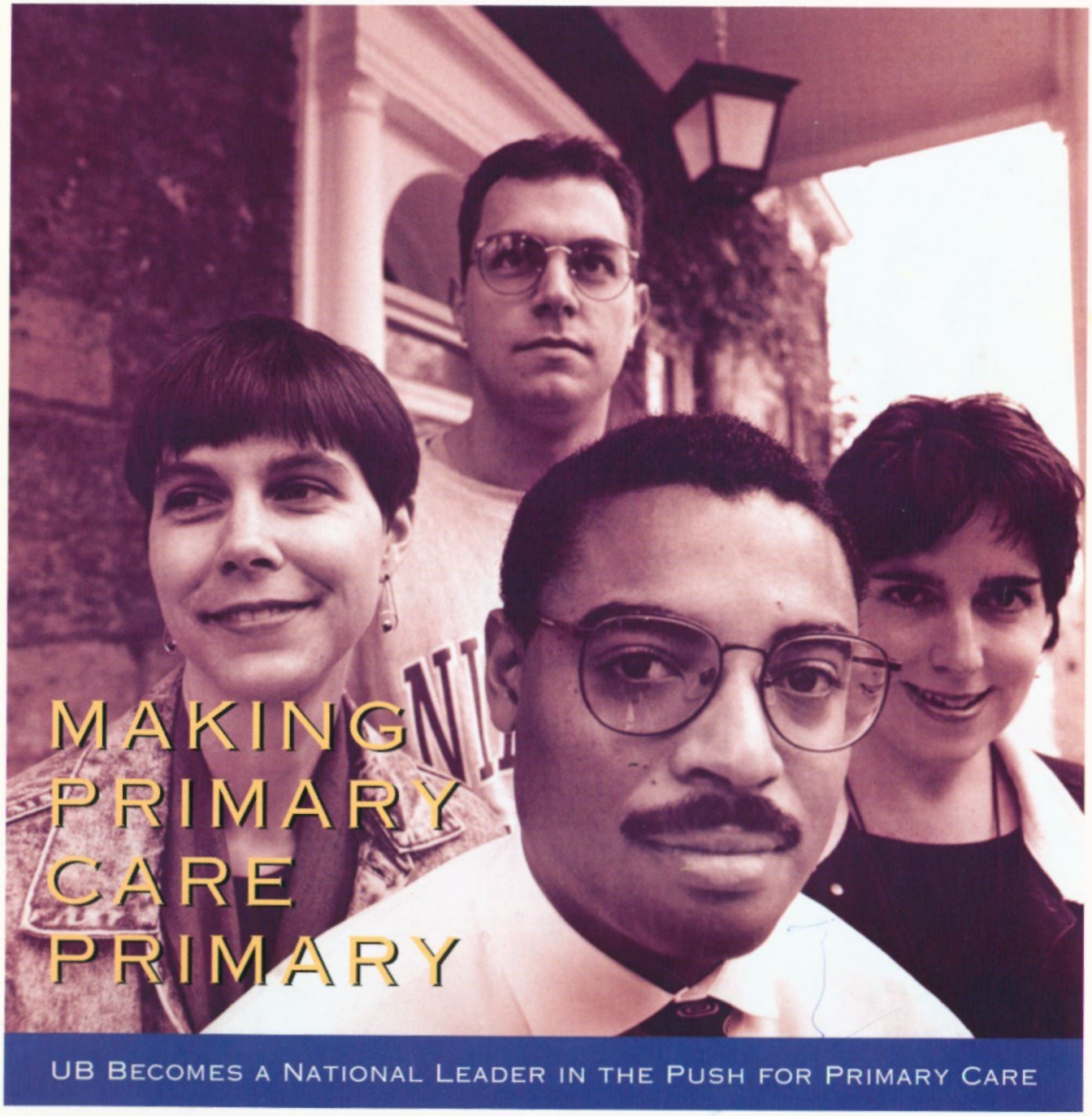
BUFFALO PHYSICIAN

State University of New York at Buffalo School of Medicine and Biomedical Sciences Winter 1995



MAKING PRIMARY CARE PRIMARY

UB Becomes a National Leader in the Push for Primary Care

BUFFALO PHYSICIAN
Volume 29, Number 1

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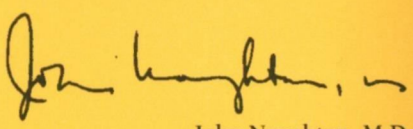
Dear Alumni and Friends,

This issue of the *Buffalo Physician* focuses on the increased emphasis the medical school and the Graduate Medical Dental Education Consortium have directed to Primary Care education and on selected aspects of medical practice in Western New York and throughout the country. Ms. Nan Tramont, the Editor, has done an excellent job of coordinating a large amount of information on these important areas. As I have reported previously, the medical school and the Consortium have made significant commitments to foster educational change at the medical student and graduate medical education levels. The faculty throughout all aspects of the medical school are now involved in a thorough evaluation of the current curricular offerings, and are working diligently to ensure that new initiatives designed to prepare UB's graduates appropriately for the future will be ensured. Never before in the history of American medicine has the need to coordinate educational needs with future professional career needs been as intense and necessary. UB will continue to provide leadership in this important area, and through the *Buffalo Physician* you will be kept abreast of the school's progress.

Best regards.
Sincerely,



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

Dear Fellow Alumni,

Plans are well under way for this year's Spring Clinical Day. Dr. Jack Coyne, program chairperson, has organized a morning program centering on the theme of the physician's role in recognizing child abuse. This topic, along with the increasing recognition of family abuse, has become a national concern. The planned program should be most educational and informative for all participants.

This year's Stockton Kimball Lecture will be given at Spring Clinical Day by Dr. Richard Krugman, dean of the School of Medicine at the University of Colorado, Denver, Colorado.

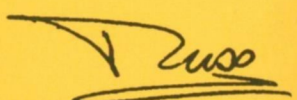
Recently, the five-year class reunion chairpersons met to review plans for their respective class dinners and social events. As part of this, many of you will be contacted by them for contributions to a class gift. Please be generous if you are called and remember that funds collected are used to benefit scholarship programs for deserving medical students.

Recently, the Distinguished Medical Alumnus Award was presented to Dr. Noel Rose. This presentation was made at the Past President's Dinner and it recognized Dr. Rose's outstanding achievements, as well as the past efforts of numerous Medical Alumni Presidents.

The academic year for medical students is well under way, and early reports show a very enthusiastic response by students for the Community Physician Program under Dr. Roger Dayer's direction.

We on the board thank you for all your continued support and encouragement as we prepare for this year's major event at Spring Clinical Day.

Sincerely,



Russell W. Bessette, D.D.S., M.D. '76
President, Medical Alumnus Association

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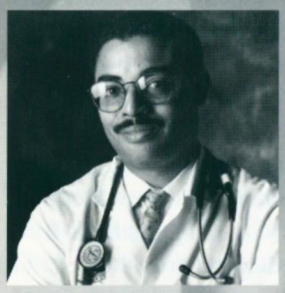
Music's charms. Page 3.



UB's emphasis on primary care makes it a national leader. Page 6.

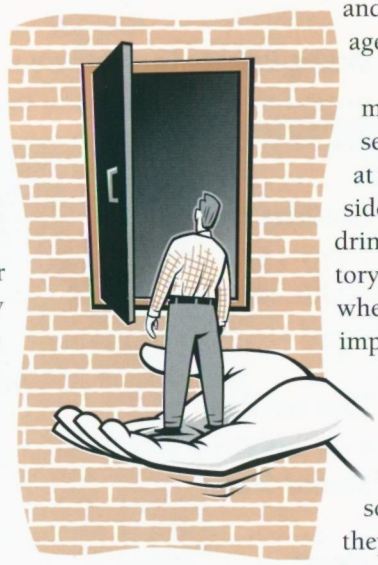
On the cover: Residents David Milling, M.D., and Colleen Mattimore, M.D., (on the right), and medical students Tami Seaman and Steve Cook (on the left) help make up the cadre of new and future primary care physicians trained at UB.

RESEARCH

Below-average cognition may herald treatment dropout risk

Alcoholics who have below-average cognitive abilities are more likely to drop out of residential treatment programs than those with average or above-average cognitive abilities, according to a recent study by the Research Institute on Addictions.

RIA research scientists Donna M. Czarnecki, Ph.D., and Gerard J. Connors, Ph.D., studied 136 clients admitted to the RIA's 28-day Clinical Research Center treatment unit. The study compared clients who completed the program with those who left before it ended, either against medical advice or because they were discharged for administrative reasons.



MIKE GELEN

Cognitively limited clients may need extra help in treatment.

The study showed rates similar to those generally reported for such programs: 69 percent of the clients completed the treatment program; 31 percent did not. As part of their admissions screening, investigators administered the North American Adult Reading Test (NAART) and the Trailmaking tests. The NAART, which entails reading aloud, provides a rough estimate of intelligence.

"Reading is not usually affected by long-term alcohol abuse, so this should provide a stable estimate of intelligence or general ability," Czarnecki said. "Trails B, which is a paper and pencil test, is a behavioral measure that is sensitive to cognitive impairment."

Clients who dropped out were heavier drinkers who tended to have more previous treatment experience. But the most striking finding, researchers said, showed that treatment completers scored significantly differently than dropouts on the NAART and Trails B tests.

Over half of inpatients who scored below-average dropped out of treatment, compared to only 19 percent of the inpatients in the above-average group and 28 percent in the average group.

Czarnecki recommends that providers assess clients' dropout risk at intake, taking into consideration how much they drink, their treatment history, general abilities and whether or not cognition is impaired.

"Because of the way alcohol and other drugs affect the brain, many clients may have some impairment when they first enter treatment. Initially, the cognitively limited clients may be overwhelmed by the standard treatment program. They may need something extra to help them in treatment." +

Breast-feeding premature babies may offer protection from NEC

A new study by UB researchers has shown that breast-feeding premature infants during the first three to four weeks of life may help protect them from developing the potentially life-threatening bowel inflammation, necrotizing enterocolitis.

The findings show that premature infants who are not breast-fed have about a three times greater risk of developing NEC during the first four weeks than premature babies who receive any amount of breast milk during that time.

Risks were nearly the same for breast- and bottle-fed babies at two weeks, the results showed, with the protective effect beginning to appear during the third week, when the risk of NEC for babies who had received no breast milk was twice that of breast-fed babies.

Vivien Carrion, M.D., assistant professor of pediatrics and lead investigator on the study, presented the findings at the Society for Pediatric Research meeting in April.

The retrospective case-control study involved 100 premature infants admitted to The Children's Hospital of Buffalo between January 1986 and December 1992 who developed NEC, and a random group of 100 infants from the same neonatal intensive care unit who did not.

Babies were matched for age, weight — all weighed less than 1,500 grams at birth — and other significant factors.

An analysis of feeding methods from the infants' medical records showed that breast-feeding was significantly more prevalent among the babies who did not develop NEC than among those who did. Babies in the control group also were breast-fed longer than infants in the case group.

"Our study shows that infants fed any breast milk for three weeks or longer prior to diagnosis were at lower risk for NEC than those who were not breast-fed," Carrion said. "There were no other factors that accounted for the difference between groups."

Members of the research team also included Nadir Parsa and Linda Duffy, Ph.D., both of the department of pediatrics and Children's Hospital. +

— BY LOIS BAKER

RESEARCH

Music has charms to soothe a savage surgeon, UB study says

Playing music during surgery may help some surgeons relieve stress and improve their performance, a UB study suggests.

But only music selected by the surgeon had a strong positive effect during an experiment designed to mimic the stress of surgery. Results showed that music selected by the researchers known specifically for its calming influence resulted in only slightly decreased cardiovascular activity and no improvement in performance.

The study, conducted by Karen Allen, Ph.D., and Jim Blascovich, Ph.D., of the Center for the Study of Biobehavioral and Social Aspects of Health, appeared in the Sept. 21, 1994 issue of the *Journal of the American Medical Association.*

Various studies have shown the role of music in relieving patients' anxiety and pain before, during and after medical procedures, including surgery. Allen and Blascovich said theirs is the first to study music's therapeutic effect on surgeons. They assessed how music affected surgeons' cardiovascular reactivity and performance, enlisting 50 male volunteers who listened to music during surgery to perform mental arithmetic tasks in a laboratory setting.

The tasks were performed twice under three conditions — music of choice, music selected by the researchers (Pachelbel's Canon in D, a well-known classical orchestral piece often included in commercial "stress-reduction" tapes) and no music. Baseline cardiovascular readings were taken before and after each task, and readings monitored during each task and music condition. Performance was rated for speed and accuracy by a researcher blind to the study conditions.

Results showed the surgeons performed substantially better when listening to their own selection.

Self-selected music engendered the best performance.

Cardiovascular response also was significantly lower during the self-selected music segment. Average pulse rate was 78 beats per minute during the self-selected music, compared to 110 during both the Pachelbel selection and when no music was playing. Both systolic and diastolic blood pressure rose significantly in response to stress during the no-music and Pachelbel segments, but remained stable during the physicians' choice of music.

No specific category of surgeon-selected music was associated with favorable physiological responses and improved performance. "This experiment lends credible support to the importance of individual taste and selection of music," the authors state. "James Galway and the Chieftans playing Irish music complete with drums and tin whistles had a more positive influence on the surgeon than the soothing Pachelbel used as the control." +

— BY LOIS BAKER

UB study shows most with SIRS do not go on to develop sepsis

Researchers at the University at Buffalo's Center for Pharmacoepidemiology have concluded that one of the definitions of sepsis and the conditions that precede it — adopted two years ago to help identify patients at risk of the most common cause of death in hospital intensive care units — may, in fact, raise false alarms.

The study found that contrary to the definitions promulgated by the American College of Chest Physicians and the Society for Critical Care Medicine, 72.3 percent of patients with systemic inflammatory response syndrome (SIRS), considered a precursor of severe sepsis, do not go on to develop the condition.

The UB study included 1,754 patients — one of the largest databases compiled on patients at risk of developing sepsis. A total of 1,649 patients, or 94 percent of the group, developed SIRS. +

MIKE GELEN

New name better reflects mission and origins of research group

To recognize the partnership of science and philanthropy that has been a part of the Medical Foundation of Buffalo since its founding in 1956, the board of directors has announced that the organization's name has been changed to the Hauptman-Woodward Medical Research Institute, Inc.

The institute's new name recognizes the contributions of its president and UB professor of biophysical sciences, Herbert A. Hauptman, and the benefaction of Helen Woodward Rivas and her daughter, Constance W. Stafford, as well as better describes its biomedical research mission. +

Dent Neurologic Institute offers Positron Emission Tomography

The Millard Fillmore Health System has become the first private health care organization in Western New York to offer Positron Emission Tomography through the Dent Neurologic Institute.

Isotopes for the sophisticated nuclear imaging will be provided by UB, which was the first to bring the technique to the area at its Center for Positron Emission Tomography — a cooperative venture between the university and the Department of Veterans Affairs — located at the Buffalo VA Medical Center.

Millard's PET scanner — the Exact HR PET Scanner — is one of the three most technically advanced scanners in the world. It was installed at Millard's Gates Circle facility last spring.

"The potential of PET is limitless. Its measurements of functional physiologic activity in the body will not only allow more timely service to patients in need, but will also facilitate a greater understanding of the functioning human body in all its complexity," said William Kinkel, M.D., founding director of the Dent.

Angela Bontempo takes senior vice presidential post at RPCI

Angela Bontempo, former president and chief operating officer of Sisters of Charity Hospital, has been appointed senior vice president and executive director of Roswell Park Cancer Institute.

Bontempo will oversee Roswell's administrative, operational and fiscal management.

"Ms. Bontempo brings a high level of administrative experience as well as strong community ties to her position at Roswell Park," said Thomas Tomasi, M.D., Ph.D., Roswell president and CEO.

Well-known in the Western New York community, Bontempo is the recipient of the Outstanding Woman in Business and Industry Award from UB's Community Advisory Council; the Clifton C. Thorne Award for Outstanding Achievement in Health Care and Human Services from Empire Blue Cross/Blue Shield; and the 1989 Western New York Chapter of the National Conference of Christians and Jews Certificate of Recognition in Medicine, among others. She holds honorary doctorates from Niagara University and Canisius College.

Bontempo received her master's degree in health administration from St. Louis University in Missouri and advanced certification in health management and finance from Yale University. She is a fellow of the American College of Healthcare Executives and an active member of the American Public Health Association and Association of Cancer Centers.

Angela Bontempo

Roswell and Millard to establish outpatient center at Suburban

Roswell Park Cancer Institute and Millard Fillmore Health System have agreed to establish an ambulatory oncology facility at Millard Fillmore Suburban Hospital. The new center will provide the full range of outpatient cancer services, including chemotherapy and radiation therapy.

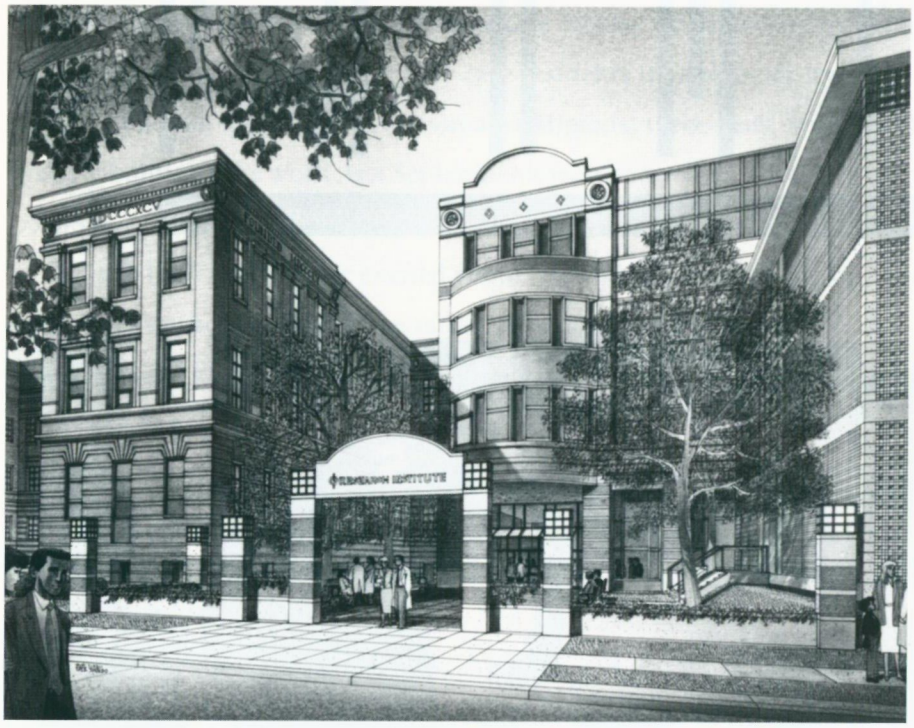
The agreement marks the first time that Roswell, a National Cancer Institute-designated comprehensive cancer center, will operate a satellite unit at a community hospital. The project must undergo review and win approval by the local Health Systems Agency and the state Office of Health Systems Management.

Roswell and Millard officials said the facility, to be known as the Ambulatory Oncology Centers of Roswell Park Cancer Institute and Millard Fillmore Hospitals, will ensure access to high quality cancer care to more than 450,000 people in Millard Fillmore's primary service area.

The 11,500-square-foot building is scheduled to be completed in the fall of 1995. Roswell will lease space in the facility.

Roswell will be responsible for providing technical and professional support for radiotherapy services; Millard will be responsible for chemotherapy services and related support services. Roswell is recruiting a director for the center and Roswell and Millard will contract with each other for various administrative services.

As part of the agreement, a 6 MEV linear accelerator, which Roswell will acquire as part of its major modernization project, will be located at the center.



Artist's rendering of Buffalo General Hospital's Institute for Molecular Medicine and Immunology.

Record gift will establish center for immunology research at BGH

The Buffalo General Foundation will receive a $3 million gift to support the creation of an Institute for Molecular Medicine and Immunology (IMMI) in memory of former Buffalo General Hospital President Theodore T. Jacobs, M.D., '38, who died last April at the age of 82.

William V. Kinnard, Jr., M.D., disclosed that Joseph J. Jacobs, Ph.D., brother of Theodore, will provide the gift in the form of a challenge grant that requires BGH's foundation to raise an additional $6 million.

"The grant is the largest ever received by Buffalo General and its foundation, and we are tremendously grateful to Joseph Jacobs and the Jacobs family for helping us to establish this vital research facility," said Kinnard, who succeeded Jacobs as BGH president in 1975 and served in the position until 1990.

Citing Buffalo General Hospital's strong commitment to organ transplantation and programs involving the immune system and disease, Kinnard said creation of the IMMI will have a major impact on improving patient care and enhancing the treatment of disease.

Kinnard said plans for the IMMI are being developed in collaboration with UB's School of Medicine and Biomedical Sciences and with other local health care providers, including Roswell Park Cancer Institute and The Children's Hospital of Buffalo. He indicated that construction of the institute would be completed by the end of the decade.

"As we envision it, the institute will consist of major sub-divisions encompassing cancer immunology, immunopharmacology, genetics and transplant immunology."

Joseph Jacobs, founder and chairman of Jacobs Engineering Group, Inc., an international engineering and construction firm with headquarters in Pasadena, California, described his brother as a "compassionate human being who left an indelible mark in the field of medicine in Buffalo and at Buffalo General."

Conditions of the grant also stipulate that there be 100 percent participation by hospital and foundation trustees in the foundation's current "Campaign for Visionary Healthcare in the 21st Century."

Sisters Hospital opens expanded women's specialty referral center

Sisters Hospital has opened the Sisters Specialty Center for Women, a referral center staffed by specialists to complement the care provided by a woman's primary care physician.

The new center, located in the Seton Building adjacent to the hospital, will consolidate services already in operation, such as Sisters' Breast Care Center, with new programs "to further expand our program into a referral center which will support, not compete with, our private physicians," explained David R. Verstreate, vice president for operations at Sisters. "We offer a variety of specialty services all in one location and thus provide a continuity of care for women, originating with and led by their primary care doctor."

The center will offer infertility services, endocrinology, natural family planning, breast care, perinatal medicine, medical obstetrics, urogynecology, post-reproductive gynecology and gynecological oncology.

MAKING PRIMARY CARE

PRIMARY

UB BECOMES A NATIONAL LEADER IN THE PUSH FOR PRIMARY CARE

AS NATIONAL HEALTH CARE REFORM WAS GOING DOWN THE POLITICAL TUBES IN WASHINGTON LATE THIS PAST SUMMER, A REFORM PROGRAM THAT PROMISES TO HELP CHANGE THE FACE OF MEDICAL PRACTICE FOR DECADES TO COME WAS GAINING MOMENTUM IN BUFFALO.

The highly regarded and ever-expanding initiative, which would increase the number of medical students and residents pursuing primary care careers, introduced its first programs in the autumn of 1992. Led by the University at Buffalo School of Medicine and Biomedical Sciences, in conjunction with the Graduate Medical Dental Education Consortium of Buffalo (GMDECB), the primary care program is already reshaping the way medicine is taught in Buffalo. This marks the first year, for instance, that a clerkship in family medicine becomes a routine part of the third year. Primary care faculty are attending workshops to enhance teaching skills, and a novel program that places primary care residents into community practices is growing.

Last June, the medical school won a prestigious, three-year, $600,000 Robert Wood Johnson Foundation grant to continue the work; last September it won a two-year, $500,000 grant from New York State for the same purpose.

"I think there's a lot to be excited about," John Naughton, M.D., vice president for clinical affairs and dean of the medical school, said as he rattled off a litany of initiatives.

"We're seen as one of the leaders, I think," Naughton continued. "More of our people are being asked to give talks at national meetings on our experiences, and people are coming to visit us to see what is going on."

One of those visitors was Randall Zuckerman, chair of the American Medical Student Association's Generalist Physicians in Training Program. He was particularly impressed by an "externship" program that allows undergraduate medical students to work alongside primary care physicians in their practices during the summer. "In a lot of schools, primary care is talked about," said the third-year Dartmouth Medical School student. "But you have the full weight of the institution behind it."

By Andrew Danzo

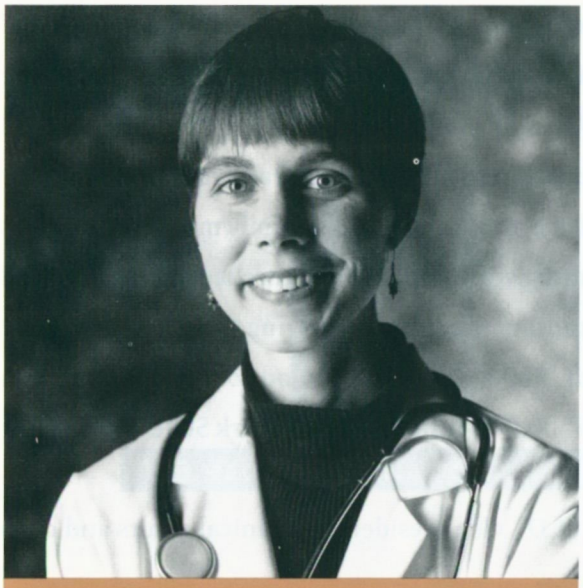
Photos by K.C. Kratt

The Buffalo program strives to tip back the specialist-generalist scale without using too heavy a hand. The boldest move was the medical school's declaration that it would cap the number of residencies and evenly distribute them between primary care and the sub-specialties. The remainder of the effort, however, employs a gentler touch — one that seeks not to force people into primary care, but to make Buffalo more hospitable to primary care, and thereby encourage more young professionals to choose it on their own. The strategy is both simple and radical — remaking the image of the generalist.

"Students come in with a lot of misconceptions about what primary care in the community is like," said John Feather, Ph.D., executive director of the Primary Care Resource Center, which coordinates many of the Buffalo initiatives, "that they [generalists] are behind the times, that it's not as challenging intellectually. You know, the classic Norman Rockwell picture of the family physician listening to the little girl's doll."

By improving teaching technique, encouraging research and exposing students to generalists in their own practices, the programs seek to transform the old model of Rockwell's kindly but quaint doc into a role model worthy of the best and brightest.

"It really takes a broader range of skills to be a generalist, but that hasn't been where society was placing their values," noted Thomas Rosenthal, M.D., chair of family medicine and project director for the Robert Wood Johnson grant.



"Primary care was the type of care I was interested in when I entered medical school. UB strongly supports primary care. I feel encouraged to go in that direction rathher than disuaded."

SECOND-YEAR MEDICAL STUDENT

TAMI SEAMAN

Analysts have grappled for years with the paradox of a medical education system that turns out ever more physicians to practice at ever rising cost without improving access to health care. In 1978, an Institute of Medicine task force suggested that things would improve if 50 percent of physicians were generalists, the minimum in most industrialized countries. The national Council on Graduate Medical Education has recommended the same. But there are still two specialists for every generalist practicing in the United States. Even if every last medical school graduate were to suddenly choose primary care from here on, it would still take a full decade to reach a 50-50 balance.

"There's been much discussion of this for years and years, but not much momentum," said Naughton.

"In an era where scientific advances and technological advances lend themselves to creating more specialists, now we have to recognize that while those advances are important, the management of them has to be done in a different way than we've been doing," he added. "And that means a changing attitude in the way medicine is practiced."

UB's primary care emphasis can be traced back a quarter century, to its establishment of one of the nation's first family medicine programs. In the mid-1980s, as medical graduates nationally were showing less and less interest in primary care, Naughton said he began thinking about providing more comprehensive ambulatory experience for fourth-year students. Then, in 1989, the state authorized a demonstration project in which UB's consortium of teaching hospitals would pool $5 million from increased education reimbursements to fund a broad primary care initiative. The Reimbursement Demonstration Project's centerpiece was a commitment to cap the number of GMDECB residencies and allocate half to primary care by the mid-1990s. The medical school also talked enthusiastically about sending 50 percent of its graduates into primary care residencies.

The 50 percent goals remain to be met.

Residencies have been capped at 788, but the proportion of primary care slots remains below half.

"This is the year it was supposed to reach 50 percent," said Roseanne C. Berger, M.D., associate dean for graduate medical education. "But what we have done over the last three years is increase the total number of positions in primary care and restricted growth in the non-primary care positions. And that has been viewed as a major accomplishment in and of itself." In 1991-92, the GMDECB's primary care residency slots totaled 40 percent; in 1992-93, 41 percent; in 1993-94, 42 percent; and in 1994-95, 43 percent.

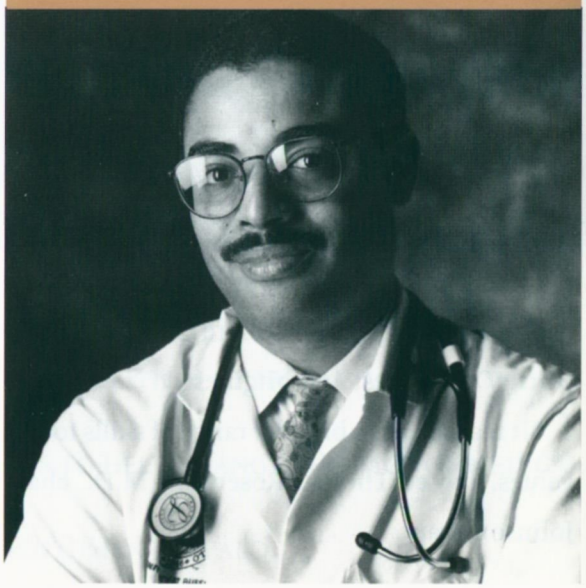
As for UB medical school graduates, the proportion entering primary care residencies has hovered around 40 percent since 1991, with a jump from 38 percent in 1993 to 42 percent in 1994. Since the first of the demonstration project's undergraduate programs didn't begin until 1992, this year's match may be a better indication of their effect. "If you wanted to get a completely accurate view you would have to look at five years after residency," said Feather. "The problem is that all the initiatives are not going to have an impact on those numbers for a decade. It's a very long process. We're turning around a battleship."

Naughton said that while he remains committed to the original goals, "The object is not to reach 50 percent for 50 percent's sake." The most important goal, he said, is to increase the proportion of generalists practicing in the community, adding that he thinks the last several years have laid the

DAVID MILLING, M.D.

RESIDENT, MEDICINE

"What they're doing here — increasing the ambulatory care experience, giving you more clinic and more contact on an outpatient basis — really enhances the primary care ideal."



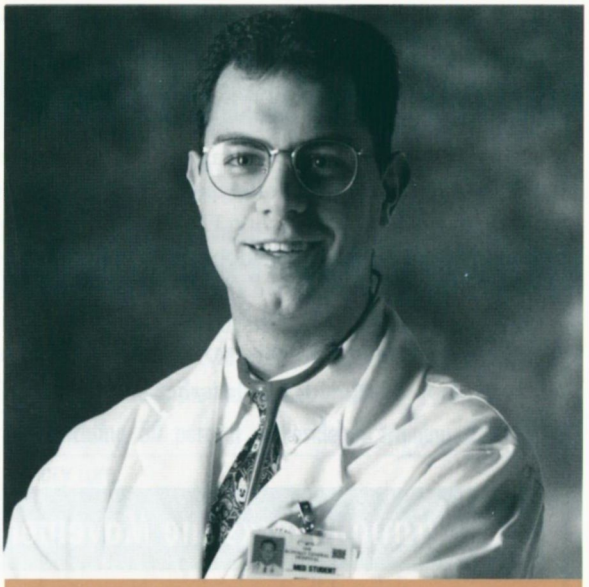
foundation for that.

In a broad sense, the effort is based on the notion that familiarity with primary care practice will breed respect for it. Planned changes in the medical school curriculum, for instance, would introduce patient-based clinical teaching in the first year. An interdisciplinary clinical correlations approach will enhance basic sciences, and there will be an emphasis on problem-solving and self-learning skills.

"We feel that if we can produce students who feel real comfortable and well-skilled in the ability to discover the maximum amount of information through their eyes, ears and hands, and in talking to patients, taking histories and doing the physical exam, then they will feel better equipped to enter a broad-based generalist field," said Rosenthal. "We've been teaching medical students by giving them large amounts of information organized according to organs. We would like to restructure it so that information is still learned, but now organized according to real world presentation."

Plans call for expanding the use of office settings for pediatric and internal medicine clerkships. At the same time, efforts are under way to increase ambulatory training opportunities for primary care residents.

Key to these efforts is the Community Academic Practice program, which has designated nine community practices around the region as ambulatory training and research sites for primary care residents, as well as medical students. CAP sites must demonstrate a community orientation and be willing to make residents an integral part of their practice. They must also be willing to participate in practice-based research.



"The primary care externship program got me hooked. I got to see how patients progressed over time — not how lab values do. It's corny, but I really like that. It's why I went to medical school."

THIRD-YEAR MEDICAL STUDENT

STEPHEN COOK

Each CAP site is connected to HUBNET, the medical computer network operated by UB and its teaching hospitals. Above all, each CAP must meet strict quality criteria. "This is one of the first times that community practices have had to undergo a thorough investigation of quality," noted Paul James, M.D., coordinator of the CAP program.

James said that since the first sites were designated last year, their role has been expanded to serve as community-based continuity clinics for some primary care residents. "Many of us believe that it would take that sustained effort of three years before people get a real clear picture of the benefits of providing care outside the hospital," he said.

James has been encouraged by the number of practices applying for CAP designation. "There seems to be a great degree of prestige," he said.

On the undergraduate side, more students are learning about generalist practice through the Primary Care Externships open to them in the summers after their first and second years. This voluntary program started in 1992 with 40 students and grew to 60 students by last summer. This summer 70 slots are planned for students who will spend six weeks working side by side with a generalist in a variety of community practices.

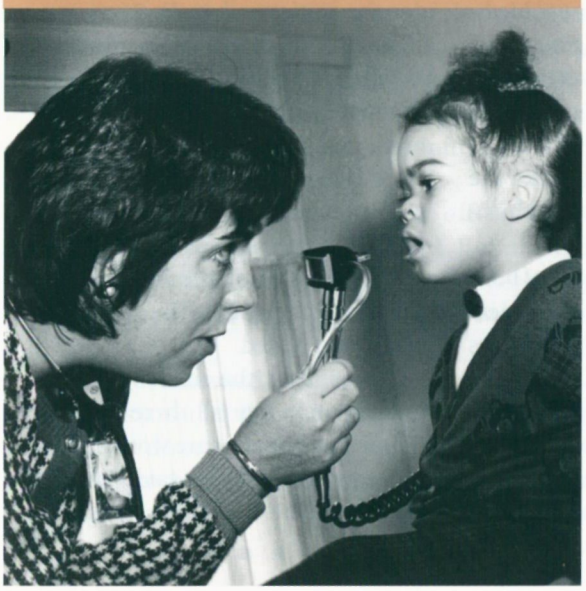
"They learn a great deal of clinical medicine, but the goal of the program is to see what life is like as a primary care physician," said Michael Edbauer, D.O., assistant clinical professor of pediatrics and externship coordinator. "I don't think people appreciate what a positive feeling it is to interact with a family and have them put their faith in you, how much that means to a person."

The program pays $1,500 to participating first-year students and $2,000 to second-year students. Zuckerman, of the American Medical Student Association, said the stipend not only helps financially pressed students take advantage of the externship, but it is also

COLLEEN MATTIMORE, M.D.

CHIEF RESIDENT, PEDIATRICS

"The academic faculty, world-renown for its research, combined with the strong faculty of general pediatricians in the community, offers the perfect blend of primary care medicine."



a symbol that generalists are valued. "As far as I know, there are no other schools in the country doing anything like that," he said.

Other efforts aimed at elevating the stature of primary care involve teaching and research. The Teaching Effectiveness Program offers workshops and resource materials designed to enhance the teaching skills of residents, as well as full-time and voluntary faculty. Recent workshops included "The Internet and HUBNET," "The Preceptor as Mentor" and "Physician Self-Awareness." The thinking behind the program is that clinical teachers have a great effect on career choice, and better teachers make better mentors, preceptors and role models. A related effort has led to a new master's degree program called Education for the Health Professions. The program, offered by the UB Graduate School of Education, began this autumn with 10 physicians, most of them in primary care specialties.

UB is also offering primary care faculty and residents opportunities to learn or enhance research skills. According to one description of the program, "The development of a cadre of primary care residents and faculty with an interest in primary care research provides medical students with role models, and the research they conduct generates primary care experiences for students."

Cooperation Marks the Movement to Balance UB's Generalists and Specialists

Creating a more even balance between generalists and specialists doesn't come easy. Not in terms of the work required, and certainly not in terms of the anxiety produced.

"I think there's concern among all faculty," said John Naughton, M.D., vice president for clinical affairs and dean of the UB medical school. "Specialty faculty is concerned that they don't lose their role in the medical education process. And they won't. But they do have to join with the total faculty in not only educating physicians in their own discipline, but joining in the education of generalist physicians."

Naughton said that ultimately specialists have less to fear from educational changes than they do from the outside world. Managed care has begun altering the generalist-specialist balance on its own — so much so that about 60 percent of specialists will be unnecessary by the year 2000, according to researchers at The Johns Hopkins School of Public Health who examined physician work-force requirements for the Council on Graduate Medical Education. Other areas continue to be underserved by even basic health care, and calls persist for a comprehensive national approach to work force strategy. In the current environment, UB's primary care emphasis may be as much a matter of sound career counseling as prudent public health policy.

"By the year 2000 it's projected there will be over 125,000 excess specialists of all types in this country," said James Nolan, M.D., chair of UB's department of medicine. "The worry is, if we don't make the primary care specialties more attractive we will end up training specialists and there won't be jobs for them."

Nolan recently chaired the American College of Physicians' Task Force on Physician Supply. The panel, reporting in the Oct. 1, 1994, issue of the *Annals of Internal Medicine*, concluded that the generalist-specialist imbalance was so severe and so persistent that "a national commission is required with regulatory authority to set targets for the total number and types of physicians."

Gerald Sufrin, M.D., chair of both urology and the Council of Clinical Department Chairpersons, senses that all faculty members realize the urgency of UB's effort. "I don't detect among the various specialty departments that there is an over-emphasis on this," he said, adding that specialists want to play a continuing role in training generalists. "There's a real sense that we should be part of the solution," he said.

According to the plan for implementing the Robert Wood Johnson initiative, that will happen. In describing the use of psychiatry faculty as on-site preceptors to selected primary care residents, the plan states: "This effort is a beginning step in our commitment to use the generalist initiative to strengthen the roles of our specialty faculty in the training of generalist physicians."

Thomas Rosenthal, M.D., chair of family medicine and project director for the Robert Wood Johnson initiative, noted that changes in medical education and training under the initiative benefit everyone. "Clearly our intent is to produce excellent clinicians, and that more of those clinicians will go into primary care," he said. "But we hope we will have excellent specialists as well as excellent generalists."

The basic sciences share an equally significant role with the generalist and specialist faculty, Naughton added.

"Obviously, the challenge to the institution is that all three of these important elements are working in a synergistic way," he said. "And I think they are." ✚

— ANDREW DANZO

Family medicine and social and preventive medicine assistant professor Carlos Jaén, M.D., Ph.D., recently completed a landmark study of residents of Buffalo's lower West Side that found them considerably sicker than the U.S. population at large. The results of the first comprehensive health survey of this population found that the West Side residents face major barriers to receiving adequate health care and that they suffer from higher-than-average rates of smoking, alcohol consumption, asthma and diabetes.

The Primary Care Resource Center instituted summer assistantships for health services and clinical outcomes research beginning in 1992-93. Plans call for expanding the assistantships and incorporating primary care into existing student research programs. Complementing the research emphasis is a clinical scholars plan that would allow a generalist resident to work toward a related advanced degree, such as one offered by the department of social and preventive medicine. A program description notes that it "will contribute importantly to altering the dichotomous view of generalist and specialist physicians as occupying opposite poles of the intellectual continuum in medicine."

The list of specific programs and plans designed to turn out more generalists goes on. A new recruitment program for primary care residents combines previously separate efforts; it is symbolized by a series of glossy brochures that proved so popular a second printing was needed. Efforts are under way to identify which medical school applicants are more likely to pursue primary care, as are plans to make greater use of interdisciplinary and collaborative opportunities in teaching and the development of a tracking process to better learn how all the programs are affecting ultimate career choices.

"There seems to be a great deal of interest among students," said Dennis A. Nadler, M.D., associate dean for academic and curricular affairs. "When you offer students opportunities, you engender interest, and I believe we have."

The work going into it all is considerable.

The Primary Care Resource Center, which has taken over ivy-covered Beck Hall, oversees many of the initiatives, coordinating the medical school's primary care departments with the GMDECB's residency programs. More than 100 faculty members have been involved in planning and implementing the Robert Wood Johnson Generalist Initiative, which itself has seven goals and 35 objectives.

Michael Beachler, a senior program officer for the Robert Wood Johnson Foundation, said Buffalo has been making a name for itself. "They're pretty good at getting their own graduates into primary care residencies," he said.

"It's not just the medical school, it's also the consortium of hospitals around the area that have come together to move in that direction. That's pretty unheard of. From my end, kudos to both, the hospitals as well as the medical school leadership."

A Primer on Primary Care at UB

QUESTION: *What is the primary care program?*
ANSWER: It is not so much a single program — there is not even a formal name for it — as it is a philosophical commitment by UB and its teaching hospitals to produce more generalists. The commitment has led to an array of initiatives. Some of the major ones involve:

- Dedicating 50 percent of residency training slots to primary care.
- Revamping the medical school curriculum to more closely link clinical experiences to the basic sciences, as well as to emphasize problem-solving and self-learning.
- Developing new community-based sites for medical education and training.
- Improving teaching skills.
- Emphasizing primary care research.

QUESTION: *How is it organized?*
ANSWER: The focal point is the Primary Care Resource Center, which operates under the direction of the Graduate Medical Dental Education Consortium of Buffalo and the UB departments of family medicine, medicine, pediatrics and social and preventive medicine.

QUESTION: *How is it funded?*
ANSWER: Funding started with the Reimbursement Demonstration Project in 1989. Under this project, the state Department of Health made GMDECB hospitals eligible for higher academic medical center teaching reimbursements. In return, and in cooperation with area health insurers, they pooled $5 million to cap and redistribute residencies and to fund generalist projects, which began in 1992. Technically, the project expired in 1994, but it is being renegotiated and is expected to continue.

In 1992, UB also won a $150,000 planning grant under the Robert Wood Johnson Foundation Generalist Physician Initiative, and it was one of 14 sites nationally to be awarded a follow-up implementation grant last June. That grant is worth $600,000 over three years.

Last September, UB won another $500,000 grant from the state health department, also to support generalist initiatives.

By Scott Thomas

Practicing Their Calling

It's a brave new world for today's practitioner

Only a few short decades ago, physicians had only a few choices to make to fulfill their calling. ¶ But as the nation's hand-wringing over health care costs continues, those who are making a career in medicine are finding that the idyllic image of the solo practitioner that many followed into medical school is as endangered as the 10-cent phone call. Instead, many physicians are finding that surviving and thriving in private practice means negotiating an alphabet soup of coalitions with names like IPA, PPO and HMO. ¶ Today, private-practice physicians are finding a world of options in a climate of change. ¶ One option becoming increasingly more popular is the group practice, either a single-specialty group or a multi-specialty group that encompasses a variety of disciplines. ¶ A recent study by the American Medical Association showed that the number of group practices increased dramatically in the two decades following 1965, then largely leveled off. In 1991 (the latest year for which figures were available), the AMA reported 16,576 group practices were in operation.

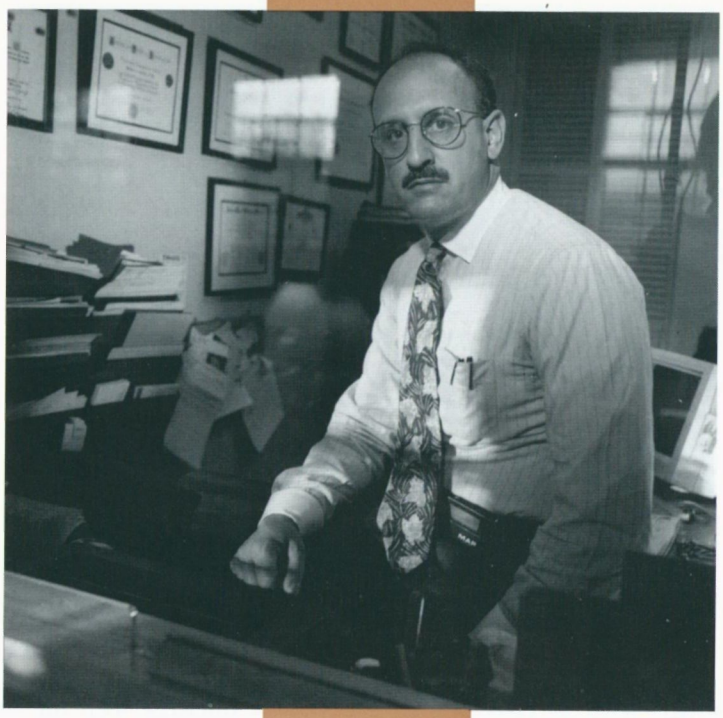
Yet the number of physicians practicing in groups has continued to increase. Also in 1991, 32.6 percent of physicians (excluding those employed by the federal government) were part of a group. "Between 1965 and 1991," the report notes, "the number of groups increased by 286 percent and the number of group physicians increased by 550 percent."

Multi-specialty groups were reported to include a mean number of 24.6 physicians — more than double the mean group size in 1965. Single-specialty groups grew from 4.1 physicians in 1965 to 6.8 in 1991.

The reasons for the increase are varied.

"Over the last several years, medical groups are better positioned to deal with managed care contracts," said Penny Havlicek, manager of the AMA's group practice database and an author of the study. "[A health-maintenance organization] can find in one group practice a provider for a large region, and they'd rather do that than contract with a lot of independent physicians. Certainly from a managed care perspective, groups are easier to deal with."

Photos by Douglas Levere



Edward A. Toriello, M.D.

And more remunerative for their physicians. Havlicek noted that 1991 figures showed the average group-practice physician's net income (after expenses but before taxes) was $202,000; for solo or two-physician practices, the figure was $173,100.

And regardless of how Congress decides to structure the nation's health care delivery system, powerful market forces already are at work. In Minnesota and California, two states where managed care has made significant inroads, physicians are finding HMOs and other coalitions impossible to ignore.

"There certainly are pressures in existence that are serious pressures in terms of practicing efficiently," said David W. Emmons, an economist with the AMA's Center for Health Policy Research. "There are regions where large numbers of the patients have moved into managed care programs." In such regions, he says, physicians find it advisable to contract with those programs — or risk being cut out of the patient stream entirely.

Still, Emmons says, the trends may be less overwhelming than they seem. In 1993, he said, about 48 percent of the United States' 670,336 physicians had a contract with an HMO.

But only about one-third of their revenues come from HMO, independent practice association (IPA) and preferred provider organization (PPO) contracts. The balance comes from more traditional health insurance providers.

Beyond economics, Havlicek said "lifestyle" issues may also come into play when physicians choose a situation in which to practice.

"With women increasingly going into medicine, and also raising families, group practices may be seen as more accommodating to women," she said. "This might be true of young male physicians as well" — motivated by the regular hours, vacation and weekend coverage and other supports that a group practice provides. (Not that the life of a physician ever lends itself to copious family time — no matter what kind of practice they're in, doctors average nearly 59 hours a week at work.)

Still, what matters most is how effectively a physician can practice his craft and his art. We took a sampling of doctors in several private-practice situations — solo practice, multi-specialty group, single-specialty group, staff-model HMO, group-model HMO and hospital staff — and asked about the opportunities and limitations they face.

"YOU really have to be more of a businessman these days than in the past. The days of hanging out a shingle and making gobs of money are long gone."

Solo practitioner

Edward A. Toriello, M.D.
Orthopedic surgeon

"You really have to be more of a businessman these days than in the past," said Edward Toriello, M.D., '80, who works in a two-physician practice in Brooklyn. "The days of hanging out a shingle and making gobs of money are long gone."

That pragmatism is crucial to today's solo practitioners, who are feeling the squeeze economically as never before. Toriello, whose orthopedics practice is not far from the neighborhood where he grew up and very much based on that neighborhood's economics, said, "My little microcosm is kind of a dinosaur, in that many of us in this area are still solo physicians. It seems that Brooklyn and Queens have a lot of small industry. [By comparison], Long Island has Drummond Corp. If your community has 80 to 90 percent of its workers work at Drummond and Drummond decides to go managed care, you pretty much have no choice."

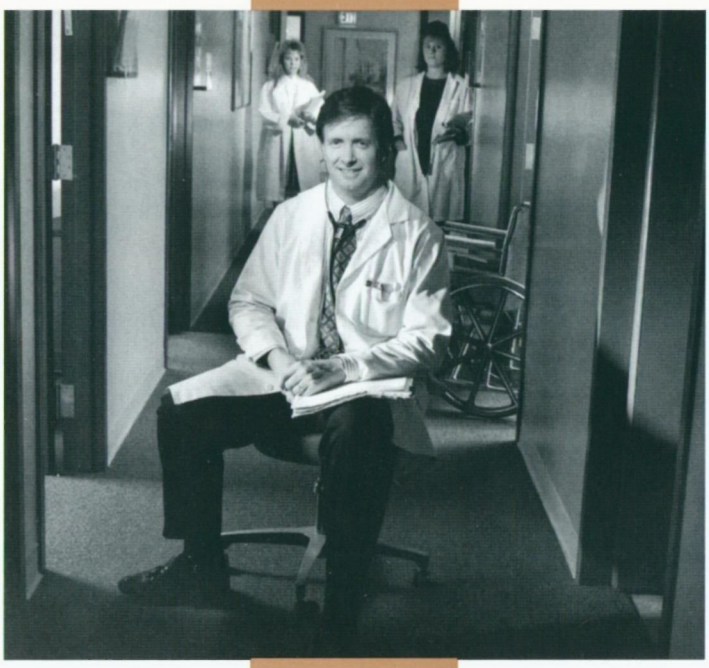
But for now, Toriello is enjoying "the independence and freedom that you have to practice medicine the way you feel is best, not only for myself but also for my patients. I like that." He and his associate, Chris Pavlides, M.D., share office staff and split the rent, but maintain separate patient loads.

Toriello sees patients three days a week, 25 to 30 patients a day. Many are elderly people whose insurance is Medicare, and so the orthopedist suffers what he calls "the constant downward pressure on Medicare fee schedules." When he's not in the office, there's plenty of surgery to do, and Toriello also performs independent medical evaluations for insurance companies, "to diversify my income stream."

He frequently works six-day weeks, and notes that traditional wisdom says "the first 10 years is really building a private practice and building relations with internists who will refer patients to you. Following that, you're in a position where your feeders are pretty well established and you can take a day off." He is, he notes dryly, in his ninth year of practice.

"There are days and weeks when I feel like I'm running faster just to stay in place," he acknowledged. "And I do see that I have to be ready to move should the situation change." Toriello says he has made contacts with the physician-hospital organizations of several local hospitals, "trying to preserve the ability to negotiate with managed care organizations."

Still, he says, his solo practice is "a fun thing as opposed to the drudgery of just going off to work every day. I went into medicine to be my own boss, to enjoy the freedom of working with patients and doing what I feel is best. The trouble with working for someone is, if they're paying the freight, they frequently can call the tune as well."



Richard L. Collins, M.D.

"WITHIN THE GROUP it is comfortable because we share. Four out of five weekends I'm not on call, and that's good for family and freedom. My family life remains my top priority."

Multi-specialty group

Richard L. Collins, M.D.
Internist
Buffalo Medical Group

Richard Collins, M.D., '83, has seen many sides of medical practice: from working in a hospital outpatient clinic, to directing a community health center, to two years as an HMO staff physician. For three years now, he says he has found the right balance — as an internist with the Buffalo Medical Group, a multi-specialty group practice with multiple locations and 80 physicians.

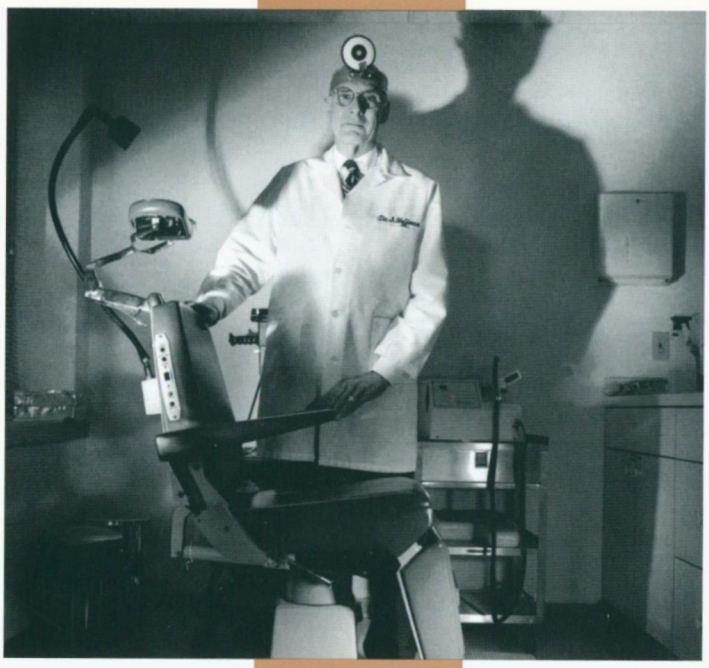
The situation appeals to the entrepreneur in him — and to the family man.

"I enjoy the independence that comes from a practice like this. I can determine my own hours and patient load."

At the same time, says Collins, who has three small children, "Within the group it is comfortable because we share. There are four other primary care physicians with whom I share weekend calls. Four out of five weekends I'm not on call, and that's good for family and freedom. My family life remains my top priority."

A multi-specialty practice, he says, tends to support itself through internal referrals — back and forth between the primary care physicians and Buffalo Medical Group's phalanx of gynecologists, cardiologists, neurologists, general surgeons, allergists, orthopedists and so on. And the group's reputation is a built-in marketing tool; "people are always calling Buffalo Medical Group saying, 'I want to be taken care of by someone in your group.' I have four or five calls per day inquiring about setting up care," he said.

The group recently strengthened its economic position by announcing that it plans to ally with Health Care Plan, one of Western New



York's largest HMOs. The two intend to remain autonomous but will develop a more comprehensive working relationship.

But Collins, who serves as a clinical assistant professor for UB's School of Medicine and Biomedical Sciences, stresses that he's solely responsible for his own patient panel. Group members share equipment — the primary-care physicians share a portable EKG machine, for example — and also share the costs of the group's support functions to reduce their individual costs. In addition, Collins employs a nurse and a secretary out of his own choice to meet the unique needs of his patients.

There's also the less tangible benefit of collegiality. "You want to look at an organization that's going to give you support in terms of weekend coverage and the kind of people you're working with. If you're practicing by yourself, your knowledge base is limited to yourself and the books on the shelves in your office. It's very secure to be able to walk 10 feet and share a case with your colleagues.

"And it's important to be compensated for the amount of work you do rather than simply be salaried. It's kind of nice to be compensated for the exact amount of hours that you do put in and see patients."

Single-specialty group practice

Sanford R. Hoffman, M.D.
Otolaryngologist
Buffalo Otolaryngology Group, P.C.

It was nearly a quarter-century ago that Sanford Hoffman, M.D., '65, joined Irwin Ginsberg, M.D., to form the Buffalo Otolaryngology Group. "He had a very dynamic practice," Hoffman said. "It's a very varied specialty, and I wanted to practice as many aspects as I possibly could."

Today, the group encompasses nine partner physicians and two new associates with a subspecialty in facial plastic surgery.

And Hoffman, who is also a clinical assistant professor in the medical school, and chairs the department of otolaryngology for Millard Fillmore Health System, says he has never stopped learning.

The group has a monthly meeting devoted to business and scientific topics, and daily conferrals, both formal and informal, on specific cases and procedures. The ear-nose-and-throat specialists also "cross-cover" each other in surgeries, he says, providing a second pair of eyes for the delicate procedures.

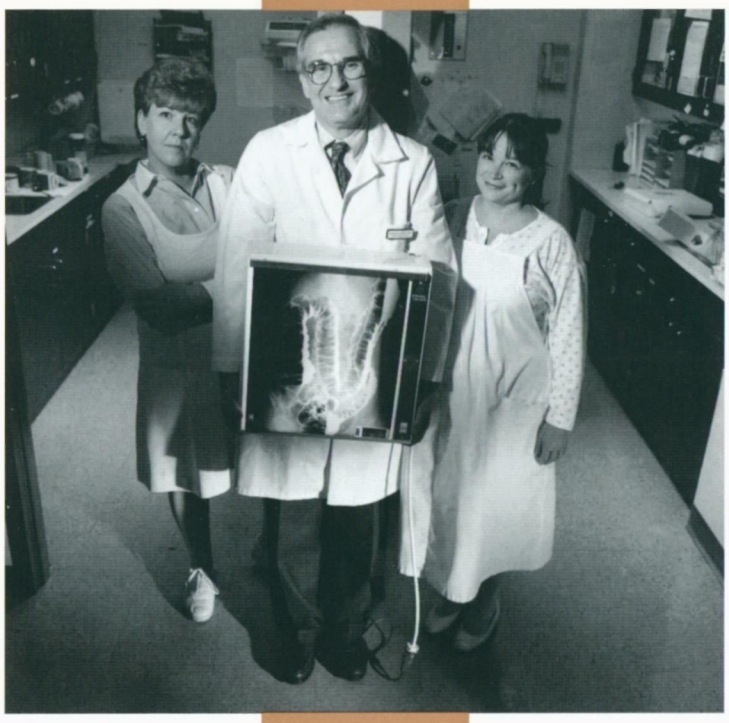
"BEING IN A specialty practice has allowed us to cover most areas of my specialty with quality and cost-effectiveness. That's really the crux of a large single-specialty group."

"Being in a specialty practice has allowed us to cover most areas of my specialty with quality and cost-effectiveness," Hoffman said. "That's really the crux of a large single-specialty group. You can get some efficiencies of care. You can buy better equipment; you can afford to have your associates go to meetings and courses which will increase their knowledge and also their efficiency; you can have more efficient building and appointment systems, even in multiple locations."

Buffalo Otolaryngology has expanded into sinusology, rhinology and head and neck surgery.

"If you have a large group," Hoffman said, "it allows you to talk with more authority to the insurers and the employers, the people who are paying the health dollars. You can show that you have these services, and you can really evaluate yourself and look at your own practice to make sure it stays quality-oriented." For example, he says, "We were among the first in the country to develop outcomes measures for sinus disease."

Sanford R. Hoffman, M.D.



Staff-model HMO

Leonard A. Katz, M.D.
Director of Research and Education Programs
Health Care Plan

"It's the model the country's talking about," Leonard Katz, M.D., says of the Buffalo health maintenance organization he serves.

In a decade, Health Care Plan has grown from 35 physicians to nearly 100, says Katz, who is a practicing gastroenterologist, a former associate dean of the medical school and a professor of medicine in the department of medicine.

Health Care Plan, he says, is a "true group practice" — a configuration of professionals in all specialties including primary care. And, he says, "because everybody is paid by the same source, the issue of finances basically is dropped out. The payment comes through the broader organization, and that means that we're really all in it together."

Within the organization, small primary-care teams — a family physician, an internist, a pediatrician, nurse practitioners, physician assistants, even office staff — work together at a particular site, and arrange for night and weekend coverage.

"That's what groups can do — they can develop systems of care," Katz said. "They can make all kinds of support arrangements for the care of patients they're looking after."

The staff-model HMO is built around two tenets: the idea that a primary-care physician should coordinate all of a patient's care, and the idea that prevention is the best medicine.

As a specialist, Katz says, he sees himself "trying to provide the best help I can to both the patient and to the [primary-care] physician, because that physician has a long-term relationship with that person. The whole program is based on that physician." It helps, he says, that the HMO has standardized record keeping: "When I see that person, I have his full chart in front of me."

And preventive care, he says, is "part of the history and tradition of HMOs. It's in everybody's interest to keep people well. We've devoted a lot of effort and energy to health education and preventive guidelines" — such measures as flu vaccinations, mammography screening and childhood immunizations.

"There's a real sense of group. People talk to each other," Katz said. "There's collegiality built into the practice. We're really being called upon increasingly to be efficient, to manage care as effectively as we can. And to do that well, it's harder and harder for an individual to accomplish that."

"IT'S the model the country's talking about, a true group practice because everybody is paid by the same source; the issue of finances basically is dropped out."

Group-model HMO

Kenneth E. Bell, M.D.
Medical Director, Orange County
Kaiser Permanente Medical Group
Anaheim, California

There's business. And there's medicine.

And Kenneth Bell, M.D., '61, likes to keep a comfortable distance between them.

Bell is an obstetrician/gynecologist who is medical director, Orange County, for the Kaiser Permanente Medical Group in Southern California. The group is a for-profit organization that contracts exclusively with the Kaiser Foundation Health Plan, a non-profit insurance company.

This "group-model" approach — as opposed to a staff-model situation, in which phy-

Leonard A. Katz, M.D.

PHOTO COURTESY OF KAISER PERMANENTE

sicians work directly for the insurer — makes all the difference, he says.

"All the quality clinical decisions are made by physicians of the medical group," he said. "The physicians in this medical group take care of the practice of medicine. They have other people they have hired to take care of the business. When we see patients, we don't spend time worrying about how much it costs or whether the patient can afford it or whatever.

"The bottom line is, my incentives are aligned with the patients. I don't earn more or less because of the amount of care I give. I have no incentive to operate on somebody, for example. On the other hand, I have a tremendous incentive to keep people healthy, because that cuts the cost of care."

Bell, who was Kaiser Permanente's chief of obstetrics and gynecology in Orange County for 10 years before becoming medical director, still sees some patients — "I like delivering babies," he said. He's a clinical professor of ob/gyn at the University of California, Irvine. And he's in a position to see how economic trends are changing the practice of medicine.

"There are many problems around the country with physicians being forced into groups they have no affinity for," he said. "They have to do this because this is the only way they can maintain a practice."

Private-practice physicians, he says, for a long time had no limitations on their earning power. "Now we're having limitations, and the trick is to maintain and improve quality while cutting costs."

Kaiser Permanente — "the largest private health care delivery system in the world," Bell notes — stresses continuing medical education, encouraging physicians to spend a half-day each week on their own education.

It's a team approach, and that, Bell says, places its own demands on physicians.

"There's a loss of autonomy compared to somebody running his own little office," he said. "You have to work as part of a team, and there's tremendous peer pressure to produce quality care, to practice efficiently and have good outcomes. There's no place to hide.

"Somebody who has to do everything fully by themselves will not be happy in this. It does require a team-spirited belief that we can accomplish more as a group than each individual going off on his own."

"ALL THE quality clinical decisions are made by physicians of the medical group. The physicians in this medical group take care of the practice of medicine."

Hospital staff

Eric Ten Brock, M.D.
Internist
Buffalo General Hospital

"If you're doing something you like," says Eric Ten Brock, M.D., '80, "one of the natural things is to want to teach it to somebody and share it with somebody."

And teach he does — at The Buffalo General Hospital, where he hired on in 1985 and where he built up the pulmonary and critical care programs that he now directs.

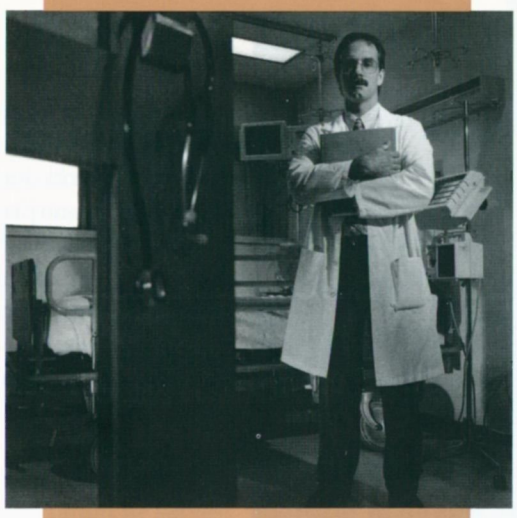
Ten Brock, a clinical associate professor at the medical school, at any one time might be responsible for a pulmonary critical care fellow, a resident and maybe a medical student. He juggles that teaching load with staff responsibilities that include administering the medical intensive care unit, the hospital's sleep apnea disorder lab and the pulmonary lab. He's also chairman of Buffalo General's ethics committee.

He does see patients and shares on-call duties with "a few other physicians who are also full-time hospital-based." But he acknowledges that "in solo or group practice a greater percentage of time is involved with direct patient care."

Building up the hospital's pulmonary division, though, has been its own reward. Ten Brock says it's the "if I were king" response — you see how it's done in various hospitals, find out where the problems lie and then try to make it all work better.

"If you run an intensive care unit you see

Kenneth E. Bell, M.D.



"YOU'RE PART of a larger organization, so you're not necessarily the only person who has input as to whether a certain decision is made the way you would like it to be made."

certain things that you might not want to happen. You're not always called to 'put out a fire' — you're trying to prevent those things from happening if at all possible."

For example, Ten Brock said, he has standardized the procedures for patients' "advance directives" — do-not-resuscitate orders, health care proxies, living wills — that can be crucial in intensive-care situations. Another example: a review process for how well the staff responds to each cardiac arrest "code" emergency.

"These are things that were either not developed or existed in an unstructured form" when he came on staff, he says. "A full-time physician like myself can help firm that up somewhat by making it a little more regimented."

A hospital staff position, Ten Brock says, means working within the system. "You're part of a larger organization, so you're not necessarily the only person who has input as to whether a certain decision is made in the way you would like it to be made. You're building something for the hospital, not necessarily for your own benefit."

Eric Ten Brock, M.D.

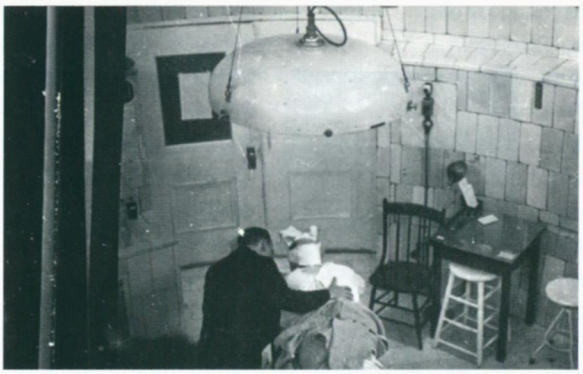
Events and programs scheduled for Sesquicentennial celebration

As the School of Medicine and Biomedical Sciences' Sesquicentennial celebration nears, the History of the Medical School Committee is busy developing and planning exhibits, programs and events to commemorate 150 years of medical education.

Slated to begin in January 1996 and continue through commencement 1997, the celebration would culminate on Founder's Day — May 11, 1996 — with commencement ceremonies, including the retaking of the Hippocratic Oath by the 50th anniversary reunion class.

In the spring of 1996, the American History of Medicine will hold its annual meeting in Buffalo.

Key also to the celebration is a medical school ethics symposium featuring several distinguished speakers in the field of medical ethics, slated for the fall of 1996. Other regularly scheduled medical school events and lecture series will also tie into the Sesquicentennial during the celebration.



Above, photographs taken from the amphitheater of the lecture OR in the old High Street building of the medical school by Edward J. Zimm, M.D., '42.

The Medical Alumni Association will publish a special Sesquicentennial edition of its alumni directory, produced by Harris Publications. Also to be published are a *Pictorial History of the Medical School,* a special edition of *Buffalo Physician* and a collection of essays.

The medical school will also sponsor a series of community exhibits of its history to be displayed at the teaching hospitals and various other sites as well. +

MEDICAL SCHOOL

Jacobs releases groundbreaking MS research results

CLINICAL TRIAL OF RECOMBINANT BETA INTERFERON SHOWS DRUG SLOWS BOTH PROGRESSION OF DISEASE AND NUMBER OF EXACERBATIONS

Recombinant beta interferon, administered intramuscularly in weekly doses to patients with active relapsing multiple sclerosis, is the first drug to significantly slow the progress of the disease as well as lessen the number of its flareups, according to results of a Phase III clinical trial conducted by Lawrence Jacobs, M.D., professor of neurology, head of the department of neurology at The Buffalo General Hospital and chief of the Baird Multiple Sclerosis Center.

Lawrence Jacobs, M.D.

Jacobs presented his groundbreaking results at the annual meeting of the American Neurological Association last October. The study marks the first time a drug in a blinded clinical trial slowed the progression of disability in MS. In the trial, recombinant beta interferon increased the time to progression of disability — the length of the period during which active relapsing patients sustain a particular baseline — by 75 percent. The trial also showed a 31 percent reduction in relapse rate among patients experiencing the disease's debilitating exacerbations, and showed a significant reduction in the number of active brain lesions measured on MRI.

"This is the best study that has ever been done on multiple sclerosis," Jacobs said. "Before this, there was no believable treatment."

The recombinant beta interferon used in the trial is manufactured by Biogen; it is the first drug identical to natural beta interferon used in a blinded study to demonstrate a statistically significant impact on the progression rate of the disease. Natural beta interferon acts both as an antiviral and an immunomodulatory agent.

The multicenter trial studied the effects of the drug and a placebo on 301 patients with definite MS of the relapsing-remitting or relapsing-progressive type of at least one year's duration. The patients, aged 18 to 55 years, were free of exacerbation in the two months prior to the trial.

The study showed that recombinant beta interferon lengthens the time for the disease to become more disabling, demonstrating a 75 percent increase in the projected time it takes for the disease to progress one unit on the Kurtzke Expanded Disability Status Scale (EDSS) — a standard measure of disability progression in MS. At the end of one year of treatment, 20.1 percent of placebo-treated patients had progressed by 1.09 EDSS units, compared to 12 percent of patients on recombinant beta interferon. At two years, 36.3 percent of placebo patients had progressed, compared to 22.6 percent of treated patients.

Based on an analysis of the data, predictions of median time to progression by 1.0 EDSS unit were 3.1 years for placebo patients and 5.4 years for treated patients.

Patients receiving recombinant beta interferon had approximately one-third fewer exacerbations (0.62 per year) than patients receiving the placebo (0.9 exacerbations per year) — representing a 31 percent reduction in relapse rate among treated patients. Placebo patients were also twice as likely to have three or more attacks during the study as were treated patients.

Data from MRI studies showed a statistically significant reduction in the number and volume of active lesions in treated patients compared to placebo patients — an approximately two-fold difference in the mean number and volume of such lesions. No discernible effects were seen on T2 lesion volume, a measure of both active and inactive lesions.

Treated patients in the study reported only modest side effects, including occasional and transient flu-like symptoms (an average of eight days over two years for treated patients compared with two days over the same time for placebo patients). Nine percent of recombinant beta interferon patients stopped treatment — half of which were attributed to side effects.

The study was conducted at four clinical centers in the U.S.: UB and Millard Fillmore Hospital's Baird MS Center; the Mellen MS Center at the Cleveland Clinic, Cleveland, Ohio; the University of Oregon, Portland, Oregon; and Walter Reed Army Medical Center/Georgetown University, Washington, D.C. +

Insuring care for those who care

THE ACADEMIC HEALTH PROFESSIONALS INSURANCE ASSOCIATION CONTINUES TO GROW AS IT PROTECTS SUNY'S FACULTY PRACTITIONERS

Nearly four years after its founding, the Academic Health Professionals Insurance Association — formed by and for faculty practitioners at the State University of New York's science centers — boasts a membership that has nearly tripled to its current 647.

From the beginning, Buffalo physicians and dentists played a pivotal role, numbering over half of the original 220 subscribers and maintaining that leadership today.

The reciprocal insurance company began as an outgrowth of the series of medical malpractice insurance crises that plagued New York State physicians since the early 1970s. The realization that faculty practitioners at SUNY science centers had developed an excellent record of risk avoidance and control in medical malpractice, and that this excellence was not recognized by conventional insurance companies, spurred physicians and dentists at Buffalo, Brooklyn, Syracuse and Stony Brook to decide they might do better on their own.

After years of study, planning and, finally, advance funding, they formed the new company, electing William P. Dillon, M.D., associate professor of gynecology/obstetrics and chief of the division of maternal/fetal medicine at The Children's Hospital of Buffalo, its chair. Dillon still holds that post, presiding over a board of governors representing the four health science centers and the United University Professions.

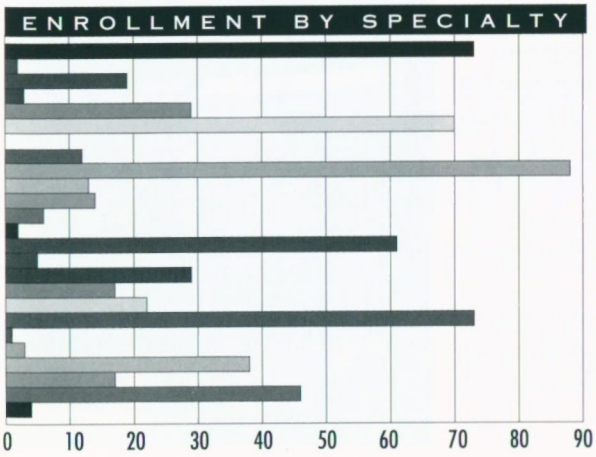
Subscribers at each center elect their board members for four-year terms, and members serve without compensation. Management is the responsibility of the attorney-in-fact, Medical Quadrangle, which has worked with Academic in initial planning and operations since its inception.

All specialties are included, as well as residents and health professionals. About half of the membership are full or associate professors. Somewhat over half are insured under claims-made policies — the only type available when Academic was licensed. A substantial number transferred to occurrence policies when this choice was authorized by law in 1992. (Claims-made policies cover only incidents arising and reported within the policy year but may go back to the first claims-made policy if these are held continually by the insured; occurrence policies apply to incidents occurring during the policy year, regardless of when a claim is filed.)

Supported by individual capital contributions in the form of loans, premium payments and guarantees of financial responsibility, Academic is fiscally sound with assets of over $10 million. Dividends are promised in the near future, pending approval of the State Insurance Department.

Academic requires its subscribers to participate in risk management education programs to maintain its superior record in claims frequency (the lowest in the state) and settlements. Premium credit of 5 percent for two years is granted for successful completion of the basic or advanced course. During 1992-93, nine seminars were conducted and 377 subscribers attended. +

— BY IRVING LADIMER



ANESTHESIOLOGY	73
CRITICAL CARE	2
DENTISTRY	19
DERMATOLOGY	3
EMERGENCY MEDICINE	29
FAMILY MEDICINE	70
INFECTIOUS DISEASES	0
INTERNAL MEDICINE	12
MEDICINE	88
NEUROSURGERY	13
NEUROLOGY	14
NUCLEAR MEDICINE	6
MICROBIOLOGY	2
OB/GYN	61
OPHTHALMOLOGY	5
ORTHOPEDIC SURGERY	29
OTOLARYNGOLOGY	17
PATHOLOGY	22
PEDIATRICS	73
PLASTIC SURGERY	1
PSYCHIATRY	3
RADIOLOGY	38
REHABILITATION MEDICINE	17
SURGERY	46
UROLOGY	4

Baird receives 1994 Parke Davis Teacher Development Award

Ronald E. Baird, D.O., clinical assistant professor of family medicine, has received the 1994 Parke Davis Teacher Development Award.

The award recognizes Baird's contributions as a clinically based instructor for both graduate and undergraduate medical education. +

MEDICAL SCHOOL

Neuroanatomy museum opens to the public

UNIQUE INSTALLATION FEATURES EXTENSIVE COLLECTION OF SPECIMENS AND THE HISTORY OF IMAGING THE BRAIN FROM PNEUMOENCEPHALOGRAM TO PET

An unusual museum devoted exclusively to the human brain, thought to be the only installation of its kind in the U.S., opened officially at the medical school with the dedication of the UB Museum of Neuroanatomy last September.

Harold Brody, M.D., Ph.D., professor of anatomy and cell biology at UB for more than 40 years and the museum's creator, said, "The brain is so fundamentally beautiful, I wanted the displays also to be attractive. I knew that if they didn't look appealing, it would turn people off." Brody, a 1961 graduate of the medical school and former chair of anatomy, said the idea became a spark in his mind ever since he saw a similar installation in Copenhagen, Denmark, while there on a Fulbright fellowship in 1963.

SIMON TONG

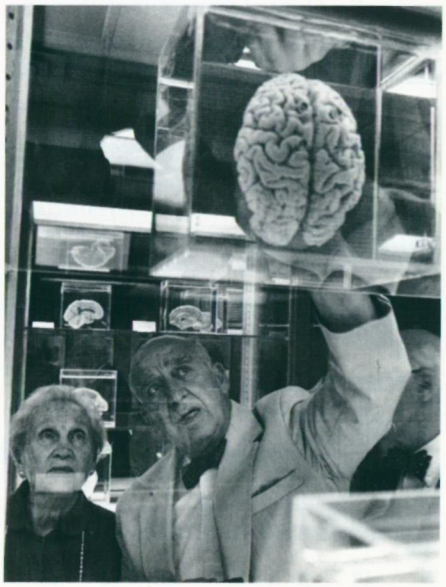
The extensive collection features specimens, X-rays and photographs, as well as CT, MRI and PET scans of the brain.

Medical students in Europe traditionally learned their anatomy from such permanent exhibits because of the scarcity of cadavers for dissection, Brody said. He helped to establish a successful donor program at The University of Copenhagen, and brought back with him the idea for a neuroanatomy museum.

Thirty years later, thanks to 30-year reunion gifts from his Class of 1961, the medical school's Class of 1962 and private individuals, his idea has been transformed into an extensive collection of specimens detailing the structure of the human brain from many viewpoints.

Some 70 specimens are suspended in crystalline liquid in individual Plexiglas boxes, spotlights dramatizing their characteristic folds and contours. Hand-made pins tipped in blue, orange, green, lavender, red, and light blue identify each specimen's features.

Lining the walls are color photographs of the brain, along with a series of X-rays, CT scans, MRI scans and PET scans.



One display reveals the medial surface of the right hemisphere; another is delicately dissected to reveal each layer of the brain. Other displays show the cranial nerve supply, the brain's blood supply and the path of nerve impulses in the brain that ultimately produce vision.

These and several dozen additional specimens fill 10 glass display cases. Each specimen is accompanied by a written description keyed to the color-coded pins. Leaving no details to chance, Brody, along with his assistant, Thomas Wietchy — an anatomy master's degree candidate — and Katerina Smith, a senior histology technician, made the pins themselves from dental wire dipped in acrylic pigments and epoxy. The specimens were dissected by Brody, Wietchy and several medical students.

Medical, dental and nursing students, occupational-therapy and physical-therapy students, doctoral candidates in psychology and speech communication and hospital residents in neurology and neurosurgery have been using the exhibits as study aids for more than a year. Brody wants the exhibit to be used by everyone and is particularly interested in bringing in students from area public schools.

Groups of high-school students already have toured the museum, as did a group of students on campus for the summer.

Brody will add specimens and additional materials to the museum as time and money permit. In the meantime, he hopes to establish regular hours when the museum will be open to the public.

"I feel this is such a valuable asset, that anybody interested in the structure of the brain should have access to it," he said. "I think this could make a tremendous contribution in a very specific way to the medical school and the community."

UB professor and researcher Thomas Beam dies suddenly

Thomas R. Beam, Jr., M.D., a professor and researcher in the University at Buffalo School of Medicine and Biomedical Sciences and consultant to the U.S. Food and Drug Administration, died unexpectedly August 17, 1994 in his office in the Buffalo VA Medical Center. He was 48.

Beam was an infectious-diseases expert known internationally for his work on drug-resistant bacteria and viruses. In 1989, he was appointed to direct an innovative, two-year project established by the FDA and Infectious Diseases Society of America to speed up the FDA's approval process for new antibiotics, and to enhance its monitoring of drugs on the market for early warnings of adverse effects.

Thomas R. Beam, Jr., M.D.

ROBERT WALION

He also chaired the FDA's Anti-Infective Drugs Advisory Committee and, in that capacity, in October 1990 oversaw hearings focusing on proposals for modifying the FDA's guidelines for approval of new antimicrobial drugs.

He was chairman of the Antibiotics Use and Clinical Trials Committee of the Infectious Diseases Society of America. He also served as the society's liaison to the European Community and was an honorary member of the Critical Care Medicine Society of Paraguay.

He was the editor-in-chief of two national medical journals: *Infections in Medicine* and *Abstracts in Infectious Disease*.

A professor in the department of medicine and associate professor in the department of microbiology, Beam was chief of the Buffalo VA Medical Center's infectious diseases section for 11 years, and was serving as associate chief of staff for education at the hospital at the time of his death.

He was certified by the American Board of Internal Medicine.

Beam received his bachelor's and medical degrees from the University of Pennsylvania in 1968 and 1972, respectively. He joined UB as an instructor in the department of medicine in 1974.

Widely quoted in the national news media, Beam was featured in stories about the mounting problem of drug-resistant bacteria on CBS-TV's "48 Hours" and in a cover story in *Newsweek*.

A prolific researcher, Beam authored or co-authored numerous textbook chapters and articles in professional journals. He was a reviewer for many professional publications, including the *Journal of the American Medical Association*, *Journal of Infectious Diseases*, *Annals of Pharmacotherapy* and *American Journal of Kidney Diseases*.

Beam was a fellow of the American College of Physicians and the Infectious Diseases Society of America, and was a member of many professional organizations. He also served as a consultant to numerous health facilities in Western New York, including Roswell Park Cancer Institute; J.N. Adam, Craig and West Seneca Developmental centers; The Buffalo General Hospital; and the Erie County Medical Center.

Susan McLeer named to chair department of psychiatry

Susan V. McLeer, M.D., an expert in disorders of sexually abused children and battered women, has been appointed chair of the department of psychiatry.

McLeer was formerly professor and vice chair of the department of psychiatry at The Medical College of Pennsylvania in Philadelphia and director of its division of child and adolescent psychiatry.

Susan V. McLeer, M.D.

A member of the American Medical Association's working group on domestic violence, McLeer has testified on the battered woman syndrome in several trials. She has published numerous articles in refereed journals on domestic violence against women and children, and has lectured widely on these topics.

She was principal investigator on a recently completed four-year study of symptoms and psychiatric disorder persistence following child sexual abuse, and will continue her research at UB in this area and in the field of post-traumatic stress disorder in children.

McLeer earned her medical degree from The Woman's Medical College of Pennsylvania, now the Medical College of Pennsylvania, and holds a master's degree in psychiatry administration from that institution. Following a pediatric internship at Strong Memorial Hospital in Rochester, she did her psychiatric residency at the Medical College of Pennsylvania, and completed a fellowship in child and adolescent psychiatry there and at the Eastern Pennsylvania Psychiatric Institute.

She joined the faculty of her alma mater in 1976 and built her career there in psychiatry and pediatrics. In addition to her tenure as vice chair, McLeer was assistant and associate dean of undergraduate medical education from 1976 to 1982. A visiting professor of behavior science at Catholic University in Lille, France, she completed a four-year visiting professorship at Smith College in Northampton, Massachusetts, last June. She also had a private psychiatry practice in Philadelphia.

A fellow of the American Psychiatric Association and the Philadelphia College of Physicians, she is a member of several other professional societies, including the American Academy of Child and Adolescent Psychiatry, the Coalition of Physicians Against Family Violence and Physicians for Social Responsibility. +

Knight appointed to National Institutes of Health study section

Paul R. Knight, M.D., Ph.D., professor and chair of anesthesiology and professor of microbiology, was appointed to a four-year term on the Surgery, Anesthesiology and Trauma Study Section, Division of Research Grants, for the National Institutes of Health.

Study sections review grant applications submitted to NIH, make recommendations on the applications to the appropriate NIH advisory council or board and survey the status of research in their fields of science.

Knight was nominated to the post because of his demonstrated competence and achievement as evidenced by the quality of his research accomplishments, publications in scientific journals and other significant activities, achievements and honors. +

Richard Erbe co-authors textbook for "electronic superhighway"

Richard W. Erbe, M.D., professor of pediatrics and medicine and chief of the division of genetics at The Children's Hospital of Buffalo, has co-authored, with faculty from Harvard and Stanford, a medical textbook available on the electronic superhighway.

The textbook, "Scientific American Medicine," is designed to give general practitioners, medical students, resident physicians, nurses and other health care professionals an overview of medical disciplines outside their own.

Erbe's chapter, "Medical Genetics," details advances made in the past 15 years in the prediction, diagnosis and management of genetic disorders. The textbook is available worldwide on CD ROM and locally on UB's electronic medical network, HUBNET.

Erbe has been a researcher and teacher of genetics for more than 25 years. Before joining the UB faculty in 1989, he was an associate professor of pediatrics and genetics at Harvard Medical School.

A former member of the editorial board of *The New England Journal of Medicine*, Erbe has authored or co-authored more than 70 scientific articles, reviews and book chapters. +

Medical student wins James Comer Minority Research award

UB medical student N. Kalaya Okereke has been selected as one of 12 medical students across the country to receive a James Comer Minority Research Fellowship from the American Academy of Child and Adolescent Psychiatry.

The fellowship is funded through the National Institute of Mental Health. The award offers outstanding minority medical students early exposure to research in child and adolescent psychiatry. The award includes a $2,200 grant for summer research with a child and adolescent primary investigator.

Okereke is working with Gary Cohen, M.D., and Peg Bohnert, M.D., both of the departments of psychiatry and pediatrics, and Richard Clopper, Ph.D., of the departments of psychiatry and psychology, on a project at The Children's Hospital of Buffalo to assess the hospital's psychiatric consultation and liaison services. ✚

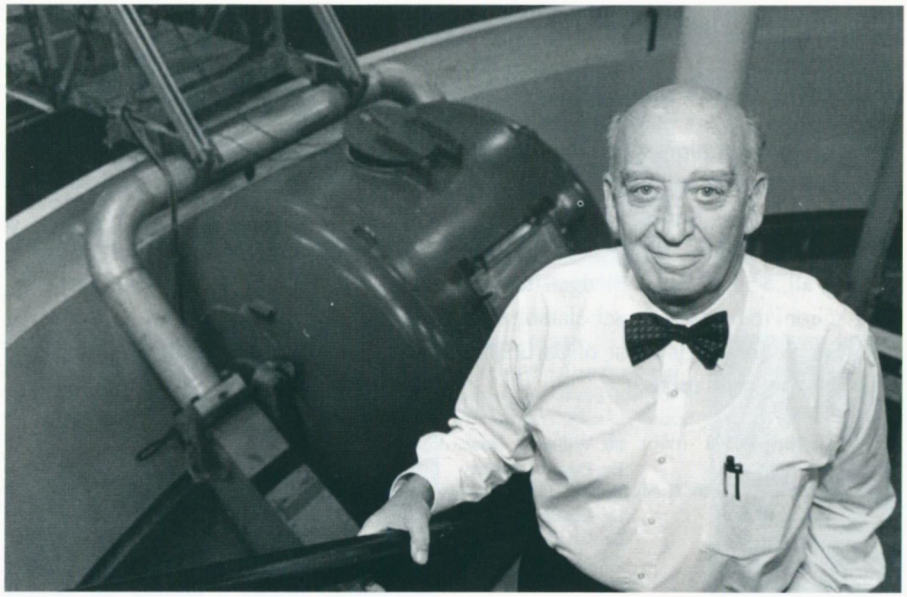
Buck wins fellowship to study tubal ligation safety, effectiveness

Germaine S. Buck, Ph.D., assistant professor of social and preventive medicine, has won one of two fellowships sponsored annually by the Merck Company Foundation and the Society for Epidemiology Research.

The $190,000, three-year award will allow her to begin a long-term study of the safety and effectiveness of tubal ligation. The study will involve 3,000 to 4,000 women who will be followed for 10 to 20 years.

Buck was one of 40 researchers considered for the fellowships, which are awarded through a national competition.

Winners are selected by an independent scientific advisory committee that considers the accomplishments of the researcher, the soundness of the proposed research project and the commitment of the researcher's institution to the applicant and the research. ✚



FRANK CESARIO

Leon E. Farhi, M.D.

Medical, biological engineering institute selects Farhi as fellow

Leon E. Farhi, M.D., distinguished professor and former chair of physiology, has been named a fellow of the American Institute of Medical and Biological Engineering.

Farhi has studied the human circulatory system and physiological problems of human lung gas exchange for more than 35 years. He has authored or co-authored more than 100 scientific articles and abstracts.

He was instrumental in developing new approaches for measuring cardiac output and distribution of respiratory gases within the lungs and tissues of the human body. Working with colleagues at UB, he developed a technique to measure circulatory functions in a weightless state that was applied by NASA in a space shuttle flight in 1989.

Farhi received his medical degree in 1947 from the Universite St. Joseph in Beirut, Lebanon. He has served as editor-in-chief of the *Journal of Applied Physiology: Respiratory, Environmental and Exercise Physiology*, an editor of *Undersea Biomedical Research* and on the editorial board of *Respiration Physiology*. He is the principal investigator of two NASA-sponsored research projects with funding of more than $3 million to study cardiopulmonary function in microgravity. ✚

Stapleton elected president of pediatric nephrology society

F. Bruder Stapleton, M.D., A. Conger Goodyear professor and chair of pediatrics and pediatrician-in-chief of The Children's Hospital of Buffalo, was elected president of the American Society of Pediatric Nephrology.

He will serve a one-year term for the society, which represents 420 pediatric kidney specialists in North America, formed to foster professional and public education, improve patient care and promote relevant scientific research. ✚

ALUMNI

1994 reunion classes donate over $54,000 to medical school for scholarship fund

Last year's reunion classes made generous donations to the medical school during the annual Spring Clinical Day and Reunion Weekend festivities.

In all, $54,302 was pledged to the medical school to be used for scholarships for worthy students. Following is a list of participating class members and class totals.

CLASS OF 1944 — $5,500
Dr. Howard R. Barnett
Dr. Willard H. Boardman
Dr. Robert L. Brown
Dr. Samuel Cassara
Dr. Edmund M. Collins
Dr. Herman Edelberg
Dr. Richard W. Egan
Dr. Thomas F. Frawley
Dr. Frank T. Frost
Dr. Raymond A. Hudson
Dr. Frank H. Long, Jr.
Dr. William K. Nowill
Dr. Casimer F. Pietraszek
Dr. William A. Potts
Dr. Theodore C. Prentice
Dr. Charles H. Rosenberg
Dr. Joseph Ross
Dr. Sidney M. Schaer
Dr. James R. Sullivan
Dr. Paul L. Weygandt
Dr. Robert G. Wilkinson, Jr.

CLASS of 1949 — $5,040
Dr. Carmelo S. Armenia
Dr. J. Bradley Aust, Jr.
Dr. Harold Bernhard
Dr. Manuel H. Brontman
Dr. Paul T. Buerger
Dr. Ralph S. Canter
Dr. Lawrence M. Carden
Dr. Julian M. Cullen
Dr. Philip C. Dennen
Dr. John D. Egan
Dr. George M. Erickson
Dr. Jacqueline L. Paroski
Dr. Max A. Schneider
Dr. John T. Sharp
Dr. Leonard D. Steiner
Dr. Irma M. Waldo
Dr. Judith Weinstein
Dr. James A. Werick

CLASS OF 1954 — $4,685
Dr. Nicholas C. Carosella
Dr. Louis C. Cloutier
Dr. John L. Conboy
Dr. Leonard P. Constantine
Dr. Byron A. Genner III
Dr. Robert W. Haines
Dr. William J. Howard
Dr. Eugene C. Hyzy
Dr. Allen L. Lesswing
Dr. Lucille M. Lewandowski
Dr. Charles H. Marino
Dr. Donald J. Murray
Dr. Walter A. Olszewski
Dr. Robert M. Oshrin
Dr. Robert J. Pletman
Dr. Stephen A. Spink
Dr. Edwin B. Tomaka
Dr. Paul L. Weinmann
Dr. Harry S. Weinstein
Dr. Donald M. Wilson

CLASS OF 1959 — $6,113
Dr. Charles W. Anderson
Dr. George R. Baeumler
Dr. William P. Blaisdell
Dr. Robert J. Brennen
Dr. Robert A. Brenner
Dr. Robert J. Clayton
Dr. James M. Cole
Dr. Constantine J. G. Cretekos
Dr. Thomas D. Doeblin
Dr. Sterling Doubrava
Dr. Joseph A. Ferlisa
Dr. Jacob Krieger
Dr. Joseph F. Monte

CLASS OF 1964 — $4,275
Dr. Jeffrey S. Carr
Dr. Walter A. Ceranski
Dr. Joseph A. DiPoala, Sr.
Dr. Lowell S. Eranstoft
Dr. Michael Feinstein
Dr. Norman A. Gerber
Dr. George Glowacki
Dr. Harold Glucksberg
Dr. Gerald B. Goldstein
Dr. Michael Goldhamer
Dr. Arnold H. Israelit
Dr. Stephen P. Katz
Dr. David A. Leff
Dr. Lillian V. Ney
Dr. Robert G. Ney
Dr. J. Frederick Painton, Jr.
Dr. Noel R. Rose
Dr. Stephen C. Scheiber
Dr. John J. Scomillio
Dr. James C. Tibbetts, Jr.
Dr. Francis R. Weis, Jr.
Dr. Richard W. Williams
Dr. Richard E. Wolin

CLASS OF 1969 — $9,167
Dr. David H. Amler
Dr. Alan J. Blanc
Dr. Joel B. Bowers
Dr. Moira J. Burke
Dr. James L. Cavalieri II
Dr. Carl J. DePaula
Dr. Dorothea A. Downey
Dr. Penny A. Gardner
Dr. Robert J. Gibson
Dr. Lawrence S. Greenberg
Dr. Hanley M. Horwitz
Dr. William K. Major, Jr.
Dr. Bernard C. Muscato
Dr. Jonathan T. Paine
Dr. James A. Patterson
Dr. Michael N. Pisick
Dr. Michael M. Pugliese
Dr. Douglas L. Roberts
Dr. Cheryl C. Rosenblatt
Dr. Steven J. Sandler
Dr. Ian M. Schorr
Dr. David S. Schreiber
Dr. Robert S. Shaps
Dr. Lester S. Sielski
Dr. Wilbur L. Smith, Jr.
Dr. Gerald D. Stinziano
Dr. Harvey I. Weinberg
Dr. James J. White, Jr.
Dr. Madeline J. White
Dr. Frederick S. Wilkinson II
Dr. Marion E. Wind

CLASS OF 1974 — $7,288
Dr. Daniel R. Beckman
Dr. Mark L. Bernstein
Dr. Alan G. Burstein
Dr. John H. Clark
Dr. Stephen Commins
Dr. Anna G. Engel
Dr. Jockular B. Ford
Dr. Nicholas E. Fuerst
Dr. Wayne B. Glazier
Dr. Howard R. Goldstein
Dr. Richard Herschcopf
Dr. Jayne E. Kremzier
Dr. David W. Leffke
Dr. John P. Manzella
Dr. Diane L. Matuszak
Dr. Bruce F. Middendorf
Dr. Sarah E. Moore
Dr. Daniel J. Morelli
Dr. Kathleen M. Mylotte
Dr. Guido J. Napolitano
Dr. Benjamin I. Opara
Dr. Lawrence A. Oufiero
Dr. Sanford R. Pleskow
Dr. Eric J. Russell
Dr. Elliott A. Schulman
Dr. Joel A. Simon
Dr. James A. Smith
Dr. Reginald M. Sutton
Dr. Bradley T. Truax
Dr. Robin L. Trumball
Dr. Edward L. Valentine
Dr. Robert M. Weiss
Dr. James M. Wetter
Dr. Stuart A. Wolman
Dr. Evangelos D. Xistris
Dr. Stephen A. Yerkovich

CLASS OF 1979 — $5,856
Dr. Philip S. Anson
Dr. W. Walter Backus
Dr. Walter A. Balon
Dr. Gale A. Barg
Dr. Robert L. Baron
Dr. B. Joy Blumenreich
Dr. James P. Bracikowski
Dr. Robert A. Brandis
Dr. Mark E. Brenner
Dr. Carl V. Bundschuh
Dr. Linda A. Cardone
Dr. Letitia R. Clark
Dr. Peter Condro, Jr.
Dr. Andrew T. Costarino, Jr.
Dr. John W. Crofts
Dr. Scott C. Denne
Dr. Thomas C. Doolittle
Dr. Bruce E. Dunlap
Dr. Nancy G. Dvorak
Dr. Frederick A. Eames
Dr. James G. Egnatcik
Dr. Frederick C. Finelli
Dr. Charles J. Francemone
Dr. Barbara A. Fretwell
Dr. N. Joseph Gagliardi
Dr. Kenneth A. Hogrefe
Dr. Richard T. Irene
Dr. Peter J. Jederlinic
Dr. Roger E. Kaiser Jr.
Dr. Tade A. Kashimawo
Dr. Andrew J. Majka
Dr. Ramon J. Pabalan
Dr. Lewis A. Roberts
Dr. Jessica Rockwell
Dr. Robert J. Rose
Dr. Betty S. Spivack
Dr. David D. Stahl
Dr. Todd D. Stern
Dr. Sonia M. L. Wornum

CLASS OF 1984 — $4,410
Dr. Dominic J. Altieri
Dr. Robert F. Amberger
Dr. Nancy Bach
Dr. Ephraim E. Bach
Dr. Mary T. Caserta
Dr. James A. De Caprio
Dr. John M. Fisch
Dr. Diane T. Flanigen-Roat
Dr. Douglas J. Floccare
Dr. John K. Fong
Dr. Andrew J. Francis
Dr. Roland Greco
Dr. Zina D. Hajduczok
Dr. William M. Healy
Dr. Andrew M. Knoll
Dr. William C. Leskovec
Dr. Gregory A. Logsdon
Dr. Thomas C. Mahl
Dr. Linda D. Mandanas
Dr. Nora E. Meaney-Elman
Dr. Michael G. Mercado
Dr. Paul Misthos
Dr. Herbert B. Newton
Dr. John J. Picano
Dr. Lauren Pueraro
Dr. William E. Reichman
Dr. Richard M. Rosenfeld
Dr. Martin Ross
Dr. Ira J. Schmelkin
Dr. Andrew M. Schneider
Dr. Scott C. Sherman
Dr. Rony Y. Shimony
Dr. Ann K. Smith-Rudnick
Dr. Michelle N. Stram
Dr. Jeffery G. Straus
Dr. Lin-Lan Tang-Huang
Dr. Andrew S. Tanner
Dr. Frederick W. Tonetti
Dr. Carol W. Weinstein
Dr. Charles S. White
Dr. Edward A. Zane
Dr. Benson L. Zoghlin
Dr. Mitchell E. Zuckerman

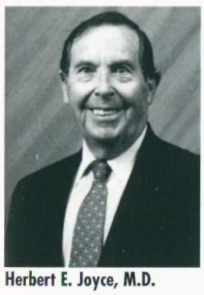
CLASS OF 1989 — $1,968
Dr. Christopher J. Bartolone
Dr. David R. Bloom
Dr. Joseph F. Ceravolo
Dr. James Chong
Dr. Hayley Cohen
Dr. Barbara J. Creighton
Dr. Raffi M. Der Sarkissian
Dr. Jane K. Doeblin
Dr. Fred L. Dreher
Dr. Tai-Hwang M. Fan
Dr. Wayne A. Forde
Dr. Dawn A. Gais
Dr. Joseph S. Giglia
Dr. Thomas Grimaldi
Dr. Lee R. Guterman
Dr. Anne Kristina E. Hart
Dr. Philip G. Lauria
Dr. Salvatore S. Lauria
Dr. Michael Licata
Dr. Louis J. LoBalsamo
Dr. James L. Meisel
Dr. Alison R. Moliterno
Dr. Yasmin Panahy
Dr. Mark R. Pundt
Dr. Anne G. Rizzo-Fantin
Dr. Stephen G. Rohn
Dr. Mary E. Schamann
Dr. Kevin M. Senn
Dr. Jeanette M. Smith
Dr. Stuart R. Varon
Dr. Reynold Villedrouin

Editor's Note: While every effort is made to verify the accuracy of the listing, omissions and misprints may occur. This report lists all donors who have made gifts as of November 8, 1994. If you have any questions, comments or concerns, please call Michael E. Benzin, Director of the Annual Appeal, at (716) 645-3312. Thank you.

Spring Clinical Day and Reunion Weekend on for April 28 - 29, 1995

Mark your calendars and be sure to set aside the time to attend the 58th Annual Spring Clinical Day and Reunion Weekend at the Buffalo Marriott.

Reunion dinners will be held on Friday evening, April 28. On Saturday, April 29, Stockton Kimball lecturer Richard Krugman, M.D., dean of the University of Colorado School of Medicine, will speak on "The Physician — Healing the Abuse in Our Families."

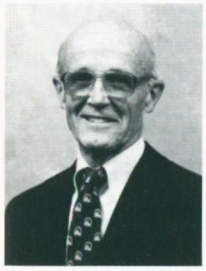


Herbert E. Joyce, M.D.

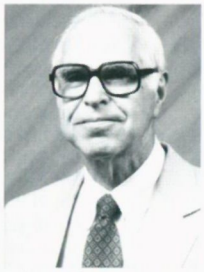
Class of 1945

"Each season has its own beauty and attainments. The continuum of life fixates beyond our peak years. This is our 50th year as physicians. Let us all join in our reunion circle on April 29, 1995. The most — the best — reunion to date!"

Herbert E. Joyce, M.D.
Chairperson



Robert J. Patterson, M.D.



Sidney Anthone, M.D.

Class of 1950

"Don't miss our 45th. We are counting on you to make it a success."

Robert J. Patterson, M.D.
Co-Chairperson
Sidney Anthone, M.D.
Co-Chairperson

John H. Peterson, M.D.

Class of 1955

"Forty years have passed. We have so much to share. Plan your schedules now to gather here in Buffalo and see old friends."

John H. Peterson, M.D.
Chairperson

James R. Kanski, M.D.

Roger S. Dayer, M.D.

Class of 1960

"Time to, once again, become reacquainted, share our memories and ruminate about the future."

James R. Kanski, M.D.
Co-Chairperson
Roger S. Dayer, M.D.
Co-Chairperson

Joseph Cardamone, M.D.

Class of 1965

"Let's get together and celebrate 30 years on April 29, 1995."

Joseph Cardamone, M.D.
Chairperson

Donald Copley, M.D.

Class of 1970

"Our 25th reunion scheduled for April 29, 1995, is too important to pass up. It should also be great fun because we expect more than 30 of our classmates will be attending. Please do your best to join us for this very special quarter-century celebration!"

Donald Copley, M.D.
Chairperson

John C. Stubenbord, M.D.

Class of 1975

"We would like to welcome you back to our 29th Year Reunion. We need *you* to make it a success. Please join us."

John C. Stubenbord, M.D.
Chairperson

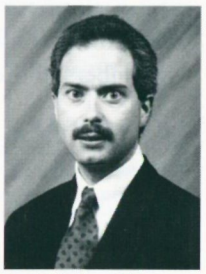
Class of 1980

"It was 94 degrees in Buffalo for our 10th year reunion. Please come and heat up the town again!"

Margaret Paroski, M.D.
Chairperson

Margaret Paroski, M.D.

Elizabeth Maher, M.D.



Donald Tingley, M.D.

Class of 1985

"The medical school and Main Street in Buffalo look a whole lot different now compared to the early '80s. Come check it out and party with old friends."

Elizabeth Maher, M.D.
Co-Chairperson
Donald Tingley, M.D.
Co-Chairperson

Raymond Paolini, M.D.

Class of 1990

"Yes, it has been five years. Mark it down — April 29, 1995 — our fifth year reunion. Come and see what residency has done to your classmates!"

Raymond Paolini, M.D.
Chairperson

ALUMNI

James Platt White Society holds Annual Meeting for members

Members of the James Platt White Society at the organization's 1994 Annual Meeting.

The James Platt White Society held its annual meeting last October 21 at The Country Club of Buffalo. The distinguished organization, based on the values and principles of the former dean and founder of the School of Medicine and Biomedical Sciences, contributes generously to the school's mission of providing the highest quality education, research and patient care, and helps the school continue its leadership role as one of the premier medical schools in the country.

Gifts to the medical school by members of the society have helped fund biomedical and clinical research, provide scholarships, purchase state-of-the-art laboratory equipment and maintain innovative programming.

Members of the James Platt WHite Society for 1994 are:

Dr. Kenneth M. Alford '37
Dr. Kenneth Z. Altshuler '52
Dr. Richard Ament '42
Dr. William S. Andaloro '45
Dr. George R. Baeumler '59
Dr. Jared C. Barlow '66
Dr. Charles D. Bauer '46
Dr. Ralph T. Behling '43
Dr. Richard A. Berkson '72
Dr. Harold Bernhard '49
Dr. and Mrs. Willard H. Bernhoft '35
Dr. Theodore S. Bistany '60
Dr. John C. Bivona, Jr. '68
Dr. Willard H. Boardman '44
Dr. Dennis L. Bordan '70
Dr. Martin Brecher '72
Dr. Robert J. Brennen '59
Mrs. Ann Brody
Dr. Harold Brody '61
Dr. Melvin M. Brothman '58
Dr. Robert L. Brown '44
Dr. August A. Bruno '51
Dr. William M. Burleigh '67
Dr. David W. Butsch
Ms. Janet F. Butsch
Dr. John L. Butsch
Mr. David N. Campbell
Dr. Joseph G. Cardamone '65
Dr. Nicholas C. Carosella '54
Dr. and Mrs. Norman Chassin '45
Dr. and Mrs. Joseph A. Chazan '60
Dr. Michael E. Cohen '61
Dr. James M. Cole '59
Dr. Donald P. Copley '70
Dr. Edward B. Crohn '43
Dr. Julia Cullen '49
Dr. Daniel E. Curtain '47
Dr. Richard H. Daffner '67
Dr. Peter S. D'Arrigo '56
Dr. Roger S. Dayer '60
Dr. Alfred H. Dobrak '39
Dr. Sterling M. Doubrava '59
Dr. Kenneth H. Eckhert, Sr. '35
Dr. Robert Einhorn '72
Dr. and Mrs. George M. Ellis, Jr. '45
Dr. Alfred S. Evans '43
Dr. John A. Feldenzer '83
Dr. Jack C. Fisher '62
Dr. Thomas F. Frawley '44
Dr. Matt A. Gajewski '39
Dr. Penny A. Gardner '69
Dr. Kenneth L. Gayles '73
Dr. John W. Gibbs, Jr. '67
Dr. Mala Ratan Gupta
Dr. Thomas J. Guttuso '60
Mrs. Gilda L. Hansen BA '44
Dr. Reid R. Heffner, Jr.
Dr. William J. Hewett '61
Dr. Joseph M. Hill '28
Ms. Elizabeth H. Hiller
Dr. John M. Hodson '56
Dr. Kenneth L. Jewel '68
Dr. Herbert E. Joyce '45
Dr. Stephen T. Joyce '63
Dr. James R. Kanski, Jr. '60
Drs. Julian and Mayenne Karelitz '68
Dr. Arthur C. Klein '62
Dr. Jacob S. Kriteman '67
Dr. Paul S. Kruger '72
Dr. Joseph L. Kunz '56
Dr. and Mrs. Marvin Z. Kurlan '64
Dr. Francis J. LaLuna '68
Dr. Andre D. Lascari '60
Dr. Won Yub Lee
Dr. Eugene V. Leslie '51
Dr. Laurence M. Lesser '70
Dr. and Mrs. Harold Levy '46
Dr. Lucille Lewandowski '54
Dr. Jack Lippes '47
Dr. Hing-Har Lo '74
Mrs. Grace S. Mabie
Dr. William K. Major, Jr. '69
Dr. Don L. Maunz '63
Dr. Charles J. McAllister '73
Dr. Margaret P. McDonnell '82
Dr. Harry L. Metcalf '60
Dr. Merrill L. Miller '71
Dr. Eugene R. Mindell
Dr. Joseph F. Monte '59
Dr. Philip D. Morey '62
Dr. John D. Mountain '33
Dr. Arthur W. Mruczek, Sr. '73
Dr. Richard J. Nagel '53
Dr. Richard B. Narins '63
Dr. John P. Naughton
Drs. Robert G. and Lillian V. Ney '62 and '64
Dr. Timothy T. Nostrant '73
Dr. Thomas P. O'Connor '67
Dr. Carrie P. Ogorek '81
Dr. Yasuyo Ohta
Dr. Elizabeth P. Olmsted '39
Drs. Dean and Donna Orman '65 and '84
Dr. John S. Parker '57
Dr. and Mrs. Robert J. Patterson '50
Dr. Clayton A. Peimer
Dr. Victor L. Pellicano '36
Dr. James F. Phillips '47
Mr. R. Willis Post
Dr. Bert W. Rappole '66
Dr. Albert C. Rekate '40
Dr. Frank T. Riforgiato '39
Dr. Charles J. Riggio '60
Dr. Richard R. Romanowski '58
Dr. Charles H. Rosenberg '44
Dr. Jeffrey S. Ross '70
Dr. Albert G. Rowe '46
Dr. Eric J. Russell '74
Dr. Agnes Samuel '76
Miss Thelma Sanes
Dr. Arthur J. Schaefer '47
Dr. Max A. Schneider and Mr. Ronald S. Smelt '49
Dr. Robert N. Schnitzler '65
Dr. David S. Schreiber '69
Dr. Joseph I. Schultz '57
Dr. Roy E. Seibel '39
Dr. Elizabeth G. Serrage '64
Dr. Edward Shanbrom '51
Dr. John B. Sheffer '47
Miss Alice Simpson
Dr. James A. Smith '74
Drs. Robert Smolinski and Claudia Fosket '83 and '85
Dr. John J. Squadrito '39
Dr. Melvin J. Steinhart '62
Dr. William C. Sternfeld '71
Ms. Elizabeth A. Storch MS '72 — Lib
Mr. Barry S. Swartz
Dr. Michael S. Taxier '75
Dr. James C. Tibbetts, Jr. '64
Dr. Charles S. Tirone '63
Dr. Edward A. Toriello '80
Dr. Bradley T. Truax '74
Dr. Arnold Wax '76
Dr. Harold J. Weinstein '72
Dr. Philip B. Wels '41
Dr. James J. White, Jr. '69
Dr. Gary J. Wilcox '73
Dr. Richard G. Williams '80
Dr. and Mrs. Marvin N. Winer '39
Mrs. Rose Marie L. Wong BS '50 — Pharmacy
Dr. John R. Wright
Dr. Gregory E. Young '77
Dr. Wende W. Young '61
Dr. and Mrs. Franklin Zeplowitz '58
Dr. and Mrs. David C. Ziegler '65

Editor's Note: While every effort is made to ensure the accuracy of this listing, omissions and misprints may occur. This report lists all members between October 23, 1993 and October 21, 1994. If you have any questions, comments or concerns, please call Michael E. Benzin, Director of the Annual Appeal, at (716) 645-3312. Thank you.

FRANK CESARIO

Noel Richard Rose, M.D., Ph.D., '64, receives the Alumni Association's specially designed crystal bison from association vice president Frank T. Schreck, M.D., '79.

Noel Rose receives Distinguished Medical Alumnus Award for 1994

Noel Richard Rose, M.D., Ph.D., professor of molecular microbiology and immunology at The Johns Hopkins University, received the Distinguished Medical Alumnus Award at a dinner at the Park Country Club of Buffalo last September.

Rose, a specialist and pioneer in the field of autoimmunity, is a 1964 graduate of the UB medical school. A graduate of Yale University, he received a doctorate from the University of Pennsylvania in 1951.

He founded Wayne State University's department of immunology and microbiology in 1973, and in 1982 became the first chair of the department of immunology and infectious diseases, now the department of molecular microbiology and immunology, at Johns Hopkins.

Rose began his academic career at UB, joining the faculty as an instructor in bacteriology and immunology in 1951. At UB, he worked with Ernest Witebsky, distinguished scientist, researcher and director of UB's Center of Immunology. Rose became director of the center, which now bears Witebsky's name, after his mentor's death in 1969, and holds honorary life-long membership on the Ernest Witebsky Center Committee.

During his 22 years at UB, he also was director of Erie County Laboratories, head of the old E.J. Meyer Memorial Hospital department of laboratories and director of UB's diagnostic laboratories.

Rose left UB in 1973 to establish and head Wayne State's immunology efforts. In 1982, he went to Johns Hopkins, where he chaired the department of immunology and infectious diseases for 11 years. He is a professor in the departments of molecular microbiology and immunology, medicine and environmental health sciences and director of the World Health Organization Collaborating Center for Autoimmune Disease in Baltimore since 1968.

Rose's current research is related to self-non-self discrimination and autoimmune disease. He has published more than 500 articles and abstracts in professional journals and has edited 10 books. He is editor in chief of *Clinical Immunology and Immunopathology* and sits on several editorial boards.

Board Again

ONE LAST STANDARDIZED TEST TO TAKE!

This week I find myself spending all my spare time studying for the Pediatric Boards, which I will confront next Tuesday in a hotel room in Portland, Oregon. I hardly have any time to catch the details of the O.J. trial and the latest dilemmas confronting Judge Lance Ito ..... YAAWN.

I am awaiting the appearance of a cable channel devoted entirely to the O.J. case. ("I want my O.J.TV.") Whoops! I guess it already exists and it's called CNN, or the 300-hour PBS special on the history of baseball. Baseball is the only sport in which a PBS special is more captivating than a live game.

I am hoping that this is the last time I will have to spend what seems like an eternity filling in those microscopic circles with a number two pencil. I am also not looking forward to receiving instructions on how to fill in the holes. You would think they consider that since everyone in the room is a licensed physician and has spent the equivalent of one month each taking standardized exams, they would just say, "look you know what to do, go ahead and start."

No such luck. They'll have that same woman from the second grade with the blue hair telling us that the penalty for cheating is expulsion from the room and the possibility of serving on the O.J. jury. (I'll get the same feeling I get listening to the flight attendant explain again how to act in the event of a water landing even though we are flying over Idaho.)

JAY LINCOLN

I'm not sure if I am more anxious about taking the Boards, or my job prospects upon passing them. I have actually had pediatric colleagues tell me that I am lucky that I have comedy to fall back on. It was supposed to be the other way around, wasn't it? Perhaps one day I'll tell my children, "You want to be a doctor? You'll starve! First do something that will put food on the table — standup comedy!"

Newsweek even ran a story about patients looking up their symptoms on the Internet and communicating to others about them. I hope Hillary and her committee don't see the story, or patients will have to get used to hearing, "Take two bytes and call me in the morning." ✚

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

1940s

PHILIP C. DENNEN '49, authored the "Forceps Delivery" chapter of *High Risk Pregnancy — Management Option,* James, Steer, Weiner and Gonik, editors, published by Saunders last May. He has seven granddaughters and two grandsons.

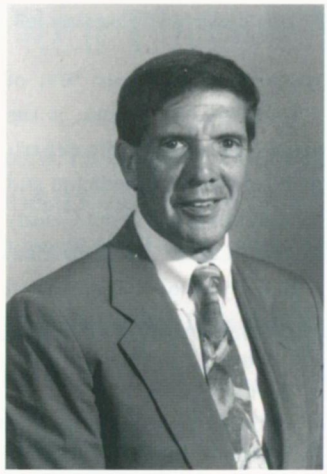
1950s

JOHN B. FRANKEL '53, of St. Paul, Minnesota, returned from OB/GYN practice in Southern California in the early 1990s, moved to Washington and helped establish a prenatal care clinic. He retired in June 1993 to St. Paul and married a grade school classmate. They have 13 children and 13 grandchildren.

1960s

EDWIN R. LAMM '60, of Lakeland, Florida, became medical director of the Wound Care Inpatient Subacute Center, Meridian Health Care Center, last May. He has been medical director of the Meridian Nursing Center since 1988. He has four grandchildren. Two of his four children are married.

JAMES MARKELLO '61, of Greenville, North Carolina, recently retired as professor of pediatrics from East Carolina University School of Medicine. He and his wife, Rhea Markello, R.N., who also recently retired her nursing management post from East Carolina University Medical Center, spend summers at their Eden, New York, residence.



Bernard C. Muscato '69

JOHN J. LAMAR, JR. '63, of Salem, New Jersey, was recently appointed chief of pediatrics at Memorial Hospital of Salem County. His second grandchild and first granddaughter, Skyler Nicole Devine, was born last July, weighing 7 lbs., 10 oz.

KEN KLEMENTOWSKI '66, of Grand Island, New York, spent time last July in Buffalo's sister city in Poland, Rzeszow, teaching extracapsular cataract and implant surgery. He also took $250,000 worth of implants and ophthalmologic equipment donated by vendors to Rzeszow.

BARRY SHULTZ '68, of Sinking Spring, Pennsylvania, has been re-elected president of the Urologic Society of Pennsylvania. He is president of Genito-Urinary Associates of Reading. He has a daughter in graduate school at Dartmouth, a son in pre-med at Davidson and another son in high school. He recently met with **Tom Cumbo** '68 and **Bruce Stoesser** '68 at the wedding of Rich Stamile's daughter in Tulsa.

BERNARD C. MUSCATO '69, was appointed to a six-year term on the board of directors of Mercy Hospital of Buffalo. He is a past president of the medical staff there.

1970s

ARTHUR M. SEIGEL '70, of Guilford, Connecticut, just received his pilot's license. His neurology practice, he says, keeps him busy.

MICHAEL A. HABERMAN '73, of Atlanta, Georgia, was installed in June as the 140th president of the Medical Association of Atlanta, at 2,000 members, the largest county medical society in the Medical Association of Georgia. He is the first psychiatrist to serve in this capacity. He was also elected as an alternate director to the Medical Association of Georgia's board of directors. A fellow of the American Psychiatric Association, he served as the president of the Georgia Psychiatric Physicians Association. He is in private practice in Atlanta.

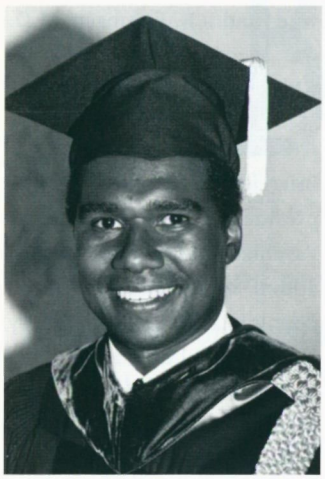
ERIC RUSSELL '74, of Chicago, Illinois, has been promoted to professor of radiology at Northwestern University Medical School. He lectured at *Symposium Neuroradiologicum*, in Kuamoto, Japan, on imaging of the nasopharynx. Daughters Gabrielle, 12, and Meredith, 7, attend Latin School of Chicago; wife Sandra K. Fernbach, M.D., was elected president of the Chicago Radiological Society.

RICHARD I. ALTESMAN '76, of Briarcliff Manor, New York, is president of the Westchester Psychiatric Society and received added qualifications to his boards in addictions psychiatry. He is medical director of Stony Lodge Hospital in Briarcliff Manor. He and his wife Linda celebrated their 22nd anniversary recently. They have a son, 14, and daughter, 12. "Anyone passing through New York City should stop and say hello."

1980s

PABLO RODRIGUEZ '81, of Warwick, Rhode Island, was awarded the 1994 American Medical Association's Young Physicians Section's Community Service Award during the AMA's annual meeting in Chicago. He chairs the Rhode Island Minority Health Advisory Committee, which awards grants for minority community-based health promotion programs.

JOE SERNA '82, tells us he is "fortunate to continue living, roaches and all, at the center of the universe — Phoenix, Arizona." He is a staff physician with the U.S. Indian Health Service and is "still" the same rank as Data. His loving wife of 10 years, Ana Laura, continues to ask around his sixth or seventh night at home, "Don't you have a call night coming up soon?" They have four children, José



David Kountz '85

Miguel, 9; John David, 6; Laura Andrea, 2; and Benjamin Adam, 1. "Our daring colleague, Sin Ping Lee, is doing well as a solo practitioner in Chandler, Arizona."

DENISE M. GOODMAN '83, of Chicago, Illinois, has accepted a position as assistant professor of pediatrics and pulmonary and critical care medicine at Northwestern University Medical School. She is also an attending physician at The Children's Memorial Hospital of Chicago.

ANDREW KNOLL '84, of Syracuse, New York, has been promoted to the rank of commander in the U.S. Naval Reserve.

DAVID KOUNTZ '85, of Sicklerville, New Jersey, assistant professor of medicine at Hahnemann University in Philadelphia, received the Battafarano Practicing Physician Award of Excellence at the commencement exercises of the Hahnemann University School of Medicine and Graduate School.

MOLLY A. O'GORMAN '86, of Salt Lake City, Utah, is an assistant professor of gastroenterology at the University of Utah's Primary Children's Medical Center.

MICHAEL J. BARTISS '87, of Pinehurst, North Carolina, is practicing pediatric ophthalmology and strabismus surgery with Carolina Eye Associates. His daughter, Kelsey, 6, and son Nolan, 5, have a new baby sister, Maeve Kathleen, born July 7, 1994. "Mom and baby are doing fine."

DEBI DEMESTIHAS '87, of Buffalo, is an attending in pediatric emergency medicine and practicing primary care pediatrics at Health Care Plan. She married New York State trooper Shawn Dalton last September.

BRIAN GALE '87, of Riverdale, New York, is taking a fellowship in cross sectional imaging at the New York Hospital, Cornell Medical Center. His daughter, Grace, turned 2 in September. He writes that Russell and Nancy Fuhrer had Evan Fuhrer last fall.

Molly A. O'Gorman '86

WALTER J. GAUDINO '87, of Massapequa, New York, is the acting chairman of the department of physical medicine and rehabilitation at Nassau County Medical Center. He is married, with a 2-year-old daughter and another child on the way. He'd like to hear from any classmates in the Long Island area.

MICHAEL E. ROSENBAND '89, of New York, New York, completed his residency in internal medicine at Mt. Sinai Hospital in June 1993. As an attending physician there in 1993-94, he was awarded the 1994 Physician of the Year Award. He is pursuing a fellowship in cardiology at North Shore Hospital in Long Island. He married Gattya Lahau in May 1993.

1990s

PAMELA A. CLARK '90, of Charlottesville, Virginia, is beginning her second year of a pediatric endocrinology fellowship at the University of Virginia. She married Michael DeHodge, a buyer for the University of Virginia, last June.

OBITUARIES

JOSEPH R. DOLCE '31, who offered controversial testimony in 1964 as a ballistics expert before the Warren Commission investigating the assassination of John F. Kennedy, died in his Riviera Beach, Florida, home last March.

J. CURTIS HELLRIEGEL '33, a longtime Buffalo obstetrician-gynecologist, died last July after a long illness. An early advocate of natural childbirth, he served as chief of staff at Millard Fillmore Hospital in 1966. He also was an associate professor of obstetrics and gynecology.

JULIAN J. ASCHER '40, died last January after a long illness.

JOHN GERLING '43, of Atlanta, died in December 1993.

JOHN K. QUINLIVAN '45, a plastic surgeon who served as clinical assistant professor of plastic and reconstructive surgery at UB, died last August after a brief illness.

B. EDWARD HECKMANN '48, died unexpectedly last June in his home in Snyder, New York. In private practice from 1949 to 1975, he also worked for Erie County and New York State and was associated with Sisters and Millard Fillmore hospitals.

ANNETTE M. MCDERMOTT '83, died after a seven-year battle with breast cancer. She had built a large internal medicine practice in Waynesboro, Virginia, and served as medical director for Skyline Rehabilitation Management, Inc., there.

Planting A Tree Under Which You Will Never Sit

Dr. DeVillo W. Harrington, class of 1871, knew how to make his money grow. In fact, this man who in 1905 provided $5,000 through his will for the University at Buffalo School of Medicine, is still supporting UB today through the endowment his bequest created.

This permanent endowment in Dr. Harrington's name has grown to over $300,000 and today it supports the famous Harrington Lecture Series, which twice a year brings distinguished scientific speakers to the School of Medicine and Biomedical Sciences.

Dr. Harrington's legacy to UB is just one of many bequests which have established permanent and important endowed funds at the school. They enable UB to provide scholarships to outstanding students, enhance scientific research, support excellence in teaching and meet the ever-changing needs of the school.

You too can provide the School of Medicine with a measure of permanence through a bequest. Proper estate planning helps you develop a smart financial plan. A charitable bequest provides the satisfaction that comes from planting a tree under which you will never sit, but which will bear fruit for generations to come.

For a confidential consultation on making a bequest to the UB School of Medicine and Biomedical Sciences, or to receive materials to share with your attorney or estate planning advisor, please contact:

Stephen A. Ebsary, Jr.

Assistant Dean and Director of Development

School of Medicine and Biomedical Sciences

University at Buffalo

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