some specialists can.

"I think the good we do for the people is very small, actually. Some people do a lot of good in a



short period of time, like ophthalmologists. Going into an Indian camp and beginning treatment for leprosy is good, but that treatment must continue for years and as soon as there is another political upheaval it will stop," he explained.

The one area where Lee has been able to make a real difference, he said, is in the Thai refugee camps.

"That's been a very successful program," Lee said. "We send two to seven medical students to Thailand per year. They've worked in a variety of camps."

Lee explained that these medical students teach basic first aid and sanitation to the refugees. Because the students have just learned these things themselves, the methods are still fresh in their minds.

"As fourth-year medical students, they are very helpful," he added.

The other benefit that comes from Lee's trips is in the field of research.

"Most of these things have been done as part of a long-term, on-going interest in the biology of isolated populations," he said.

"Those include Indian tribes, specifically in the Amazon region of Brazil, mountain people, certain ethnic and political groups like refugees. We treat them, that's part of our thing, but we do studies on them in terms of infectious diseases, their immune systems, and their genetics.

"Much of these populations are genetically inbred.... These were isolated people for centuries, for millennium."

Because these people have been isolated, they have had to learn to live without harming their environment. Lee gave as an example his patients in the Himalayas.

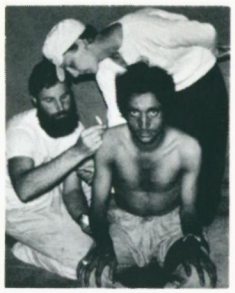
"They are interesting people," he said. "They are fairly stable ecologically. They have not deforested the area and they are subsistence farmers."

However, living in harmony with the land is not without cost, Lee said.

"They do pretty well, but they lose a lot of kids," he said. "The price of ecological stability is high infant mortality: 60 per 1,000 (pregnancies) end in still births or (the babies) die within a few hours of birth. A quarter of those who survive the first day will die before they reach puberty."

Asked whether his team is trying to bring down the mortality rate, which is between three and six times greater than the rate in New York State, he answered: "I don't see that as our responsibility. We treat what we can but we're only there for a week. There is a limit to what we can do and there is a limit to what should be done.

"Perhaps that is a biologically necessary kind of thing," he said, adding that attempting to change the infant mortality rates could have the net effect



In the Himalayas, people live in harmony with the land, but infant mortality is high, notes Richard Lee, M.D. Above, his assistants take body measurements to determine effects of diet.

of unsteadying the Himalayas' stable population base.

"That's a real issue for a lot of the world's populations living in small villages," he explained. "All of this stuff raises some very serious questions about what medicine's purpose is."

A very different challege was faced by Brian McGuiness, a 1984 graduate of the UB medical school. When he was sent by the Christian Blind Mission to Sri Lanka, Sinhalese groups revolted against the Sri Lankan government and he found himself in the middle of a civil war.

"We arrived in August of 1988," said McGuiness, an ophthalmologist who is a member of a private practice group in Southampton, N.Y.

"There was a group called the JDP ("People's Liberation Front" in Sinhalese). When we arrived, they started car bombings, harassments, and death threats.

"During the period we were there, there were seven general strikes that closed the clinic — if you opened the clinic, they would bomb it."

McGuiness was supposed to stay for four years, working at the Ruhunu Eye Hospital, but he and his wife left after four weeks.

"We left after there was an assassination of four people. Their bodies were hanged by their necks on our streets. Since then, Christian Blind Mission has pulled out their workers," McGuiness explained.

Originally, McGuiness had planned on volunteering in Africa, but the Christian Blind Mission "felt they had more need in Sri Lanka."

McGuiness seems disappointed at the problems he encountered.

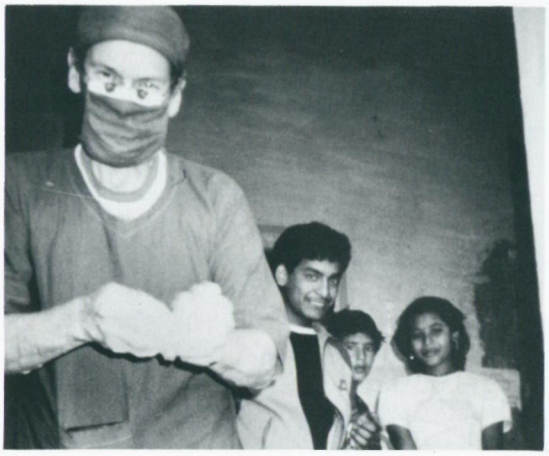
"I had always planned on this in medical school," he said. But his plans are merely deferred, not canceled. "I intend to go back to Africa a month or two months each year."

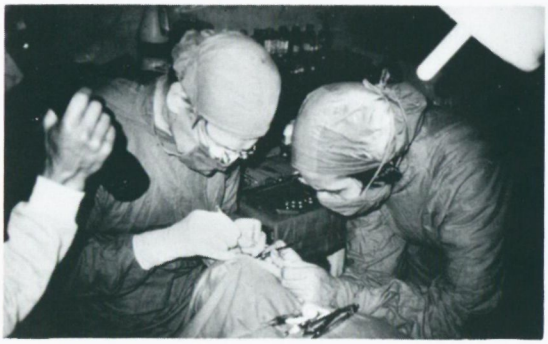
His advice to potential volunteers? "If you plan a long-term commitment, do not trust the people who are sending you. Go check out the conditions yourself. It's a small world — go volunteer for a month" in whatever country you intend to spend several years.

Maynard, whose volunteering periods have been on a less permanent basis, had no qualms about recommending his experiences to others. "I would encourage them. I found it very satisfying and rewarding."

Lee also was quick to encourage future volunteers. "Have them call me," he suggested. "I think this is a much neglected area of medicine. Most of the world does not live like we live in the United States."

If you do go, look to friends, colleagues, and business associates to help you prepare for your trip. McGuiness said that many of the physicians from





Far left, the Eyes of Buddha on the doorway to the Seva Eye Clinic in Nepal keep a careful watch over Robert Maynard, M.D. Left, in the Taulihawa eye camp in Nepal, he performed surgery by flashlight (bottom).

his residency at the New York Eye and Ear Infirmary donated supplies for him to use in his travels. "Anything I brought with me in the way of medical equipment, I or my sponsors paid for."

Lee found the pharmaceutical corporations helpful when he asked. "We usually bring our own (drugs). We would ask for donations from the drug companies — they're actually pretty good. In the Himalayas, there are a few supplies provided by the government."

One thing McGuiness found to his liking during his short stint in Sri Lanka was the less restricted medical climate.

"There is no malpractice, therefore, there is no fear," he said. "You work with one thing in mind: doing good." •

PHOTOS: PRISCILLA MAYNARD

M.D. = Male Doctors?

Crusader says 'glass ceiling' bars women's progress in medicine

By WENDY BROWN

"It is time to make medicine a 'bi-gender' profession—not only in body count, but also in spirit," said Lila Amdurska Wallis, M.D., F.A.C.P., a crusader for the rights of women physicians and patients.

Wallis, president of the American Medical Women's Association (AMWA), recently addressed a meeting of the Women Physicians' Association, the Buffalo chapter of the AMWA.

A clinical professor of medicine at Cornell University Medical College, Wallis also founded the National Council on Women in Medicine, an educational group focused upon the treatment of women patients.

Noting that for centuries medicine had been dominated by men, Wallis said that progress has been made, but women in medicine must still struggle to revise the system.

"Change it we must," she stressed. "There are many ills in the system which concern mainly us."

Women face difficulties when trying to become doctors and raise families at the same time. Commenting that there is no such thing as a "mommy track" in medicine, Wallis said that due to the demands of a medical program, it is nearly impossible for a woman planning a career in medicine to start a family before she is 30.

"There is no reason to listen nervously to the ticking of your biological clock," she told her audience. "You should be able to have it all and enjoy it all."

Wallis advocates the creation of day-care facilities attached to teaching hospitals, and believes that there should be time allowances for physicians, men and women, to spend with their families.

"They are cut off from normal family life," she said. "Human society creates physicians who become less than human beings."

Another symptom of the problems with the system, noted Wallis, is the fact that only four out of 11 medical students are women, and that it takes them twice as long to climb the academic ladder. Added to that is the actuality of women physicians who still earn only 60 percent of what their male counterparts take home in salary.

"It is wrong," she admonished, "when a women must be twice as smart and work twice as hard."

But work alone may not be enough to rise above the "glass ceiling," the phenomenon where one sees men being promoted while women, even those who are more competent, are left behind. "We only become aware of it when we bump our heads against it," said Wallis.

Striving for leadership is a hollow purpose without skills, Wallis said. She encouraged women physicians to attend workshops and conferences which develop skills in assertiveness in dealing with colleagues, patients, and the media.

Although these skills may help lead to empowerment, Wallis criticized the American Medical Association (AMA) for being reluctant to relinquish leadership positions to women and minorities, even though they make up the fastest growing section of the medical profession (now standing at 25 percent).

"We deplore the AMA's disinterest in women," she said. She maintains that the AMWA is not in competition with the American Medical Association and that their purposes are different. "We can live with the differences as long as we are strong."

However, of the 90,000 women physicians in America, only 12,000 are represented in Wallis' organization.

"We're growing," Wallis commented, "but not fast enough.

"This is not the time for queen bees, not the time for free riders. This is the time for all women doctors to hook together."

AMWA, under Wallis' leadership, has undertaken the mission of safeguarding and protecting the rights of women in medicine, both physician and patient. Lobbying in Washington on behalf of women physicians, the group has initiated educational programs to help women handle the problems of a career in medicine. (See related story.)

"We want to destroy the glass ceiling, let the fresh air in, and the sky will be the limit," Wallis said. •

Initiatives Aid Female Patients & Physicians

Lila Amdurska Wallis, M.D., F.A.C.P. looks forward to a day when medicine "will not be biased," but will accurately reflect the health needs of

ILLUSTRATION: DAN ZAKROCZEMSKI

women—patients as well as physicians.

In 1979, she founded the National Council on Women in Medicine, an educational group that tries to improve the treatment of women patients.

As an advocate of women's health, the council examines such problems as osteoporosis, premenstrual syndrome, and the comfort of patients during examinations.

One result was a movement to find a better way to teach breast and pelvic exams that would be more sensitive and dignified for the patient. This led Wallis to initiate the Teaching Associates Program at the New York Hospital-Cornell Medical Center. This program, which also covers examinations of the male genito-rectal area, is employed by 95 schools in the U.S. and Canada today.

Wallis, who is also president of the American Medical Women's Association (AMWA), recently addressed a meeting of the Women Physicians' Association, the Buffalo chapter of the AMWA. She commended the UB students for their efforts to educate area high school students on the hazards of smoking, which Wallis calls the "black plague."

Another problem we face today is the "white plague." That's how Wallis refers to osteoporosis, the abnormal weakened condition of bone affecting one in four women over the age of 65. It causes disability, deformity, and death. She stressed the importance of calcium intake and weight-bearing exercise in the prevention of the disease.

Under Wallis' leadership, the AMWA has embarked on an education campaign targeted at health care professionals and the public.

In addition to this, the organization has set up task forces on leadership training, smoking education, osteoporosis, and dependent care. •

— *By Wendy Brown*

Visitors Compare Med School Practices In Spain and U.S.

Tuition for medical school in Spain is about $500 a year, comparable to what an American might pay for a year of parochial grade school.

And admission to a Spanish medical school or university is based solely on the score one receives on a national test. If a medical school has 400 openings, the 400 applicants with the highest scores get in.

It takes six years to complete medical school in Spain, and there are no electives.

These are some of the differences that were discussed when two Spanish physicians visited the UB medical school in November as part of a tour of American universities sponsored by the U.S. Information Agency.

Eduardo Lopez de la Osa Gonzalez, a gynecologist, is the vice rector for foundations at the Complutense University of Madrid. Juan Lopez Arranz, a doctor of medicine and surgery, is rector of the University of Oviedo. (A rector is the highest authority in a university.)

Their group toured the United States to learn about American university administration. Under a law passed in 1983, Spain is changing from a highly centralized university system with a national curriculum and national degrees to a more decentralized system.

Students enter medical school at age 18 after finishing a combined high school-baccalaureate program. After six years of medical school, they receive their M.D.s at age 24. Like Americans, they then start a residency, which averages four years.

Some Spanish faculty members would like to compact the six years of medical school into five years, and students favor that plan, said Lopez de la Osa.

The problem, he explained, is that no department chairman feels the time spent teaching his own subject can be cut.

Also complicating attempts at change is a move toward standard accrediting procedures in Common Market countries. Along with this move, by 1992 a physician licensed in one Common Market country will automatically be licensed in the other countries.

Therefore, a proposal to compact medical school curriculum would need the agreement of the other European medical schools, said Lopez de la Osa.

He noted that the American system of medical education has some advantages over the Spanish system. The American system is more practical because it has a higher proportion of clinical work to classroom work.

There is also more flexibility in the curriculum. Students can choose courses that better prepare them for their final choice of specialty, he said.

A group in Spain is looking at a proposal to add electives to the medical school curriculum without changing the length of study.

Because there are no electives now, the Spanish medical students get a wider outlook on every field of medicine, Lopez de la Osa said, but he questioned whether that really is the best way to serve someone who has already decided to specialize in a certain field. •

Harrington Professor Chosen for Autumn

Alvan R. Feinstein, M.D., professor of medicine and epidemiology at Yale University School of Medicine, will deliver the Fall Harrington Lecture.

The event will be held at 4 p.m. Thursday, Oct. 18, in Butler Auditorium at UB.

Feinstein is a pioneer in the use of clinical epidemiology. The author of *Clinimetrics*, he asserts that much of medical research is inadequate because statistical studies of disease ignore distinctly human factors such as pain, suffering, and symptoms. •

PHOTO: ANTOINETTE MUCILLI

Anne Kelly, a second-year student, was one of four students who received a $500 First Honors Prize in UB's 1989 annual Student Research Forum held in December. Her work on arthroscopic surgery using a laser was conducted at the Hospital for Special Surgery in New York City. The other top winners were Hyunbo Shim, a second-year student; Mukesh Jain, a third-year student, and Gerard Dillon, a second-year student.

Events

Here are some post-graduate courses scheduled for 1990 which are accredited by the American Medical Association and the American Academy of Family Physicians.

June 28 to July 1 . . . . . .

The Amelia Island Plantation Pediatric Conference will be held from June 28 to July 1 at the Amelia Island Plantation, Amelia Island, Fla.

Elliot F. Ellis, professor of pediatrics at UB, is the chairman. The Nemours Children's Clinic in Jacksonville, Fla., is the sponsor.

The fee is $275 for physicians and $155 for other health professionals. For more information, contact Rayna Saville, coordinator of continuing medical education, 219 Bryant St., Buffalo, N.Y., 14222-2099, (716) 877-7965. •

July 13 to 15 . . . . . .

The 13th National Conference on Pediatric/Adult Allergy and Clinical Immunology will be held July 13 to 15 in the Four Seasons Hotel, Toronto. Elliott Middleton Jr., professor of medicine and pediatrics at UB, is the chairman. UB's Department of Medicine is the sponsor.

The fee is $275 for physicians and $155 for other health professionals. For more information, contact Rayna Saville, coordinator of medical continuing education, 219 Bryant St., Buffalo, N.Y., 14222-2099, (716) 877-7965. •

August 3 to 5 . . . . . .

The Cape Cod Conference on Pediatrics will be held Aug. 3 to 5 in the Tara Hyannis Hotel, Hyannis, Mass. Elliot F. Ellis, professor of pediatrics at UB, is the chairman. The Nemours Children's Clinic in Jacksonville, Fla., is the sponsor.

The fee is $275 for physicians and $155 for other health professionals. For more information, contact Rayna Saville, coordinator of continuing medical education, 219 Bryant St., Buffalo, N.Y., 14222-2099, (716) 877-7965.

August 20 to 24 . . . . . .

ISPNE

The scientific meeting of the International Society of Psychoneuroendocrinology will be held Aug. 20 to 24 in the Hyatt Regency Hotel, Buffalo. Uriel Halbreich, professor of psychiatry and research professor of gynecology and obstetrics at UB, is the chairman. The UB Department of Psychiatry is the sponsor.

For more information, contact Halbreich at 462 Grider St., K-Annex, Buffalo, N.Y. 14215, (716) 898-3036. •

Challenge

New center serves ever-

By MILT

A program to help workers who are burdened with caring for elderly parents or other relatives is one example of the direct research being conducted at UB's new Multidisciplinary Center on Aging.

(For details on the creation of the center, see story on page 26.)

Attracting the interest of local industries and lawmakers, the program for workers caring for elderly relatives has resulted in the establishment of an "Institute of Work/Family Fit." The state-supported institute was started by Gary Brice, an associate director of the center, and Robert Rice, Ph.D., a UB professor of psychology.

The major goal of the Multidisciplinary Center on Aging, aside from the center's own research projects, is to "stimulate a significant expansion of research relating to aging" on the part of investigators throughout the University, said Evan Calkins, M.D., UB professor of medicine and family medicine who is the director of the center.

Pointing out that virtually all segments of the University can become involved in gerontology research projects, Calkins views the need to solve problems relating to the nation's ever-growing population of elderly citizens as a "challenge for America."

The study of aging, he added, is an interdisciplinary field. A basic question for researchers, he pointed out, is: "What can be done to foster independence for the elderly?"

Researchers, he added, are needed to

Illustrations by Alan E. Cober

for America

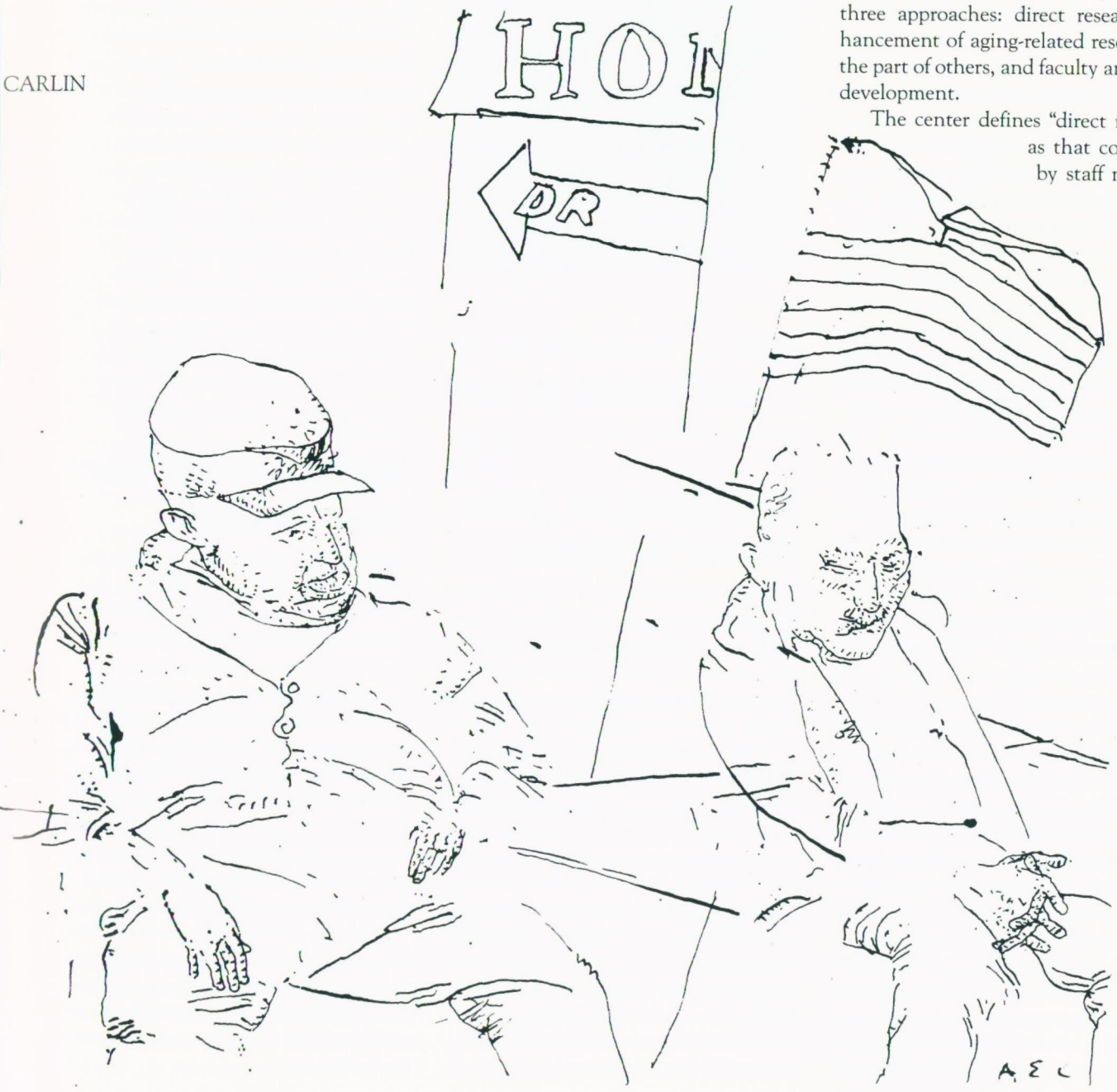
growing population of elderly

CARLIN

delve more deeply into such diverse subjects as retirement and Social Security policy issues; preventive medical care; design of roads, traffic signs and eyeglasses for elderly drivers; accident prevention on the road, at work and at home; housing design; nutrition; legal and ethical issues, and education.

In working toward its goals of enhancing the depth and quality of gerontology research at UB, the new Multidisciplinary Center on Aging takes three approaches: direct research, enhancement of aging-related research on the part of others, and faculty and career development.

The center defines "direct research" as that conducted by staff members of the



center and by faculty closely associated with it. Other examples of direct research include:

- A study of physician practice patterns in New York State nursing homes and their impact on quality of care, being conducted by Jurgis Karuza, Ph.D., assistant professor of medicine and an associate director of the center, and Paul R. Katz, M.D., a staff member of the Buffalo VA Medical Center and an assistant professor of medicine at UB.
- A study of nursing home patients' attitudes toward quality of life and life-sustaining treatment, and how their opinions correlate with those of their families and physicians, also by Karuza and Katz.
- Studies of muscle function in elderly persons, especially those with osteoarthritis. Investigators are Calkins, David Pendergast, Ed.D., UB professor of physiology, and Glen Gresham, M.D., chair of rehabilitation medicine at UB.
- A research program, supported by the New York State Department of Aging and other agencies, to identify patterns of social and health support being received by minority elderly and to project future requirements. Investigators are Arthur G. Cryns, Ph.D., professor of social work, and Kevin M. Gorey, UB research scientists.
- A study of the effect of anesthesia on the cognitive ability of elderly persons, funded by the National Institutes of Health. Investigators are Cryns and Marion Goldstein, M.D., an associate professor of psychiatry at UB and a staff member at the Erie County Medical Center.

As part of its work in faculty and career development, the center conducts a series of workshops on current developments in gerontology for faculty and graduate students. There is also a program of summer research fellowships for

graduate and undergraduate students who want to develop pilot gerontology research projects. •

New Center on Aging Formed by Merger

UB, a pacesetter in the field of gerontology, has decied that one center for dealing with issues related to aging is better than two.

The new Multidisciplinary Center on Aging has been formed by the merger of UB's Multidisciplinary Center for the Study of Aging and the Western New York Geriatric Education Center.

The basic mission of the new center is to enhance the depth and quality of gerontology research at UB. It receives federal, state and University funding.

Continuing as a separate component of the new center is the Western New York Geriatric Education Center, which was founded in 1982 to provide training in geriatrics and gerontology to individuals involved in education.

The former Multidisciplinary Center for the Study of Aging was established at UB in 1973 as a resource for gerontology research throughout SUNY.

The new center also houses the Network in Aging of Western New York, Inc. The network is a community-based organization providing a framework for educational institutions, elderly consumers, students and providers of health and social services for the elderly.

Serving as director of the new center is Evan Calkins, M.D., professor of medicine and family medicine. Calkins continues as director of the Western New York Geriatric Education Center.

John N. Feather, Ph.D., a research assistant professor of medicine, is associate director and administrator of the new center, headquartered in Beck Hall on the UB South (Main Street) Campus. He also is co-director of the geriatric education center. •

Alzheimer's May Lower Blood Pressure

Alzheimer's disease may have effects beyond alterations in an individual's cognition and behavior, ac cording to a study in the Division of Geriatrics/Gerontology at UB.

A review of medical records showed a similar prevalence of hypertension in the past in a group of women with Alzheimer's disease and a dementia-free control group. Researchers found, however, that more Alzheimer's disease patients with past hypertension later became normotensive (5 of 7) than did dementia-free patients (1 of 12).

Although lacking an explanation, they discounted medications and changes in risk factors for hypertension as accounting for the resolution of high blood pressure in the women who became normotensive. •

Scholarships Attract Top Students to UB

The ability to attract top-notch students is one of the greatest benefits of private giving to the University at Buffalo.

Maximo Lockward, a third-year medical student, is one of the many outstanding students who, over the years, has benefitted from the Dr. Mark W. and Beulah M. Welch Scholarship Fund.

"It is a great honor to be chosen for an award," said Lockward, who was raised in Puerto Rico and graduated from Louisiana State University with a 4.0 average. "It makes you feel good to realize that people recognize and appreciate your achievements and consider them important.

"Financially, a scholarship award helps a lot with the expenses. As a medical student, there is little free time to make extra money."

Although Lockward was accepted to other schools, he said he chose UB because the other schools didn't offer scholarships.

"Academically, it's an incentive for excellence," Lockward added.

Faith Grietzer, a native of Binghamton and a graduate of Cornell, is another third-year student who benefitted from the Welch scholarship fund. The scholarship has helped provide the basics—books, food and rent.

"My father is deceased and my mother is a housewife with six children, so I'm trying to put myself through school," she said.

"I chose UB because it's a good school and the price is right. Some of my friends are starting out $150,000 in debt. I am getting a quality education for much less, and with the extra help of a scholarship."

PHOTO: DOUG LEVERE

Mark Welch '15

Mark Welch M'15 Dies; Was UB Benefactor

Mark W. Welch, M.D., Class of 1915, one of the oldest alumni of the UB medical school and one of its most generous benefactors, died in Rochester, N.Y., on Jan. 25, just 13 days shy of his 100th birthday.

A memorial service was held Feb. 7, the date of his birth, in the church he built and endowed, St. Mark's in Kendall, N.Y.

Dr. Welch's life exemplified and personified the full meaning of the word philanthropy — the love of mankind. He contributed generously not only to UB, but to many other universities, hospitals, and churches.

Many UB medical students have already benefited from the Dr. Mark W. and Beulah M. Welch Scholarship Fund established in 1975. (A story on two of those students, prepared before the editors received word of Dr. Welch's death, precedes this article.)

Over the years, his contributions to this fund have totaled nearly $500,000. In addition, Dr. Welch made a bequest in his will that nine percent of his estate go to the University at Buffalo Foundation for the fund.

In 1988, the University honored Dr. Welch for his generosity by naming him the 39th recipient of the Samuel Capen Alumni Award, the Alumni Association's highest honor.

He was born in West Bloomfield, N.Y., and Dr. Welch's family wanted him to become a priest. But he said he always knew he wanted to become a doctor and entered the UB medical school in 1911.

As a student, Dr. Welch helped instruct other anatomy students in the dissecting room.

"It was very unusual to have a student teaching," he noted in an interview in the *Buffalo Physician and Biomedical Scientist* in 1987. "But I was a damn good student. I knew anatomy and they knew I knew it."

Upon completion of a one-year internship at Sisters of Charity Hospital in Buffalo in 1916, Dr. Welch decided to start his own practice in Endicott, N.Y., a city of 10,000 residents about 10 miles west of Binghamton.

Dr. Welch often performed surgery in the homes of his patients, using ether in the homes lit with electricity, and using the less-volatile chloroform in the homes lit with gas lamps.

Although it was a small town, several substantial manufacturing companies were located in Endicott, including one that would later be renamed International Business Machines Corp. In 1925 he started working part time as company physician for IBM at a salary of $3 a month. After 10 years, he was named the company's medical director and remained in that position for 30 years, working there part time while continuing his private practice. He retired from IBM in 1955.

In 1957, Dr. Welch closed his private practice and traveled extensively with his wife Beulah for two years in Europe, Asia and Africa. The couple had no children.

Dr. Welch remained active, walking nearly four miles each day, until his recent illness.

Gifts in memory of Dr. Welch can be made to the University at Buffalo Foundation. •

Spring Clinical Day to Focus on Change

"The Changing Aspects of Medical Practice" will be the theme of this year's Spring Clinical Day and Reunion Weekend. The event starts off with a cocktail party Friday evening, April 27. Spring Clinical Day will be held Saturday, April 28.

The keynote speaker will be Arnold S. Relman, M.D., editor of the *New England Journal of Medicine*, who will address "The Changing Climate of Medical Practice and the Choices Physicians Face."

Other topics and speakers are:

• "Managed Care: The Group Practice Perspective with a Note on Medical Education" will be discussed by Edward Marine, M.D. He is the medical director of Health Care Plan in Buffalo.

• "Medical Malpractice 1990: Scope, Causes of Injury and Potential Solutions" will be discussed by Donald W. Aaronson, M.D. A clinical assistant professor of internal medicine at the University of Illinois College of Medicine, he is editor of *Medical Malpractice Prevention*.

• "Ethical Considerations" will be discussed by Robert L. Dickman, M.D. He is director of the Department of Family Medicine at the Mt. Sinai Medical Center in Cleveland, Ohio.

• "The Future of Physician Discipline in New York State" will be discussed by Peter Millock, general counsel with the New York State Department of Health. •

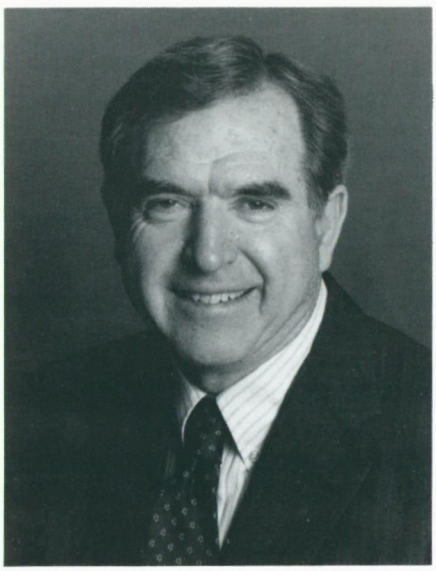


PHOTO: SUSAN LAPIDES

Arnold S. Relman, M.D.

Deadline Approaches For Award Nominations

The deadline is fast approaching for nominations for the second annual Distinguished Medical Alumnus/a Award. Names must be in by June 1.

A postcard for nominations is provided at the front of the magazine.

The award is presented to a graduate of the UB medical school who has distinguished himself or herself nationally or internationally in the eyes of his or her peers and has made an outstanding contribution to medicine, the arts, or humanity during his or her career.

The selection will be made during the summer and the award will be presented in the fall at a special dinner.

The 1989 winner was George W. Thorn, M.D., a medical pioneer whose achievements as clinician, scientist and teacher have spanned 60 years. •

James Platt White Society Hears Program on Geriatrics

Geriatrics was the subject of a program presented to the members of the James Platt White Society at their fourth annual meeting.

Held Oct. 20 in the Lippschutz Room of the UB medical school, the program involved both the clinical and basic science faculty. It touched on the topics of geriatric education and research at UB, the biology of aging, how the medical specialties relate to geriatrics, and a young physician's perspective on geriatrics.

The program was spearheaded by Evan Calkins, M.D., UB professor of medicine and family medicine who is director of the Multidisciplinary Center on Aging, and Harold Brody, M.D., chairman of anatomical sciences.

A cocktail reception was held in the home of UB President Steven B. Sample, followed by dinner at the Country Club of Buffalo.

The 65 members who attended each received a pewter Jeffersonian cup as a memento of the day and in appreciation for their support of the school.

The James Platt White Society is composed of individuals who have contributed $1,000 or more annually to the school. The current members are:

Dr. Bruce Abramowitz
Dr. Carlos C. Alden Jr.
Dr. Kenneth M. Alford
Dr. William S. Andaloro
Dr. George Baeumler
Dr. Eugene L. Beltrami
Dr. Richard A. Berkson
Dr. Willard H. Bernhoft
Dr. Theodore S. Bistany
Ms. Anna Bleich

Dr. Willard H. Boardman
Dr. Harold Brody
Dr. August A. Bruno
Dr. Elaine M. Bukowski
Dr. John L. Butsch
Dr. Nicholas J. Capuana
Dr. Joseph A. Chazan
Dr. James Cole
Dr. Joseph D. Concannon
Dr. Julia M. Cullen
Dr. Daniel E. Curtin
Dr. Sterling M. Doubrava
Dr. Ronald Dozoretz
Dr. William Dugan
Dr. Robert Einhorn
Dr. George M. Ellis
Dr. Daniel Fahey and Dr. Maria Runfola
Dr. Donald M. Fisher
Dr. Grant T. Fisher
Dr. Thomas Frawley
Dr. and Mrs. Kenneth L. Gayles
Dr. Penny A. Gardner
Dr. Matt Gajewski
Dr. John W. Gibbs Jr.
Dr. Seymour D. Grauer
Dr. Wilson Greatbatch
Dr. Mala R. Gupta
Dr. Thomas J. Guttuso
Dr. Eugene J. Hanavan Jr.
Mr. and Mrs. Edward A. Hansen
Dr. and Mrs. Gerald J. Hardner
Dr. and Mrs. Kenneth L. Jewel
Dr. Stephen T. Joyce
Dr. James R. Kanski Jr.
Mrs. Sidney R. Kennedy Jr.
Dr. Israel Kogan
Dr. Daniel C. Kozera
Dr. Marvin Z. Kurlan
Dr. Richard A. Leone
Dr. Eugene V. Leslie
Dr. Richard Levine
Dr. Harold J. Levy
Dr. Milford C. Maloney
Dr. Don L. Maunz
Dr. Harry L. Metcalf
Mrs. Constance Plummer Miller
Dr. Merrill L. Miller
Dr. Eugene R. Mindell
Dr. Joseph F. Monte
Dr. John D. Mountain
Dr. Arthur W. Mruczek
Dr. Richard J. Nagel
Dr. and Mrs. John Naughton
Dr. Masao Nakandakari
Dr. Richard B. Narins
Dr. Charles Natalizio
Dr. Timothy Nostrant
Dr. Benjamin E. Obletz
Dr. Charles O'Brien
Dr. Elizabeth P. Olmsted
Dr. John S. Parker
Dr. Robert J. Patterson
Mrs. Patricia Patterson
Dr. Clayton A. Peimer
Dr. James F. Phillips
Dr. David E. Pittman
Dr. Frank Riforgiato
Dr. Richard Romanowski
Dr. Albert G. Rowe
Mr. and Mrs. James Samotowka
Ms. Thelma Sanes
Dr. Joseph I. Schultz
Dr. Roy E. Seibel
Dr. Elizabeth G. Serrage
Dr. Arthur C. Sgalia
Dr. John B. Sheffer
Dr. John E. Shields
Ms. Alice Simpson
Dr. James K. Smolev
Dr. John J. Squadrito
Dr. Eugene M. Sullivan Jr.
Dr. Michael Taxier
Dr. Henry A. Teloh
Dr. Raymond C. Thweatt
Dr. Charles S. Tirone
Dr. Hazel Trefts
Dr. Russell J. Van Coervering II
Mrs. Victoria Van Coervering
Dr. Barbara Von Schmidt
Dr. Franklin E. Waters
Dr. Pierce Weinstein
Dr. Mark W. Welch
Dr. Philip B. Wels
Mrs. Harriet E. Wesp
Dr. Paul H. Wierzbieniec
Dr. Gary J. Wilcox
Dr. James S. Williams
Dr. Stephen A. Yerkovich
Dr. Franklin Zeplowitz
Dr. and Mrs. David Ziegler

The James Platt White Society hears a presentation on geriatrics.

Make Research, Not War

Guiseppe Andres reflects on social issues and his 20-year Buffalo career

With the technology we have today, many of the world's problems could be solved if money wasn't wasted on weapons, said Guiseppe A. Andres, M.D., a professor of microbiology, pathology and medicine at UB.

Andres, 66, a leading researcher in kidney disease, was honored for his lifetime research and teaching achievements at a symposium in November at Buffalo General Hospital. He's leaving Buffalo, but emphasized that he's not retiring intellectually.

"I don't know fishing," Andres said. "I only know how to do my work."

Although Andres doesn't like to talk about himself, he becomes animated when the topic turns to the issue of funding for science. Andres for many years was a consultant to the study section which analyzed and funded research in immunology and immunopathology at the National Institutes of Health.

"The total budget of the National Institutes of Health is $7.7 billion for all the medical research in the country," he pointed out.

"Consider that one of the stupid B-2 airplanes (stealth bombers) costs $600 million, and we don't even know if they will be useful. $600 million is the total budget of one of the institutes of the NIH.

"We are at a period now where new tools are available for research, so the limitation is just the limitation of money—so much money is wasted on weapons. We know that with the technology today, if the money was used for medical programs, problems would be solved, especially in the Third World."

The lack of money makes life difficult for Ph.D.s because they're finished if their grants aren't funded.

"How can you convince a young student of medicine to go into research?" Andres asked. "I think students should be more involved politically and the voice of the scientists should be louder."

Andres, who came to the United States from Italy, added that scientists "should convince the public that biomedical research is very important, especially in this country, because we foreigners came to love and admire the United States because of its leadership in science.

"If the trend is not corrected, at a certain point, Europe and Japan will take over the role that the United States has had in the past."

The recent warming of relations between east and west makes this an exciting time.

"It is true that in the last 40 years we've had peace. But those 40 years of peace were built on a balance of terror," Andres said. "If it will be possible to maintain peace without this balance of terror, so many others things could be done."

The symposium at which Andres was honored was sponsored by Buffalo General Hospital, the hospital's medical staff, and the UB medical school.

The symposium presented research on immunological-mediated diseases, particularly as they affect the kidney. The keynote speaker was Robert T. McCluskey, M.D., an internationally recognized expert on immune complex disease. He is the Benjamin Castleman Professor of Pathology at Harvard Medical School and chief of the Department of Pathology at Massachusetts General Hospital.

McCluskey was professor and chairman of the Department of Pathology at UB in 1970 when he and Felix Milgrom, now distinguished professor of microbiology at UB, convinced Andres to come to Buffalo.

"At the beginning of the '70s, Buffalo was probably one of the strongest centers for immunology," Andres said.

He ticked off a long list of notables who were in the department, including Thomas B. Tomasi, now director of Roswell Park Cancer Institute, who described IgA, the body's first line of defense; the late Ernest Witebsky, the internationally known immunologist who did research in blood groups, and Noel Rose, who, with Witebsky, described thyroiditis caused by an immunological mechanism.

"For me, it was a very good, very interesting experience to work in Buffalo," Andres said. "It was possible to do research on a national and internation-

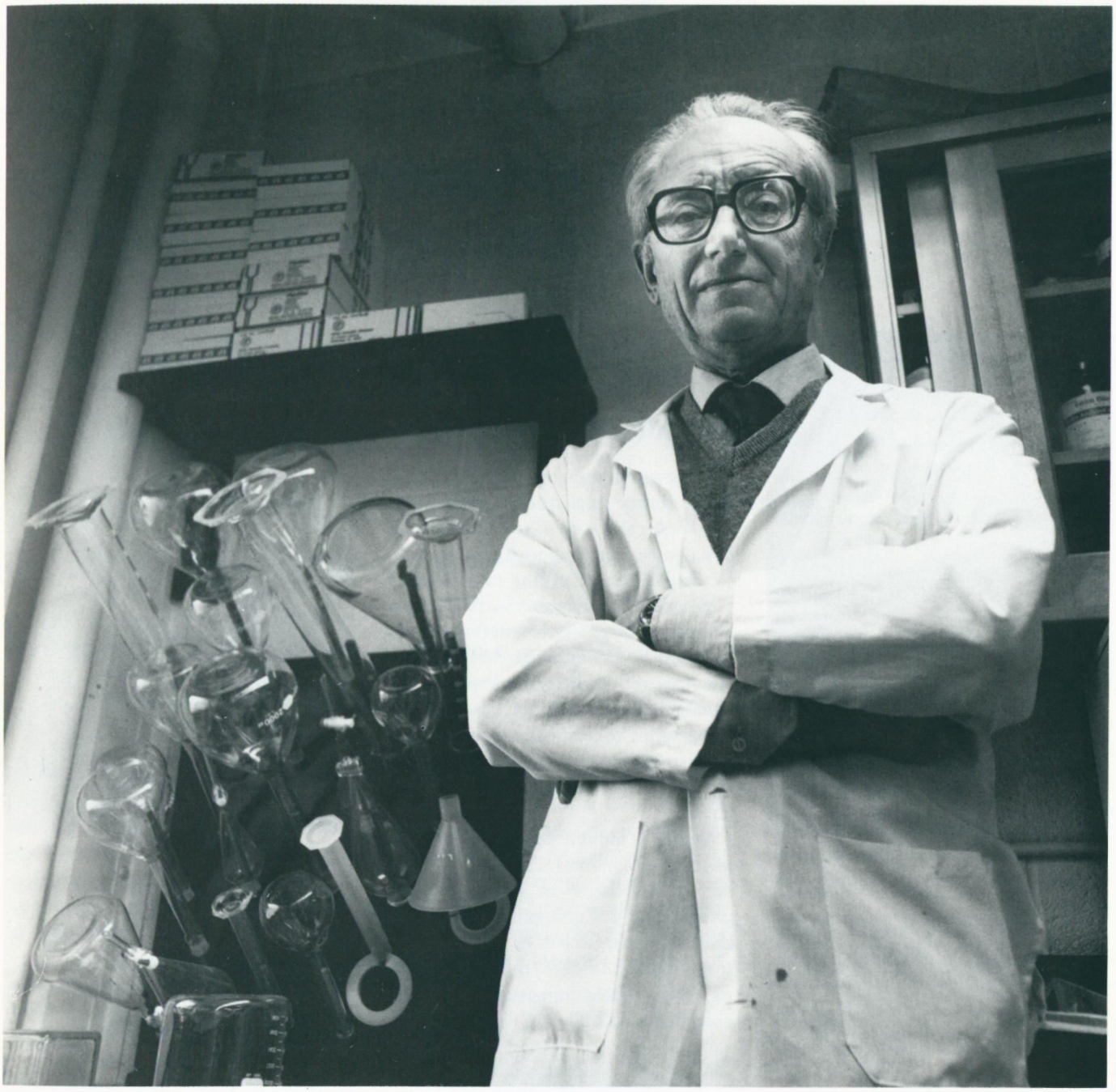


PHOTO: ROBERT WALION

Guiseppe A. Andres, M.D.

al level."

Andres directed the Renal Research Laboratory at Buffalo General Hospital from 1973 to 1988. For 10 years, it was designated by the World Health Organization as a diagnostic, reference, and training laboratory for the immunopathology of renal disease.

Buffalo General Hospital is a great asset because the renal laboratory has a group of very well trained technicians, he noted.

Andres and his colleagues studied many aspects of kidney disease, including how immune complexes produce damage to the kidneys. They also wrote the first description of a rare condition that can affect patients who receive kidney transplants.

When an infection strikes, he explained, antigens are released into the circulation. To defend against the antigens, antibodies are formed.

But sometimes antibodies turn traitor and attack the body. Some patients who receive kidney transplants develop an inflammatory condition called tubulointerstitial nephritis. In 1973, Andres and his collaborators found this can be caused by antibodies reacting with the basement membrane of a structure in the kidney called the proximal convoluted tubules.

"This is interesting because usually patients develop antibodies to the basement membranes of glomeruli (the filters in the kidney), not of the tubules," Andres explained. "This was the first description of what turned out to be a very rare disease."

It was later found that some individuals who haven't had kidney transplants can also develop this condition, he added.

The work was done with John Klassen, M.D. who was a fellow in the depart-

ment and is now at the University of Calgary; Felix Milgrom, M.D., distinguished professor of microbiology at UB; the late Charles Elwood, M.D. who was a nephrologist at Buffalo General Hospital; renal transplant surgeons Roland Anthone, M.D., and Sidney Anthone, M.D., both clinical professors of surgery; Kyochi Kano, M.D., now professor of immunology at Tokyo University; A.B. Menno, M.D., clinical assistant professor of surgery, and Marion Sepulveda, who was the laboratory supervisor at Buffalo General Hospital.

At the Buffalo General laboratory, which serves as a diagnostic and reference laboratory for all of the nephrologists in Buffalo, Andres splits his time between diagnostic work and research.

"I think I got the most pleasure in clinical activity—having the impression your work made a difference helping a patient," he said.

"If you compare the kick you may get out of one of the four branches of academic life—patient care, administrative work, research or teaching—I think there is no question in my mind that the clinical activity is best, probably because I was trained as a physician."

After receiving his medical degree in his native Italy in 1949, Andres worked in the Department of Infectious Diseases at the University of Pisa.

For several years he conducted kidney research at Columbia University, and was a research fellow at the Karolinska Institute in Stockholm. He worked with Thomas E. Starzl, M.D., the renowned transplant surgeon, in Denver.

In 1982, he received UB's Stockton Kimball Award for outstanding teaching, research and service.

He has published widely, both in Italian and English, on clinical immunology, human and experimental immunopathology, and kidney transplantation. •

Panel Recommends Combined Treatment for Destructive Behavior

A combination of treatments rather than a single therapy is the most effective way to treat destructive behaviors in persons with developmental disabilities, according to a panel of medical experts convened by the National Institutes of Health (NIH).

Robert E. Cooke, M.D., UB professor emeritus of pediatrics, was on the 14-member panel of the Consensus Development Conference on the Treatment of Destructive Behaviors in Persons with Developmental Disabilities held in September.

Nearly 4 million people in the U.S. have developmental disabilities such as mental retardation or autism, and approximately 160,000 exhibit behaviors that injure themselves or others or destroy property. In 1988, the cost of treatment of these destructive behaviors exceeded $3.5 billion.

Robert E. Cooke, M.D.

Many of these self-injurious behaviors, such as head banging, face slapping, eye poking, ruminative vomiting, and swallowing harmful substances, can be life threatening.

The two most frequently employed treatment approaches are behavioral — using a system of reward or punishment—and drug therapy.

While the panel did not rule out the use of any therapy, including some controversial punishment techniques, it strongly cautioned that such treatments designed to rapidly reduce destructive behaviors should be used only in a comprehensive and individualized program and only after appropriate review.

The panel also said the prevalence of drug treatment is disturbingly high and lacks robust scientific validation. The panel recommended that the use of drugs should be limited to persons with identified psychiatric syndromes or used to facilitate behavioral, educational, or other therapies.

Despite their widespread use, there has been relatively little scientific research on the effectiveness of any of these methods. The panel called for additional research on treatments, as well as basic research into the cause of the behaviors.

Louis Bakay, M.D., professor emeritus in neurosurgery, received a Distinguished Alumnus Award from Harvard Medical School and Massachusetts General Hospital for his pioneering work on blood-brain barrier studies and his elucidation of the pathophysiology of brain injury. •

Evan Calkins, M.D., professor and head of the Division of Geriatrics/Gerontology at UB, has been elected to the Johns Hopkins Society of Scholars.

Calkins did his internship in medicine at Johns Hopkins Hospital in 1945-46

Lauracinnie D. Jenkins, M.D.

and was an assistant resident in medicine there from 1948-50.

Chief of the Gerontology Section at the Buffalo VA Medical Center, Calkins is director of the Multidisciplinary Center on Aging at UB.

A master of the American College of Physicians, he recently received the Walter Beattie Award of the New York State Society of Gerontologic Educators and the Walter Cooke Award, presented by the UB Alumni Association. He recently completed a three-year term as a member of the National Advisory Council on Aging and is chair-elect of the Clinical Medicine Section of the Gerontological Society of America. •

Richard W. Erbe, M.D. has been appointed professor of pediatrics at UB and director of the Division of Human Genetics at the Children's Hospital of Buffalo. Erbe was associate professor of genetics at Harvard Medical School and served as chief of the Genetics Unit and pediatrician at Massachusetts General Hospital, as well as director of the Genetics Division at the Shriver Center in Waltham, Mass. •

Shepard Goldberg, Ph.D., clinical assistant professor of psychiatry at UB, is president-elect of the American Association of Psychiatric Services for Children. He is executive director of the Child and Adolescent Psychiatric Clinic. •

Lauracinnie D. Jenkins, M.D., clinical assistant professor of family medicine at UB and medical director at the Deaconess Family Medicine Center, was honored at the 17th annual Black Achievers in Industry awards dinner. •

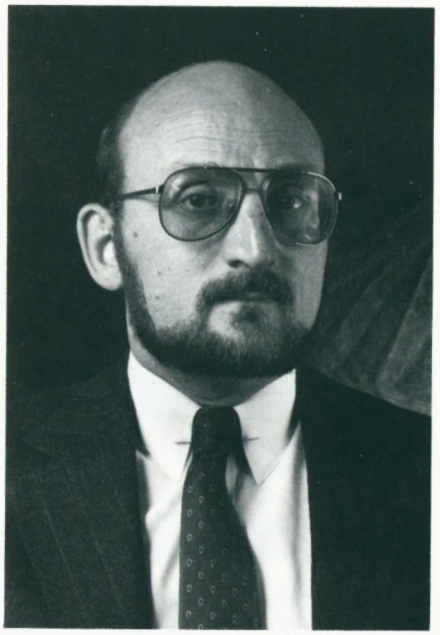
Daniel M. Green, M.D., associate professor of pediatrics at UB, has been appointed to the scientific committee of the International Society of Pediatric Oncology. A cancer research pediatrician at Roswell Park Cancer Institute, Green is an international authority on the late effects of cancer therapy in children. •

Emanuel Lebenthal, M.D., professor of pediatrics at UB, has received a prestigious 1989 UNICEF Quality of Life Award. He was honored for his lifetime commitment to improving the quality of life of children world-wide and his research in chronic diarrhea and malnutrition in infants and young children.

Chief of gastroenterology and nutrition at Children's Hospital of Buffalo, he is director of its International Institute of Infant Nutrition and Gastrointestinal Disease. •

Philip T. LoVerde, Ph.D., professor of microbiology at UB, has received the 1989 Henry Baldwin Ward Medal, the highest award presented by the American Society of Parasitologists.

LoVerde, also a professor of pathology at UB, has distinguished himself in the field of research focusing on blood flukes



Philip T. LoVerdi

called schistosomes.

He currently is involved in studies aimed at developing a vaccine that would prevent schistosomiasis, a chronic, debilitating and often fatal ailment caused by the parasites. Especially in the Third World, the disease is a major public health problem. •

John Marzo, M.D., clinical assistant instructor in orthopaedic surgery, was honored by the Western New York Chapter of the American College of Surgeons for his essay related to his study on neck injuries in football players.

James P. Nolan, M.D., chair of the Department of Medicine, has been elected to the Board of Regents of the American College of Physicians. From 1985-1989 he served as governor of the college's New York State Chapter and in 1988 was named its national "Governor of the Year." Nolan is also director of the department of medicine at the Erie County Medical Center.

Milford C. Maloney '53

1930's

Arthur W. Strom (M'32) • was elected laureate of the Michigan Chapter of the American College of Physicians in 1988.

David H. Weintraub (M'37) • received the Teacher of the Year Award 1988-1989, presented by the Department of Pediatrics at St. Luke's Hospital, Cleveland, Ohio. Dr. Weintraub is an assistant professor emeritus at Case Western Reserve University Medical School.

1940's

Theodore W. Koss (M'41) • of Smithville, Tenn., has retired from the practice of medicine.

Vincent J. Parlante (M'42) • retired from the practice of medicine in 1988. Dr. Parlante lives in Hillsboro, Ill.

Thomas F. Frawley (M'44) • was one of five notable graduates to receive the Distinguished Alumni Award presented by the University at Buffalo Alumni Association at its 50th annual banquet in June. Dr. Frawley is chairman of the Department of Graduate Medical Education at St. John's Mercy Medical Center in St. Louis, Mo.

Steven G. Cline (M'47) • of Atlanta, Ga., writes, "I recently retired from radiology. I am now pursuing a new career as a certified financial planner."

1950's

James A. Curtin (M'50) • was elected to the Board of Regents of the American College of Physicians and is continuing as chairman of the Department of Medicine at Washington Hospital Center, Washington, D.C.

Roy J. Thurn (M'52) • was recently promoted to clinical associate professor of Family Practice at the University of Minnesota, Maplewood.

Milford C. Maloney (M'53) • is president-elect of the American Society of Internal Medicine. Dr. Maloney is a past president of the New York State Society of Internal Medicine, the Western New York Society of Internal Medicine, the Medical Society of the County of Erie, the Heart Association of Western New York and the UB Medical Alumni Association. He subspecializes in cardiology in his solo practice in Buffalo.

William J. Sullivan (M'55) • of Los Angeles is a diplomate of the American Board of Psychiatry and Neurology. He is certified in psychiatry and psychoanalysis and is now specializing in forensic psychiatry.

Eric Reeber (M'56) • of Bagley, Minn., has been re-elected to a third term as trustee of the Minnesota Medical Association. Dr. Reeber is a past president of the Headwaters Medical Society.

Jerome P. Kassirer (M'57) • received a Distinguished Teacher Award for excellence in clinical teaching from Alpha Omega Alpha in conjunction with the Association of American Medical Colleges. He was also honored by his colleagues for his 30 years of outstanding service to the Division of Nephrology of the New England Medical Center. Kassirer is the Sara Murray Jordan Professor of Medicine at Tufts University School of Medicine.

1960's

Morton E. Weichsel (M'62) • was recently appointed director of Quality Assurance and Utilization Review in medical management of the Martin Luther King Jr. Medical Center, Los Angeles. He has also been appointed professor of pediatrics and neurology at the UCLA School of Medicine and the King/Drew Medical Center.

Marvin Z. Kurlan (M'64) • has been appointed a deputy director general of the International Biographical Center of Cambridge, England. He will assist in the planning and running of the international congresses of the IBC held in major world cities. Dr. Kurlan is a governor of the American Biographical Institute and is the recipient of its World Decoration of Excellence Medallion. Dr. Kurlan is president of the Buffalo Surgical Society and was elected to lifetime membership in the Leadership Society of the American College of Surgeons and inclusion in *The Directory of Medical Specialists*, *Who's Who in America*, *5,000 Personalities of the World*, *Men of Achievement*, *Dictionary of International Biography*, and *The First Five Hundred*.

Marvin Z. Kurlan '64

Jerome S. Litvinoff (M'65) • has a neurosurgical practice in San Diego, Calif., and is chairman of the Department of Surgery at Scripps Memorial Hospital in Chula Vista, Calif.

Irving S. Kolin (M'65) • has been appointed medical director of Glenbeigh Hospital-Orlando, a private psychiatric hospital specializing in the treatment of eating disorders, substance abuse and related psychiatric disorders in adolescents and adults. Dr. Kolin is a founding member of the American Academy of Psychiatrists in Alcoholism and Addiction. He was in the first group of physicians to achieve certification by the American Medical Society for Alcoholism and Other Addictions.

1970's

Kenneth Solomon (M'71) • was recently appointed associate professor of the division of geriatric psychiatry, Department of Psychiatry and Human Behavior at St. Louis University School of Medicine. He

received a Presidential Citation from the Maryland Occupational Therapy Association and is an honorary member of the State Psychiatric Society of Minas Gerais, Brazil.

John W. Zamarra (M'72) • has been elected to fellowship in the American College of Cardiology. He is currently in private cardiology practice in Brea, Calif.

Arthur W. Mruczek Sr. (M'73) • has been appointed director of the contact lens service at the Erie County Medical Center, where he is a staff ophthalmologist. He practices medicine with a subspecialty in contact lenses and eye surgery in Medina, N.Y.

Eric J. Russell (M'74) • was recently named to the editorial board of the journal *Radiology*. Dr. Russell is currently an associate professor of radiology at Northwestern University Medical School. He and his wife, Sandra, have two daughters, Gabrielle, 7, and Meredith, 2.

Dennis C. Whitehead (M'75) • was elected to the position of vice-speaker of the council of the American College of Emergency Physicians. He is an emergency physician at Dickinson County Memorial Hospital, Iron Mountain, Mich., and is an associate clinical professor at Michigan State University, Lansing.

Bruce M. Benerofe (M'79) • writes "I am happy to announce my marriage to **Barbara Lipton (M'81)** on Sept. 17, 1989. Barbara is practicing cardiology in New York City and I am practicing ophthalmology in New Jersey."

Margaret J. Graf (M'79) • informs us that she married Alan S. Berkeley, M.D. in 1984 and their daughter Sara was born in 1986. Dr. Graf is an assistant professor of OB/GYN at New York Hospital - Cornell Medical Center.

Jill D. Joyce (M'79) • writes, "I delivered my second daughter, Kelly Samantha, in 5/89. First daughter, Victoria Lynn, born 12/87." Dr. Joyce is currently a staff psychiatrist at Mt. Vernon Community Mental Health Center, Alexandria, Va.

1980's

Edward J. Rockwood (M'80) • is a glaucoma specialist at the Cleveland Clinic, Department of Ophthalmology.

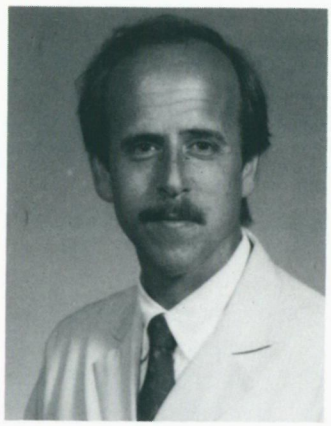
Richard Roy (M'80) • was inducted into the American College of Surgeons in October. Dr. Roy is in group practice of urology in Detroit, Mich.

George Foltin (M'81) • is director of Pediatric Emergency Service at Bellevue Hospital, New York City. Dr. Foltin married Jessica Cooper of Providence, R.I. and is living in Riverdale, N.Y.

Daniel P. Schaefer (M'81) • presented a paper on "The Acute Management of Eyelid Lacerations" at the fourth annual National Eye Trauma Symposium held in Philadelphia.

John A. Feldenzer (M'83) • writes, "Karen, the kids and I have moved to Virginia. I've begun a private practice of neurosurgery."

Mark C. Steckel (M'84) • writes, "I completed a fellowship in pediatric ophthalmology and strabismus at Columbia-Presbyterian Medical Center and have joined an ophthalmology practice at 4699 Main St., Bridgeport, Conn. We also just moved to 27 Buena Vista Drive, Westport, Conn."



Eric J. Russel '74

Blackford Middleton (M'85) • writes, "**Jon and Niki Wardner (M'85)** visited while on a Western vacation. Enjoyed Wynton Marsalis in the Frost Amphitheater at Stanford under the hot sun!"

Lynda Stidham (M'85) • of Glenwood, N.Y., writes that she finished residency at Children's in 1988 and is now enjoying life in a rural pediatric practice.

Lance A. Besner (M'86) • is now chief resident of psychiatry at the Erie County Medical Center. He was married in April to Luisa Marengo.

Michael J. Horan (M'86) • announces the opening of a new practice in pediatrics with **Jean Marfurt (M'86)**. Their new office, Suburban Pediatrics, is located at 1630 Maple Rd., Williamsville, N.Y.

Bryon E. Labrenz (M'86) • has finished his family practice residency and is now employed in a new family practice residency program at St. Francis Hospital in Poughkeepsie, N.Y.

Nilda E. Salaman-Dennis (M'86) • has finished a junior fellowship in kidney transplantation at Washington Hospital Center. "I'm starting anesthesiology — plan for critical care. Wise switch! Happily married!"

John F. Centonze (M'87) • writes, "I am currently a general medical officer on board the U.S.S. Iwo Jima. I have been preselected to begin residency in otolaryngology-head and neck surgery in July 1990 (**Jennifer Cadiz**, please write!)."

Mary C. Davitt (M'88) and **Mitchell E. Tublin (M'88)** • were married August 12, 1989, in Albany, N.Y. "Many of our friends from the University at Buffalo Medical School were able to join us in the celebration. We are now living in Pittsburgh."

Charles Everett and **Sandra (Frederickson) Everett (M'88)** • proudly announce the birth of their son, Kristian, on July 15, 1989.

Deaths

Winfield L. Butsch (M'30) • a surgeon in Buffalo for many years, died Oct. 24, 1989. Dr. Butsch was an avid mountain climber who ascended to Mount Everest's first-level base camp when he was 68 years old. The W.L. Butsch Surgical Lecture Fund has been established in his memory through the UB Foundation.

James W. Weigel (M'51) • of Columbia, Mo., died on Oct. 11, 1989. Dr. Weigel had a private family practice in New Jersey for 20 years before moving to Columbia where he worked at the University of Missouri-Columbia Student Health Center until his retirement.

Researchers Find Possible Key to Malignancy

Researchers at Roswell Park Cancer Institute believe they may have zeroed in on the process that makes a cell malignant.

"To place our findings in perspective and to paraphrase Churchill, in terms of the War on Cancer, this is not the end; it is not even the beginning of the end," said Garth R. Anderson, Ph.D., assistant research professor. "But, perhaps by completing our understanding of what fundamental cellular processes cancer represents, our findings may prove to have been the end of the beginning."

The researchers reported that when a normal cell called a fibroblast is exposed to a lack of oxygen, such as during the early stages of wound healing, a tightly controlled series of responses is triggered.

But if the cell loses control of that series of responses, it becomes malignant, the researchers believe. The results provide an important new focus for future studies aimed at understanding the complexities of malignancy.

The work was done by Anderson and Daniel L. Stoler, Ph.D., and Lisa A. Scarcello, M.S., all of the Department of Molecular and Cellular Biology at Roswell Park. The breakthrough findings were reported in the *Journal of Biological Chemistry* (Volume 264, page 14885). •

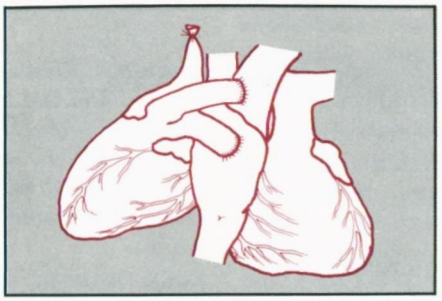
Operation Leaves Man With Two Hearts

A Rochester man has two hearts after an operation through UB's Heart Transplant Program.

Alfredo Aponte, 54, received a new heart Nov. 2 at Buffalo General Hospital during an operation that left his own heart in place. This was the first "piggy-back" or heterotopic heart transplant done in Western New York.

Aponte suffered from coronary artery disease and had been hospitalized since July 1 at Buffalo General.

Because Aponte had pulmonary hypertension (high blood pressure in his lungs) doctors decided that the new heart by itself would not be strong enough to overcome the pulmonary pressure.



Doctors attached the left atrium of the new heart to the left atrium of Aponte's heart, and did the same with the right atriums. The two aortas were connected to each other. A Dacron graft was used to connect the pulmonary arteries because they were too short.

The piggy-back transplant isn't done routinely because a patient suffering from angina or chest pain would continue to have the pain if his heart were left in place. There are other risks as well.

The Aponte transplant was the first of three transplant operations performed at Buffalo General in two weeks. UB's Heart Transplant Program has performed 14 transplants since it began in May 1988, and eight of those were performed in the six months between May and November of 1989.

The rising number of transplants is due to the increased availability of donor organs because of a Nov. 1 change in regulations, according to the program's staff. If a heart becomes available in New York, it is now offered first to one of the two transplant centers within the state. •

Grant Helps Babies of Drug Abusers

Children's Hospital of Buffalo has received a grant of up to $350,000 over five years to help the babies of women who abuse drugs, especially cocaine.

The grant, from the U.S. Bureau of Maternal and Child Health and the American Academy of Pediatrics, was one of only 10 awarded nationally. The project was the focus of a visit to Buffalo by Louis W. Sullivan, M.D., secretary of Health and Human Services.

"Approximately 13 percent of pregnant inner-city women are abusing drugs," said Maureen Montgomery, M.D., co-director of the project. "In most cases, infants are discharged from the hospital into the care of the drug-abusing parent."

The project provides preventive health care for the children, who are at high risk of abuse, and home-based support and education for the families.

"Resource mothers," minority women trained to provide surrogate parenting, are hired to pay weekly visits to the homes of the substance abusers, lending support and teaching by example.

The project will also provide regular well child visits, coordination with local child protective agencies and dissemination of tracking information and education for community agencies providing care to these families.

Montgomery is assistant professor of pediatrics at UB and attending pediatrician in the Section of Ambulatory Pediatrics at Children's. The other co-director is Karen Blount, R.N. •

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