UNIVERSITY OF ROCHESTER MEDICAL CENTER • SCHOOL OF MEDICINE AND DENTISTRY • FALL / WINTER 2009

ROCHESTER MEDICINE

The Comeback

Pushing himself to recover from a cervical fracture, Brad Berk also discovers lessons on compassion, caregivers and timeouts

Heart of the Medical Center

Miner's leaders envision the technology, the space and the resources to maintain a great library in the digital age

UNIVERSITY of ROCHESTER MEDICAL CENTER

MEDICINE of THE HIGHEST ORDER

University of Rochester
School of Medicine and Dentistry
601 Elmwood Avenue, Box 643
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ON THE COVER
Bradford C. Berk, M.D., Ph.D., walks during physical therapy as he endeavors to recover from a cervical fracture.

A trip to China, even to speak at a cardiology conference, is special. But I will never forget my trip to speak in Shanghai in late May.

I received word by phone at 5 a.m. Shanghai time on May 31 that Brad Berk, the CEO of URMC, had been seriously injured in a cycling accident and was being airlifted to Strong Memorial Hospital.

Brad and I have been close friends and scientific collaborators since 1981, when we met while we were in training at the Brigham and Women's Hospital in Boston. As soon as I got off the phone, I arranged to cut short my trip and return to New York to be with him. At the time, I had no real sense of prognosis, but I knew that the injury was very serious. When I arrived in New York and had a chance to get briefed, there was certainly worry that the injury could leave him with serious impairment. However, even then, there were some positive signs that suggested a real possibility of marked improvement over time. In this issue of *Rochester Medicine*, Brad discusses, in detail, the accident and his injury, the lessons he has learned and the state of his recovery. You can sense the determination he has applied to his therapy and recovery.

Brad has progressed very well. It is difficult to predict the outcome of this kind of injury from the initial presentation. The good news was that unlike the injury to Christopher Reeve, he did not sever the spinal cord. However, most spinal cord injuries are complicated by swelling and inflammation around the cord, which can take quite a while to resolve. In addition, some damage to the nerves can repair over time. Even during the first few days, he showed improvement, so there was every reason to be optimistic that he would have a significant recovery. Over the last few weeks, Brad has shown substantial improvement, particularly in his arms.

And there is every reason to believe that he will continue to recover. That in itself is a clear motivator. Brad and I are extraordinarily upbeat and optimistic people. That is one of the characteristics that have made us such close friends. Brad always has been forward thinking, sets the highest goals, and has great perseverance. His approach to his injury is no different than that for anything else that he does — i.e., he accepts it as a challenge to be conquered, sets long and short-term goals, and moves forward. Brad has a great vision for the Medical Center

that he has honed over the years. He has worked extraordinarily hard to bring that vision to fruition. I can't see any injury diverting him from moving that vision forward. After you read what he has to say in this issue and see the energy and persistence, I am sure you will agree.

***Rochester Medicine* goes online**

With this issue, *Rochester Medicine* magazine launches an online edition that is available simultaneously with the print edition. The online magazine will have Web extras. The debut online edition has a video of Bradford Berk, M.D., Ph.D., talking about his recovery, a photo slide show of reunion and more new articles. The online *Rochester Medicine* is another way to keep in touch with the School of Medicine and Dentistry. Look online at *www.urmc.edu/rochester-medicine*

Mark Taubman, M.D.
Acting CEO, University of Rochester Medical Center; Senior Vice President for Health Sciences

For a quiet corner where I can have a moment of contemplation and reflection or an environment for exploration and discovery, I know of no better place than the Edward G. Miner Library.

Through all my years on the faculty of the University of Rochester School of Medicine and Dentistry and as a pediatrician at the Medical Center, I knew everyone could find what they needed at Miner—and if they couldn't find what they needed, they knew there was a librarian who could. Miner has changed in physical appearance over the years but the level of service has only increased.

We are fortunate to have an outstanding medical library accessible to all members of our extended Medical Center family. We owe a lot to the leadership at Miner, Lucretia McClure, Valerie Florance and now Julia Sollenberger, the current associate vice president and director of Medical Center libraries and technologies. Julia oversees the Miner Library, the Basil G. Bibby Library at the Eastman Dental Center and the John R. Williams Health Sciences Library at Highland Hospital.

Miner's leaders have made sure the library has kept pace with the needs of medical students, faculty, researchers, staff and patients. Julia just finished a year as president of the Association of Academic Health Sciences Libraries so she knows what is happening at medical schools and medical centers across the country.

We see the changes of the last 10 to 20 years in technology, communication and education very clearly in Miner. An article in this issue of *Rochester Medicine* examines these changes. Many of us remember well the hours we spent working our way through card catalogs and searching in the stacks. Search engines have made our work easier. In many ways, the library is more accessible than ever for all of us. We can go to Miner with our laptop and spend the day or we can get the journal article we want from our office.

But the technology also places more demands on the library. Miner's leaders, working with the administration and the faculty, work to find ways to pay for journals and other services that seem to have steadily increasing fees. They make sure all users of the library are authenticated. They reach out to patients and to members of the community.

As you will read in this issue, Miner's leaders are looking to the future. Miner needs more space for classrooms to teach us about the library's resources. The library needs a technology upgrade, group learning areas to support our medical school curriculum and an

enhanced area to display Miner's extensive collection of historic books and manuscripts. And yes, Miner should have a café!

I look forward to working with our colleagues to assure the continued excellence of Miner well into the future. After reading about Miner needs and the proposed changes, I hope our alumni join us.

Elizabeth R. McAnarney, M.D.
Acting Dean of the School of Medicine and Dentistry

ROCHESTER MEDICINE

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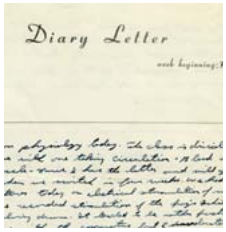

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Associate Vice President for Public Relations and Communications	Teri D'Agostino
Editor	Michael Wentzel
Contributing Writers	Lori Barrette, Heather Hare, Mark Michaud, Leslie Orr, Germaine Reinhardt, Tom Rickey, Leslie White and Greg Williams
Art Director	Mitchell Christensen
Photographers	Ken Huth and Vince Sullivan

For questions or comments, contact: Department of Alumni Relations and Advancement for the School of Medicine & Dentistry
300 East River Road, Rochester, NY 14627
800–333–4428 | 585–273–5954 | Fax 585–461–2081
Comments on this issue, e-mail: *Michael_Wentzel@urmc.rochester.edu*

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the comeback

Pushing himself to recover from a cervical fracture, Brad Berk also discovers lessons on compassion, caregivers and timeouts.

By Michael Wentzel

With the same determination he showed on the squash court, Bradford Berk, M.D., Ph.D., now works at standing up straight, pulling back his shoulders, picking up a checker, squeezing a tennis ball, building muscle and waking up nerves.

For three hours each weekday afternoon, Berk, who is on leave as chief executive officer of the University of Rochester Medical Center, is a patient in the rehabilitation unit of the Medical Center where he aims to repair the damage caused by a cervical fracture and incomplete spinal lesion suffered in a May 30 bicycling accident.

Berk speaks with a voice softened somewhat by weakened diaphragm muscles but also heightened with openness and clarity when he talks about the details of the accident, the peace he made with himself, the unsettled world of spinal cord injury, his new ideas for caregivers and hospitals, the state of his body or his route to return as the Medical Center's CEO.

"As soon as it happened, I knew. I heard the crack," Berk said, recalling the moment of his injury. "When I landed, I remember being very pleased that my bicycle helmet was still intact and I could think perfectly well. But I heard that crack and felt my body go numb. I thought my injury was probably at C5 from the way things felt. It turned out to be between C3 and C4 so I was pretty close. I knew right away what happened and what it meant."

On the side of the road that afternoon, Berk almost immediately created a plan for the future.

"Knowing what I had done, at that moment I made this peace with myself. If I got through this and afterwards if I did not need a ventilator but I was able to move in a wheelchair on my own, that would be OK," he said.

Berk was able to shed the ventilator 20 days after his accident. Now he has made another decision about his future and what he must do to be at peace with himself.

"I am working toward being the most I can be," he said. "With an incomplete lesion, it is not clear what that means. That's why I work as hard as I can every day: to go as far as I can go."

An apology to his wife

The accident occurred on a Saturday at a hairpin turn on North Vine Valley Road near the Berk house in Canandaigua. Berk, an accomplished cyclist, had traveled the road on his bicycle many times.

On this ride, Berk encountered an oncoming car "quite a bit over in my side of the lane." The car forced him to swing wide and leave the paved road. When he

Therapists Tim O'Connor and Cynthia Thieleman work with a determined Brad Berk.

got off the road, a tire blew out and he went over the handlebars.

The driver of the car immediately came over. "Did I surprise you?" he asked, not knowing the extent of the injury.

"I think I've broken my neck, so please don't move me," Berk told the man. He asked the man whether he had a cell phone and told him to call 911. The man also called the Berk house and held the phone as Berk talked.

It was a family weekend at the Canandaigua house. Two of the three children of Brad and Mary Berk were there. They had planned an evening dinner in Rochester with their eldest daughter. David Berk answered the phone call and Berk told his son what had happened.

"David said: 'Dad had an accident,'" Mary Berk recalled. "I thought: OK, he fell off his bike and broke his arm. David didn't tell me what Brad had said. But as we were driving to where it happened, I looked at David and his face was white. We came around the corner and Brad was lying in the road. I remember asking: 'Is he conscious? Is he breathing?'"

Mary Berk went to her husband.

"I said to Mary: 'I'm so sorry' because I knew how much this would change our lives," Berk said. "I knew what had happened to me and where we were heading. At that moment, I said these are the cards on the table and we will make the most of it and I'll be happy where we ended up. I really wasn't panicked. I was concerned about my breathing. I was scared and I was determined and I was relieved that Mary was there and that I wasn't all alone."

Berk's orderly mind took over.

"He directed me," Mary Berk said. "He told me to call the E.D. and talk to the attending. The attending was wonderful. I told him what happened. He said the trauma team would be ready."

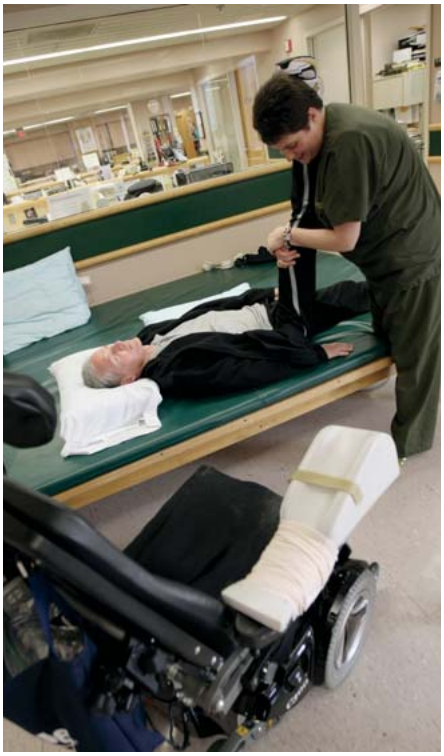
Berk praises the care provided by the ambulance crew that responded to the accident. Mercy Flight airlifted him to the Medical Center. He was in the emergency room within an hour of the accident. But Mary Berk could not travel with her husband in the helicopter. She and her son and her daughter, Sarah, went by car to Rochester. Mary Berk said she felt she had to drive.

"It was a very long drive," she said.

A world removed from reality

In the Medical Center in the Kessler Family Burn/Trauma Intensive Care Unit, after emergency treatment and surgery, Berk found himself in a strange, otherworldly environment that reminded him of the 1978 movie *Coma*.

"You can imagine what it is like to



be paralyzed but you can't really know the experience," Berk said. "I felt suspended in space in this cocoon environment. You are so helpless. I felt like I was floating in this world removed from current reality. It was very unnerving. There is no frame of reference to know exactly what you are or where you are. There is no sensation. You can tell up from down but that is about it. You just can't imagine. It was terrifying at times."

Berk, who initially was intubated, quickly became frustrated with the difficulties in communicating. Using an alphabet board, he spelled out words letter by letter by blinking his eyes for correct letters, a slow and inefficient process. After a few days, a tracheotomy at least relieved the discomfort of the intubation.

In spite of this uncertain world, Berk remained positive.

"I assumed, even in the ICU while I was intubated, that I would come back to tell the story," Berk said. "I had a lot of confidence and determination. I experienced a tremendous amount of support from family, friends and staff. But I don't think I fully understood how long it would take me to get back."

In the ICU, a change also was beginning to take shape in the way Berk viewed hospital care.

"I think it profoundly affected his perception of caregivers," Mary Berk said. "When he was in the ICU, he talked about people who would touch him with healing hands as opposed to someone who just did what they had to do. It meant everything to him when someone touched in a way that he could feel the connection. Doctors are trained to distance themselves and maintain that distance and objectivity. When the role is reversed and you are so desperately in need of connection, it is pretty profound."

After 12 days in the ICU, Berk transferred to the Kessler Institute for Rehabilitation in West Orange, N.J., which specializes in spinal cord rehabilitation. Twenty days after the accident, Berk was able to breathe on his own.

"That was such a celebration," said Mary Berk, whose life also had changed dramatically.

"We had this extremely busy life and all of sudden it just stopped," she said. "We stepped out of life and dealt only with all of this. My life was going to Kessler. I moved to New Jersey and I started out being at Kessler morning to night. That was too much. After a while, I went for lunch and then came back after therapy and stayed until 8 at night."

Berk views his family's support as essential.

"I had great family support," he said. "My son David lives in Jersey City

Therapist Simon Carson helps with a paraffin bath.

and he came to see me twice a week. Mary spent the whole time there. As much as nurses and aides help, having your family there is critical to your recovery. Having them there reminded me of what life had been and what I wanted to return to. I wanted to get back to be with my family and enjoy my family. It's important to have a goal. Having family close is really key, as I look back."

At times, Mary Berk returned to Rochester—to buy a van with a ramp that transported a wheelchair, then to put up for sale their Elmwood Avenue house and buy a house that better accommodated her husband's needs.

"It was a huge change and a huge change for me," Mary Berk said.

Lunch with those with a huge loss

At the Kessler Institute in New Jersey, Berk began to experience the world from the viewpoint of a spinal injury patient and from the seat of a wheelchair.

He shared lunch each day with other patients, mainly younger men who had complete spinal lesions.

"We exchanged a lot of information about injuries, about what was

bothering us," Berk said. "It was a good environment in many ways because it allowed you to express your fears and frustrations."

Two of Berk's lunch mates were in their early 20s. One was injured body surfing. The other was hurt when he dove in to race his father and hit something.

"They were young and their injuries were worse than mine," Berk said. "For them, it was a huge loss. They had not had a chance to establish a life or career or have a family. It made me realize that no matter how challenging you thought your situation was, there was always one that was worse."

About 50 people visited Berk at the Kessler Institute, and that was a learning experience too.

"Everyone who came, at least for the first time, worried about what would he look like and they were relieved when

he looked better than expected," Mary Berk said. "He didn't make them feel uncomfortable about his limitations. Within a few minutes, they were just fine. He would tell them to feed him or do this or that in his usual directive style. He relieved people's tension and anxiety. He was a captive audience, which people enjoyed because that has rarely been his way. The opportunity to spend time with their father was especially meaningful to our children."

Berk calls the time "an amazing reconnection with my children."

"All of a sudden they were feeding me and helping me and doing all these things for me. It was a reversal of roles," he said. "It was good for them, too. They enjoyed the opportunity to spend that kind of time together. Given how busy I'd been and how busy they'd been, we had not been able to spend time together."

Berk greatly appreciated a wheelchair ride in the Kessler Institute parking lot or a trip to a park in a nearby town in the new van. A University of Rochester School of Medicine and Dentistry roommate of Berk put together a picnic that included candles and wine. One of Berk's aides, who was well-schooled in George Washington lore, took Berk and his wife to a hill with a view of the Hudson River that had allowed Washington to observe the British troops.

"To see the sky and feel the air and be out with people was wonderful," he said.

During his time at the Kessler Institute, Berk ventured out to dinner a few times. "We would try to find restaurants that had outside dining on a patio because navigating through the tables and chairs was difficult," he said. "In public settings, it's better to pick a spot and stay there. It's difficult to drive through crowds. You learn about height. You're smaller in a wheel chair and people look down at you or don't see you."

"It ends up not being a big deal to feed him," Mary Berk said. "At a recent class reunion, a good friend was on one side and I was on the other. He did the drinks and I did the food. It is very interactive when people help you and feed

you … people want to help. They want to do something concrete, not just make idle conversation. Sometimes they don't know what to do, but Brad usually manages to find a job for everybody."

Berk left the Kessler Institute on his 101st day there. He proudly noted that Kessler expected he would require six months. He returned to Rochester for three weeks in the Medical Center and then moved into a newly-acquired house.

Doctor as patient and thoughts for the future

Although rehabilitation therapy has filled the days and weeks since the accident, Berk calls these months removed from his routine as executive, cardiologist and researcher a "timeout." He didn't even wear a watch.

"In a sense, time just stopped," Berk said. "We all need timeouts. The loss of my daily routine provided a unique opportunity to observe the delivery of health care from a different perspective and for a long period of time."

Berk has become convinced that hospitals have to make time for caregivers to get to know their patients so they can feel good about taking care of someone and the patient has time to let the caregiver know they appreciate the care.

"Compassionate caregiving is an amazing experience," Berk said. "I think that taking care of someone and bringing them back to health is a very fundamental human sensation and experience. It is profoundly rewarding for caregivers to do this. It is something so fundamental to a human being that we need to recognize it and salute it, and we don't always do that.

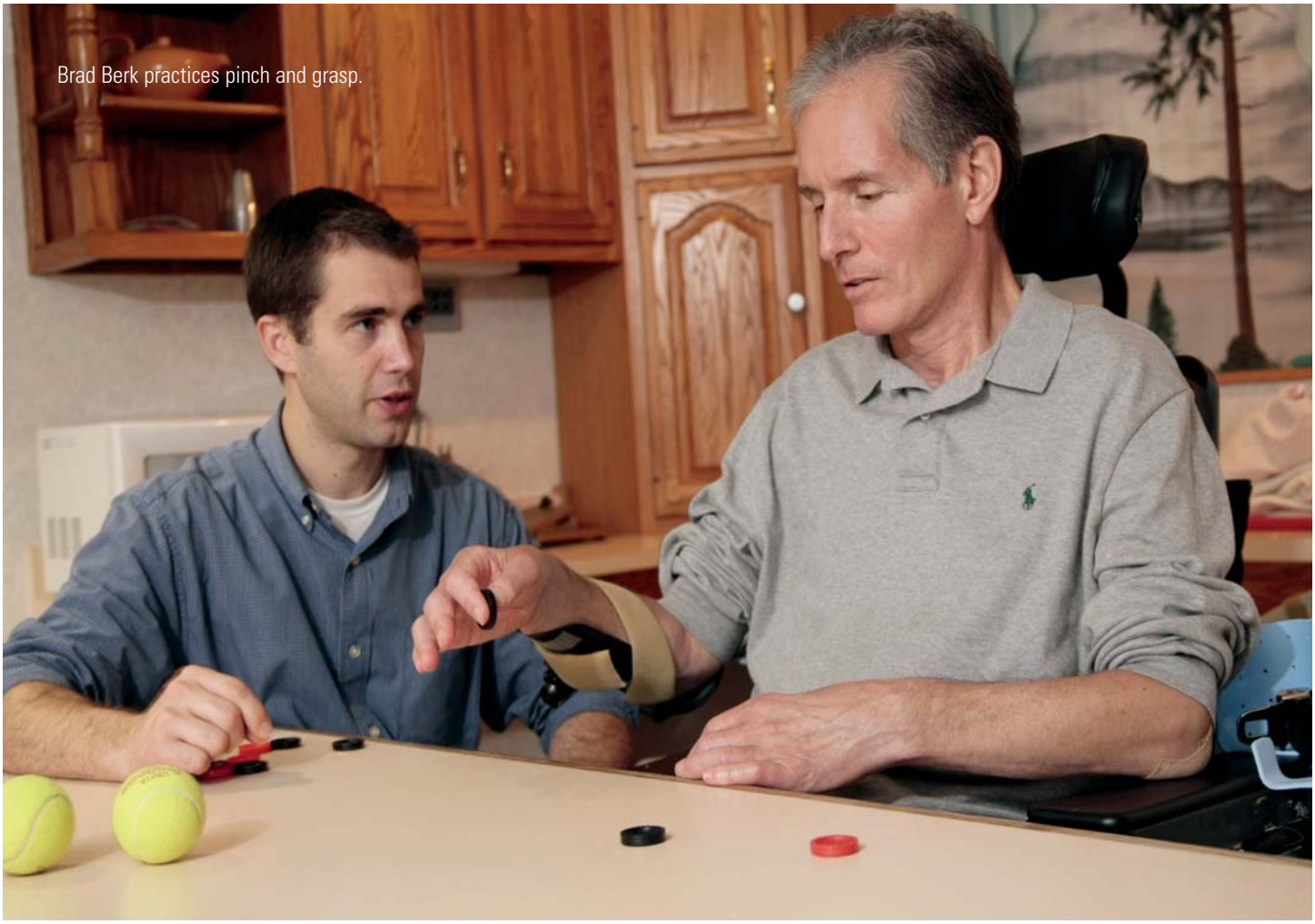
"Over the course of this illness, I have encountered so many wonderful caregivers. If something felt really good, I would tell them that I really appreciated their taking extra time. That interaction, that communication, really makes job satisfaction much better for the caregiver. We need to change our dynamic and make sure that there is time for the interaction to occur. In the hospital's current environment, where we're really trying to move patients along, it really does limit the opportunities for the patient and caregiver to have time to recognize what they have. I hope we can find ways to legitimize this as part of the way we operate."

"I could tell that people cared as soon as they put their hands on me," he said. "You could feel safe with them. Feeling safe is a big part of this because you are so dependent on everyone. When you don't feel safe it is very concerning. Because my experience was extreme, it was so clear to me how important this is."

As CEO of a medical center, Berk knows where he wants to go with what he has observed.

"Just as we made quality of care and patient safety hugely important — and we have made significant strides in those areas — we need to make interaction really big," he said. "It will drive quality and safety and it will enable our very own caregivers to be very satisfied with the work they do. As an organization, how do we create an environment where people can fully express themselves in a way that enables patients to feel safe and enables the patient to interact with the caregiver and to say

What's new with Brad Berk?
For an exclusive video interview with Brad Berk, who talks about the progress of his recovery, go to *Rochester Medicine* Online at *www.urmc.edu/rochester-medicine*



Brad Berk practices pinch and grasp.

what you're doing is really helpful to me? Both the patient and caregiver end up feeling satisfied and taken care of. I think this is achievable. We have great people at the Medical Center. We have to work on making this operational."

To begin making such a change, Mary Berk said, it must be taught in all schools that educate care providers.

The reeducation of arms and legs

In the Medical Center's rehabilitation unit, Berk takes occupational therapy and physical therapy. Most of his body needs work, but the greatest loss of strength is in his upper body. His muscles have atrophied so much that "everything moves around," he said. He had a dislocated shoulder because the atrophied muscles could not hold it in place.

"A lot of nerves pass through the shoulder joint and armpit. When the shoulder dislocates, the squeezing of the nerves is very painful," Berk said. "Shoulder problems are the most common complaint in injuries like mine. Shoulders are critical."

Berk can stand and walk with assistance. His left arm seems about a month ahead of his right arm in development.

"My left arm is good about moving around," Berk said. "I'm doing mirror work so my brain gets the message and my right arm learns what it has to do. For four months my limbs have not really moved correctly so I have to reeducate them."

Sensation is returning slowly, progressing from the top of his shoulders and in November to his waist. He has to be careful as he eats. He has trouble swallowing bread. Chewing the raisins in his cereal actually tires him.

"I have to learn a lot of things over again," Berk said. "I have to learn how to roll over in bed, how to sit up well. I'm working a lot on abdominal muscles so I can sit up. I have to do a lot of sensory reeducation. I can see where my finger or my arm is but I have to learn to feel them. I have to learn what is soft and what is rough."

Berk declared a victory when he could lift his left arm and hand to scratch his nose.

"Did you ever have an itch you couldn't reach?" he asked. "This is a major improvement. I can't make a fist yet. I have plenty of strength but I don't have the flexibility. I'm working on pinch and grasp and improving my range of motion. It's all about repetition. The normal feedback loop is not there. If I feel it and see it, I can remember it. Some days I can do amazing stuff. On other days, when I am stiff, the simplest movements become tests. My muscles

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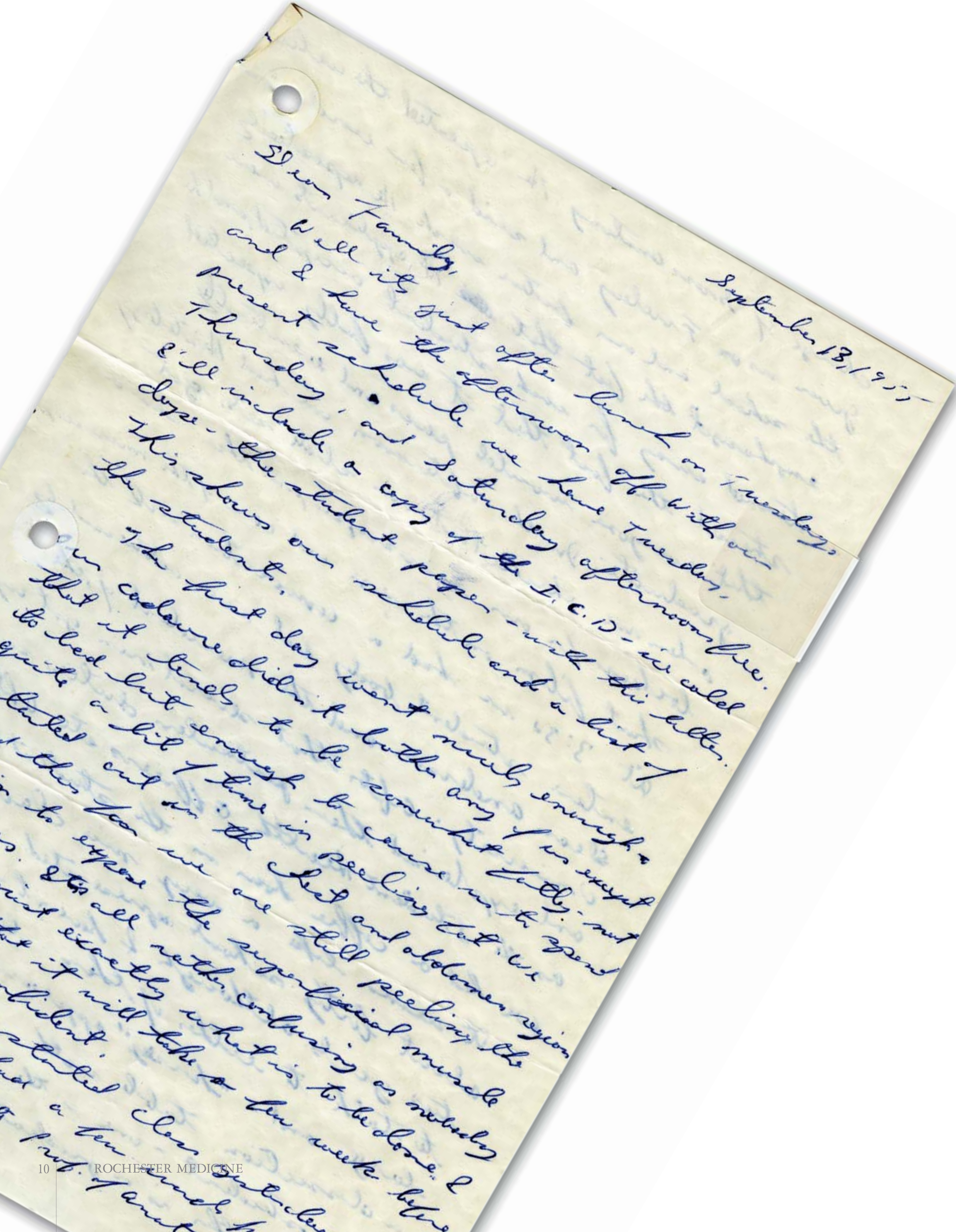


September 13, 1955

Dear Family,

Well it's just after lunch on Tuesday and I have the afternoon off. With our present schedule we have Tuesday, Thursday and Saturday afternoons free. I'll include a copy of the I.C.13 - as it's called - the student paper - with this letter. This shows our schedule and a list of the students.

The first day went nicely enough. [O]ur cadaver didn't bother any of us except that it tends to be somewhat [illegible]; not [illegible] bad but enough to be [illegible] to [illegible] spend quite a bit of time in peeling fat. We started out on the chest and abdomen region and this Tues we are still peeling the [illegible] to expose the superficial muscle[s]. It's all rather confusing as nobody [illegible] exactly what is to be done. I [illegible] it will take a few weeks before [illegible] confident. [illegible] started class [illegible] a few [illegible] Prof. [illegible]

Man of Letters

The notes Bruce Baker wrote home provide a unique glimpse of day-to-day life of a medical school student a half century ago.

Bruce Baker and wife, Nancy, today

Bruce Baker, who grew up in Clarence, a small town northeast of Buffalo, N.Y., never enjoyed being away from family and friends. Encouraged by his mother, Baker wrote frequent letters home from college and later from the University of Rochester School of Medicine and Dentistry.

"I realize now my mother knew these letters would be of historical value, along with such things as school grades and ration stamps from the 40's, in an all inclusive scrapbook," Baker said. "I owe her a debt of gratitude for preserving them …. The letters are probably more meaningful to me today than when I wrote them."

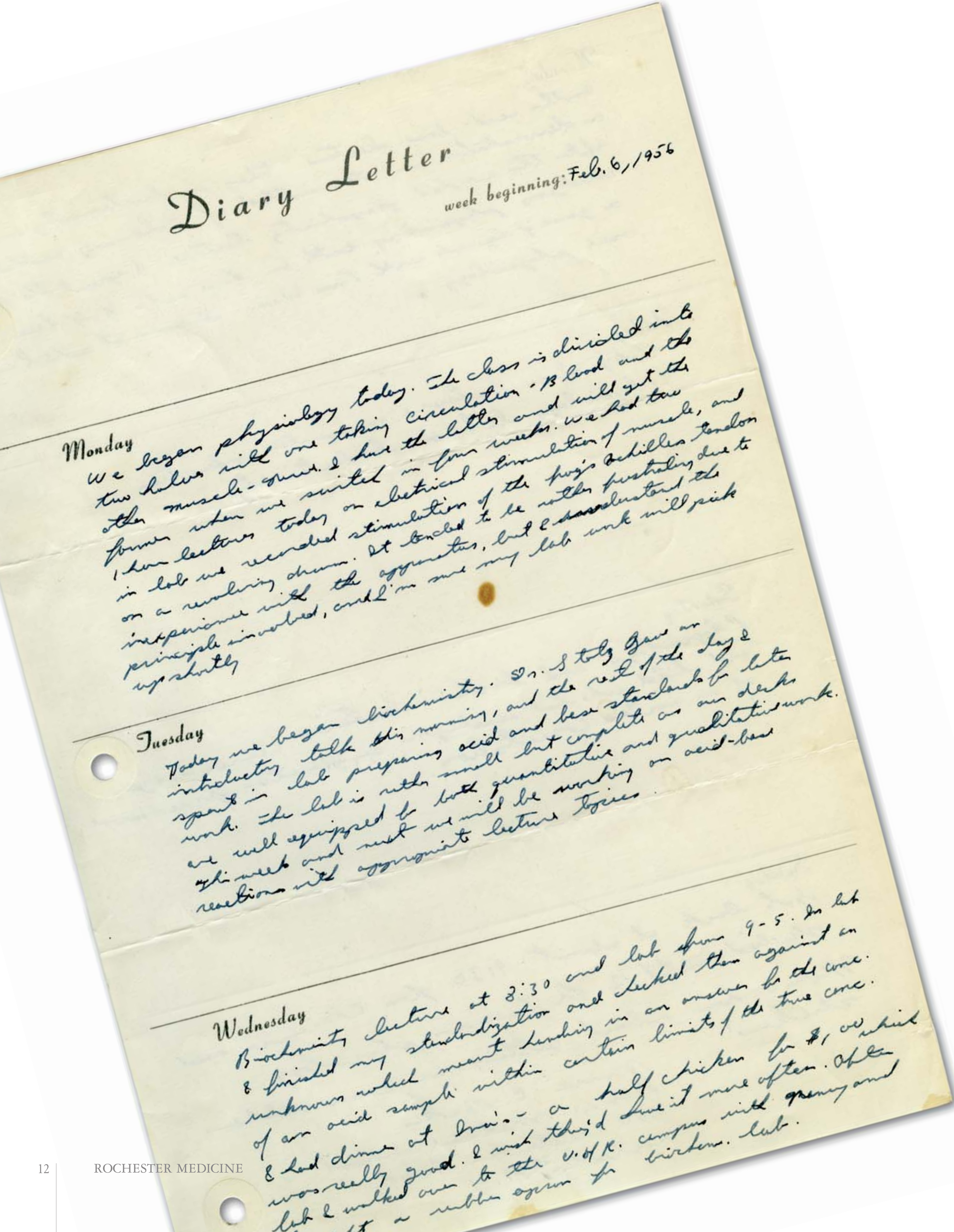
Baker, who graduated from the School of Medicine and Dentistry in 1959, had a family practice for about 40 years in LeRoy, 15 miles from where he grew up. He married Nancy Anderson, also a native of Clarence. They were only passing friends until they met again when she was a student at the University's School of Nursing.

"Early on, she accepted my invitation for a ride home to Clarence. This got things going," Baker said "We were married in April of my second year on a Friday. We both had to be back to school on Monday after a honeymoon trip to Syracuse."

The Bakers have six children and 21 grandchildren.

Baker's collection includes several dozen letters, many of which report a week's activities. He wrote his first letter from the School of Medicine and Dentistry on Sept. 13, 1955. It was a Tuesday and he had the afternoon off. With his letter, he included a copy of *Ice Cold Days*, the student newspaper. He wrote:

"The first day went nicely enough. Our cadaver didn't bother any of us except that it tends to be somewhat fatty. Not too bad but enough to cause us to spend quite a bit of time in peeling fat. We started out in the chest and abdomen region and thus far we are still peeling the skin to expose the superficial muscle layers. It's all rather confusing as nobody knows quite exactly what is to be done. I imagine that it will take a few weeks before we feel confident.



Diary Letter

week beginning: Feb. 6, 1956

Monday

We began physiology today. The class is divided into two halves with one taking circulation - Blood and the other muscle-nerve. I have the latter and will get the former when we switch in four weeks. We had two 1 hour lectures today on electrical stimulation of muscle, and in lab we recorded stimulation of the frog's Achilles tendon on a revolving drum. It tended to be rather frustrating due to inexperience with the apparatus, but I understand the principle involved, and I'm sure my lab work will pick up shortly

Tuesday

Today we began biochemistry. Dr. Stolz gave an introductory talk this morning, and the rest of the day I spent in lab preparing acid and base standards for later work. The lab is rather small but complete as our desks are well equipped for both quantitative and qualitative work. This week and next we will be working on acid-base reactions with appropriate lecture topics.

Wednesday

Biochemistry lecture at 8:30 and lab from 9-5. In lab I finished my standardization and checked them against an unknown which meant handing in an answer for the conc. of an acid sample within certain limits of the true conc. I had dinner at Ira's - a half chicken for $1, which was really good. I wish they'd serve it more often. After lab I walked over to the U. of R. campus with Manny and bought a rubber apron for biochem. lab.

"Before we started class yesterday morning we had a few words from Dr. Tobin, Associate Professor of Anatomy who has charge of Gross Anatomy. He repeated the welcome given us on Friday and said a few words about the school and our future work. He repeatedly emphasized the fact that 14 applicants were turned away for each student accepted, and he stressed the fact that it was fully expected that everyone would pass and eventually graduate. In the afternoon we had Histology then we checked out our slide sets, got lockers for our microscopes, and then saw a short film on the use and care of the microscopes. At 3:30 we had a convocation with the entire student body and were addressed by Dean Anderson and the President of the University."

In his first letter, Baker noted there was a beer party planned by the student council for the upcoming Saturday. He also asked for a subscription to his hometown newspaper, the *Clarence Press*.

Baker used what was called a "diary letter," writing notes in each day of the week. He mailed the diary pages to his family. Baker filled the diary with lists of lectures, laboratory projects and hours of study as well as where he had lunch or dinner. The diary makes clear the heavy schedule of lectures carried by medical students of his day. On Jan. 23, 1956, a typical Monday, he listed three lectures, a laboratory session that featured an examination of a brain stem and another lab session during which he dissected a gluteal region and back of a thigh. By February 1956, as he lists his evening activities, Baker wrote: "I've never studied so much in my life."

Sleeping pills and Tina's diner

September 10, 1956

"Well, one more year underway. We had physiology this morning and pharmacology this afternoon. Our two courses this year in physiology are Respiration and Blood Gases, and Vitamins and Hormones. My half of the class has respiration now and the other in four weeks. This is the way I had hoped it would work out. Dr. Fenn is teaching respiration which is also very fine. He has invited the class out to his home this next Sunday for tea. We have a library project to do in respiration (report on some phase of respiration as recorded in the literature), however I am going to see if Dr. Fenn will let me do an experiment of my own and report on it instead of a library report which to my way of thinking is not the most valuable way to learn more about a subject. In pharm. we had a lecture by Dr. Hodge, head of the department, on the history of medicine and then checked out our lab desks. We also injected several rats with chloroform in preparation for Wednesday's lab. We will work in groups of two and four in lab which in my case is fine as the people who are next to me in the alphabet are all good people to work with.

"I took a sleeping pill last night which was handed out in pharm. lab. We are supposed to report all effects; nothing happened to me however — I think that I may have been given a placebo. In respiration we had a lecture on lung pressures and volumes and a lab on the same subject. I am very enthusiastic about this course as it looks like a very dynamic subject. In psych. Dr. Engel outlined this year's course and assigned four of us to write a criticism on the first two chapters of his syllabus for the course. He is going to revise it again this year and wants us to help him. It looks like I will be real busy this next week!

"We had another lecture today in physiology on the mechanics of respiration (we were scheduled for one lecture on this subject and have had three so far. Dr. Fenn seems to get carried away on the subject of mechanics; he did the same thing in circulation and in muscle-nerve). In lab we learned to use one method of gas analysis and practiced it all morning. In psychiatry we had a patient. Dr. Engel interviewed him behind a one-way window in the room adjoining the lecture room. Four of our class were with him, and the rest of us saw the interview through the window and heard it over a microphone. The patients know that they are being watched through the window by "several doctors," but not that the "doctors" are the entire second year class. After the patient left, we discussed him as an individual and

May 27, 1956

Dear family,

I managed to get way behind in my daily letter writing, so I'll give you a brief synopsis of the week. Monday we had a lecture on heat exchange and a hot room experiment on sweat and evaporation. We also started our library project, which consists of looking up some work on some topic and giving an oral report to the class next week. My topic is - "Is there any correlation between injection of barbiturates and blood sugar levals?" Nancy started to work shift Monday and will be on shift through Thursday (4:00-12:30) night. Tuesday and Wednesday we had lectures in biochem. on nucleoprotiens. We finished our special exp. on nucleic acids and will be in biochem. on Wednesday, and now we have to write it up; it will be a group report and my job is to abstract some of the recent papers on the subject of radioactive phosphorous uptake in phospholipids of the rat liver. Wednesday after supper I umpired a softball game between the 4th year and the 1st year - we won. Tuesday and Wednesday nights I put in quite a bit of time on some psychiatry reading which I've been putting off for weeks (months!).

Thursday we had a lecture on cytochemistry. In psychiatry Dr. Hamburger talked about some of the problems of aging, and then he gave us our term papers back. He wants them back again, so I answered his comments with a couuple of my own and will give it to him tomorrow. I forgot to tell you that I got the radio fixed Thursday. I took it to a place downtown that specializes in car radio repair, and all that was wrong was a loose wire - the guy fixed it and didn't charge me a cent. (Pritchard would have soaked me $3.50 just for coming out of his house). While I was downtown I stopped in at Knopf's and got a pair of real good gaberdines (brown and light weight) for this summer and a dacron-cotton shirt which you saw.

Friday we had a lecture on renal clearance and a lab on excretion in the anesthisized dog. After dinner I studied at home awhile and then went up and got Nancy, and we took a walk through Highland Park, which is just beautiful. The lilacs are not out yet, but there are a lot of other trees in bloom, especially the magnolias. It is a very big park as B.J. and Marty probably remember from lilac Sunday. After that we went back to school and Nancy helped me put together the information from our blood pressure record of the excretion lab.

Saturday we had a lecture on biochemical genetics and a clinic on dehydrtion, which was very good. Then we had our conference on Fridays lab, and then of course we came home. Speaking of coming home, I hope I never get such a cool welcome again from my family; I really don't know what I did to warrent it, but whatever it was, I sure won't do it again because such treatment from one's family is pretty hard to take. I'm very sorry about forgetting the anniversary; also that we couldn't stay with you all Saturday evening, but with all the confusion I honestly didn't see that it made any differance except to stop by after the water show.

Today we went to the 8:00 service at St. Paul's with Bill Gamble, and then had breakfast downtown. I spent the day in the library at school and am now about to do some physiology reading. Just two weeks of school left.

as a patient. The whole idea is to get us to learn to be observant about patients and to be able to express our observations."

In his letters home, Baker regularly reported the dates he had with Nancy, what television shows he watched, when he went to church and where he ate. One of his favorite television shows was *You'll Never Get Rich* with Phil Silvers as Sgt. Bilko. He regularly had lunch and dinner at Ina's, a diner on Mt. Hope Avenue where many students ate.

"It was truly a 'greasy spoon' but it was cheap and the helpings were generous," Baker recalled. After he married, Baker never ate at Ina's again.

Oedipus complex, pharmacology and an autopsy

October 22, 1956

"We had a lecture this morning on Digitalis. In lab we did an experiment on local anesthesia. We injected each other with various drugs to see what their anesthetic potency was. I got through early and spent about an hour looking up references for my talk in pharm. which is going to be on the role of the liver in barbiturate metabolism. So far I have not had much luck in finding anything on the actual chemical transformations which take place. I have found enough evidence, however, to show that the shorter acting barbiturates are definitely detoxified in the liver. This afternoon we had a lecture on drugs which have specific action in lowering blood pressure by dilation of blood vessels. In lab we had a brief talk on the use of isotopes in medicine and then a tour of the toxicology laboratories in the atomic energy project annex. After this I went to hear a talk by a Dr. Stanley from the U. of Calif. Medical School and head of the virus lab there. He talked on viruses and claims that they are the most likely research area for cancer."

November 11, 1956

"Two more lectures on statistics this morning and a lecture in psych. on child development, including the Oedipus complex and the castration complex, both of which make sense surprisingly enough. I had lunch at Ina's and dinner too as a matter of fact. After dinner, the moment which I always dread arrived-nothing to do but last minute cramming for the final. Incidentally, Nancy will work through Thursday night and then will have Friday through Sunday off, which means that they will owe her one day as she should get a day of holiday time. We plan now for Nancy to take a bus home on Friday morning. Boy, I sure am glad that this course in pharmacology is just about over. There has been a tremendous amount of material to learn, and I just hope that I can remember the important points after the course is over. I can see now that I will be spending my Christmas vacation reviewing pharmacology and biochemistry."

November 26, 1956

"I got home and started studying, only to be called at 3:00 to come to school for an autopsy. I was able to locate only one member of our three-man team, Alex, so there were just the two of us and our prosector to do the autopsy. I'm afraid that I didn't get much out of my first autopsy, as we had the body for only an hour and 1/2 because some intern had promised the body to the undertaker at 5:00, and then our prosector was in a hurry to get home, so that we only had from 3:15 until 5:30. All of the previous autopsies have lasted 3–4 hours. However, I'm not complaining as somebody has to get the Sunday autopsies, and it's unlikely that our group will get another, and also, it may be that we would have learned no more if we had been there longer, seeing how inexperienced we are. We will get together with our prosector sometime this week and discuss the case with him. We will then have to write up a report of the gross and microscopic findings."

February 4, 1957

"After class we had a session with Dr. Yu (who is the big cardiologist at Strong) on heart sounds. They have a very fancy gadget which plays tapes of recorded heart sounds, and which also can amplify sounds from a patient, and which has an oscilloscope and about 100 stethoscopes hooked up to it. It is very nice to be able to hear these sounds and see them at the same time so that we can get oriented on the sounds."

First patient and a budget for the final year

February 23, 1957

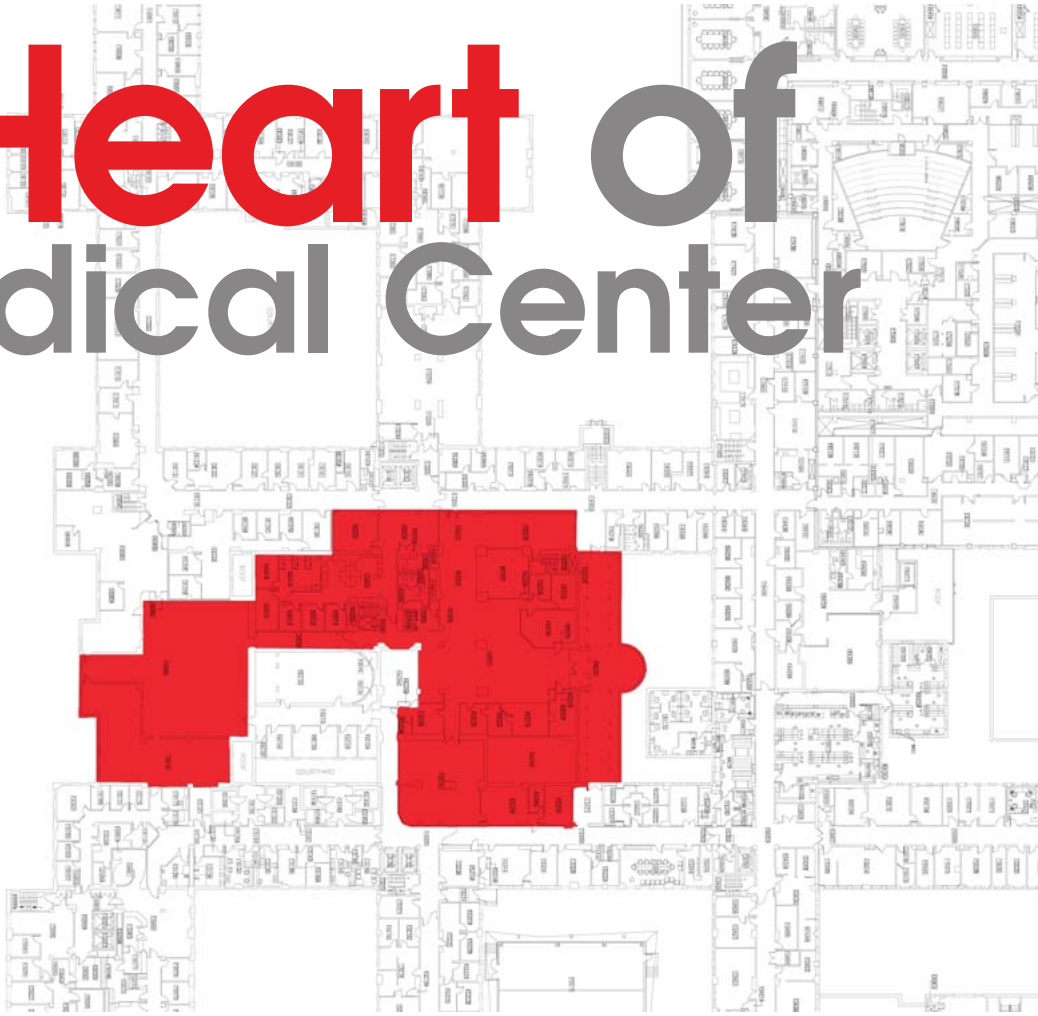
"Well, today was really a red letter day. I had my first intimate contact with a patient. In physical diagnosis today our assignment was medical interviewing. One of us had to interview a patient and then discuss it with the others (in our group of four with our instructor) afterwards. We met with Dr. Reichsman after lunch and drew straws to see who would interview the patient. I got the odd one. We talked about the situation while the patient was coming down. To make a long story short, the interview was not like anything any of us had imagined. The patient we drew was, to quote Dr. Reichsman, just about as difficult a person to interview as we would ever see outside of a psychiatric patient. What we did not know while we were waiting for her, was that she had received some extremely upsetting news just before coming to see us (we met in Dr. Reichsman's office and she was brought down on a wheelchair). So, we were all set back when she came in an extreme state of anger. She demanded to know why she had been brought down after having already had her history taken innumerable times and said that she was in no mood to be interviewed. Dr. Reichsman explained to her that it was a teaching exercise, (he had told her the same thing earlier in the day). She calmed down some and agreed to go on with it. Her words were, fire away with your questions, in a tone of voice that made me feel as useful as a 5th wheel. All the time I kept waiting for Dr. Reichsman to send her back upstairs, as I just didn't think he would go on with it in such an ugly appearing situation. But much to my dismay he signaled me to go on with it. So I plunged in to it with a question as to how long she had been here at Strong. She was very cursory and parroting in her answers, but I did manage to get some information from her

Continued on page 44

Miner Library 1926

The Heart of the Medical Center

by Michael Wentzel



Medical students Megen Vo and Jennifer Cialone in Miner Library today

Miner's leaders envision the technology, the space and the resources to maintain a great library in the digital age.

When Randy Rosier, M.D., Ph.D., was a student at the University of Rochester School of Medicine and Dentistry in the 1970s, he spent most of his time outside classes and laboratories in the Edward G. Miner Library. He foraged in the stacks. He searched for pertinent journals and reports. He studied.

"Everyone spent most of their time at Miner. There was some socializing, but Miner was meant to be a quiet place and everyone was trying to keep it quiet because most people were trying to study and read," said Rosier (M '78, Ph.D '79), now a professor of orthopaedics at the Medical Center.

The Miner Library of the 1970s was a terrain that had not really changed since the School of Medicine and Dentistry began in 1925. Archival photographs of the library illustrate the solitude of study and research, even when another person is seated a few inches away. The 1987 renovation that transformed the original lobby of Strong Memorial Hospital into Miner's handsome reading room did not alter the library's concentrated quiet environment oriented to books and journals where most

Miner Library 1945

"Think of what the world was like in 1987. There were no electronic journals. There was no easy Internet access. There were no laptops using wireless signals." – Julia Sollenberger

medical students and other library visitors worked on their own.

"Think of what the world was like in 1987," said Julia Sollenberger, associate vice president and director of Medical Center libraries and technologies. "There were no electronic journals. There was no easy Internet access. There were no laptops using wireless signals. There was no collaborative learning. There was no food or drink in our library."

Today, medical students, researchers and physicians get online access through Miner Library to journals, databases and up-to-date diagnostic information from anywhere in the Medical Center or from their homes, offices or a patient's hospital room. Laptop computers have replaced stacks of books on library tables and desks. Students watch videos of grand rounds on their computers, and sometimes listen to music through ear buds as they study. They also work in pairs or groups, discussing research or class assignments in open areas of the library. Visitors to Miner often eat a snack or a meal in the library. A soda vending machine has a prominent place.

Miner has changed with the revolution in technology and curriculum and faces more changes to meet the needs and requirements of students, scientists, physi-

Medical students Adrianne Chesser and Brandon Stein

cians and patients.

"We have become, and will remain, both a virtual and a physical library. We won't be barring our doors anytime soon," Sollenberger said. "We think of ourselves as the heart of the Medical Center, and that's the way our customers think of us as well. We are located in the middle of the Medical Center. We've been here since 1925. We are intellectually the heart of the Medical Center, and we strive to continue to be that. As the world changes and social networks and cafes are the places people want to gather, we want to be that place for collaboration and research and intellectual networking.

"We're not about just resources. We're also about education, teaching our students, faculty and staff how to stay up to date in their field and find evidence for patient care and research," she said. "And we see ourselves continuing to expand, obviously beyond printed books and journals, but even beyond book and journal resources to other technologies that are necessary for academic pursuits, education and patient care in the Medical Center."

"We think of ourselves as the heart of the Medical Center, and that's the way our customers think of us as well. We are located in the middle of the Medical Center. We've been here since 1925."

– Julia Sollenberger

Miner Library 1969

Miner librarians serve as liaisons to departments and clinical areas. They attend department meetings to learn where a department needs information.

Housecalls and prescribed information

Susan Andersen, administrator of Medical Center libraries and technologies, says she sometimes wishes for a word different than library that would do away with outmoded ways of thinking about today's Miner.

"Librarians are not just sitting at a desk," Andersen said. "They are out there in the medical school departments, on the hospital floors and in the community."

Miner librarians serve as liaisons to departments and clinical areas. They attend department meetings to learn where a department needs information and resources. Librarians work with faculty to provide content and resources for Blackboard, the virtual learning program used more and more in medical school teaching and in continuing education in the Medical Center. Miner also manages the Blackboard technology and oversees the system that makes grand rounds videos available online.

Miner staff members regularly teach classes on a variety of subjects, including using the *PubMed* interface, finding evidence-based answers to clinical questions, conducting better Google searches, getting the most out of the Blackboard, organizing references and bibliographies and developing library skills. Almost 120 people took classes in October.

Librarians, who regularly update their skills in technology and use of information resources, will even make personal visits to individuals at their office to detail ways to use Miner. The service is named "Housecalls."

Miner also offers the "Ask a Medical Librarian Information Prescription Service." Physicians, nurses and social workers in the Medical Center can write a "prescription" for a patient or a patient's family for information about a disease, diagnosis or treatment. A Miner librarian will deliver the information, which can be reviewed in advance by the care provider.

Lauren Bruckner, M.D., Ph.D. (R'99, FLW'02), an assistant professor of pediatrics and an oncologist, utilizes the information prescription and many of Miner's resources.

"I use Miner for my own education on almost a daily basis," Bruckner said. "I am constantly looking up clinical information on *Micromedex*, *UpToDate*, *Ovid*, and electronic books and journals. The prescription service is an excellent way for me to provide written appropriate medical information. Before the service was available, I was spending 30 minutes or more

Graduate student Nate Greene

per patient obtaining such information, and I don't think my written information was as thorough as what Miner provides. Patients and families appreciate the service, and feel empowered by being able to find impartial information."

Since 2006 when the prescription service began, Miner has provided information to more than 200 families. The service is now only available in the Department of Pediatrics and the James P. Wilmot Cancer Center.

"When people are going through crises, it is tough to go to the Internet and find what you need that is accurate and understandable," Sollenberger said. "We are trying to expand it. It is important that librarians be seen as part of the patient care team effort, but it depends on the providers to remember to use the service and view it as a critical addition to the patient care plan."

Miner also views the Rochester-area community as a customer. For example, library staff helped develop a Web site and service that provides health information to immigrants to the Rochester area from Myanmar, using their language, Karen.

"Miner's mission includes serving the community," said Andersen. "We are very involved in trying to be sure that the public has the health information that they need. If you need health information for yourself or your family, look to Miner."

Miner's expansion plans

A quarter of a million people walk through Miner's doors each year. The switch to digital has not affected that number significantly over the past decade. But thousands more utilize the library's virtual doors.

One set of numbers clearly illustrates a singular change for Miner. In fiscal year 1990, the library subscribed to 3,120 print journals. By January 2010, Miner's print journal collection will consist of 150 core journals, while the library subscribes to almost 2,900 electronic journals.

Statistics show that Miner's resources are used heavily. In a one-year period ending June 30, 2009, electronic books were accessed through Miner more than 71,000 times. In the same period, there were more than 1.5 million articles downloaded from Miner's electronic journals and more than two million uses of databases.

Budget cuts recently have required that Miner cut some subscriptions, but the library still spends almost $2 million annually on books, journals and databases.

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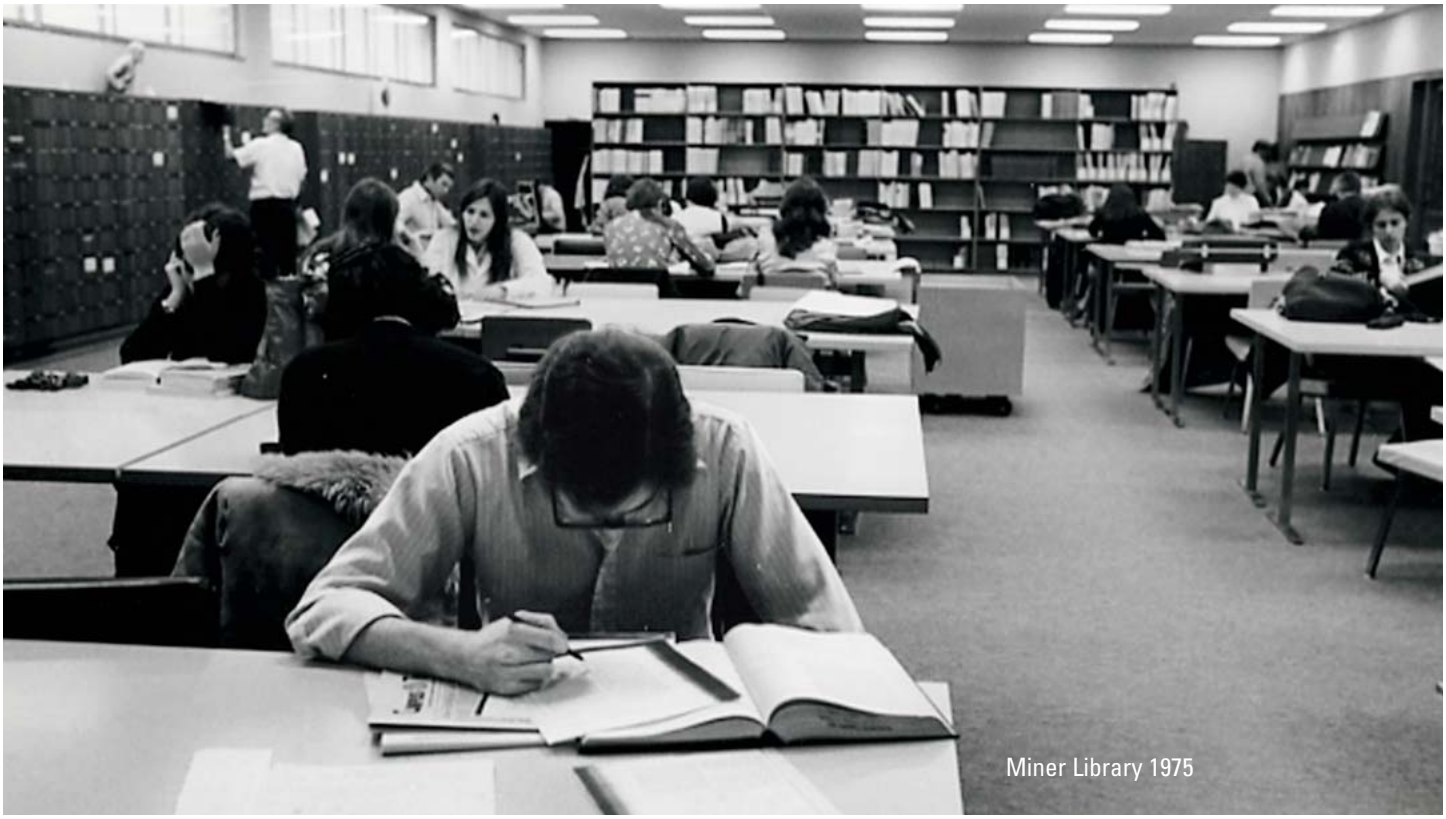


Miner Library 1975

Julia Sollenberger

"Prices keep rising faster than the cost of living, even though we have moved from print to digital," Sollenberger said. "When you had a print title, every library paid the same thing. Difference in the size of the institution did not matter. Now, instead of buying that journal, we have a license and we pay to access articles through a publisher's Web site. The terms are not usually to our advantage. They base the charge on number of full-time employees and students, what hospitals we serve and, in some cases, in-patient admissions."

An evidence-based medical information resource like *UpToDate*, which can provide quick answers to a clinician's questions, also is accessed through Miner. "We are pleased that these kinds of point-of-care resources are now available because they support the high-quality care we provide to our patients, but they are very expensive resources," Sollenberger said.

"Faculty, staff and students in the Medical Center would not have the resources they need if the institution did not pay for them," she said. "If you are on the Medical Center campus, you can get on the Web and get the publication you want, if we have a subscription. If you are off-campus, you have to go through our interface because that's how we authenticate users. People think the access must be free because they get to a journal so easily. Except for the new open-access journals, it is not free. Without the library making decisions, with faculty input, about what we should be getting, and building the interface and authentication system and bringing all the resources together so they are easy to find, people could not access these resources."

For medical students, Miner Library remains a popular and important place.

"We can access all the books, journals, and electronic resources we need and the library offers a variety of places and environments to study comfortably," said William Gensheimer, a fourth year student at the School of Medicine and Dentistry.

But, in addition to maintaining key journals and resources, Miner needs more computers with access to the Internet and more space for study and discussion, Gensheimer said.

Miner already has turned a large area where journals were shelved into a bright and open area for quiet study. But to better meet the needs of a 21st Century medical library, Miner's leadership has

New quiet reading room

proposed a renovation that would expand the library from about 38,000 square feet to about 44,000.

The proposal calls for the conversion of the main reading room into a "collaborative space," where people could meet and converse and students could study 24 hours a day, seven days a week. The plan also calls for recreating a "grand entrance" from the Crittenden Boulevard street level to recall when the room was Strong Memorial's lobby and the entryway "helped define the strength and spirit of a thriving institution."

A renovated Miner would include at least 10 group study rooms for interactive learning. Miner would get a technology upgrade, including abundant electrical outlets for laptops and other devices and enhanced wireless access.

The proposal recommends creation of a new entrance to the library from the Medical Center's South Corridor and a History of Health Sciences Suite that would better preserve, display and make available Miner's extensive collection of rare and historic books and manuscripts. The plan also would introduce a café with "natural light, comfortable seating and technology."

"Miner offers meeting places now, but our customers tell us they need something more, something different," Sollenberger said. "To teach faculty, staff and students how to leverage technology and access electronic resources, we need sufficient computer classrooms. To support collaborative learning, we need sufficient group study areas. We want Miner to be an open and inviting place where people can come together to work and to think and to envisage the future. Those who know us and have used our services think we are pretty great. We want — we need — to keep being great. A great academic medical center needs a great library."

A renovated Miner would include at least 10 group study rooms for interactive learning. Miner would get a technology upgrade, including abundant electrical outlets for laptops and other devices and enhanced wireless access.

CDC funds pioneering weight loss program in deaf community

By Leslie Orr

The University of Rochester Medical Center and its partners in the deaf community are setting out to tackle a common problem — obesity — by using a unique approach.

Researchers will launch the nation's first randomized, clinical study of ways to reduce obesity in the underserved deaf population. They plan to adapt an existing weight-loss intervention program by translating English language to American Sign Language, and training members of the Rochester deaf community to act as weight-loss coaches.

What is most unusual, however, is that the decision to focus on obesity came directly from the deaf community. "This is a terrific example of a new model being used in public health, referred to as community-based participatory research, where scientists enlist the help of the community they are attempting to serve, rather than dictating how best to solve the problem from the beginning," said Thomas A. Pearson, M.D., Ph.D., director of the Rochester Prevention Research Center: National Center for Deaf Health Research (NCDHR) at the University of Rochester.

The collaboration between the Medical Center and the deaf community started in 2004 when the Centers for Disease Control (CDC) awarded the Medical Center a $3.5 million landmark grant to study health behaviors among deaf people. The University and its partners in the deaf community established the NCDHR and began planning for a comprehensive effort to collect data.

The new project, called Deaf Weight Wise, is an intervention that will test whether deaf people could benefit in the same way as hearing persons. Researchers also will look at whether the program would be more effective if delivered to groups rather than to individuals, given that the deaf community is very interactive and social, Pearson said.

Funding for Deaf Weight Wise and other future initiatives also comes from the CDC, which in September 2009 awarded an additional $4.9 million for the next five years.

Audrey Schell, who is deaf, said she is a perfect example of someone who might benefit from a tailored weight-loss program. At 57, Schell said she has always been overweight, but unlike her counterparts in the hearing world, she has not received the same messages through her life about eating healthy and exercising. And her access to weight loss programs is more limited.

"It hits deaf people only when it begins to impact your health — and in my case it was borderline diabetes," Schell said, through a sign language interpreter. "Before that, I never heard anything about it. It takes a moment of impact for weight loss to be a priority."

In the past year, Schell has dropped 20 pounds by educating herself and making smarter food choices. As a member of the NCDHR Deaf Health Community Committee, Schell looks forward to contributing what she's learned about weight loss.

"We are thrilled about the prospect of collaborating with the NCDHR on this project," added Jessica Cuculick, chair of the NCDHR Deaf Health Community Committee. "We have seen tremendous progress in cross-cultural understanding between ASL users, as members of a linguistic minority, and the University of Rochester Medical Center deaf health research group."

A deaf-friendly health survey was conducted between February and September of 2008, with more than 300 deaf adult participants from the Rochester area. The design of the computer-based health survey took an original approach as well: rather than relying on conventional English-based questionnaires, it used videos shown in ASL or English-based signing with captions to communicate messages to the person being surveyed.

As a follow-up to the surveys, the NCHDR held town-hall style meetings with members of the deaf community to seek additional input on health priorities. Data are still being analyzed, but obesity immediately surfaced as a top concern. For the first time, a deaf community determined community health priorities based on research data collected from deaf people.

NIH backs center to study new treatment for OCD

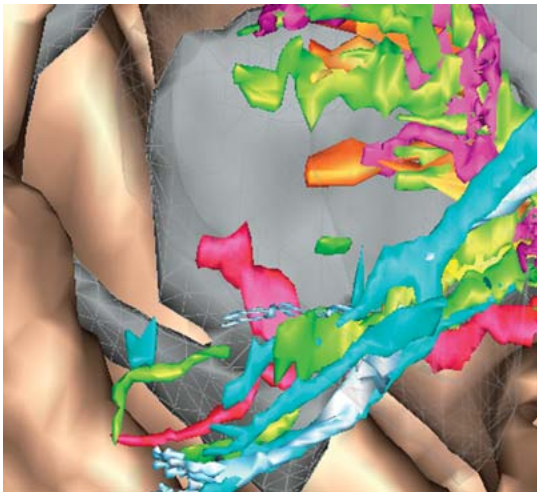
By Tom Rickey

A new research center exploring the science underlying a potential new treatment for obsessive-compulsive disorder has been established at the University of Rochester Medical Center, thanks to a $10.5 million award from the National Institute of Mental Health that was announced in September.

Rochester will serve as the hub of a five-year collaborative effort that includes six institutions around the nation and in Puerto Rico. The prestigious Silvio O. Conte Center will link more than 50 researchers who will focus on how deep brain stimulation (DBS) affects people with obsessive-compulsive disorder (OCD).

"Obsessive-compulsive disorder is a truly debilitating disease for some patients," said Rochester neuroscientist Suzanne Haber, Ph.D., professor of pharmacology and physiology, who heads the center. "While treatment helps most patients lead fulfilling lives, there are a few for whom today's therapies simply don't work. Our center is designed to explore the science and the effects of deep-brain stimulation, which has been effective for some other diseases involving the brain, such as Parkinson's disease."

Previous research conducted by Haber's group on OCD has helped physicians improve DBS surgery and lessen its side effects for OCD



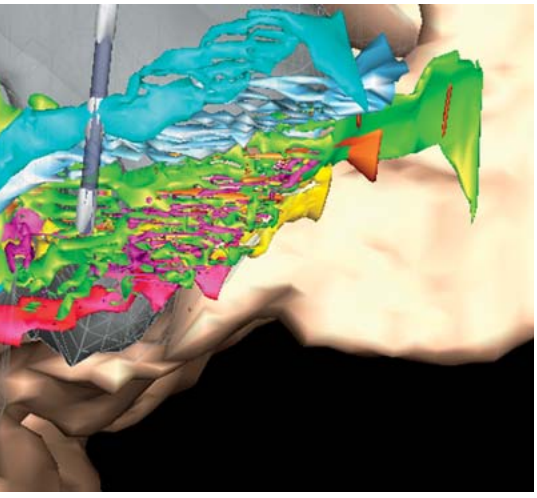
patients. The latest grant marks a major expansion of the previous project, which included many of the same scientists around the country. The group will look at what happens in the brain when deep brain stimulation occurs and will look for ways to improve the procedure for patients. While DBS is an approved treatment for movement disorders such as Parkinson's disease, it's under study for possible use in psychiatric disorders like depression and OCD. The technique is approved by the U.S. Food and Drug Administration for humanitarian use for patients with OCD.

The center includes a team of physicians based at Butler Hospital in Providence who are leading a separate study on the effectiveness of DBS in OCD patients. In tests so far the procedure seems to help more than half the patients who receive the treatment, a hopeful find in a group in whom no therapy has worked thus far.

The project also provides funds for undergraduate students, medical residents, graduate students and post-doctoral researchers from the institutions to work on the project, visit laboratories at other institutions and meet twice each summer to swap findings and experiences.

The Conte centers are named after a former congressman from Arizona who championed neuroscience research and the care of the severely mentally ill.

Brain signaling pathways illustrated in different colors. Deep brain stimulation electrode also is visible.



Medical Center revises PRISM plans by expanding Wilmot Cancer Center

The University of Rochester Medical Center has begun the planning process to add inpatient beds for at least 30 adults to the James P. Wilmot Cancer Center, a move that will address the critical shortage of space for Rochester's hospitalized patients.

Building designs still must be completed and approved by the University board of trustees, but construction could begin in the summer on three new floors-one to house hospitalized patients undergoing cancer treatment, plus two unfinished floors for future expansion of research or patient care services within the Cancer Center.

The addition is the first phase of the Medical Center's strategic plan to increase its capacity to care for adult patients, modernize and expand its Golisano Children's Hospital, and provide much-needed space for imaging technology. Strong Memorial Hospital anticipates building additional space for pediatrics and imaging, although plans for this second phase are not yet finalized.

The new two-step plan achieves the objectives of the Medical Center's originally proposed Pediatric Replacement and Imaging Sciences Modernization (PRISM) plan, but opens adult beds sooner while incurring less debt.

"Upon urging Medical Center leaders to consider all practical alternatives, I'm pleased to say that they have responded with an approach that's practical and forward-thinking," said University President Joel Seligman. "Together, this two-phase plan represents the most ambitious project in the University's history and sets the stage to update the entire patient care facility."

Acting CEO Mark B. Taubman, M.D. said "the critical need to add beds for adults, modernize and expand our pediatric services, and decompress imaging sciences has not changed, although economic realities challenge us to be more flexible and more creative.

"Approaching these needs in two phases allows us to add adult beds more quickly than in the original plan, yet preserves our ability to subsequently address critical needs in pediatrics and imaging," Taubman said.

The original PRISM plan included a six-story tower, clinical expansion and renovation that would add 123 beds to Strong Memorial with a total project cost of about $259 million. The Cancer Center addition is expected to cost approximately $45 million and would be financed through a combination of operating equity and external debt. Patients could begin occupying the new unit by early 2012, sooner than was expected with the originally proposed PRISM tower.

If University trustees approve the second phase of the expansion project, the Medical Center could begin in 2011 to construct a new building to accommodate expanded and updated pediatrics services, and additional space for the overcrowded Department of Imaging Services.

Goldstein named AHA trustee

Steven I. Goldstein, president and chief executive officer of Strong Memorial Hospital and Highland Hospital, has been elected to the 27-member board of trustees of the American Hospital Association (AHA). He is the only CEO of a New York State hospital to serve on the board.

Goldstein also is helping to represent the interest of hospitals in the national health care debate, as one of two New York State CEOs to sit on AHA's Advisory Committee on Health Care Reform.

Recruited to the University of Rochester Medical Center in 1997, Goldstein now heads the University's health system, a $1 billion enterprise that encompasses a major referral hospital, community hospital, two nursing homes and an assisted living community, and a home health agency. The URMC health system logs 58,000 discharges, 93,000 nursing home resident-days, and 134,000 professional home care visits per year.

Goldstein also serves as vice president for the University of Rochester Medical Center, president for Long Term Care for URMC, and president of Strong Partners Health System.

Prior to assuming his position at Strong, Goldstein served in executive or administrative positions at Rochester General Hospital, The Children's Medical Center in Dayton, Ohio, the University of Nebraska Hospitals and Clinics and the Nebraska Psychiatric Institute in Omaha, Nebraska.

Blue dye has promise in treating spinal cord injury

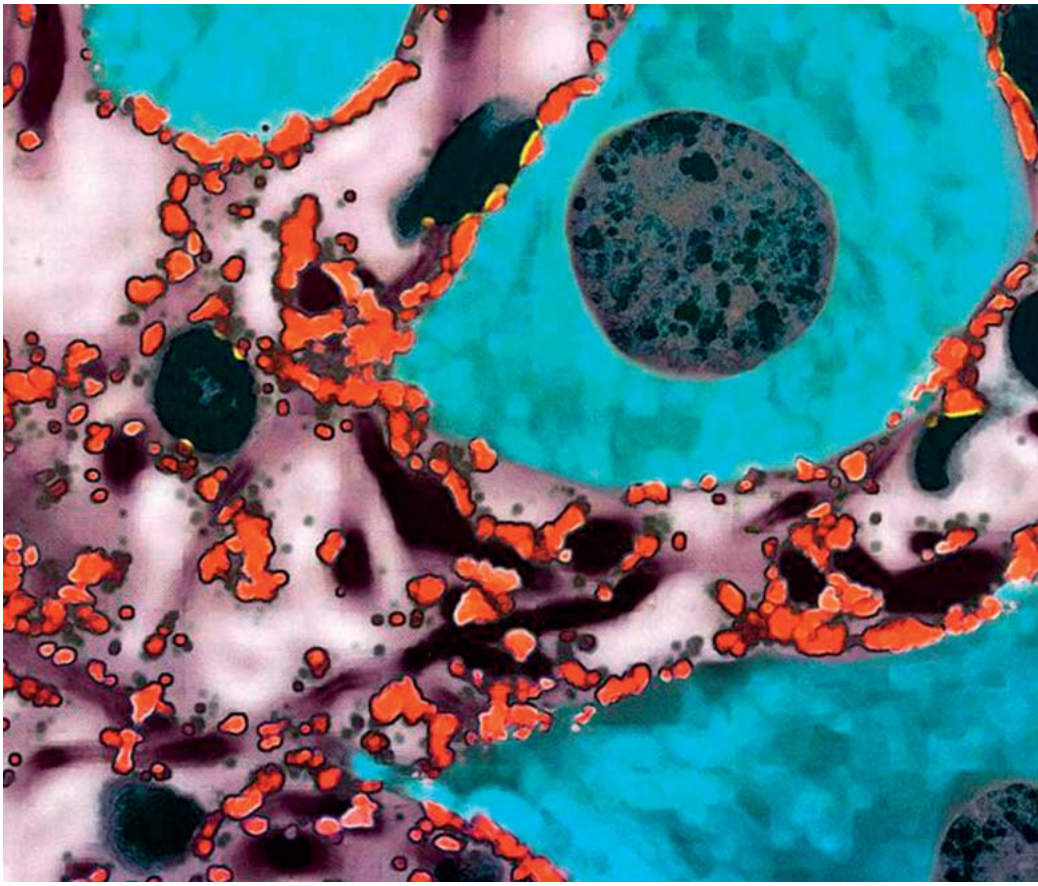
By Germaine Reinhardt

A compound strikingly similar to the common food additive that gives M&Ms and Gatorade their blue tint may offer promise for preventing additional and serious secondary damage that immediately follows a traumatic injury to the spinal cord.

In an article published in July in the *Proceedings of the National Academy of Sciences,* University of Rochester Medical Center researchers reported that the compound Brilliant Blue G (BBG) stops the cascade of molecular events that cause secondary damage to the spinal cord in the hours following a spinal cord injury, an injury known to expand the injured area in the spinal cord and permanently worsen the paralysis for patients.

This research builds on landmark findings reported five years ago by Rochester researchers. In the August 2004 cover story of *Nature Medicine,* scientists detailed how ATP, the vital energy source that keeps our body's cells alive, quickly pours into the area surrounding a spinal cord injury shortly after it occurs, and paradoxically kills off what are otherwise healthy and uninjured cells.

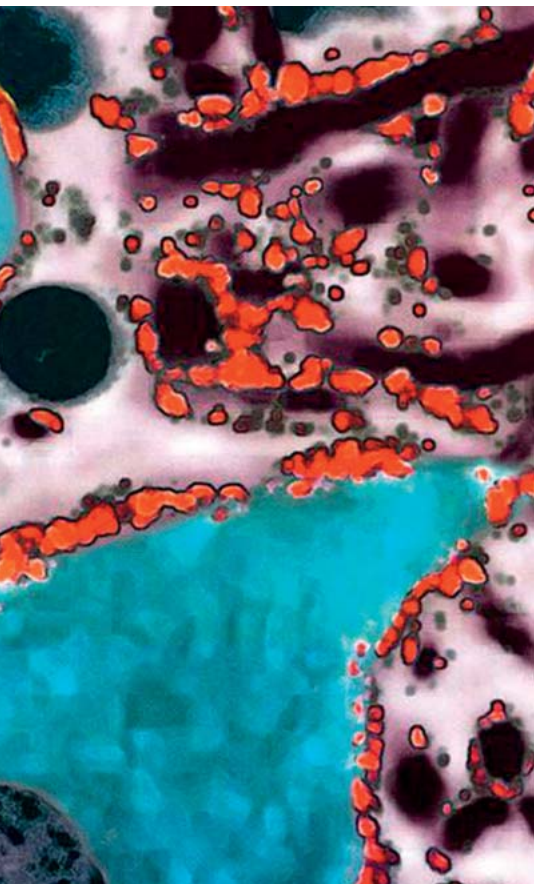
This surprising discovery marked a milestone in establishing how secondary injury occurs in spinal cord patients. It also laid out a potential way to stop secondary spinal injury, by using oxidized ATP, a compound known to block ATP's effects. Rats with damaged spinal cords who received an injection of oxidized ATP were shown to recover much of their limb function,



to the point of being able to walk again, ambulating effectively if not gracefully.

Now, scientists detail the clearing of yet another hurdle by successfully identifying a compound that could be administered systemically to achieve the same benefit. Previously, the team needed to inject a compound directly into the injured spinal cord area to achieve its results.

"While we achieved great results when oxidized ATP was injected directly into the spinal cord, this method would not be practical for use with spinal cord-injured patients," said lead researcher Maiken Nedergaard, M.D., D.M.Sc., professor of neurosurgery and director of the Center for Translational Neuromedicine at the Medical Center. "First, no one wants to put a needle into a spinal cord that has just been severely injured, so we knew we needed to find another way to quickly deliver an agent that would stop ATP from killing healthy motor neurons. Second, the compound we initially used, oxidized ATP, cannot be injected into the bloodstream because of its dangerous side effects."



While this work offers a promising new way of treating spinal cord injury, it is still years away from possible application in patients. In addition, any potential treatments would only be helpful to people who have just suffered a spinal cord injury, not for patients whose injury is more than a day old.

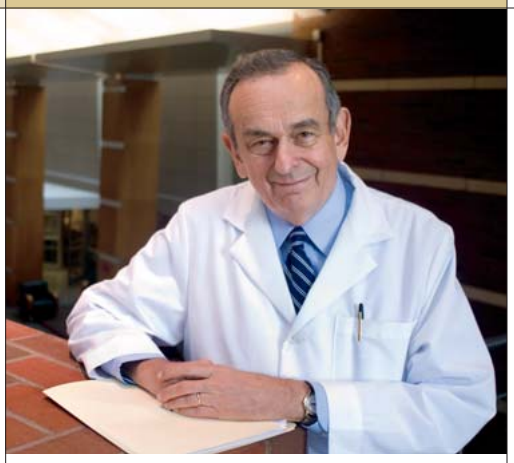
Immediately after a spinal cord injury occurs, ATP surges to the damaged area, at levels hundreds of times higher than normal. It is this glut of ATP that over-stimulates neurons and causes them to die from metabolic stress.

Neurons in the spinal cord are so susceptible to ATP because of a molecule known as "the death receptor." Scientists know that the receptor, called P2X7, plays a role in regulating the deaths of immune cells such as macrophages, but Nedergaard's team discovered that P2X7 also is carried in abundance by neurons in the spinal cord. P2X7 allows ATP to latch onto motor neurons and send them the flood of signals that cause their deaths, worsening the spinal cord injury.

So the team set its sights on finding a compound that not only would prevent ATP from attaching to P2X7, but could be delivered intravenously. Nedergaard discovered that BBG, a known P2X7R antagonist, is both structurally and functionally equivalent to the commonly used FD&C blue dye No. 1, which was approved by the Food and Drug Administration as a food additive in 1982.

An intravenous injection of BBG proved to significantly reduce secondary injury in spinal cord-injured rats, who improved to the point of being able to walk, though with a limp. Rats that had not received the BBG solution never regained the ability to walk. There was one side effect: rats injected with BBG temporarily had a blue tinge to their skin.

What's the most recent Medical Center news?
For new reports and updates of Medical Center Rounds, go to *Rochester Medicine* Online at *www.urmc.edu/rochester-medicine*



Golden Lionel Award for Moss

Arthur Moss, M.D. (R'62), professor of medicine at the University of Rochester Medical Center, has won the Golden Lionel Award, which is awarded every two years at the International Workshop on Cardiac Arrhythmias. The award, which recognizes "eminent authority in the field of arrhythmology," was presented in October in Venice, Italy.

Since his first publication in 1960, Moss has published more than 500 scientific papers, books, chapters, and editorials. Many of the publications focused on cardiac arrhythmias.

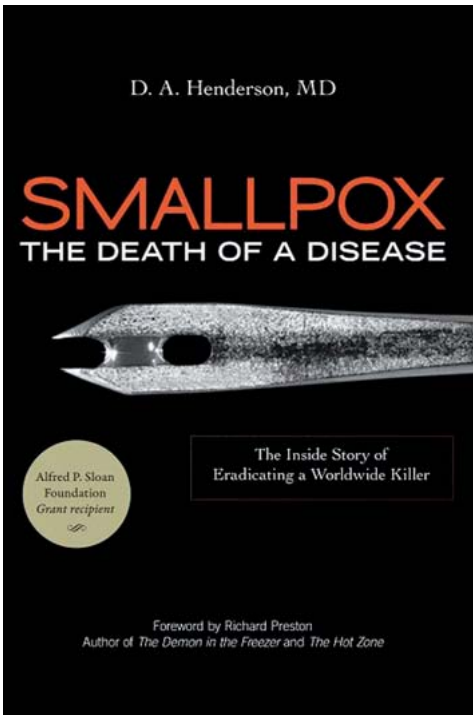
As many as 1,000 deaths each year are caused by Long QT Syndrome (LQTS), which occurs mostly in teens with otherwise healthy hearts. While rare, LQTS is yielding insights into the much more common post-heart attack arrhythmias. As a result of work led by Moss over more than two decades, researchers have achieved an 80 percent reduction in life-threatening LQTS events via drug treatment and device advances. In April 2008, Moss' team won a four-year, $2.3 million grant from the National Institutes of Health to continue its study of Long QT syndrome into its 24th year.

In addition, Moss has spearheaded the research that led to the use of implantable cardioverter defibrillators (ICDs). Led by Moss, the 2002 MADIT II study (Multicenter Automatic Defibrillator Implantation Trial II) in particular changed medical guidelines nationwide and made a hundred thousand heart attack survivors eligible for ICD therapy.

Q&A on: H1N1, a $200 prize and Romano & Engel

D. A. Henderson, M.D. (M '54), is professor of medicine and public health at the University of Pittsburgh and a distinguished scholar at the Center for Biosecurity in Baltimore. He is a former dean of the Johns Hopkins School of Public Health. From 1966 to 1977, he directed the World Health Organization's global campaign against smallpox. His new book, *Smallpox – The Death of a Disease,* tells the story of how the only successful disease eradication program in history was accomplished. In 2002, Henderson received the Presidential Medal of Freedom, the nation's highest civilian honor, for his work in public health. He also has received the National Medal of Science, the National Academy of Sciences' Public Welfare Medal, shared the Japan Prize with two colleagues, and was knighted by the King of Thailand in 2008. In 2005, he was awarded the Hutchison Medal, the highest honor given to an alumnus by the University of Rochester. Henderson answered a few questions while he was in Rochester for his class reunion in October.


D.A. Henderson, M.D.



What are you working on?

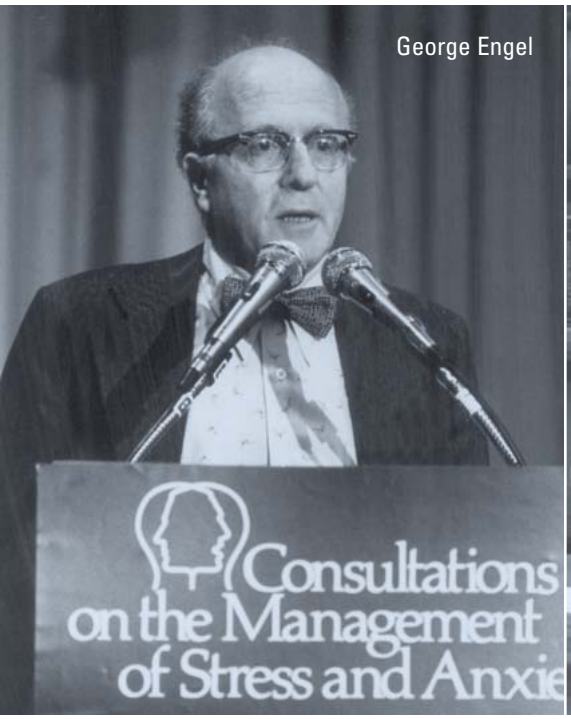
My colleagues and I at the Center for Biosecurity are deeply concerned about the H1N1 pandemic influenza and how the government at the national level is responding and how local communities are reacting. Broadly-based preparedness plans and programs are needed at all levels of government, not only for influenza but also to counter the possible widespread dissemination of other agents. At the same time, we are concerned about international surveillance. How might we detect at an early time, new and unusual infectious disease agents that might eventually cause serious problems? As an illustration of the importance of this, I would note that AIDS was first diagnosed in 1982 in the U.S. The cases were then thought to be few in number, although serious and rapidly fatal. Today, it is the fourth leading cause of death in the world and it is not yet under control. However, we now know that the disease was prevalent in some areas of Africa decades before identification of the disease. With a better surveillance system we might well have detected it at a much earlier date and could have been in a position to take effective preventive measures. How do we as a country, and in a collective world response, establish better systems for detection of such diseases? This inevitably means helping Third World countries in the development of laboratories and fostering a network of fully cooperative and collaborative centers across the world. There are elements of such a network in place but they are scattered and incomplete. Are there investments the U.S. could make that would be productive in developing this?

What do you think of the handling of H1N1 so far?

I don't think the government has done as well as it could in providing succinct, understandable, current and well-considered direction and information to local health departments and to citizens generally. A significant problem has been an inexplicable disconnect between government authorities and the manufacturers. Far less vaccine has been produced in a timely manner than the manufacturers had forecast. Moreover, their regularly updated forecasts proved again and again to be overly optimistic. Health departments, on the advice of the federal government, made plans to distribute the vaccine as rapidly as it was distributed but to everyone's frustration the promised supplies were not forthcoming. Frustrated citizens waited for hours in lines. A second problem was the flood of information from agencies and subagencies across government.

There seemed to be no single authoritative source. Some of the recommendations were contradictory, and some were poorly considered. Do we close schools or not? Should masks be worn or not? Will the virus abruptly change and become more virulent? Is the new vaccine likely to be associated with serious complications? Recently, key officials have suggested that we are in uncharted waters and have no idea what the future course of the pandemic might be. The lessons to be derived are that although we have made considerable progress as a nation in dealing with a major epidemic, much more must be done in the public health sphere in terms of resources, planning, and preparation. There will be other pandemics!

Fortunately, the current pandemic has proved to be far less serious than the one in 1918, albeit remarkably similar to the subsequent pandemic which began in 1957. If the present pandemic behaves as influenza in 1957, cases will begin to decrease sharply in November but an apparent lull in cases will be followed by smaller but significant outbreaks



George Engel


John Romano

during the usual seasonal flu period of January to March. Thus, we are endeavoring to make the point to everyone that, even if vaccine arrives after the peak of the autumn epidemic, it would be prudent to be vaccinated to counter a January to March resurgence.

What about your Rochester education helped you in your career?

My entire Rochester educational experience more than met my expectations. However, there were two experiences that proved to be especially meaningful. The first was my unexpected introduction to epidemiology and this eventually proved to be my career commitment. During my senior year, there was a prize offered (the George Corner Prize) to be given for the best treatise in the history of medicine. It was $200. My wife and I were poor struggling students and $200 was a substantial sum of money. I decided to win that prize.

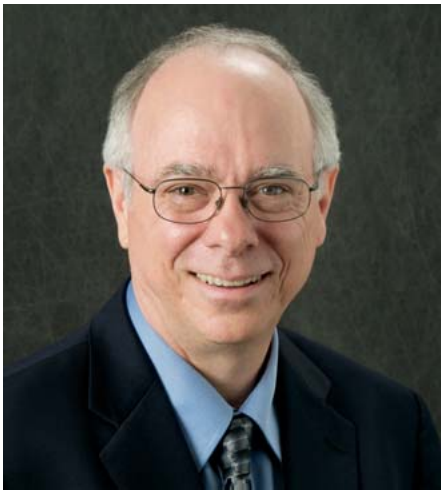
I had read a book about a cholera epidemic in upstate New York in 1832 and wondered what impact this devastating disease might have had on the budding commercial center of Rochester. At that time, the first global pandemic of cholera was spreading across the United States. I searched through old Rochester newspapers, maps and books and drew curves and prepared maps showing the progress of the disease. I was fascinated by the actions being taken by the city and the health department in trying to stem this hitherto unknown disease. Preparation of the paper proved to be my first introduction to epidemiology and public health. I found the field to be fascinating and exciting and thus my career direction began to be shaped. I won the prize, although I suspect I may have been the only entrant. This award eventually played a role in my being selected for a position in the CDC's Epidemic Intelligence Service.

A second important development in my learning curve derived from the teachings of John Romano and George Engel. They dwelt on the fact that in interviewing a new patient, one needed to question him carefully and to listen attentively. They made the point that if one listened carefully and the patient was given sufficient time, he would more often than not make the diagnosis and give a clear indication as to the best possible course of therapy. I found the advice to be applicable in other puzzling situations. I remember on more than one occasion being sent on an emergency epidemic call and trying to anticipate what I should do and recommend. It was often supposed that because I came from CDC, I must be an expert when, in fact, I frequently knew little more than what I had been able to read en route to the scene of the epidemic. Inevitably on arrival, I was invited immediately to meet with government officials, local physicians and others. It proved useful to recall the Romano-Engel advice and to ask questions and to listen. What do you think is the trouble? How might the problem be handled? As I discovered, many people had both insight and good ideas but had been reluctant to offer them or they were ignored. As an outsider, I could ask questions and solicit answers that others could not. I routinely asked many questions and listened. Surprisingly often the problems were readily resolved and appropriate directions emerged.

As I moved on to other positions for which I had neither prior training nor experience — director of the global smallpox eradication program, dean of a school of public health, and presidential adviser in the White House — I followed the Romano-Engel advice in asking questions, listening, and learning. It was a pleasant and gratifying surprise in every setting to discover the many astute, creative, and helpful people I was working with but it was necessary to take the time to question and to listen.

How many times have you been vaccinated?
For more questions and answers with D.A. Henderson, go to *Rochester Medicine* Online at *www.urmc.edu/rochester-medicine*

March of Dimes prize awarded to alumnus for dystrophy discoveries



Kevin Campbell, Ph.D., (MS, PhD '76), professor of physiology and biophysics at the University of Iowa, received the March of Dimes Prize in Developmental Biology for identifying genetic and molecular causes of muscular dystrophies.

Campbell shared the prize with Harvard Medical School professor Louis Kunkel, Ph.D.

Considered a highly prestigious award for basic science, the March of Dimes prize includes a cash award of $250,000, shared by the recipients, and a silver medal in the design of the Roosevelt dime, in honor of President Franklin Delano Roosevelt, who founded the March of Dimes.

The March of Dimes created the prize as a tribute to Dr. Jonas Salk, shortly before his death in 1995, to recognize scientific research related to birth defects. Campbell received the award in May at a ceremony in Baltimore.

Through independent pioneering genetic research projects, Campbell and Kunkel have explained the molecular and biochemical mechanisms of muscular dystrophies. The results of their work have improved diagnosis of these conditions, suggested new approaches for developing therapies and led to clinical trials testing potential treatments.

Campbell, who heads molecular physiology and biophysics at the University of Iowa Roy J. and Lucille A. Carver College of Medicine, also is a professor of neurology and internal medicine and director of the Sen. Paul D. Wellstone Muscular Dystrophy Cooperative Research Center at the university.

An early interest in muscle physiology led Campbell to study muscular dystrophy and discover the molecular basis of several forms of the disease. These discoveries have helped improve the diagnosis of muscular dystrophy and are laying the groundwork for therapeutic strategies to treat muscular dystrophies and other muscle diseases.

An important early finding from Campbell's lab was the discovery of the dystrophin-glycoprotein complex, a multi-protein complex that helps maintain healthy muscle membranes during muscle contraction and relaxation. His lab has subsequently shown that genetic mutations that affect the complex, both directly and indirectly, can cause muscular dystrophies, including forms of the disease that cause neurological abnormalities and heart damage.

Campbell has received numerous other awards and honors for his research. He is a member of the Institute of Medicine and the National Academy of Sciences, and a Fellow of the American Academy of Arts and Sciences.

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Foundation for the History of Women in Medicine honors alumna

Carol C. Nadelson, M.D. (M '61), director of the Partners Office for Women's Careers at Brigham and Women's Hospital in Boston, received the 2009 Alma Dea Morani, M.D. Renaissance Woman Award from The Foundation for the History of Women in Medicine.

The award honors an outstanding woman physician or scientist in North America who has furthered the practice and understanding of medicine and made significant contributions outside of medicine.

Nadelson has been a pioneer in exploring gender differences in women's health and mental health. Her early publications included those on psychological responses to rape, pregnancy and perinatal psychiatry, adoption and psychiatric issues in abortion. She and her colleagues were the first to identify rape as a risk factor for post-traumatic stress disorder (PTSD). Nadelson's clinical investigative efforts have focused on issues of women's health, including long-term follow-up of the impact of rape on the development of PTSD.

In 1984, she was elected the first woman president of the American Psychiatric Association. She also was the first woman editor-in-chief of the American Psychiatric Association Press.

"Dr. Carol Nadelson is recognized nationally and internationally for her contributions on behalf of women in medicine. She has helped change our way of thinking about gender equity in medicine and inclusion of women in research trials, access to medical information by the lay public, treatment of women patients, women's mental health and the field of psychiatry," stated Barbara Atkinson, M.D., president of the Foundation for the History of Women in Medicine.

"Dr. Carol Nadelson … has helped change our way of thinking about gender equity in medicine and inclusion of women in research trials, access to medical information by the lay public, treatment of women patients, women's mental health and the field of psychiatry."

Barbara Atkinson, M.D.

After completing her residency and fellowship, Nadelson became an instructor at Harvard Medical School and a staff psychiatrist in the Beth Israel Hospital. She was named director of Medical Student Education at the hospital. In 1979, she became professor of psychiatry at Tufts University College of Medicine and vice-chair and director of training and education in the Tufts Department of Psychiatry at New England Medical Center.

Nadelson returned to Harvard Medical School as a senior psychiatrist at Cambridge Hospital in 1992. In 1998, she was appointed founding director of the Partners Office for Women's Careers. She currently is professor of psychiatry at Harvard, where she supervises psychiatric residents. She also serves as a premedical student advisor for both Harvard University and Massachusetts Institute of Technology.

Nadelson received the award in October at the Center for the History of Medicine, Countway Library of Medicine, in Boston. The Foundation for the History of Women in Medicine was founded to promote and to preserve the history of women in medicine and the medical sciences.

Alumna given Heinz Award for toxicology research

Deborah Rice, Ph.D. (PhD '77), received a Heinz Award for her research in neurotoxicology and for her leadership in advocating limits of toxic exposure during human development.

The Heinz Awards, administered by the Heinz Family Philanthropies, include a cash prize of $100,000. The awards, given in October, recognize individuals for their contributions in the arts and humanities, the environment, the human condition, public policy, and technology, the economy and employment.

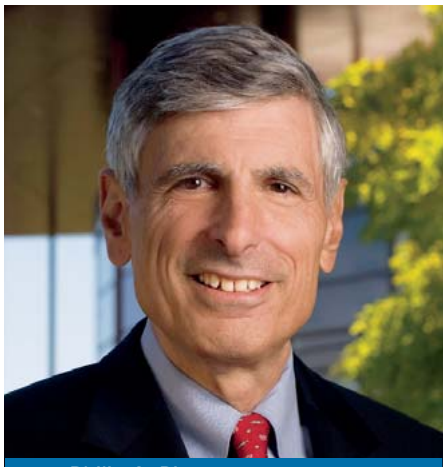
Rice has conducted long-term research to evaluate prolonged, low-dose exposure to the major environmental pollutants lead, methylmercury and PCBs. Her research, according to the Heinz announcement, demonstrated that early developmental exposure to these environmental contaminants planted the seeds for later deficits in cognitive, sensory and motor function.

As a risk assessor at the U.S. Environmental Protection Agency (EPA) National Center for Environmental Assessment, Rice played a lead role in determining an acceptable level of methylmercury intake in the mother to prevent cognitive and other behavioral impairment in the fetus. The resultant guidelines are used by many states in setting fish advisories to protect against undue methylmercury exposure from fish.

Her testimony for the State of Illinois on the health effects of developmental exposure to methylmercury was instrumental in the regulation of methylmercury emissions and other pollutants from coal-fired power plants.

Now a toxicologist with the Environmental and Occupational Health Program at the Maine Center for Disease Control and Prevention, Rice led studies on a flame retardant chemical, decaBDE, which is the last of its class still in production in the United States. The results of that study, documenting developmental neurotoxicity, along with her testimony to the state legislature on the hazard posed by this chemical to human and environmental health, resulted in the 2007 ban of decaBDE by the Maine legislature, which provided the impetus for other states to follow, according to the Heinz announcement.

Medical School alumni join Rochester board of trustees



Philip A. Pizzo, M.D.

Bernard T. Ferrari, M.D.

Philip A. Pizzo, M.D. (M '70), dean of Stanford University's School of Medicine, and Bernard T. Ferrari, M.D. (BS '70, M '74), a former director and partner in the global management consulting firm of McKinsey & Company, have been elected to the University of Rochester board of trustees.

Pizzo, the Carl and Elizabeth Naumann Professor at Stanford, has served as dean of Stanford's medical school since 2001. One of the nation's most highly regarded experts on the treatment of childhood cancers and on the diagnosis, management, and prevention of infectious complications in patients with compromised immune systems, he previously was physician-in-chief and chair of Children's Hospital in Boston, where he was a professor and chair of pediatrics at Harvard University.

Ferrari began his medical career as chief resident in surgery at UCLA from 1974 to 1979 before moving to New Orleans as a colon and rectal surgeon at the Ochsner Clinic. His career as a surgeon took a new direction after he earned a law degree at Loyola University and an M.B.A. at Tulane University while he was the chief operating officer of Ochsner Clinic from 1985 to 1989. For 20 years, Ferrari was a partner in the Los Angeles and New York offices of McKinsey & Company. He retired in 2008 and started Ferrari Consultancy based in New York City.

Pizzo, the first person in his family to graduate from high school, has said Rochester's School of Medicine and Dentistry had an "extraordinary impact" on his life.

"First, by supporting my education, Rochester enabled me to attend medical school and graduate without debt, thus permitting me to choose a career in science and medicine that was not encumbered by financial motivations," he said. "Second, the holistic and biopsychosocial education at Rochester taught me to combine humanism with analytic thinking and thus not only prepared me for addressing the needs of patients but also for using those skills as an administrator and leader. The primary skills include listening, striving to get the whole picture and formulating a plan that is attentive to the multiple dimensions of the human condition."

Pizzo praised the School's focus and commitment to students and their education, the carefully guided mentoring and the unique intersection of behavioral and medical sciences. "There are many ways that one seeks to give back to an institution which has impact on one's life," he said. "For me, the primary way I hope to do this is by lending my knowledge and experience in science and medicine to help support and facilitate Rochester's plans to be a unique and special academic medical center and university. I view my role as complementing and supporting the vision created by Rochester's current leaders."

Honors awarded for achievement and service

The University of Rochester School of Medicine and Dentistry has cited alumni for career achievements and service.

Retired U.S. Army Major General Philip K. Russell, M.D. (M '58) received the Distinguished Alumnus Award during the October reunion weekend.

The award recognizes outstanding professional achievement and service to the University. Recipients are leaders who have made significant contributions to the School and whose involvement strengthens the community.

Eugene Gangarosa, M.D. (BS '50, M '54, MS '55), an internationally known expert on waterborne diseases, received the Humanitarian Award. Established in 2008, the award recognizes graduates who have contributed to the betterment of the world by their selfless alleviation of suffering among those in need, bringing honor to themselves and the University.

Robert Smith, M.D. (M '89), received the John N. Wilder Award. Established in 2008, the award honors those whose commitment to build a greater University of Rochester inspires others in the tradition of philanthropist John N. Wilder, the first president of the University board of trustees.

The first Dean's Medal for the School of Medicine and Dentistry was awarded to Stephen I. Rosenfeld, M.D. (BA '59, M '63), professor emeritus of medicine. The award honors extraordinary service, philanthropy and leadership.

David N. Kluge, M.D. (MD'54) received the Alumni Service Award.

Russell served in the U.S. Army Medical Corps from 1959 to 1990. Following his training in internal medicine, he assumed a succession of research assignments at the Walter Reed Army Institute of Research and overseas laboratories. He conducted laboratory and clinical research on a variety of viral and parasitic infectious diseases, including dengue, malaria, hepatitis, and respiratory viruses.

Russell has authored or co-authored

From the left are: Eugene Gangarosa, M.D. (BS'50, M'54, MS'55), David Kluge, M.D. (M'54), Stephen Rosenfeld, M.D. (BA'59, M'63), Robert Smith, M.D. (M'89), Elizabeth R. McAnarney, M.D. (FLW'70), acting dean of the School of Medicine and Dentistry, Philip K. Russell, M.D. (M'58), and C. McCollister Evarts, M.D. (M'57, R'64), Distinguished University Professor.

more than 100 research publications and contributed to the successful development of several vaccines important to the military and public health, including those of adenovirus, meningitis, and hepatitis A and B. Later, as director of the Walter Reed Army Institute of Research, he led research on vaccines against dengue and malaria. As commander of the U.S. Army Medical Research and Development Command, he spearheaded the effort to increase the capability of the armed forces to defend against biological agents.

Following his military service, Russell joined Johns Hopkins University's School of Hygiene and Public Health as professor of international health and worked closely with the World Health Organization as special advisor to the Children's Vaccine Initiative. After the anthrax attacks in 2001, Russell led a Department of Health and Human Services effort to develop and stockpile vaccines and other medical countermeasures against bioterrorism agents. He continues to work on the development of vaccines for the developing world.

Gangarosa is professor emeritus in the Center for Global Safe Water of the Department of Global Health, Rollins School of Public Health, at Emory University.

His first overseas assignment took him to Bangkok, Thailand, where he participated in a study of the pathogenesis of cholera that laid the foundation for oral-fluid rehydration, a life-saving treatment for all acute diarrheal illnesses. From 1965 to 1978, he worked in the bacterial diseases division of the Centers for Disease Control and Prevention (CDC).

After retiring from the CDC, Gangarosa became dean of the faculty of health sciences at the American University of Beirut, where he established the School of Public Health. His work in Lebanon led to collaboration with CDC colleagues in global programs that empower homemakers to disinfect and store water. His significant contributions to these efforts over the years earned him the CDC's Medal of Excellence, the organization's highest award for distinguished scientific contributions.

In 1982, Gangarosa became director of Emory University's graduate program in public health. He retired in 1991 but continues to teach and mentor students in their global field experiences that focus on safe water and sanitation.

Smith is chief of radiation oncology at Ellis Hospital in Schenectady, N.Y., and managing partner of Schenectady Radiation Oncology Associates, LLC. In his career, he has focused on advanced treatments and surgical procedures to improve outcomes for cancer patients. From 1993 to 1996, he served as an assistant professor of pediatric radiation oncology at Albany Medical College, a Children's Cancer Group (CCG) study site, where he also directed high-dose rate treatment for 500 cases of gynecological, lung, and esophageal cancer. He has authored several research publications and presentations on the subjects of endometrial cancer, breast cancer surgery, and radiation therapies.

As a member of the School's Reunion Committee, his leadership led to the creation of the Class of 1989 Scholarship Fund. A committed philanthropist, he has played a key role in leading classmates to fully endow the fund in honor of their 20th reunion year.

Rosenfeld joined the School of Medicine and Dentistry faculty in 1972 as an assistant professor of medicine, and then served as director of the Allergy, Immunology and Rheumatology Clinical Group at Strong Memorial Hospital.

In 1987, Rosenfeld was appointed professor of medicine. He has published numerous articles and has served on the editorial board of the Journal of Allergy and Clinical Immunology. He became professor emeritus in 1997, but continued his allergy practice through 2004. He serves as an attending physician in the Fellows' Allergy Clinic. As a member of the faculty, he trained or mentored more than 100 physicians.

His generous gift helped establish the Dr. Stephen I. Rosenfeld Professorship in Allergy and Immunology. His leadership led to the creation of the Stephen I. Rosenfeld, M.D., and John J. Condemi, M.D., Research Education Fund.

For more than 50 years, Kluge dedicated immeasurable hours in service to the University. He served as a surgery instructor at the former Genesee Hospital, where he brought an unparalleled level of knowledge to successive generations of medical students. His countless contributions to emergency medicine have significantly benefited the School of Medicine and Dentistry. He developed an "EMS for Medical Students" elective that enables first year students to gain invaluable practical experience as state-certified Emergency Medical Technicians.

As a member of his class's 35th reunion committee, he played a key role in establishing the Class of 1954 Medical Scholarship Endowment Fund and raising its total endowment to $1.2 million by the class's 50th reunion.

A 'patient' decides to give back to the Medical School


Barbara Simms

When Barbara Simms retired after teaching remedial reading for more than 30 years at Indian Landing Elementary School in suburban Rochester, the parents of several of her students recommended a new line of work for her — standardized patient.

Simms played her first patient at the University of Rochester School of Medicine and Dentistry about three years ago and she loves the experience.

"I just fell into it. They told me former teachers were very good at it," she said. "It is so rewarding. I'm learning all the time. We study different cases and meet with doctors so we're prepared when we go in as a patient. It keeps my mind active."

Simms also sees the importance of the standardized patient in medical education.

"We all hope to enhance the students' skills in the areas of interviewing, history taking, diagnosing, performing physical exams and counseling," she said. "After working as a standardized patient, but also sometimes being a real patient, I personally feel that the interpersonal relationship between doctor and patient is extremely important when working toward achieving medical goals. It's important for the patient to feel acknowledged, respected and that he or she is being listened to."

Working with medical students and watching them improve appeals to the teacher in Simms.

"Seeing the students progress is mesmerizing," she said. "There is so much growth. They develop and they develop in relating to people. I really like that the students are so supportive of each other. I've seen this during first year Introduction to Clinical Medicine classes. If a student makes a mistake or flounders during their patient interview, the other students will always give and positive feedback. Standardized patients are the same, in a way. We are all teaching and learning."

> "Seeing the students progress is mesmerizing. There is so much growth. They develop and they develop in relating to people."
>
> Barbara Simms

Simms has found the experience as a standardized patient working with medical students so rewarding that she says she wants to give something back. She has decided to fund a substantial endowed scholarship for medical students.

"I had written a will and I was going to leave my money for education at my elementary school and to my friends and relatives," Simms said. "This is much more powerful and it will affect many more people. By helping one doctor, I could affect thousands of people and their health. That seems more appropriate than leaving money to friends."

The medical students have impressed Simms.

"They have to go through a difficult selection process to get in to the Medical School. I can tell they are all dedicated. My gift will be money well spent," Simms said.

Former piano teacher donates $6 million to Eye Institute

By Carole Dowling

For Adeline Lutz, the past 22 years have been a lesson in the value of sight and the need for individuals to have access to the best vision care possible.

She and her late husband, Walter "Jack" Lutz, led an active life. She gave piano lessons out of their home in Greece, a suburb of Rochester. He was employed at Kodak as an engineer.

Beginning in 1987, Adeline Lutz, now 82 years old, began having vision problems. She has undergone a series of surgeries at the University of Rochester Eye Institute — 13 operations that included two corneal transplants and the repair of two macular holes on her retina. Her primary ophthalmologist, corneal surgeon Steven Ching, M.D. (MD'74, R'81), became a driving force in her vision care, and he also became a close friend.

Because of Adeline Lutz's relationship with Ching and the entire staff at the Eye Institute, the couple decided to do something to assist with the mission of the Eye Institute to provide the most leading-edge eye care and become a major national center for eye care, ophthalmic research, education, and technology transfer.

"They are all like family to me and I credit Dr. Ching with saving my sight," Lutz said. "Jack and I wanted to repay him and everyone at the Eye Institute for their dedication and kindness and ensure that future patients continue to get the very best, the very newest, treatments."

The couple decided to donate most of their savings to the Eye Institute — $6 million.

"This significant gift is an illustration of the power of University of Rochester faculty to use patient care and research to make an extraordinary impact on patients' lives," said University President Joel Seligman.

Lutz said she and her husband lived a quiet life, which was what made them most happy. She always clipped coupons and has driven the same car since the early 1980s. She handled their money from the very first week of their marriage, and she thoroughly enjoyed investing in the stock market.

"It just slowly added up over time," she said.

She has directed the $6 million gift to be used for whatever initiatives will move the Eye Institute forward in patient care and research. Additionally, the Eye Institute will name its entry area the Adeline P. Lutz Pavilion and place her name on the front of the building.

Patent Bottles
Daniel Fink, M.D. (M'74), has donated more than 120 patent medicine bottles from his collection to the Edward G. Miner Library Rare Books and Manuscripts Collection. An exhibit is planned for 2010.

Fifty-five words can capture a significant moment

By Colleen T. Fogarty, M.D., M.Sc. (R'95)

Fifty-five word stories are brief efforts of creative writing that utilize elements of poetry, prose or both to capture key experiences of health care. I first learned about 55-word stories in 2007, when *Family Medicine*, the journal of the Society of Teachers of Family Medicine, put out a call for submissions of 55-word stories. I tried my hand at a few, submitted one, and it was accepted for publication.

Since that time, I have submitted 55-word stories for review at the Department of Family Medicine Professional Writing Seminar, where psychology postdoctoral fellows, family medicine fellows and faculty gather monthly to review and critique each others' writing. Several colleagues have been inspired to also try the format. Motivated by the power of writing such brief stories, I was propelled to learn as much as I could about the origins of the form as well as application to health care narratives.

In the mid-1990's, the late editor Steve Moss developed the form "55 Fiction" and published a collection, *The World's Shortest Stories*. In the *Journal of the American Medical Association* in April 2000, Anne Scheetz, M.D., and Mary E. Fry, M.D., adapted the form to medical narratives and set forth the goal of 55-word stories in health care: "To tell — in 55 words exactly — a story that helps us to understand, or to appreciate, something about a patient or about an experience of health care." Since then, *Family Medicine* has featured two articles containing 55-word stories and *Families, Systems, and Health* has begun a quarterly feature.

I have presented this story-writing format to family medicine faculty at a national meeting and to family medicine residents during core teaching, and each time have been impressed with the emotion, collective breadth of topic, and individual depth of the stories written. The writers of the stories have noted satisfaction with expressing an important story. Listeners and readers have shared in an important moment from the writer's experience. The brevity of the pieces seems to help focus the key ideas of the story and adds to the impact of the narrative. Although the number 55 is largely arbitrary, having a focused word limit helps writers hone their stories and choose the strongest wording possible to communicate their ideas. These ultra-short stories are an accessible format with which to reflect and share experiences within health care and training settings. Here are some examples:

The Power of Prayer

She asked me to pray with her.

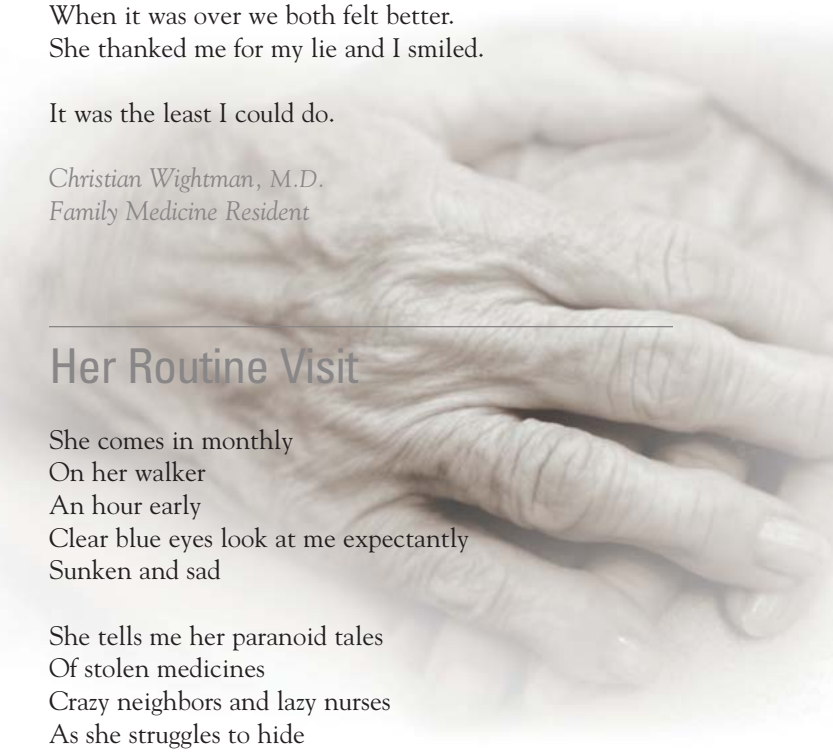
Acting has never been my strong suit but I agreed.

With her thin hand in mine we bowed our heads and she spoke softly.

When it was over we both felt better.
She thanked me for my lie and I smiled.

It was the least I could do.

Christian Wightman, M.D.
Family Medicine Resident

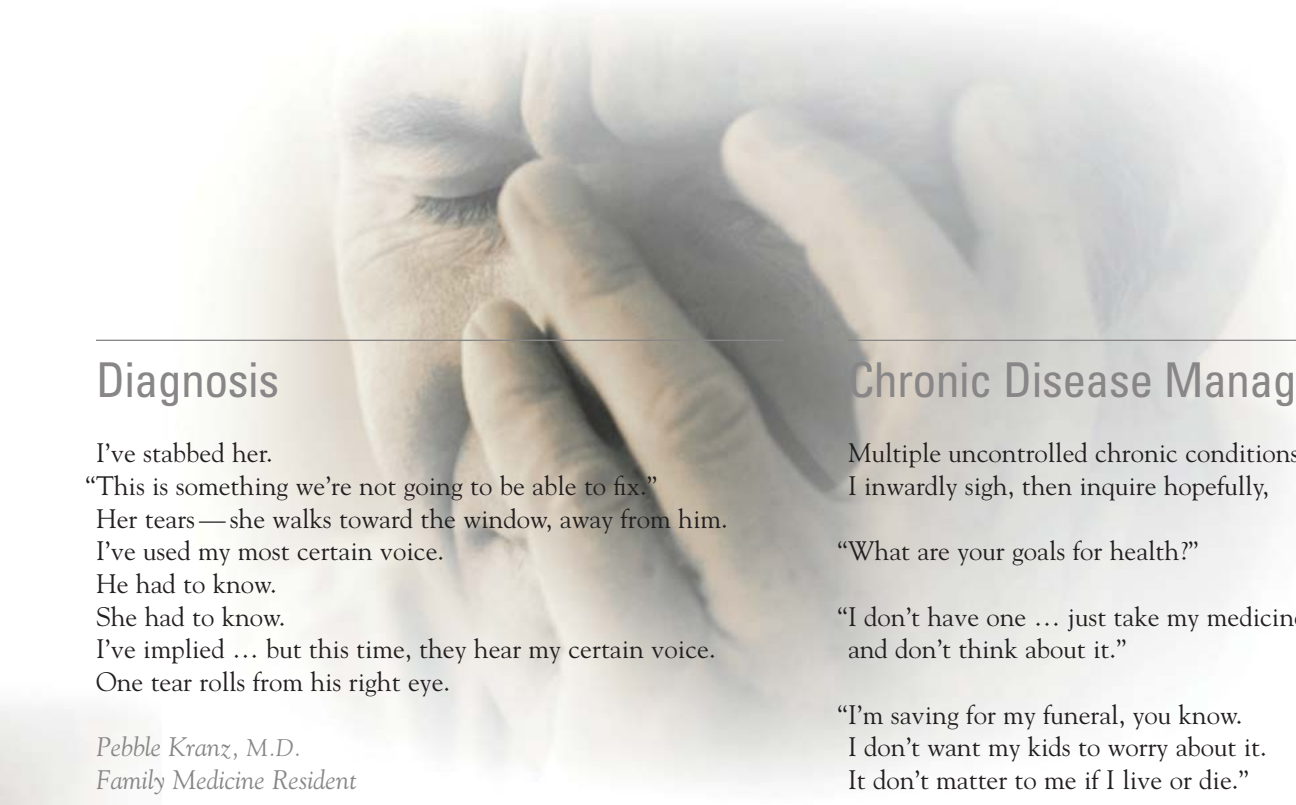


Her Routine Visit

She comes in monthly
On her walker
An hour early
Clear blue eyes look at me expectantly
Sunken and sad

She tells me her paranoid tales
Of stolen medicines
Crazy neighbors and lazy nurses
As she struggles to hide
Her failing memory
Her bruises from her falls
Prideful and stubborn
Desperately clinging to her independence
"I'll see you next month"
She says as she slowly makes
Her way down the hallway

Liz Kwon, M.D., M.P.H.
Family Medicine Resident



Diagnosis

I've stabbed her.
"This is something we're not going to be able to fix."
Her tears — she walks toward the window, away from him.
I've used my most certain voice.
He had to know.
She had to know.
I've implied … but this time, they hear my certain voice.
One tear rolls from his right eye.

Pebble Kranz, M.D.
Family Medicine Resident

A Happy Boy

You were always a happy boy.
Smiling, your deep dimples filling the room.
I watched you grow from a shy toddler to a teenager,
Your future so bright.

Today I sit with your mother,
Her pain spilling onto the floor.
I have no words to comfort.
Yesterday you died; gunned down in the street.

Laurie J. Donohue, M.D. (R'94)
Assistant Professor of Family Medicine

Chronic Disease Management

Multiple uncontrolled chronic conditions
I inwardly sigh, then inquire hopefully,

"What are your goals for health?"

"I don't have one … just take my medicines
and don't think about it."

"I'm saving for my funeral, you know.
I don't want my kids to worry about it.
It don't matter to me if I live or die."

Colleen T. Fogarty, M.D., M.Sc. (R'95)
Assistant Professor of Family Medicine

Postpartum Revelation

Two miracles bundled in blankets of pink.

A mother bruised by lashings of fist, tongue, forceful lips.

In their faces possibilities; in hers, dreams crushed.

Exploration leads to layers of pain peeled away.
Strength and hope is reborn.
"My patterns will not be theirs,"
as she dialed for a new chance, new life, new self-concept.

Tanya White-Davis, Ph.D. (FLW'09)

If you see any alumni whom you would like to contact, use the Online Directory at www.alumniconnections.com/URMC to find address information.

Submit your class notes to your class agent or to *RochesterMedicineMagazine@urmc.rochester.edu*.

Note: MD Alumni are listed alphabetically by class, Resident and Fellow alumni follow in alphabetical order, and Graduate Alumni are listed separately in alphabetical order.

MD Alumni

Class of 1946

E. Bruce Hallett writes: "**John Kennell** (BA '44), and his gracious wife, Peggy, have relocated to what sounds like an assisted living facility in Cleveland. John does a little work, relating to infant and, in part, maternal care, a lifelong subject of interest to him. He was active on the faculty at Case Western Reserve until a couple of years ago, long enough, with a distinguished career, so that the honor of a Dedicated Chair has come his way. Associated with his superb career has been a dedication to teaching. Numerous changes in the parameters of medical education have occurred during his career, both in Cleveland, Rochester, and Hopkins, at my last count. This is an interest of mine, and I hope to gather enough data to write an informative piece about this subject.

"**Dave Metcalf** is now in Beaufort, S.C., at the V.A. Victory House. He has had a remarkable career, some of which I shall share with you. Most of his graduate training took place in the Denver area. He was a resident in pediatrics at the University of Colorado Medical Center in Denver in the late 1960s. He then entered psychoanalytic training at the Denver Institute for Psychoanalysis and became clinical associate professor in the Department of Psychiatry. In 1979, he started a practice in psychoanalysis, and later moved to Santa Fe, N.M. He had two offices at the time, one in Denver, and one in Albuquerque, later to Santa Fe. He retired in 1995 and spent summers in Montana and winters in South Carolina. Dave has been a prolific reader, and his lifestyle is a reflection of his desire to maintain a brain full of information to be transferred into knowledge. He has been a child of the information age with emphasis on the professional components of the mind and its workings.

"**Phil Bates** continues in South Carolina. **Mo Cole** (BA '44) reports that a trip to Georgia is on the table to visit his daughter. His son will help on his return trip, and incidentally, will help him with home chores. He recited to me an interesting story of a lymphoma which was diagnosed but probably was incorrect! It only happens to cohorts. It was great to hear from him."

Class of 1949

Jay Carl Hornberger writes: "I have practiced Internal Medicine-Primary Care with the Gould Medical Group since I arrived in Modesto in 1955 and I am now employed by the Sutter-Gould Medical Foundation. My workload is considerably less than it was years ago but I enjoy office practice, offering as it does the opportunity to interact with people and the responsibility to meet the challenges of modern medicine.

"I have successfully navigated the shoals of serious health problems including resection of an AAA and aorta-coronary bypass surgery, from both of which I have recovered. I am rather inactive since spinal arthritis and stenosis have restricted my range of motion. I read, listen to music, the news, some sports, and I still play trumpet in our community college concert band. I would like to attend this, our 60th reunion, but the distance is too great. My wife, Polly, is well. We enjoy concerts and opera in our new performing arts center and we are active in our church."

Class of 1954

D.A. Henderson's latest book, *Smallpox – The Death of a Disease: The Inside Story of Eradicating a Worldwide Killer* was published by Prometheus Books in June 2009. *See Page 28.*

Class of 1960

Cleaves M. Bennett writes: "Initially class of 1959 but took a year out and graduated in 1960 with honors and Alpha Omega Alpha. I am founder and CEO of a non-profit organization, No More Medicines, Inc., and the creator of its Web site, nomoremedicines.com. I am a recently retired professor of medicine from UCLA School of Medicine. A few years back I was voted best internal medicine teacher of the year by the residents. My specialty was nephrology and hypertension; now it is healthy living and disease prevention.

"I have been a doctor for 50 years. The first third was in academic medicine at the National Heart Institute, Duke University and UCLA. The second third I created and directed a preventive/healthy living program in downtown Los Angeles called "Inner Health." My books, *Control Your High Blood Pressure Without Drugs* and a companion healthy cookbook (published by Doubleday), were based on that experience. The last third I worked as a hospital-based doctor taking care of patients who had been taking multiple blood pressure, cholesterol, diabetes and other pills and yet they still had all the problems the pills were supposed to prevent. That was indeed a tough lesson for me. I retired from that practice at age 71.

"I have dedicated the rest of my life to promoting wellness and healthy living and eating. At age 40, I quit a 25-year tobacco habit, started jogging, ran marathons in my 50's, dropped my cholesterol from 240 to 140 by diet change-no statins! For the last 34 years, I have kept this up and thus defied a male family history of dying young. When I promote healthy diets and lifestyles, I have a great deal of personal credibility. I do walk the talk. I have spoken in prisons, churches, high schools, the YMCA, the Elks club, senior communities and on local TV. I have self re-published my book which is available at nomoremedicines.com and is the best selling high blood pressure book at Amazon.com for the last 2 years.

"Now based in Austin, I am working with the mayor's office and the Texas Legislature to promote healthiness in the city and the state. As is true in most of the other Southern states, this is steeply an uphill effort. But with enough perseverance, I believe that it is doable. At 75, that's what gets me up every morning. That and walking my dogs, my favorite exercise. Their breeds are mixed and they were homeless until they found me. God smiles on folks who rescue dogs."

Class of 1961

Carol Nadelson was named the 2009 Alma Dea Morani, M.D. Renaissance Woman Award recipient by The Foundation for the History of Women in Medicine (FHWIM). *See Page 30.*

Class of 1962

Solomon S. Solomon was named the 2010 recipient of the Founder's Award of the Southern Society of Clinical Investigation (SSCI). The award recognizes research and academic

The Sights of Reunion 2009

1. Kate Campbell, M.D. (M'93), Katy Romano, David Romano, Irene Romano and Jules Cohen, M.D. (BS'53, M'57), at the John Romano Celebration Luncheon
2. Paul Schloerb, M.D. (M'44), at the Surgical Innovation presentation
3. John Frazer, M.D. (M'39) and Libby Clay (BA'52) at the Whipple Dinner
4. Eugene Gangarosa, M.D. (BS'50, M'54, MS'55) and Retired U.S. Army Major General Philip K. Russell, M.D. (M'58) at the Distinguished Alumnus Lecture

Who was at reunion?
For more photos from the School of Medicine and Dentistry reunion weekend, go to *Rochester Medicine* Online at *www.urmc.edu/rochester-medicine*

excellence of a physician/scientist in the South. Solomon is being recognized for fostering research in young physicians with a 30-year NIH-funded Medical Student Research Training grant, originally obtained competitively in 1980, and renewed for six, five-year cycles at the University of Tennessee College of Medicine. Solomon has been the principal investigator of the program during this time. Over the 30 years, almost 700 medical students have performed research during the summer after the first year of medical school. More than 150 students have presented their work at the annual SSCI meeting in New Orleans. The award also recognizes Solomon's research in insulin action and diabetes mellitus.

Solomon writes: "My interest in medical research developed with research in my senior year at Harvard with Dr. Konrad Bloch (Nobel prize, 1964) as an undergraduate, and even more importantly, later as a medical student researcher at the University of Rochester School of Medicine, during the summers of 1959 and 1961. This NIH-sponsored program at the U of R was made available to me by the late Dr. Elmer Stotz, chair and professor of biochemistry at U of R Medical School. I feel like I transplanted a little piece of the Whipple/Rochester summer and year-out student research experience to the mid-south and UT."

Class of 1970

John S.R. Deacon is singing in a barbershop chorus, making "house calls" for people with computer problems (Apple Macintosh), and just became a grandfather.

Class of 1976

Timothy E. Quill, director of the Center for Ethics, Humanities and Palliative Care at the University of Rochester Medical Center, will receive the Palliative Medicine Community Leadership Award at the annual meeting of the American Academy of Hospice and Palliative Medicine in Boston in March. The award recognizes a physician who has advanced palliative care through the education of future physicians. In addition, Quill was recently elected treasurer of the organization.

Class of 1980

Barbara DeBuono (BA '76) has joined Porter Novelli, a global public relations firm, as chief medical officer, global director of public health and social marketing. She will continue in her role as adjunct professor in the Department of Health Policy at George Washington University School of Public Health and Health Services in Washington, D.C. Prior to joining Porter Novelli, DeBuono was executive director of public health and government for Pfizer, Inc., where she was responsible for creating and managing public-private partnership programs in public health innovation, health policy, education, and research. DeBuono has served as a senior consultant to the World Health Organization in Southeast Asia and is involved in pro bono work on health literacy and women's maternal health issues in sub-Saharan Africa.

Class of 1981

Thomas J. Foels was named chief medical officer of Independent Health in Buffalo, N.Y. He joined Independent Health in 1994 as associate medical director and served most recently as its medical director, leading numerous initiatives to improve the quality and value of care provided to members and the community, such as the patient-centered medical home and practice excellence.

Class of 1982

Joseph M. Serletti, chief of the division of plastic surgery at the University of Pennsylvania, received the Vivian & Meyer Potamkin Award from the Pennsylvania Breast Cancer Coalition. The award is presented to an outstanding leader in breast cancer research.

Class of 1988

Immanuel K. Ho (BS '84) was re-elected to a second term as Governor of Eastern Pennsylvania for the American College of Gastroenterology (ACG). He received the ACG Freshman Governor's Award in 2008. He also is chairman of the ACG Patient Care Committee.

Class of 1991

Helen C. Kales is a geriatric psychiatrist at University of Michigan and was named director of the Section of Geriatric Psychiatry in March. She also will lead a new program called the Program for Positive Aging, designed to create new research, training, clinical care, and outreach opportunities in aging and mental health.

Class of 2005

Natalie Bello completed her chief resident year at Columbia University Medical Center in New York City and moved to Boston to start a cardiology fellowship at Beth Israel Deaconess Medical Center.

GRADUATE ALUMNI

(Arranged alphabetically)

Deborah C. Rice (PhD'77), a toxicologist with the Environmental and Occupational Health Program in the Maine Center for Disease Control and Prevention, has received a Heinz Award. *See Page 31.*

RESIDENTS/ FELLOW ALUMNI

(Arranged alphabetically)

E. Bruce Hallett (MD'46, R'53) – *See M.D. Class of 1946*

Jerry J. Marty (R'82) received a Master of Business Administration degree from George Washington University in May.

John Moran (R'71) won the Rhode Island Hospital House Staff Teaching Award in Pediatrics for the third time in his career this year. He received the 2006 Excellence in Teaching Award from Brown Medical School, where he is Clinical Associate Professor of Pediatrics.

Carol Nadelson (MD'61, R'62) – *See M.D. Class of 1961*

Timothy E. Quill (MD'76, R'79) – *See M.D. Class of 1976*

Joseph M. Serletti (MD'82, R'88) – *See M.D. Class of 1982*

Mary Tinetti (FLW'84), the Gladys Phillips Crofoot Professor of Medicine, Epidemiology, & Public Health at the Yale School of Medicine, was named a MacArthur Fellow for 2009. She will receive $500,000 in "no strings attached" support over the next five years. Tinetti, who heads the Yale Program on Aging, has pioneered the study of morbidity due to falls by the elderly and is developing new approaches for the care of the elderly.

The Sights of Reunion 2009

5 Paul Fine, M.D. (BS'57, M'61, R'61), Shelley Fine and Robin Valpey, School of Medicine and Dentistry student, at the Generosity Meets Gratitude Scholarship Reception

6 Asher and Joseph Bykov, sons of Stan Bykov, M.D. (BA'95, M'99, R'03) and Eva Weis Bykov (BA'95, MS'99) at the Young Alumni Picnic

7 Alfred Heggie, M.D. (BS'51, M'55, R'61), Nancy Hare and Donald Hare, M.D. (M'54) at the Whipple Dinner

8 Young Kang, M.D. (M'99), his wife Patricia and their children, Taylor, Natalie and Matthew, at the Young Alumni Picnic

Philip Rogers Dodge, M.D.

Philip Rogers Dodge, M.D. (MD'48), a founder of the specialty of pediatric neurology who was known for his vision and compassion, died at Barnes-Jewish Extended Care in St. Louis Aug. 30, following a long illness. He was 86.

Dr. Dodge was professor and head of the pediatrics department at Washington University School of Medicine from 1967 until 1986.

In a statement, the university said he had been beloved by the many residents he had mentored, and helped lead the hospital to prominence. Larry J. Shapiro, M.D., executive vice chancellor for medical affairs and dean of the School of Medicine, called Dr. Dodge a giant in pediatrics and child neurology.

"He was a leader of exceptional vision, courage, skill and warmth," Shapiro said. "He was substantially responsible for the creation of the modern St. Louis Children's Hospital."

Alan L. Schwartz, M.D., head of the department of pediatrics and pediatrician in chief at St. Louis Children's Hospital, said Dr. Dodge had trained and mentored most of the academic pediatric neurology leaders in the United States during the last four decades.

Dr. Dodge had continued his well-known 'Dodge Rounds' with medical students and residents into 2009.

Dr. Dodge became interested in the neurological problems of children while he was a medical student at the University of Rochester School of Medicine and Dentistry. An illness forced him to take a year off from classes and he spent much of that time under the tutelage of Wilbur K. Smith, M.D., a pediatric neurologist. Dr. Dodge maintained a fondness for the University and the School of Medicine and Dentistry throughout his career. He spoke and wrote frequently of the important role the School and Smith played in his career development.

Jonathan W. Mink., M.D., Ph.D., professor of neurology and pediatrics and chief of child neurology at the University of Rochester Medical Center was a student, trainee and friend of Dr. Dodge.

"Dr. Dodge provided the inspiration for a large number of students and residents to enter the field of child neurology," Mink said. "He was a gifted scholar, teacher and clinician. His gentle way with children was magical. He could get even the most reticent toddler to engage and cooperate completely."

A native of Massachusetts, Dr. Dodge graduated from the University of New Hampshire and Yale University. He was a major in the Army for six years.

In 1956, Dr. Dodge created the pediatric neurology department at Massachusetts General Hospital. He also served on the faculty at Harvard Medical School. In 1967, he moved to St. Louis where he developed the Edward R. Mallinckrodt Department of Pediatrics at Washington University School of Medicine. He served as chair of the Department of Pediatrics and as medical director at St. Louis Children's Hospital for 21 years. He increased the Washington University department faculty from about a dozen to more than 100.

"He grew the department from relative obscurity to world renowned. Other divisions flourished, but none to the extent that child neurology did due to Phil's efforts and reputation," W. Edwin Dodson, M.D., associate vice chancellor and professor of pediatrics and neurology at Washington University School of Medicine told the *St. Louis Beacon*.

In 1978, Dr. Dodge received the prestigious Homer Award from the Child Neurology Society. He contributed about 150 publications to medical literature.

Among the survivors are two daughters, Judy Speck of St. Louis and Susan Diass of Rochester, N.Y.; and four grandchildren.

Linda Fabry Farley, M.D.

Linda Fabry Farley, M.D. (BA'51, MD'55), a longtime advocate for health care reform, died in the arms of her husband at her home in Verona, Wis., on June 9 after a 10-month battle with cancer. She was 80.

After her death, the Wisconsin state legislature passed a joint resolution commending Dr. Farley for "her tireless service to the health care field, her work to champion health care reform, and her lifelong devotion to the medically underserved."

A native of Rochester, N.Y., she decided to become a doctor because she admired several novels that depicted heroic doctors at work in Appalachia, according to a biography published on *Local Legends*, a National Library of Medicine Web site honoring women doctors.

To put herself through college, Dr. Farley worked at Eastman Kodak Co. She worked as a nurse's aide to pay for medical school, where she met her future husband, Eugene S. Farley, M.D., M.P.H. (MD '54). The couple often worked together to care for the needy or to campaign for health care reform.

In the *Local Legends* biography, Dr. Farley credited her two years in the mid-1950s on a northeastern Arizona Navajo reservation for transforming her attitude and approach to medicine. Fifty miles from the nearest paved road, she and her husband lived in a small trailer and ran an outpatient clinic, providing medical care to the surrounding Navajo community.

After her work among the Navajos, Dr. Farley and her husband moved to Trumansburg, N.Y., where they had a family medicine practice for seven years, primarily serving patients in a small town and rural areas. The family next moved to Rochester, where Dr. Farley practiced for eleven years in a neighborhood health center and her husband founded Rochester's School of Medicine and Dentistry's Department of Family Medicine. They then moved to Denver, Colo., where Dr. Farley's

husband had been recruited to chair the University of Colorado Medical School Department of Family Medicine. Dr. Farley again practiced at health clinics among the poor and uninsured.

In 1982, Dr. Farley joined the faculty of the University of Wisconsin Medical School as an assistant professor of family medicine. In 1992, the year she was appointed emeritus assistant professor, she and her husband helped to establish a faculty development program in family medicine at Meharry Medical School in Nashville.

Dr. Farley received the Society of Teachers of Family Medicine Task Force Appreciation Award in 1993. She was named the Wisconsin State Medical Society Physician Citizen of the Year in 1995. She also received the American Academy of Family Physicians Presidents Award in 2001.

Since 1996, Dr. Farley traveled extensively in Wisconsin and the United States, talking about the advantages of a single payer health system.

In addition to her husband of 54 years, she is survived by four sons, Jonathan, Tillman, Shedden, and Joshua, and a son Patrick, a native of Uganda who joined the family. Dr. Farley also had 12 grandchildren. Donations can be made in Dr. Farley's memory to the Coalition for Wisconsin Health at Social Justice Building, 1202 Williamson Street, Madison, Wis. 53703.

Leonard D. Fenninger, M.D.

Leonard D. Fenninger, M.D. (MD'43, R'48), former medical director of Strong Memorial Hospital, died Sept. 10 at the Presbyterian Home, Evanston, Ill. He was 91.

In 1961 when he was named to the then new position of Strong's medical director, University of Rochester School of Medicine and Dentistry Dean Donald G. Anderson, M.D., described Dr. Fenninger as "a perceptive scholar, teacher and physician and an articulate leader in medical education.

"His colleagues and students find in him unusual enthusiasm, warmth and human kindliness," Anderson said.

Dr. Fenninger had a joint appoint as medical director and associate dean of the School of Medicine and Dentistry as part of an effort to integrate the medical school and the hospital. As medical director, he was responsible for the development and conduct of all phases of patient care. As associate dean, he was involved in school planning.

Dr. Fenninger did his residency at Strong Memorial Hospital, after which he became an instructor in medicine and a fellow in cancer research at the School of Medicine and Dentistry.

From 1952 to 1954, he served as a director of general medicine at the National Cancer Institute. He then returned to Rochester as assistant dean. He rose through the faculty ranks to become a professor of medicine.

Dr. Fenninger left Rochester in 1967 to become director of the Bureau of Health Manpower in the U.S. Public Health Service, a position he held for two years. He served as associate director of the National Institutes of Health from 1969 to 1973. He then joined the staff of the American Medical Association, retiring as senior vice president for medical education and science policy in 1984.

He lectured in the Department of Medicine at the Feinberg School of Medicine at Northwestern University in Chicago and was on staff at Northwestern Memorial Hospital until he fully retired in 1990.

He is survived by his wife of 66 years, Jane Thomas Fenninger of Evanston; son David M. Fenninger; daughter Anne R. Fenninger; and several grandchildren and great-grandchildren.

Donations can be made to the Glencoe Union Church, 263 Park St., Glencoe, Ill., 60022 or Geneva Foundation of Presbyterian Homes, 3200 Grant St., Evanston, Ill., 60201.

In memoriam

Arthur H. Applegate (MD'51)
Robert E. Birk (MD'52)
Ralph P. Caschetta (BA'56, R'66)
William E. Chalecke (MD'43)
Charles L. Cogbill (R'48)
Rudolph C. Dangelmajer (MD'54)
Jerome Donlon (PHD'68, MD'72, R'73)
Philip R. Dodge (MD'48)
Jana V. Downing (MD'69)
Lloyd Fallowes (MD'59)
Linda F. Farley (BA'51, MD'55, R'70)
Leonard D. Fenninger (MD'43)
Lawrence Hall (R'36)
H. James Holroyd (R'56)
Dwight S. Jacobsen (MD'60, R'66)
Ralph H. Kellogg (BA'40, MD'43)
John P. Kelly (MD'55)
Paul R. Kucera (R'83)
Lionel Lewis (MS'55)
Arthur H. Livermore (MS'42, PHD'44)
Shin-Tsu Lu (MS'73, PHD'77)
William T. Lucas (MD'47)
Richard Gregory Lynch (MD'66)
Guido V. Marinetti (NS'50, PHD'53)
James K. Masson (MD'43)
Marion E. McDowell (MD'45, R'50, FLW'56)
Donald W. Meier (MD'50)
Charles I. Miller (BA'35, MD'38)
Michael B. Mock (MD'62, FLW'66)
Robert F. Muller (MD'52)
Richard J. Nowak (BA'44, MD'46)
James G. Parke (MD'44)
Ronald J. Pimpinella (MD'60)
John B. Riley (MD'46)
Richard F. Riley (PHD'42)
George B. Ross (R'65)
Bernard F. Schreiner (MD'52, FLW'54)
Steven Schwarzkopf (R'93)
James G. Seyfried (R'57)
Philip A. Singer (BA'64, MD'69)
Seth W. Smith (MD'42)
Susan I. Spencer (BS'70, MD'74)
Preston Weadon (R'51)
Robert Willkens (MD'54)
David Wise (MS'67)

The comeback

Continued from page 9

resist movement."

Therapy has not stopped his research. Since July, he has received study results from the scientists in his lab on Fridays. He and his wife review the results, and then he sends comments in time for the beginning of the next work week.

Berk has an office next to the office of Mark Taubman, M.D., the acting CEO of the Medical Center. Berk spends a few hours there each morning to work on special projects.

"My goal is come back as far as I can physically. That's why I am dedicating so much time to rehab. The first six months after the accident is a critical time," he said. "Once I feel I've achieved a level of independence that I'm comfortable with and I have a level of energy to work a full day, then I'll come back as CEO. There are huge opportunities for us as an institution and an organization. Creating the changes I would like to see will be difficult operationally but I have no doubt we can do this. I'm very energized by the opportunities, by the great things we can accomplish at the Medical Center. I wouldn't miss it for anything."

Man of letters

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for the first 15 minutes or so; in fact I felt that I handled the situation very well at first, considering my inexperience, and although she showed her anger at me personally almost continually, I felt that I had the situation in hand. However, after about 15 minutes I began to stumble as I couldn't think of any new leads to search for, and she was completely unwilling to go into any detail or to explain her feelings. So, the last half of the interview was rather a flop, but then I certainly don't feel discouraged about it, instead I feel rather elated that I could carry it off at all and that I did not get angry at her, and most of all, I don't feel the patient would have ever guessed that she was the first patient I had ever interviewed."

February 10, 1958

"Dear Family,

I hope that you didn't get buried in the recent snow. We have well over a foot on the ground now. I just wish that we had some time to take advantage of it with some tobogganing and such.

Right now we are enjoying a Sunday morning and afternoon at home. Nancy has to be at work at 4:00 and I will go up to see if I have a new pt. and try and work her up if there is one. I have had the whole weekend off from being on duty, but I was at school yesterday afternoon to finish writing up my last pt. I went to a party for an hour last night given by some nurses from the medical floor I was on two weeks ago, but it wasn't much fun for any longer than an hour and my sweet wife was not with me.

I'm including our budget that you have asked for Dad.

IN		
Bruce	$	600
Nancy		3000
Total	$	3600
OUT		
Tuition	$	950
Hosp. Ins.		50
Books		50
Car Ins.		25
Life Ins.		90
Rent		400
Food		800
NANCY		
2 weddings	$	100
Car Upkeep		30
Dentist		25
Misc.@$50/month		600
	$	3120
TOTALS	$	3600
	-	3100
	$	500 - Income Tax

This is a very rough budget, but I believe that it will prove to be fairly accurate. We will be looking forward to seeing you next Saturday. Try and come early afternoon. I will be off from 1 PM Saturday until Monday morning. So, see you then."
Love, Bruce

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