1982

Centerscope: v. 13, no. 1-3

https://hdl.handle.net/2144/21728

Boston University
Listening to the heartbeat of America

Framingham Heart Study's impact on a nation's lifestyle
Incoming students get acquainted at orientation program. Story, photos on pages 14 and 15.
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Published by Boston University Medical Center, 80
East Concord St., Boston, MA 02118, on behalf of Boston University
School of Medicine and the Boston University Henry M.
Goldman School of Graduate Dentistry to communicate the con­
cern of the Medical Center for the development and maintenance
of improved health care in contemporary society. Publication of
Centerscope is supported in part by the Boston University School
of Medicine Alumni Association.

The members of Boston University Medical Center
are Boston University School of Medicine, the Boston University
Henry M. Goldman School of Graduate Dentistry, and University
Hospital. More than 20 New England health institutions are affil­
iated with the Medical Center.

Feature articles are signed and represent the authors’
viewpoints. Readers are encouraged to comment through the Let­
ters section.

Centerscope’s audience, which receives the maga­
zine gratis and is requested to support it voluntarily, consists of
alumni, faculty, students, members of the professional staffs, trus­
tees, and officers of the Medical Center and its affiliated institu­
tions. Other subscriptions are available at a cost of $6 per year.

Cover: Design by Ronald Recchio; photography by Kathy Handin/Donald Melick.

Illustration: Page 12—Bobby Poole for Symmes, Maini & McKee.

Photography: Frontispiece, pages 14, 15, 26, 28 (top), 29, 31, 32—
Bradford F. Herzog; Page 1, 3, 11 (top), 18, 19 (bottom), 24—BUSM
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If it’s acceptable to have a
male physician in the delivery
room, is it all right to have a
male nurse? See Legal Signs
on page 3.
Physicians and the containment of health-care costs

(The following, written by BUMC Director Richard H. Egdahl, M.D., is reprinted with permission from the "Sounding Board" section of the April 9, 1981, issue of the New England Journal of Medicine (Vol. 304: 900-901). Egdahl, who also is director of Boston University's Center for Industry and Health Care, is a noted authority on matters affecting health-care delivery and cost.)

The containment of health-care costs persists as a policy imperative, but the center of gravity appears to be shifting away from regulatory procedures, such as health-care planning and rate-setting, toward the theme of competition among alternative delivery systems. The competition approach, supported in principle by the new administration, would require employers to offer at least three competing delivery systems from which employees, if faced with proper incentives, would presumably choose the least costly plans to meet their needs. The alternative delivery system envisaged to compete with unstructured fee-for-service practice is the health-maintenance organization (HMO).

There are preliminary reports from Minneapolis that seven competing HMOs in that city may have begun to moderate the rise in health-care costs; they are at least competing among themselves, and perhaps also challenging the pricing practices of the community's fee-for-service physicians.

But it appears unlikely that HMOs will develop rapidly to a critical mass in all or even most areas of the country, and developing HMOs can be expected to experience the relatively high rates of failure characteristic of complex small businesses, which are critically dependent on exceptional management.

The alternatives. If the pace of HMO development proves insufficiently rapid to meet the challenge of rising health-care costs, what are the alternatives? One suggestion is that alternative medical-care systems be based on panels of physicians who order fewer laboratory procedures or days of hospitalization, or who charge lower fees than their local peers. These panels would be established by insurers or by groups of employers or employees.

This is the analogue of the lists of preferred physicians that some unions and health and welfare trusts have developed for their constituencies, taking into account the physicians' credentials, fee profiles and practice routines. But fee information is sensitive, and directing pressure specifically at practice routines tends to raise the specter of a negative impact on the quality of care. Physicians would strongly resist the arbitrary development of panels, especially if the selection criteria were largely economic.

Despite the many changes that medicine has undergone in recent years, it is still true that the majority of physicians practice in small groups or alone and receive fees for services rendered. No private-sector effort to contain health-care costs will succeed without the participation and active support of practicing fee-for-service physicians. Yet only the most general, exhortative cost-containment messages have been directed toward this essential group.

Two approaches. To provide the majority of practicing physicians with specific mechanisms to participate in cost containment, there are two basic approaches. The first requires an analysis of data—from insurance claims or any of several existing hospital-discharge abstracts—to identify statistical "outliers" that exceed local norms in length of stay, rates of surgery and, when the data are available, diagnostic and treatment procedures ordered for comparable diagnoses.

Once the physician group had identified outlier activities, it would carry out an action program, working through the hospital medical staff, the voluntary-effort committee of the medical society, or a professional standards review-like organization, to call attention to the anomalous practice patterns and find ways to bring them within the range of community norms.

The second approach focuses on the norms themselves rather than on deviations from them. It depends on physicians' reexamining the use of all medical resources and deriving new norms for diagnostic and treatment procedures, including hospitalization, in managing major categories of illness. Intensive educational campaigns would then be devised to promote cost-effective practice patterns consistent with high-quality patient care.

This approach rests on the assumption, borne out by a growing body of evidence, that many well-established methods of patient care overuse hospitalization and other cost-intensive services and procedures. The importance of local physician leadership in tailoring changes in practice patterns to their own regional situations cannot be over-emphasized.

Attention must be directed to the development of mechanisms for fee-for-service physicians to effect economy in their medical practices. Otherwise, nearly exclusive concentration on a conceptually appealing but unproved "competition" theme could leave us for the foreseeable future without a realistic chance for physician-oriented containment of health-care costs as an alternative to intensified regulation.

Incentives for physicians. First of all, there is the persistent threat of increased governmental regulation in the private practice of medicine...
Sex in the delivery room: Is nurse a boy or a girl?

By George J. Annas, J.D., M.P.H.

No male nurse is appropriate for labor and delivery, but all male physicians are acceptable. If this declaratory sentence appeared on a true-false examination, most responders would answer “false.” But one responder, with considerably more authority than the average test-taker, recently marked this statement true—and since she is a district court judge in Arkansas, only a higher court is empowered to grade her performance on this question. (Backus vs Baptist Medical Center), 510 F. Supp. 1191 (1981).

The logic used by both the judge and the hospital involved in the case provides us all with an opportunity to re-examine our feelings and beliefs concerning sex roles in medicine and nursing.

Gregory Backus is a qualified male R.N. who graduated from the Baptist Medical Center and trained in the obstetrics and gynecology (OB-GYN) department as a student nurse. Shortly after graduation, he requested placement as a full-time registered nurse in the labor and delivery section of the OB-GYN department. His request was refused on the basis that the hospital “did not employ male R.N.s in the OB-GYN positions because of the concern of our female patients for privacy and personal dignity which makes it impossible for a male employee to perform the duties of this position effectively.”

Backus filed a discrimination charge with the Equal Employment Opportunity Commission (EEOC). The EEOC issued a “right-to-sue” letter, after which he filed suit against the hospital under Title VII of the Civil Rights Act of 1964 alleging that sex was “not a bona fide occupational qualification” for the position he sought. The Act requires the employer to demonstrate that the challenged policy is reasonably related to the essence of its business and that there is a factual basis for believing that it is impossible or impractical to deal with persons on an individual basis.

The hospital responded that its policy was based on a recognition and respect for the “privacy rights of its patients”: Obstetrics is a “unique section of the hospital” because “an obstetrical patient constantly has her genitalia exposed.” The duties of an OB nurse were described as “sensitive” and “intimate” including, checking of the cervix for dilation, shaving the perineum, giving an enema, assisting in the expulsion of the enema, and sterilizing the vaginal area. In the recovery room, the nurse checks the patient for bleeding, gives uterine massages, and changes the perineal pads. OB nurses are “randomly assigned” to patients upon admission, and are “strangers” to the patients.

The court agreed that random assignment of male nurses would violate the “constitutional right to privacy” of patients, and put heavy emphasis on the proposition that “strangers” of the opposite sex should not be permitted to view one’s naked body. This conclusion was bolstered by the testimony of some physicians, nurses and patients at the hospital that they would object to a male nurse in OB. One female physician, for example, testified that half her patients would object to a male nurse and an even greater percentage of their husbands would object.

The court determined that it was not possible for the hospital to “schedule around” a male OB because (1) if a patient objected to a male nurse, a female nurse would have to be switched from her patient to the objecting patient, and (2) the hospital policy that no member of the opposite sex examine a patient’s genital area without a chaperone (“to curb any risk of a molestation charge”) would necessitate the assignment of a female nurse to chaperone the male nurse and result in duplication of staff and added expense. The court characterized this as a “business necessity” sufficient to justify the hospital’s hiring policy.

The hospital’s rationale. Both the hospital’s arguments and the court’s analysis merit comment. Persons interested in promoting patients’ rights have long known that most hospital rules and policies exist primarily for the convenience of the hospital staff, not for the patient. Thus, when a hospital announces that an employment policy is based on patients’ rights, one should be immediately skeptical.

In the early 1970s, for example, many hospitals argued that their policies prohibiting fathers from entering the delivery room were really based on their desire to protect the privacy continued on page 4
Commentary

continued from page 2

unless effective action is taken to contain health-care costs. Although the new administration generally supports deregulation, control of inflation appears to be its top priority, with the second major goal of a greatly improved military position in the world. Health is unlikely to elude whatever regulations or other measures are necessary to achieve these goals. Therefore, an economic incentive exists because continued inflation in general health-care costs can be expected to call attention to physicians’ fees and practice activities.

Secondly, an aroused American industry is becoming involved in more and more components of the health-care delivery system, in an effort to mute the impact on net profits of the costs of employee health benefits. Not only is industry involved in local planning, hospital boards and other activities, but in some areas corporations with a major presence are encouraging the development of programs that analyze local data on health care, including their own insurance-claims experience, for evidence of provider outlier behavior requiring the attention of peer groups of local physicians.

If this combination of incentives proves ineffective, it is likely that physicians will confront an increasingly regulated environment that will seriously impair their chance to apply rational peer processes in the local management of health-care utilization.

Richard H. Egdahl, M.D., Ph.D.

Legal Signs

continued from page 3

of other OB patients, not for the convenience of OB physicians and nurses who opposed the practice. Likewise some hospitals argue against 24-hour-a-day visitation rights on the basis that limitations on visitors are designed to protect the patient from oversolicitous friends and relatives. “Routine procedures” are justified as protective of patients, rather than for their real reason: to protect the hospital staff from a negligence charge. Wheelchairs, for example, are required until one gets to the hospital door—thereafter, the former patient is usually on his own. The hospital’s chaperone policy is at least more honest. Its purpose as stated is not to protect the patient from sexual assault by the doctor or nurse, but “to protect the hospital from charges of molestation.” This may be a legitimate business purpose, but could be accomplished simply by limiting a male nurse’s OB duties to women accompanied in labor and delivery by their husbands.

The court’s rationale. The court’s rationale is overly sexist. The judge believes that men are fine as physicians to women, but not as nurses. She gives two reasons for her opinion, which readers may find more persuasive than I do. At Baptist, there were eleven OBs on the staff, only two of whom were women. So not all women could have a female physician even if all wanted one. Therefore, the judge determined that it was acceptable for OB services to be performed by male physicians:

...the patient knows and accepts the fact of this necessity; if all female patients demanded female surgeons, obstetricians, gynecologists, and the like, a lot of them would go untreated. The same could not be said of their insistence on female attendants, who may or may not even be nurses, for such unskilled tasks as handling bedpans and giving baths.

Shortly following this statement, the judge concludes with another non sequitur:

Due to the intimate touching required in labor and delivery, services of all male nurses are inappropriate...it is their very sex itself which makes all male nurses unacceptable.

As if unsure of her “necessity rationale,” the judge adds another reason for distinguishing male doctors from male nurses: unlike the physician, the nurse is “an unselected individual who is intruding on the obstetrical patients’ right to privacy.” (Emphasis in the original). This ignores the fact that the doctor is not always chosen, but may turn out to be a covering physician or resident; and if selection is really the critical issue, patients should be permitted to select their primary nurse, who will spend a lot more time with them than the physician.

The judge’s real reason seems to be that she does not believe that nurses are really “health-care professionals,” at least in the sense that physicians are. Male doctors can perform any legitimate manipulation of the female genitalia, and the judge expects female patients to “accept” this as “necessity.” But she also expects women to object to male nurses even to the point of agreeing that it makes sense for a hospital to “outlaw” male OB nurses altogether. Similar logic would permit hospitals to bar women urologists or proctologists from their staffs, since many men might object to them because of their sex. Since most practitioners are male, there is no “necessity” for females in these specialties.

Conclusion. The clear thrust of both the hospital policy and the judge’s opinion is to reinforce sexual stereotypes in health care. Keep it simple, they say: little boys should grow up to be doctors, not nurses—that’s women’s work. But perhaps this is taking the opinion too seriously. Neither the hospital nor the judge can turn back the clock. Women are here to stay in medicine, and men are likely to become more and more involved in nursing. The opinion serves to provide us with a reminder of the way things used to be, and demonstrates that former arrangements and sex roles were based not on logic, but on stereotyping.

Recognizing the basis for some of these outmoded hospital “rules” can help us change them for the benefit of patients and staff alike. Just as most hospitals now encourage husbands to be with their wives during childbirth, it is possible that attention to this issue can refocus concern on the central role of the OB nurse and the desirability of patient input in the selection of that nurse.
BUSM study proves for first time that exercise prevents heart disease in primates

Results of a School of Medicine study published in the Dec. 17 issue of the New England Journal of Medicine offer the first definitive proof that exercise, in primates, does help to prevent—and possibly reverse—atherosclerosis, the major cause of heart attack and stroke in humans.

Dieter M. Kramsch, M.D., an associate professor of medicine and an assistant professor of biochemistry, and his BUSM research team conducted the research over a four-year period. The study, the first of its type to utilize primates, aimed to gain more insight into the effects of physical training on the cardiovascular system, both with and without dietary-induced atherosclerosis.

Two groups of eight young adult male cynomolgus monkeys (Macaca fascicularis) were exercise-conditioned on a treadmill for 18 months while on a control diet. For 24 months thereafter, one group was given an atherogenic diet, which produces degenerative changes in arterial walls, while both groups continued vigorous exercise for 24 additional months. Two more groups of non-exercising, or sedentary, monkeys were given the control diet for 12 months, with one group receiving the atherogenic diet for 24 additional months while the other group continued the control diet.

Larger coronary arteries. Postmortem studies of the monkeys showed larger left ventricles and wider coronary arteries in the groups of monkeys that exercised. Both groups that received atherogenic diets developed atherosclerotic changes in all major arteries, but fewer changes were evident in the group that exercised.

The study concluded that, in primates, exercise appears to be highly beneficial not only for the normal cardiovascular system, but also for the prevention of atherosclerotic cardiovascular disease.

School of Medicine faculty members working on this study with Kramsch were William B. Hood Jr., M.D., a professor of medicine; Bruce M. Abramowitz, M.D., an assistant professor of medicine; Anita J. Aspen, Ph.D., a research associate in the Department of Medicine, and Marc A. Abell, M.D., a biomedical engineer who was a research associate during the project.

Calcium study also concluded. Kramsch and Aspen also have recently concluded a research study indicating that drugs that interfere with the accumulation of calcium in arteries can prevent atherosclerosis in monkeys and possibly in humans.

In an article published in the September issue of Science magazine, the Cardiovascular Institute investigators reported that anti-calcium agents suppressed fatty and connective tissue deposits in the large blood vessels of Macaque monkeys fed high-fat diets. Diets containing large quantities of butter and cholesterol caused fatty and connective tissue buildups in untreated monkeys during two years of feeding, the researchers said, but monkeys getting the anti-calcium agents showed substantially less large-artery blockage and hardening while eating the same diet.

Both research projects were funded by the National Heart, Lung and Blood Institute.
Beta-blocker study halted early because of 'dramatically significant' results

The National Heart, Lung, and Blood Institute (NHLBI) on Oct. 29 took the unusual step of curtailing a major clinical coronary heart disease study conducted at Boston University Medical Center and 30 other clinical trial sites across the nation because of dramatically significant test results indicating the efficacy of the drug propranolol.

The NHLBI's Policy and Data Monitoring Board recommended an early end to the Beta-Blocker Heart Attack Trial (BHAT) after data from the study indicated that the group of patients receiving propranolol over a 24-month period had a 26-percent lower total mortality rate than a control group receiving a placebo.

Propranolol, also known as Inderal, is a drug commonly used in clinical practice for the treatment of recurrent chest pain (angina pectoris), hypertension and cardiac rhythm irregularities. This drug, therefore, is readily available for immediate use by heart attack patients.

Mortality reduction. "The 26-percent reduction in total mortality rate observed in the group treated with propranolol following an acute heart attack corresponds to a very high level of statistical significance, strengthening the conclusion that the drug exerts a beneficial effect on those who have had heart attacks," said Pantel S. Vokonas, M.D., an associate professor of medicine at BUSM and principal investigator of the study at BUMC.

The national study, which also was carried out at a trial site in Canada, involved 3,837 patients. It began in 1978 and was scheduled to end in the spring of 1982. Formal announcement of the decision to terminate the study was made by the NHLBI Oct. 29 in Bethesda, Md.

The results of the BHAT study strengthen and extend conclusions of previous studies of beta-blockers in survivors of acute myocardial infarction, and they indicate that the beneficial effects of propranolol appear to occur primarily in the first year following myocardial infarction (MI).

"These studies clearly have implications of great clinical importance in the future management of individuals with MI as well as other forms of coronary heart disease. The overall magnitude of this potential benefit, however, cannot be determined by this study alone, since many patients already receiving propranolol for complications of their heart attacks, such as unstable chest pain, were excluded from consideration in the study," Vokonas explained.

Fifth largest site. The BUMC clinical trial was the fifth largest national site. It involved 141 heart attack patients, ages 30 to 69, at six Boston area hospitals: Boston City Hospital, University Hospital, Malden Hospital, Carney Hospital, Whidden Memorial Hospital and St. Elizabeth's Hospital.

Lorraine M. Kilcoyne, R.N., was clinical coordinator of the BUMC study.

The national BHAT study began in June 1978. A total of 3,837 men and women with documented myocardial infarction were enrolled and randomized into one of two study groups: 1,916 were given propranolol and 1,921 were given the placebo. The two groups of patients were closely matched with regard to demographic factors, known cardiac risk factors, medical history, use of medications, physical findings and laboratory data.

Patients in the "high risk" category, such as those with congestive heart failure or those who required beta-blocker therapy, were excluded from the study. (The term "beta-blocker" refers to a drug that blocks nerve endings called beta receptors that regulate the strength and frequency of muscle contractions in the heart.)

At the time of the study's termination, the data showed a mortality rate of 9.5 percent in the placebo group (183 deaths) and 7.0 percent in the propranolol group (135 deaths), a reduction of 26 percent. Patients in the propranolol group also did not have significantly increased frequency of congestive heart failure.

However, such side effects as low blood pressure, fatigue, depression, impotence and gastrointestinal problems were more common in patients who received propranolol.

The Veterans Administration Medical Center in West Roxbury, Mass., was another test site in the study.
DEU researchers find risk of MI may persist after women stop taking oral contraceptives

When women take oral contraceptives for five or more years and then stop, they may have an elevated risk of heart attack that persists for some five or more years after stopping, according to a study by investigators from the University’s Drug Epidemiology Unit.

In a three-year study of 556 women with heart attacks, the researchers found that the rate of heart attack was increased approximately two to three times among women ages 40 to 49 who previously had used oral contraceptives for 10 years or more.

There was no evidence of an increased risk for women who had used oral contraceptives for less than five years before they stopped, and it is not known whether the increased risk persists for women over the age of 50, according to the study, reported in the Aug. 20 issue of The New England Journal of Medicine.

It has been established that women have an increased risk of heart attack while taking “the pill.” It has not been known, however, whether an elevated risk persists after women stop taking the contraceptives. Oral contraceptives bring about physiological changes generally associated with an increased risk of heart attack. These include changes in blood pressure, blood sugar and blood fats.

Affects smokers, nonsmokers. The researchers also reported that the increased risk of heart attack after stopping long-term oral contraceptive use was found in both smokers and nonsmokers.

Principal investigators of the study, which received widespread attention in the national and local news media, were Dennis Slone, M.D., and Samuel Shapiro, M.B., F.R.C.P.(E), research professors in the School of Public Health and the School of Medicine and co-directors of the Drug Epidemiology Unit.

The researchers urge caution in interpreting their results since their findings need to be confirmed in further studies. Furthermore, the researchers said, since women with heart attacks and controls may have remembered the use of oral contraceptives differently, studies that do not rely upon memory are needed.

The study was sponsored by the National Institute of Child Health and Human Development of the National Institutes of Health, the Food and Drug Administration and by Hoffman-LaRoche, Inc. It was conducted in cooperation with the University of Pennsylvania School of Medicine.

School of Medicine wins 8-year re-accreditation

The Liaison Committee on Medical Education, an accrediting body of the American Medical Association and the Association of American Medical Colleges, has voted to re-accredit the School of Medicine for eight years, according to University President John R. Silber, Ph.D., and Dean Sandson.

Next review in '88. The Committee voted to confer continuing full accreditation on the School at its Oct. 14 meeting. The next review of the BUSM medical education program leading to the M.D. degree, therefore, will be during the 1988-89 academic year.

Accreditation is awarded to the School on the basis of judgment that there is an appropriate balance between the size of enrollment in each class and the total resources of the institution, including the faculty, physical facilities and the operating budget. The School was last accredited in 1973.

In preparation for re-accreditation, the School of Medicine conducted an intensive self-evaluation that began in early 1979. Numerous committees at the School examined such varied matters as BUSM’s administrative structure, curriculum evaluation procedures and student financial aid.

BUSM study finds no increase in rate of hospitalization following vasectomy

Rates of hospitalization for men who had undergone vasectomy were found in a study conducted by the Boston Collaborative Drug Surveillance Program of BUSM to be similar to rates for men who had not been sterilized. The one exception was the development of benign diseases of the genitourinary tract, which were diagnosed more frequently at the time of or shortly after vasectomy.

Results of the study, published in a recent issue of the Journal of the American Medical Association, found no evidence of an increased risk of heart attack in the vasectomized group.

The research team also found a striking reduction in hospitalizations for mental disorders in the vasectomized group as well as decreased rates of hospitalizations for endocrine and nutritional disorders.

“The results were quite reassuring in that no serious, long-term complications of vasectomy were discovered,” said Alexander M. Walker, M.D., M.P.H., who led the research team. Hershel Jick, M.D., an associate professor of medicine at the School, also was a member of that team.

Minority Affairs Office receives $125,000 grant

The School of Medicine’s Office of Minority Affairs in September received a grant of $125,000 from the Health Resources Opportunity Programs for the first year of a three-year program.

The award will help support recruitment and retention of minority students at the School, and will help fund individual student tutoring and National Board Review sessions. After the first year, the Office will submit a continuation proposal for funds for the additional two years of the program.
New faculty members to focus research on neuropeptides

Three biochemists have joined the School of Medicine’s Division of Psychiatry faculty and the Department of Behavioral Sciences, according to Lyle Miller, Ph.D., chairman of the Department. They are Nicholas Catsimpoolas, Ph.D., a research professor of psychiatry (biochemistry) and a professor of biochemistry; Louis J. Traficante, Ph.D., an associate research professor of psychiatry (biochemistry); and Ann L. Griffith, Ph.D., an assistant research professor of psychiatry (biochemistry).

With the addition of these new scientists, Miller said, the Department’s research and clinical capabilities will be greatly expanded. The researchers will concentrate on several major areas, including the biochemistry of neuropeptides and the implications for behavior and psychopathology. Neuropeptides, Miller noted, are “the wave of the future in understanding how the nervous system works.”

Renowned expertise. Before joining the BUSM faculty, Catsimpoolas held faculty positions at the Massachusetts Institute of Technology and at Loyola University School of Medicine in Chicago. He also was head of the Protein Research Laboratory of the Central Soya Company in Chicago.

A native of Greece, Catsimpoolas received his Ph.D. degree in biochemistry at the University of Tennessee Medical Units in Memphis. He is the author of more than 130 scientific publications, the editor of 11 books, and is on the editorial boards of Separation Science and Technology and Electrophoresis. He also is editor-in-chief of Cell Biophysics and is a member of several scientific organizations. He has chaired four international conferences.

For the last five years, Traficante has been associated with the Neuro-psychopharmacology Research Unit of the Department of Psychiatry at New York University Medical Center and Bellevue Psychiatric Hospital. He has worked closely with psychiatrists on a variety of problems relating to biochemical mechanisms underlying psychiatric disorders. Traficante also has been the primary investigator in studies on therapeutic drug monitoring and clinical response for several psychiatric drugs, and has investigated methods of influencing nonrespondent metabolic pathways in vivo. He received his Ph.D. degree in biochemistry from Rutgers University.

Griffith, who has spent the last seven years at the Massachusetts Institute of Technology’s Biophysics Laboratory, has pioneered developments in cell separation techniques. Her areas of expertise also include protein biochemistry with special emphasis on analytical and preparative separation methods. She received her predoctoral and postdoctoral training at the University of Illinois Medical Center, where she received a Ph.D. degree in neuroscience.

Griffith has received three travel awards to attend biochemistry and biophysics meetings abroad, and has been a speaker at two international conferences. She is the author of nearly 50 publications and three book chapters, and is the managing editor of Cell Biophysics.

Steel named director of Home Medical Service; Hoffman assumes Brown post

R. Knight Steel, M.D., an associate professor of medicine and director of the University’s Gerontology Center, has been named director of University Hospital’s Home Medical Service, according to Hospital Administrator J. Scott Abercrombie Jr., M.D.

“Dr. Steel has had a distinguished career in many aspects of geriatric medicine that should aid in continuing the long tradition of a caring and unique community service,” Abercrombie said. Steel replaces Sumner Hoffman, M.D., a professor of sociomedical sciences and community medicine, who has left the School of Medicine for a post at Brown University.

Directs joint program. In addition to his roles at the Gerontology Center and the Home Medical Service, Steel, a member of the BUMC staff since 1977, is chief of the Geriatrics Section of the Department of Medicine at BUSM and director of the Joint Program in Gerontology of Boston University and Jewish Memorial Hospital. He is a fellow of the American College of Physicians and a founding member and director of the American Federation for Aging Research.

Hoffman joined the Medical Center staff in 1972 as a professor and director of the Home Medical Service. He received his M.D. degree cum laude from Tufts University School of Medicine, and in 1968 was awarded a master of science degree in civil engineering from Tufts University Graduate School of Engineering. He is a fellow of the American Academy of Pediatrics and is a member of several professional organizations, including the New England Pediatric Society and the Gerontology Society.

Barbara Jones, R.D.H., D.D.S., a second-year postdoctoral student at GSGD, recently received a Minority Access for Research Careers (MARC) fellowship from the National Institute of Dental Research of the National Institutes of Health to study “Neutrophil Dysfunction in Periodontitis.” Robert A. Clark, M.D., above, an associate professor of medicine and microbiology at BUSM and chief of infectious diseases at University Hospital, is preceptor for the project along with Morris Ruben, D.D.S., chairperson of periodontology at GSGD. Jones is working towards a certificate of advanced graduate study (C.A.G.S.) in periodontology and a master of science (M.Sc.) in oral biology degree.
Gardner is awarded 5-year MacArthur prize fellowship

Howard E. Gardner, Ph.D., an associate professor of neurology (neuropsychology) at the School of Medicine, was one of 19 people to be named a Prize Fellow by the John D. and Catherine T. MacArthur Foundation of Chicago, the Foundation announced Nov. 18.

Gardner will receive $37,600 annually for five years to "pursue any field of endeavor," according to John E. Corbally, Ph.D., president of the Foundation.

Free of requirements. "The awards are intended to enhance the ability of the recipients to pursue their work in accordance with their own direction and inclination," Corbally said. "Recipients are not required to publish a paper or meet any similar requirements because the purpose of the program is to free the recipients of economic pressures and to relieve them from the accompanying demands to publish or create as a result of receiving an award," he continued.

A developmental psychologist and neurobiologist, Gardner conducts research with brain-damaged patients at the BUSM Aphasia Research Center, located at the Boston Veterans Administration Medical Center. He joined the BUSM faculty in 1975.

Gardner is the author or co-author of more than 150 articles, monographs, book reviews and book introductions. In addition, he has written or edited 10 books, including The Shattered Mind and Development Psychology: An Introduction, a widely-used college text.

A 1965 summa cum laude graduate of Harvard University, Gardner received his Ph.D. degree in social psychology from Harvard in 1971. He was a postdoctoral fellow at Harvard Medical School and at the BUSM Aphasia Center.

The John D. and Catherine T. MacArthur Foundation is unique in that it funds individuals rather than projects. "Prize Fellows," Corbally said, "are a small number of exceptionally talented individuals who by their previous achievements have given evidence of originality, dedication to creative pursuits, and capacity for self-direction. The awards are given over five years so that the recipients may have the time and freedom to devote themselves to their own creative endeavors." Awards range from $24,000 to $60,000, according to the age of the recipient. Gardner is 38 years old.

The 19 Prize Fellows announced in November, along with 21 award recipients announced in May, brings to 40 the number of Prize Fellows for 1981.

GSGD offers students new advisor program

The Goldman School this fall inaugurated a faculty/student advisor program that gives freshmen dental students the opportunity to benefit from relaxed conversational exchanges with faculty and upperclassmen on a one-to-one basis. The program was conceived at an informal get-together at the home of Sydell Shaw, D.D.S., who serves as assistant to the dean for student affairs and is an assistant clinical professor of endodontics.

Designed to promote an atmosphere of increased "sharing and caring," the program is an attempt on the part of the School to address the total "human" needs of the freshman student rather than just his or her purely academic concerns, Shaw explained. A reception was held at the School at the start of the fall semester to help freshmen and their advisors become acquainted.

Managing time. Each freshman is assigned a senior, junior and sophomore student advisor in addition to a faculty advisor, noted GSGD Registrar Judith P. Jacobs, who is responsible for coordinating all aspects of the program. Student advisor Conrad Sack (Class of '82) says that scheduling time is one of a new student's biggest problems. "One of the things that I try to show the students I've counseled is how to manage their time most efficiently. Many students have the idea that they have to work 18 hours a day to succeed and I try to explain to them that making time for relaxation is equally important."

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Sack also noted that the program prevents dental students from "getting lost" at the medical school in their first year by giving them contacts with upperclassmen and faculty members who can serve as role models. He stressed that the program is still new and needs the ideas and participation of both faculty and students to be able to succeed and grow. Already the advisor program has resulted in the growth of a tutorial program and the formation of independent study clubs, explained Jacobs, who is responsible for coordinating these phases of the program as well.

Sack encouraged freshmen to actively seek the help of their advisors as much as they feel they need to. "We volunteered our time freely," Sack said, "and we're really anxious to be of help."

Memorial service held at Marsh Chapel for GSGD Professor Peck

A special memorial service for the late Harvey Peck, D.D.S., M.Sc.D., a member of the Goldman School's orthodontics faculty and a GSGD alumnus, was held Sept. 20. Dean Spencer N. Frankl, D.D.S., spoke at the service, which took place at Boston University's Marsh Chapel.

Peck, a graduate of the Goldman School's postdoctoral orthodontics program, died on July 31 at the age of 43. He was affiliated with Boston University Medical Center, both as a GSGD faculty member and a member of University Hospital's clinical staff, since 1964.

Born in New York City, Peck received his B.S. degree in 1959 from the University of North Carolina at Chapel Hill, where he was elected president of Phi Beta Kappa. He received his D.D.S. degree with honors from UNC in 1962. He later attended the Goldman School, where he earned his certificate of advanced graduate study (C.A.G.S.) and master of science in dentistry (M.Sc.D.) degree in orthodontics in 1964 and 1966, respectively.

Peck began his orthodontics practice with Herbert I. Margolis, D.M.D., professor emeritus and founding chairperson of the Goldman School's Department of Orthodontics. He was later joined by his brother, Sheldon Peck, D.D.S., also a member of the Goldman School's orthodontics faculty.

Widely published. With his brother, Peck published over 20 articles on orthodontic subjects in professional journals. In a 1972 issue of CenterScope, Peck advised orthodontists to take heed of their patient's view of facial esthetics when correcting orthodontic problems.

Peck was a member of many professional organizations, and he was elected president of the eastern component of the prestigious Edward H. Angle Society of Orthodontics in 1976. Characterized by his brother, Sheldon, as "endlessly sharing his clinical wisdom," Peck lectured at universities and conferences across the country and around the world.

Sheldon Peck notes that plans are under way to memorialize Harvey Peck's contributions to the Goldman School. Donations may be sent to the Harvey Peck Orthodontic Fund, Goldman School of Graduate Dentistry, Department of Orthodontics, 100 E. Newton Street, Boston, MA 02118.

In addition to his brother, Peck leaves his mother and stepfather, Sylvia and Mortimer Wiener of Bal Harbor, Fla.

Dean Sandson honored by Health Council for contributions to planning efforts

Dean Sandson was presented the prestigious Doris Carr Award of the Health Planning Council of Greater Boston at the organization's annual meeting Oct. 21 at the Hampshire House on Beacon Hill.

The fifth annual award was presented to Sandson by Council President Barbara G. Rubin in appreciation of his "outstanding contributions to local health-planning efforts." Sandson has been a member of the organization for six years and serves on its board of directors.

Doris Carr was a member of the Council for several years and was one of its first board members. The Council is a volunteer, nonprofit agency serving 65 cities and towns in the Greater Boston area. Its members are dedicated to planning for a more efficient health-care delivery system. The Council's objective is to assure equal access to quality health care for all people at a reasonable cost.

Genetic counselors need to answer more patients' questions

Genetic counselors can improve their services by answering more of their patients' medical questions and by increasing their efforts to better educate patients, according to a four-year study conducted by three BUSM faculty members.

Funded by a $320,000 March of Dimes Birth Defects Foundation grant, the study was the "most comprehensive evaluation of the effectiveness of genetic counseling to date," according to James R. Sorenson, Ph.D., director of the study and an associate professor of socio-medical sciences and community medicine at BUSM. Sorenson, who also is chief of the Social and Behavioral Sciences Section in the School of Public Health, incorporated the results of the study into a book entitled Reproductive Pasts, Reproductive Futures: Genetic Counseling and Its Effectiveness, which was published in December for the March of Dimes by Allen R. Liss in New York.

Norman A. Scutch, Ph.D., director of the School of Public Health, and Judith P. Swazey, Ph.D., an adjunct professor of socio-medical sciences and community medicine and director of Medicine in the Public Interest, were co-investigators in the study and coauthors of the book.

Focus on concern. More than 320
professionals and 2,200 patients at 77 centers across the country participated in the study, which focused on concerns of those who seek genetic counseling, how well the information presented is received by the patients and the effect of counseling on patients' reproductive intentions.

Observation of counseling sessions, questionnaires and interviews before and after counseling revealed that half the medical questions and concerns about birth defects that the patients brought to the counseling sessions were discussed by the counselors, while only 25 percent of the parents' non-medical questions and concerns, such as issues involved in raising a disabled child, were discussed. Half of those counseled were not given a numerical risk figure for a birth defect. Half of those given a risk figure did not comprehend it, and one-third of those patients given a diagnosis for a birth defect could not repeat the diagnosis.

Compared to other medical practitioners, genetic counselors do an average job of educating their patients; however, given the magnitude of decisions on childbearing, this may not be adequate, Sorenson said.

Sorenson recently received additional funds from the March of Dimes Foundation to continue analyzing the data. As part of the continuing study, he is examining whether the education problem lies in patient comprehension or in counselor training.

Reproductive intentions. In one of the most interesting discoveries, genetic counseling encouraged parents with high risks of having a child with a hard-to-treat defect to have children. Thirty-eight percent of this group planned to have children before counseling, compared to 45 percent after counseling.

The study also found that 53 percent of those facing the possibility of having a child with severe defects chose to not utilize amniocentesis or other forms of prenatal testing.

"The genetic counseling studied here did not in general contribute to the prevention of birth defects," Sorenson said.

Gerhard D. Bleicken, Trustee Council leader since '62, dies at 68

Gerhard D. Bleicken, chairman of Boston University Medical Center's Trustee Council since 1962, died Dec. 4 at the age of 68.

Bleicken, the retired chairman of the board and chief executive officer of the John Hancock Mutual Life Insurance Company, also was vice chairman of the University's Board of Trustees at the time of his death. He had been a corporator of University Hospital for several years.

Medical Center Director Richard H. Egdaal, M.D., praised Bleicken's "open door" approach to his role as chairman of the BUMC Trustee Council.

"He was never too busy to offer his counsel," Egdaal said. "He always took time to understand and discuss issues facing the Medical Center, whether it was electing trustees or confronting challenges presented by our related institutions.

Important continuity. "He always gave wise counsel with the kind of effectiveness that a civic leader of his stature had to possess," Egdaal said. "As chairman for so many years, he lent important continuity in the evolution of the Medical Center."

Born in Newton, Mass., Bleicken received his undergraduate degree from the University's College of Liberal Arts and was awarded the J.D. degree cum laude from the University's School of Law. He served as a lieutenant in the U.S. Navy during World War II, and was a graduate of the Naval Air Training School in Quonset, R.I., and the Industrial College of the Armed Forces.

He received a number of government, industry and civic awards, including the U.S. Department of Defense's Distinguished Service Citation for his contributions to the National Civil Defense Program.

Bleicken is survived by his wife, Ann M. (Mudge), five sons and nine grandchildren.

Richard J. Wurtman, M.D., a professor of neuroendocrine regulation at the Massachusetts Institute of Technology and chairman of the faculty committee on nutrition-related sciences at MIT, was the School of Medicine's second Sterling Drug Visiting Professor. Wurtman, who was at BUSM from Nov. 30 to Dec. 5, presented his keynote address, entitled "The Clinical Pharmacology of Nutrients Affecting Neurotransmission," in BUMC's Keefer Auditorium Dec. 3. In addition, he met with members of the Cardiovascular Institute and the Departments of Neurology, Pharmacology and Biochemistry. The annual visiting professorship was established in 1979 when BUSM became the first medical school in the nation to receive a $50,000 endowment from Sterling Drug Inc. of New York City.
O'Connor, Broitman appointed to BUSM admissions posts

John F. O'Connor, M.D., a professor of radiology, and Selwyn A. Broitman, Ph.D., a professor of microbiology, were appointed associate and assistant deans of admissions at BUSM, respectively, by the University's Board of Trustees at its Oct. 29 meeting.

O'Connor, who has been assistant dean of admissions at the School since 1975, has been acting associate dean since the sudden death last March of Jacob Swartz, M.D.

A 1957 graduate of the School of Medicine, O'Connor joined the BUSM faculty in 1965. In addition to his faculty position in the Department of Radiology, he is a professor of pediatrics and anatomy. He also is director of pediatric radiology at Boston City Hospital and is chief radiologist at Kennedy Memorial Hospital in Boston's Brighton section.

O'Connor's professional memberships include the Society for Pediatric Radiology and the Eastern Radiological Society. He is president-elect and a past treasurer of the New England Roentgen Ray Society. O'Connor also is active in the National Wildlife Federation and is a member of the board of directors of the Massachusetts Audubon Society.

Broitman, who has been a member of the BUSM faculty since 1969, also is an associate professor of nutritional sciences at the Goldman School of Graduate Dentistry. He is a member of the Special Scientific Staff (pathology) at Boston City Hospital, and is a research associate at the Mallory Institute of Pathology's Nutrition-Pathology Unit.

A retired U.S. Air Force major, Broitman received his Ph.D. from Michigan State University in East Lansing, Mich. He is a past president of the Boston Bacteriologic Club and is a founding member of the Digestive Disease Foundation and the Nutrition Today Society. He has received several honors, including the School of Medicine's 1976 Teaching Award.

Annas, Glantz co-author book on rights of health providers

What is a doctor's responsibility concerning informed consent of patients? Can the Good Samaritan ever be sued for rendering medical care at an accident site? What is medical malpractice? How can nurses and doctors protect themselves from lawsuits? When can the government tell physicians how to practice medicine?

These timely questions are among many that are discussed in The Rights of Doctors, Nurses and Allied Health Professionals, written by George J. Annas, J.D., M.P.H., an associate professor of law and medicine at the School of Medicine and chief of the health law section at the School of Public Health, and Leonard H. Glantz, J.D., an assistant professor of health law at BUSM and associate director of the SPH. The book is the most recent addition to the American Civil Liberties Union Handbook Series.

Questions and answers. Recently published in hardcover by Ballinger Publishing Co. and in paperback by Avon Books, the book is written in a comprehensive, question-answer format that includes information about such topics as licensing requirements for health professionals, regulations regarding human experimentation and research, emergency medical care, patient confidentiality and the rights of the dying patient. Also featured in the handbook is current information on physician advertising and compensation, a sample copy and discussion of the “Living Will” and a glossary of commonly-used legal terms.

Barbara F. Katz, J.D., associate counsel to the University of Massachusetts Medical Center, also is a co-author of the book. Annas, a nationally-recognized authority on medical ethics, in 1975 wrote The Rights of Hospital Patients, published by E. P. Dutton.

BOSTON UNIVERSITY SCHOOL OF MEDICINE

Centers for Advancement in Health and Medicine Announces Leadership Gifts from Boston Corporations and Foundations

It is with great pride that Boston University School of Medicine Dean John I. Sandson announces the following contributions for the campaign to raise funds for the renovation of the Centers:

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<td>First National Bank of Boston</td>
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Robert Oldham named Culpeper professor; addresses Cooperband cancer symposium

Robert K. Oldham, M.D., recently was named the first Charles E. Culpeper Visiting Professor in Immunology at BUSM and was a speaker at the third annual Sidney R. Cooperband Symposium, held Nov. 20 in BUMC's Keefer Auditorium. Oldham, director of the Biological Response Modifiers Program at the Frederick Cancer Research Center in Frederick, Md., discussed his program at the symposium.

Oldham is the first recipient of the Culpeper professorship since it was initiated at the School in 1981. The five-year professorship award carries with it a $2,500 stipend, and will be rotated among the Departments of Medicine, Surgery, Pediatrics, Radiology and Immunology.

BUSM faculty members taking part in the Cooperband Symposium included Paul H. Black, M.D., director of the Hubert H. Humphrey Cancer Research Center, which sponsors the Cooperband Symposium, who served as moderator; Edward Schroeder, Ph.D., an assistant professor of microbiology; Selwyn Broitman, Ph.D., a professor of microbiology and nutritional science; Michael E. Osband, M.D., an assistant professor of pediatrics and director of pediatric hematology-oncology; and Frederick Moolten, M.D., an associate professor of microbiology.

Representatives from the American Health Foundation in Valhalla, N.Y., the Sidney Farber Cancer Institute in Boston and Tufts University School of Medicine also took part. Discussion topics included “Carcinogenesis in Man: Causes and Modulators”; “Cholesterol and the Cancer Puzzle”; and “Immunization Against Carcinogens.”
New students welcomed at assembly, alumni dinner and reception

The Alumni Association's annual orientation reception and dinner and discussions of career choices in medicine and primary-care medicine highlighted orientation activities Aug. 31 to Sept. 2 at the School of Medicine.

Medical Center Director Richard H. Edgahl, M.D., Dean Sandson, William F. McNary Jr., Ph.D., associate dean for student affairs, and Spencer Frankl, D.D.S., dean of the Goldman School of Graduate Dentistry, were among the BUMC administrators who addressed incoming medical, dental and graduate students at the traditional welcoming assembly in Bakst Auditorium. Associate Dean John McCahan, M.D., presented a brief review of the BUSM curriculum.

In his remarks to the new students, Dean Sandson urged them to pursue both the art and science of medicine with equal vigor. "We've chosen you because we think you have that ability," he said. Sandson also reminded the medical and dental students to keep up to date with advances in their...
"You must learn how to learn," he told the group. "That is more important than memorizing facts for exams."

Other orientation activities included informal meetings with faculty advisors and presentations by BUSM and GSGD student representatives.

Class profile. The 135-member first-year class at the School of Medicine includes 41 women, 94 men, 18 members of minority groups and 41 members of the Six-Year Program, according to the BUSM Office of Admissions. The 135 students were selected from among 6,300 persons who completed applications.

Thirteen Modular Medical Integrated Curriculum (MMEDIC) students are in their first year at BUSM. These students, chosen for the program after having completed two undergraduate years at Boston University, received early instruction in the basic medical sciences, integrated with undergraduate science studies. This curriculum permits the students to pursue various electives, including some clinical experiences, as early as the first year of medical school.

An additional four students have entered the M.D.-Ph.D. program, administered jointly by the School of Medicine and the Division of Medical and Dental Sciences of the Graduate School. This program is designed to enable students to earn both degrees in five to seven years of study. There currently are 14 students participating in this program.
For 32 years, they listened to the heartbeat of America

The BUMC-Framingham Heart Study:

A 'crazy' concept that has profoundly affected a nation's style of life

by Lorraine W. Loviglio

THIRTY-TWO years ago, when even doctors didn't know what cholesterol was, and the sight of a grown man running down the street was cause for alarm, a group of Public Health Service physicians undertook a unique and controversial study. For the first time they proposed to apply the methods and principles of epidemiological research to the study of a chronic disease: coronary heart disease. For their study population they chose the town of Framingham, Mass.

Epidemiology until that time had limited its research, by definition, to epidemics of such acute infectious diseases as typhoid fever, pneumonia and the like. However, following World War II, a new perception of cardiovascular disease had begun to suggest itself to some of the country's leading cardiologists. Faced with an increasing death rate from heart attack—the nation's number-one killer, a disease that affected every fifth man before the age of 60—they saw that heart disease, along with its cardiovascular cousin, stroke, was indeed an American epidemic.

Still, there was skepticism in the medical community. "Everybody thought this (applying epidemiological methods to a chronic disease) was a crazy idea," recalls William Kannel, M.D., who joined what was to become known as the Boston University-Framingham Heart Study at its inception in 1949, and served as its director from 1966 to 1979. "Now, everyone talks

Lorraine W. Loviglio, a free-lance writer who lives in West Newton, Mass., is a former editor of Centerscope.
about the epidemiology of cardiovascular disease. It’s a tried-and-true concept,” says Kannel, who is a BUSM professor of medicine and chairman of the Section of Preventive Medicine and Epidemiology.

(In September, Kannel was selected by the Council for High Blood Pressure Research of the American Heart Association to receive its CIBA Award for Hypertension Research. The award cites Kannel for “his major role in the Framingham study, which has been pivotal in the recognition of the importance of hypertension, both systolic and diastolic, to public health.”)

The impact of the world-renowned study, of course, has extended well beyond the science of epidemiology. Robert I. Levy, M.D., former director of the National Heart, Lung and Blood Institute, which funds the study, recently called the Boston University-Framingham Heart Study “the pre-eminent study in cardiovascular epidemiology in the United States and in a good part of the world.”

**Changed lifestyles.** In only three decades, the study’s findings have begun to accomplish what most experts had thought impossible: a change, however slow, in the notoriously atherogenic American style of life. Largely because of the Framingham study and the many studies it inspired, Americans are no longer quite the red-meat-consuming, heavy-smoking, sedentary people they once were. They are much more likely to count calories, watch their blood pressure, read food labels, join health clubs and drink skim milk.

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**Framingham: ‘the granddaddy of all studies of cardiovascular disease’**

At the same time, a dramatic decline in the death rate from heart attack in this country has been credited at least partly by most experts to this national improvement in living habits.

The Framingham Heart Study is the longest-running, continuous epidemiological study in the world, and one of the very few such studies of cardiovascular disease to include women. It is the acknowledged granddaddy of epidemiological studies of cardiology—the pioneer that inspired similar studies across the country and in other parts of the world, virtually all of which have confirmed its findings. Currently, it is engaged in examining the children of its original study population, while continuing to follow the original cohort in an attempt to gain valuable information about aging.

The Framingham study was established as a long-term prospective investigation of the constitutional and environmental factors contributing to the development of heart attack and stroke. It signed up as subjects more than half the adult population of the middle-class community of Framingham, which is about 20 miles west of Boston.

The original study population consisted of 5,209 persons, roughly two of every three men and women between the ages of 30 and 60 in the town. With remarkable faithfulness, they have continued to report every two years for a one-hour physical examination at the study’s homey headquarters in a white-painted frame house on Framingham’s Lincoln street.

“It’s been amazing to us, that even when they move out of state, they still come back to town for examinations,” Kannel says. In 32 years, the researchers have lost track of only 2 percent of the original population. As of last summer, 2,005 had died, about half from cardiovascular diseases.

The study’s first director was Thomas Royle Dawber, M.D., M.P.H., a professor of medicine at BUSM, now semi-retired, who remains a consultant to the program. Last year, Harvard University Press published Dawber’s *The Framingham Study—The Epidemiology of Atherosclerotic Disease,* the first comprehensive report on the world-renowned study. In all, Dawber spent 27 years with the study, 18 of them as its chief administrator.

A Public Health Service physician in 1949, Dawber was asked to head the study by what was then the National Heart Institute, and served as the study’s director and guiding spirit until 1966, when Kannel took over as director.

**Funding crisis.** Three years later, the study faced a
crisis when the federal government, citing budget restrictions, cut off funding. Believing it would be disastrous to stop collecting data, Dawber—who had continued to be active in the study—approached Boston University Medical Center, which agreed to accept administrative responsibility for the famous project.

With BUMC’s help, Dawber succeeded in raising enough money—some $250,000 a year—from foundations, trusts, insurance companies and individuals (including a large number of Framingham residents) to keep the study going until the NHLBI resumed support of the project in 1974.

Boston University’s close association with the Framingham study, however, has continued. It conducts the study on a contractual basis for the NHLBI, maintaining liaison with the Institute through the project’s current director, William P. Castelli, M.D., an adjunct associate professor of medicine at BUSM. Principal investigator for the study’s current phase, the Framingham Offspring Study, is H. Emerson Thomas Jr., M.D., a BUSM assistant professor of medicine.

The faith that Dawber, Kannel and the others had in the Framingham Heart Study was bountifully rewarded. The study proved to be a cornucopia of vital information, and its achievements to date constitute a lengthy and imposing list:

— it established that chronic diseases in general, and cardiovascular disease in particular, are multifactorial in origin—that is, they arise from a combination of multiple causes;
— it promoted the idea that heart disease is at least partly a problem of lifestyle—faulty living habits that promote disease—and that the solution lies largely in the potential victim’s own hands;
— most important of all, it established the concept of “risk factors,” a term first used in an early Framingham Heart Study publication, and helped make this concept an integral part of the way both doctors and patients look at cardiovascular disease.

“Probably the study’s greatest contribution,” Castelli says, “was to show that the average person headed for a heart attack, stroke or peripheral vascular disease had lots of markers, lots of indicators that anyone could have measured 10, 20 or 30 years before the event, and could have predicted that event.”

In establishing the risk factors for heart attack and stroke, the Framingham researchers singled out what they called “the big three”—hypertension, cholesterol and smoking—as having the clearest and most deadly association with cardiovascular disease. Their findings in these three areas alone have had a profound and far-reaching effect on the practice of medicine and on public attitudes toward health.

‘The Big Three’ risk factors: hypertension, cholesterol, smoking

Hypertension. Before the Framingham Heart Study, physicians knew that certain cardiovascular diseases were associated with elevated blood pressure, and the study established beyond a doubt that it was a predisposing factor for heart attacks, cardiac failure and, especially, strokes.

There were, however, a number of misconceptions about hypertension that the study’s investigators helped to clear up. They showed that the distinction between “malignant” and “benign” hypertension was ill-founded, and that even modest levels of hypertension can be dangerous. Further, they showed that there was no critical value above which a patient should be considered hypertensive and below which he or she should be seen as normal. On the contrary, the risk from hypertension is continuous: the higher the pressure, the higher the risk.

The Framingham study threw light on other myths about hypertension, such as the belief that all of the harmful consequences of hypertension are derived from the diastolic pressure; that isolated systolic hypertension was an innocuous accompaniment of old age; that labile (changeable) elevations were unimportant; that higher pressures in the elderly were natural and not hazardous; and that women tolerated hypertension well. All of these concepts, the study showed, were erroneous.

Cholesterol. The role of cholesterol in the development of atherosclerosis also was clarified by the
A technician monitors the condition of a study participant.

Study group a valuable laboratory for stroke and eye research and MR FIT

The Framingham Heart Study's large, accessible and thoroughly documented population has provided a valuable laboratory for several other cooperating studies, most notably of stroke and of eye disease, and its findings concerning risk factors have lead to a massive national intervention trial—the MR FIT study—to determine whether lowering risk factors results in a reduction of heart attack and death.

The Framingham Stroke Study has been studying stroke in the Framingham population for more than 14 years. It has established, among other things, that high blood pressure is the single most important risk factor for stroke; that such cardiac impairments as congestive heart failure and prior heart attack also are major risk factors; and that, unlike heart attack, stroke affects men and women in equal numbers at all ages.

Under a grant application recently approved by the National Institute of Neurological and Communicative Disorders and Stroke, the study is about to enter its most intensive phase.

"Since 80 percent of strokes occur above the age of 65, and our population is now about 60 to 90, most of the strokes in Framingham are just about to occur," explains principal investigator Philip Wolf, M.D., a professor of neurology and an associate research professor of medicine at BUSM.

Two target areas. The new grant will supply the major funding for continued research on the original Framingham cohort. The study will focus on two principal areas: (1) identification of persons likely to have a stroke, based on such evidence as bruits (turbulent noises in the carotid artery, discernible by stethoscope) and transient ischemic attacks (temporary deficiencies in blood circulation to the brain); and (2) assessment of functional impairment from stroke, through a careful follow-up of stroke victims that will include CAT scans, psychological testing and determination of the effects of disability on daily living. Among the questions the study will address is whether the degree of impairment can be predicted, once the amount and location of damage is known.

In addition, Wolf and his associates will continue to probe the risk factors for stroke, investigating whether the various types of stroke have identical risk factors.

Eye Study. In 1973, the Framingham Eye Study, under the direction of Howard Leibowitz, M.D., a professor and chairman of the BUSM Department of Ophthalmology, began collecting what was to become the first substantial body of epidemiological data on eye disease ever assembled. It amassed extensive data on the prevalence, by age and sex, of the four diseases that are the major causes of blindness in the United States—cataracts, macular degeneration, glaucoma and diabetic retinopathy. It found, for example, that macular degeneration is significantly more prevalent among women than men. In its investigations of risk factors, the study failed to find clear correlations between the eye diseases and any other variables that were not also strongly correlated with age.

(This past November, the Framingham Eye Study was awarded the 1981 Paper/Project Award for Outstanding Contributions in the Areas of Vision Care,
study's findings, which helped call the public's attention to the dangers of elevated blood cholesterol levels. The study further established that total cholesterol levels reflect a "two-way traffic" of cholesterol—that part which is carried by the low-density lipoprotein fraction (LDL), which promotes the development of atherosclerosis, and that part carried by the high-density lipoprotein fraction (HDL), which actually protects against atherosclerosis by facilitating the removal of cholesterol from the tissues.

"The ultimate message of HDL," explains Castelli, "is that the body has a way of undoing cholesterol deposits in itself. All we have to do is find out how to lower the other four (types of cholesterol) and raise HDL."

How do we do that? No one knows for sure, but there are some clues: the higher your body weight, for example—or your triglycerides, or your blood sugar—the lower your HDL, and vice versa. The more you smoke, the lower your HDL, and if you quit, your HDL goes back up. Marathon runners have been found to have high levels of HDL, and it is suspected that even lower levels of exercise may lead to increased HDL.

HDL had been discovered and rediscovered by researchers every few years since 1951. But such information had little impact on the usage of HDL in medical practice. It seems only after a meeting of science writers sponsored by the American Heart Association in 1977 that the public got the word. All the mass circulation periodicals carried the story. The Reader's Digest called HDL and LDL the "good cholesterol" and the "bad cholesterol," which upset some of Castelli's colleagues. The newswEEKlies compared HDL to "little garbage trucks" carrying the "bad cholesterol" away from the arteries. Simplistic, perhaps, but effective. "Before that meeting only one commercial laboratory in the entire country was measuring HDL," Castelli recalls. Within six months, "every single commercial laboratory in the country was doing it."

A ratio of total cholesterol to HDL proved to have cardiovascular disease.

Nationally, a total of 370,000 male volunteers were screened to select those 12,000 men, ages 35 to 57, considered to be among the 10 to 15 percent most likely to have a heart attack, according to the Framingham study risk-assessment data. At each center, these high-risk subjects were randomly assigned to one of two groups: the "usual care" group, whose members were sent back to their own physicians after being told that they were at a high risk for coronary disease (Except from being seen every year for a physical examination, they have had no further part in the study); and the "special intervention" group, whose members have received the help of nutritionists and psychologists using behavior-modification techniques to help them lose weight, lower their cholesterol levels, and quit or reduce smoking. Those with high blood pressure were placed on a standard but strict medication program with frequent follow-up examinations. In fact, everyone in the SI group is examined frequently, and attempts to drop out of the program are met with firm resistance by the MR FIT staff.

"The key thing is that we have stayed with them," says H. Emerson Thomas Jr, M.D., an assistant professor of medicine at BUSM and director of the MR FIT program at BUMC, which has been studying 1,200 men from southeastern Massachusetts. Thomas says that in assessing the study results, "the chief end point we will look at will be coronary deaths. But we will also look at the number of heart attacks, strokes and deaths from other causes."

The project will end on Feb. 28, 1982, at which time the world will presumably learn whether lowering risk factors works.
more predictive value than total cholesterol levels alone; the lower that ratio, the lower the risk. Measurement of HDL and the determination of the total cholesterol-to-HDL ratio is now a standard feature of any blood lipids test.

Smoking. The famous Surgeon General's Report of 1964, which marked the first time the federal government had officially warned American citizens against smoking, was heavily influenced by some of Dawber's early reports of the strong link between smoking and coronary heart disease. They showed that if you smoke more than a pack a day you increase your risk of heart disease threefold.

Smokers also are more likely to die from their heart attacks—many of them victims of "sudden death"—and this effect was seen most prominently among younger men in their 40s and 50s. The risk from smoking was discovered to be dose-related: the more you smoke, the higher your rate of heart disease. However, if you quit, your risk returns within a year to that of someone your age who never smoked at all.

"We took into account all the potential confounders," Castelli asserts, "and smoking remains a very independent factor. In fact, it virtually meets the concept of causality; it's related to the onset of the disease, and when you take away the smoking, you take away the disease. That's about as close to causality as you're going to get in this business."

Smoking low-tar, low-nicotine cigarettes doesn't help, either. Those who did so had no fewer heart attacks than other smokers, suggesting that the real culprit in cigarettes may not be nicotine, but something else—possibly carbon monoxide.

Among the study's many other findings about risk factors were these:

— that the risk for developing heart disease is twice as great for men with diabetes and three times as great for women with the disease; but that the impact of diabetes can vary considerably depending on whether there are coexisting risk factors;
— that excess body weight is a very significant risk factor, which does its damage by enhancing other risk factors;
— that men who exercise have fewer heart attacks, and that the benefits of exercise are seen at much lower levels of activity than those generally prescribed for achieving "fitness";
— that Type-A behavior is positively related to coronary disease, in men up to age 65 and in women at all ages;
— that after menopause women's risk triples immediately, and that the escalation of risk occurs...
whether menopause is natural or surgical and—astoundingly—whether the ovaries are removed or not;
—that there is an independent effect of family history, apart from its role in passing along the other risk factors.

**Influence: from the way we eat to the way we dress, Framingham affects each of us**

From the way we eat (raw vegetables at cocktail parties, low-cholesterol everything) to the way we dress (in jogging suits and running shoes), we feel the influence of the Framingham Heart Study and its sister studies on our lives.

Physicians, too, have been influenced to take a more preventive approach to the practice of medicine, and the cardiovascular risk factors are now routinely included in a patient’s medical history. “The doctor now perceives a heart attack or stroke as partly his or her own failure, and feels guilty,” Kannel says. No longer are these cardiovascular disasters seen as the inevitable consequences of growing old.

**Death rate decline.** The most dramatic development since the study began pumping out its data, however, has been the about-face in the country's mortality rates for heart disease. After many years of climbing steadily, the number of deaths from coronary disease began to level off at a high rate in the 1950s, and in the mid-to-late '60s, began to decline. There has been approximately a 23-percent decline since 1968, and, in deaths from strokes, the drop has been about 32 percent.

The extent to which the Framingham Heart Study's findings and their widespread dissemination in the press can be credited for this decline is difficult to assess. But according to Levy, who is now vice president for Health Sciences and dean of the School of Medicine at Tufts University, “It is in good part the information from the Framingham Heart Study, confirmed and supported by other studies, that served as the impetus for us to move aggressively on smoking, hypertension, sedentary behavior and high cholesterol. Thus, in a secondary way, we can attribute a portion of the credit for the current decline in coronary mortality in the United States to the Framingham study.”

As the original Framingham study population passes into old age (they range in age now from about 60 to 90), their sons and daughters, along with their spouses, have become subjects of the Framingham Offspring Study, funded two years ago under a five-year $1.7-million NHLBI grant. A total of 5,135 persons—2,656 offspring and 2,479 spouses—are being studied to determine whether there is a familial pattern to cardiovascular disease.

The offspring now are approximately the same age as their parents were when the study began. The spouses are expected to provide an environmental control that will make it easier for researchers to isolate the genetic components of disease in the offspring.

**Generational differences.** Already some differences have been found between the two generations, Thomas reports. There has been a dramatic change in the number of smokers, from 60 percent of the original cohort to 40 percent of the offspring—a change reflected in statistics throughout the country. The second generation eats less red meat, fewer dairy products and fewer foods containing saturated fats and cholesterol. While the second generation could not be considered active by any rigorous standard, it is more physically active than its sedentary parents.

With the offspring research, high technology cardiology has come to the Framingham study. In addition to the basic physical examination of the past (including history, blood tests, EKG and chest x-ray), both generations are now receiving echocardiograms and treadmill exercise EKGS. Throughout their two-hour-long examination, they are connected to a portable cardiac monitor that records every heartbeat.

**Insights on aging.** Meanwhile, the original subjects,
still loyal, continue to be seen every two years, as they have been since 1949. Some find it difficult now to get to the house on Lincoln street, so the study accommodates them by sending a nurse and doctor team to their home or nursing home. These older subjects provide the investigators with an unprecedented opportunity to study the ills of aging against a background of 32 years' rich accumulation of data.

Now, an opportunity to learn more about ills that bedevil the elderly

“This is an opportunity that will never come again, probably,” Kannel reflects. “It is a chance to find out something about the problems that bedevil the elderly—things like cataracts, hearing defects, osteoporosis, emphysema, cardiovascular disease and senile mental deterioration.”

In their work on the causes of senile dementia, the researchers already have evidence that the disease—long assumed to be caused by the same “hardening of the arteries” that causes coronary disease and stroke—is, in fact, not associated with these diseases or their risk factors.

Despite the progress they have made, the Framingham researchers feel there is still much to learn. They believe, too, that while Americans have begun to modify their habits in response to information about risk factors, they still have a long way to go. Castelli would like to see everyone in America reduce his or her cholesterol/HDL ratio, through correct diet, to below 4.5—a level at which, he says, atherosclerosis would literally melt away, cutting the national coronary artery disease epidemic in half.

“I'd like to get everyone's cholesterol back to what it was when they were teenagers (about 150), because with teenage cholesterol levels, the coronary heart disease epidemic in America would disappear. But they say I'm crazy.”

That's what they said in 1949.
Alumni

Phonathons raise $46,577 for 1981-82 Annual Fund

Alumni and student volunteers helped kick off the 1981-82 Annual Fund Oct. 14 and 19 with two of the most successful Phonathons to date.

The volunteers, who called from the Sherman Union at the Charles River campus, spoke with 550 alumni across the country, 336 of whom made pledges totaling $46,577.

With BUSM tuition at $11,100 this year, callers emphasized the critical importance of alumni support of the Student Revolving Loan Fund. The Annual Fund also helps support the Alumni Medical Library, Centerscope and student activities.

Credited with this outstanding success are the many alumni who responded positively to the calls, and the following volunteers: Drs. Nathan Fineberg ’30, Bertha Offenbach-Fineberg ’36, Bernard Toilnick ’43-A, Peter E. Pochi ’55, John F. O’Connor ’57, Roberta Apfel ’62, J. Worth Estes ’63, Elizabeth C. Dooling and Edward F. Parsons ’66, Gail Kaplan Kraft ’70, Charles P. Tiff ’73, and Karen T. Brown ’79; fourth-year students Andrea Fox, Roni Grad, Thomas Lamattina, David Rothbaum and Kenneth Thompson; third-year students Jeffrey Jay and Alan Rothman; second-year students Doug Conigliaro, Renee Goetzler, Eric Grigsby, Mark Hambly, Susan Scher and Laura Trowe; and Dean John I. Sandson.

With these Phonathons as an indication of the commitment alumni have for their School, the 1981-82 Annual Fund promises to be the most successful ever. Alumni participation is expected to surpass the record 40 percent attained for the first time in 1980-81.

Otto Churney fund honors ’28 graduate

A student revolving loan fund in memory of the late Otto L. Churney ’28 has been established at the School of Medicine by his widow, Mrs. Luammie Churney, according to Mrs. Marguerite Prescott, director of development of the BUSM Alumni Association.

Churney, who died in Miami, Fla., on Feb. 2, 1980, was a surgeon and a member of the U.S. Army Medical Corps for 25 years. He retired in 1955 with the rank of colonel.

During his Army career, which spanned World War II, Churney served at posts all over the world, including North Africa and Europe. He later joined the staff at Jackson Memorial Hospital in Miami as head of its emergency department. He was best known for reorganizing and updating the hospital’s emergency procedures in the late 1950s.

Mrs. Churney chose to provide a permanent loan fund in memory of her husband because of his interest in the School of Medicine and in helping students finance their medical education, according to Prescott.

Elaine Kohler ’64 and husband killed in plane crash

Elaine Kohler ’64 and her husband, James B. Hewitt, of Delafield, Wis., were killed Aug. 2 when the Cherokee Arrow plane they were flying from Detroit crashed on their trip back to Delafield.

Kohler was on the active staff at Milwaukee Children’s Hospital and was an associate professor at the Medical College of Wisconsin.

A member of the American Academy of Pediatrics, Kohler also was past president of the Milwaukee Pediatrics Society and past president and chairman of the board of the Wisconsin Chapter of the American Diabetics Association.

The family of the late William Spear ’41, who was recognized as a pioneer in the field of emergency medicine, are shown at the Central Maine Medical Center in Lewiston when the Emergency Department was dedicated in Spear’s memory. Standing in front of the plaque and picture honoring the physician are his widow, the former Marion Welsch, second right, and their children Stephen, left, Kathryn and Robert. Spear, who died Sept. 25, 1979, at age 69, was associated with CMMC for 38 years and is credited with instituting Maine’s first modern emergency department, located at the medical center, in 1970. Spear was director of CMMC’s Emergency Department until he retired in 1976.
Awards ceremony honors students and members of faculty

Six BUSM students and faculty members were honored at the 1981 Awards Ceremony for Students and Faculty, held Oct. 29 in the School’s Bakst Auditorium. The BUSM Alumni Association and the Student Committee on Medical School Affairs (SCOMSA) sponsored the event, at which three prizes were presented to outstanding students. Three additional awards that were established by the Class of 1954 as part of its 25th Reunion Gift to the School also were presented at the ceremony. William F. McNary Jr., Ph.D., associate dean for student affairs, presided over the program.

Associate Dean John McCahan, M.D., left, is presented the Frederick Jackson Faculty Award for excellence in clinical instruction by Robert L. Kelley ’54, Class Gift chairman.

Michael R. Rose, BUSM III, was presented the Geoffrey Boughton Student Award by Kelley for his outstanding performance as a second-year student in pathology.

Mrs. Henry J. Bakst congratulates Harold I. Feldman, BUSM IV, after presenting him the Henry J. Bakst Scholarship Award for best exemplifying the qualities of Dr. Bakst.

Jacqueline Perry, BUSM III, is presented the CIBA-GEIGY Award by Alfred W. Leffler of CIBA-GEIGY in recognition of her service to the community as a second-year student.

Alan Peters, Ph.D., chairman of the Department of Anatomy, presents Kathleen Porter-Jordan, BUSM II, the Elizabeth Moyers Award. As a first-year student, Porter-Jordan ranked first in the anatomy class.

Kelley presents to Vinay Kumar, M.D., an associate professor of pathology, the Thomas Robitscher Faculty Award for excellence in teaching the preclinical sciences.
Alumni

Special Gift Clubs: Recognition for those who support '81-'82 Fund

Recognition of those who have made a leadership commitment to the 1981-82 Annual Fund is given through membership in one of the Special Gift Clubs: Dean's Club ($1,000 or more); Anniversary Club ($500-$999); or the Century Club ($100-$499). Listed below are those individuals who were enrolled as of Nov. 12, 1981. Another listing will be published in the spring issue of Centerscope.

Dean's Club

- Louis J. Aiello '35
- Anonymous
- Marvin B. Baccarini '53
- Wallace W. Bednarz '52
- Lammie Churney
- Andrew B. Crummy Jr. '55
- Nathan L. Fineberg '30
- Robert C. Lawlor '55
- Joseph E. Magaro '54
- William I. Malamud Jr. '54
- Barry M. Manuel '58
- Rocco S. Marino '42
- John F. O'Connor '57
- Vincent J. Patalano '53
- P. Anthony Pentza '51
- Peter E. Fochi '55
- Anthony V. Porcelli '55
- Stephen Russell '55
- John I. Sandson
- Charles J. Schissel '52
- Philip D. Seymour '59
- Frances Hayward Smith '43-A
- Edward D. Swiss '55
- Bernard Tolinick '43-A
- Sanford W. Udis '44
- Arthur B. Wein '39
- Harold A. Woodcome Jr. '72

Anniversary Club

- Walter E. Ahrens '54
- Duncan W. Campbell '54
- Robert T. Cutting '55
- Donald S. Dworken '55
- John I. Sandson
- John J. Sandson
- Charles J. Schissel '52
- Philip D. Seymour '59
- Frances Hayward Smith '43-A
- Edward D. Swiss '55
- Bernard Tolinick '43-A
- Sanford W. Udis '44
- Arthur B. Wein '39
- Harold A. Woodcome Jr. '72

Century Club

- George H. Abbot '60
- Frederick W. Ackroyd '55
- Crawford W. Adams '42
- Mark H. Allen '72
- Nancy E. Anthracite '72
- Raymond F. Anthracite '71
- Edward R. Asregadoo '51

*Lifetime Member
Alumni

Class of '66 members at the 1981 Alumni Weekend luncheon are, from left, Epiphanes K. Balian of Bangor, Maine, Joan Sender Lasser of Pawtucket, R.I., and David H. Zornow of Albany, N.Y.

Alumni notes

BUSM

1920
Barnet Wein of Newton, Mass., was present at the 1981 Alumni Awards Ceremony held at Boston University on Oct. 18 to see his son, George, producer of the Newport Jazz Festival, receive an award for “Distinguished Public Service to the Profession.”

1927
Grace Blauvelt Welles of Orient, N.Y., writes, “Living quietly in this Long Island hamlet is relaxing. One complaint is the absence of old friends and lack of communication, too. We lost many good companions of our medical school days. Perhaps some of those left could write to Centerscope sometime. As for medical work, I’m reduced to a status of volunteer in the auxiliary. Love it!”

1929
John J. Slattery of Green Harbor, Mass., has retired after 47 years of practicing neuropsychiatry.

1931
Anthony A. Lavazzo of Cranston, R.I., writes: “Because of illness, I was unable to attend the 50th Class Reunion. However, I did see the picture of those who attended the reunion in Centerscope. Boy! What a change. I don’t think I would recognize any of them if I met them on the street.”

1934
Edwin Y. Stanton of Great Neck, N.Y., is completing his 42nd year in active practice of E.N.T.

1935
Mark Giffords is still in active practice in Los Angeles, Calif., and is a member of the Los Angeles Doctors Symphony Orchestra.

1937
James Harrison of Chestnut Hill, Mass., has limited his practice to geriatrics. He also is a medical director of six nursing homes in the Greater Boston area.

1940
Robert E. Block of Stockton, Calif., writes, “My wife, Hinda, and I love living in California. I am semi-retired and only do office gynecology. Two of our three children reside in California. Steven J., BUSM ’71, is a cardiologist; Larry J. is a screen playwrite and wrote the movie “The Fun House,” and Deborah W. is nursery supervisor of OB/GYN at Franklin General Hospital in Long Island, N.Y.”

1944
Albert B. Accettola of Staten Island, N.Y., has been named to the Wagner College board of trustees for a three-year term.

1947
Raymond Seltser of Baltimore, Md., a professor of epidemiology at the Johns Hopkins School of Hygiene and Public Health and deputy director of the Johns Hopkins Comprehensive Cancer Center, was appointed dean of the University of Pittsburgh Graduate School of Public Health on Sept. 1. Seltser also is a board-certified specialist in preventive medicine and a fellow of the American College of Preventive Medicine.

1948
Charles Atamian of Springfield, Mass., was appointed adjunct assistant professor at the Hampden Campus of the Massachusetts College of Pharmacy and Applied Health Sciences. Atamian also is on the staffs of Mercy Hospital, Baystate Medical Center and Western Massachusetts Hospital.

1949
In September, John Caruso became medical director of U.S. Steel at Fairless Works, Fairless Hills, Pa. Caruso joined the corporation after retiring with 37 years of service as a medical officer with the U.S. Navy. He most recently was commanding officer of the Naval Environmental Health Center in Norfolk, Va., where he held the rank of captain. Caruso, his wife and five children recently relocated to Yardley, Pa.

John Caruso
1951
Douglass S. Thompson of Pittsburgh, Pa., reports that his son, Kenneth, and his daughter-in-law, Andrea Fox, both originally BUSM '81, are extending their senior year to two years and have been doing exciting electives out West and in Europe, Mexico and Central America. “I, and many of my classmates as well, are envious.”

1952
James H. Steg, son of Joseph Steg of Kennett Square, Pa., is a member of the BUSM Class of 1982.

1953
Matthew D. Branche is practicing general surgery in Mt. Vernon, N.Y., consulting at the Mt. Vernon Neighborhood Health Center and teaching as an associate in surgery at Columbia College of Physicians and Surgeons. “Mt. Vernon has been categorized as medically underserved, and plans for improving health care in this city are state and federally under way,” he writes. “There is a need for primary health-care physicians here to aid in a tremendous developmental program.”

1954
Paul J. Killoran of Rockport, Maine, has been selected to receive a fellowship in the American College of Radiology in honor of his special contributions to the medical profession.

1959
George F. Thornton of Woodbridge, Conn., director of medicine at Waterbury Hospital, has been elected to the National Council of the Association of Program Directors in internal medicine. The council establishes policies concerning the training of physicians studying internal medicine in both hospital and university residency programs.

1963
Robert S. Boltax of Woodbridge, Conn., recently was joined in his practice by John Zelem '76.

1967
Last January when John M. Hiebert joined the University of Kansas Medical Center in Kansas City, he was named its first Jones Distinguished Professor of Cranio-facial Surgery. In addition, he will serve as director of the newly-founded Todd L. Sutherland Micro-Surgical Center for Pediatric Deformity at the University of Kansas Medical Center. The Sutherland Center, the first of its kind in the area and one of the first in the country, will specialize in congenital deformities, cranio-facial surgery, cancer surgery and trauma cases. It will be a center for the teaching of micro-surgery and for research into improved surgical techniques.

Marshall S. Bedine of Baltimore, Md., has been elected to a fellowship in the American College of Physicians. Bedine, a specialist in gastroenterology, will be honored during the convocation ceremony at the College’s Annual Session in Philadelphia, Pa., on April 19 to 22, 1982. A resident of Baltimore for 10 years, Bedine is on the staff of Johns Hopkins Hospital, GBMC, Sinai Hospital, Union Memorial Hospital, and Good Samaritan Hospital.

Gerald B. Healy of Wayland, Mass., an associate professor of otolaryngology at BUSM, is chief of otolaryngology at Children’s Hospital in Boston.
Alumni

Jeffery L. Barker '68

1968

Jeffery L. Barker of Bethesda, Md., a neuroscientist at the National Institute of Neurological and Communicative Disorders and Stroke, has been named chief of the Institute's Laboratory of Neurophysiology. Barker has served as an expert consultant for the Food and Drug Administration subcommittee on clinical trials of peptides and as program committee chairman of the annual meeting of the Society of Neuroscience. He also acted as co-chairman of a National Institutes of Health symposium on the role of peptides in neuronal functions.

Elliott D. Ross of Dallas, Tex., recently was promoted to associate professor of neurology and psychiatry with tenure at the University of Texas Health Science Center at Dallas (Southwestern Medical School). He continues to pursue laboratory and clinical work in the neurology of language, affect, psychiatric disorders and memory.

1969

Mary and Michael Scollins are residing in South Burlington, Vt, where Mary is doing child neurology with the Vermont State Child Development Clinic and Michael is practicing internal medicine and teaching pharmacology part-time at University of Vermont College of Medicine.

David A. Levinson of Petaluma, Calif., has become an owner of the "California Class A Baseball Redwood Pioneers," a minor league team. Levinson, who has a dermatology practice in Petaluma and Sonoma, has been a Boy's Club baseball and Little League coach since 1976, a member of the board of directors of Petaluma American Little League and a Pioneers' official scorekeeper.

1971

Herbert S. Plovnick assumed the position of medical director for the Joseph M. Smith Health Center in Allston, Mass., in September. He sees patients and has administrative responsibility for the delivery of medical care to Allston and Brighton residents. Plovnick is enthusiastic about developing new programs to expand outreach to underserved populations, specifically Indo-Chinese immigrants in the area, the elderly and adolescents.

Carl J. Brotman of Wayland, Mass., graduated from the Psychoanalytic Institute of New England last spring.

1973

Norman M. Sorgen of Kingwood, Tex., is enjoying the private practice of general surgery. He and his wife, Karan, were awaiting the arrival of their second child when he wrote in October.

Diana Hansen Griffths of Baltimore, Md., writes: "I have been working full-time at St. Agnes Hospital as the chief of the oncology unit since 1978 while maintaining a part-time position at the Johns Hopkins Oncology Center, where I did my fellowship training. My husband, Roland, is an associate professor in the Department of Psychiatry at Johns Hopkins Medical School. Our daughter, Sylvie Redmond, arrived in November 1980."

1974

David J. Chronley of Narragansett, R.I., writes: "Very happy to see McNary/McCarthy get credit."

1976

M. Douglass Poirier of Worcester, Mass., writes, "I moved back to Massachusetts one year ago and am practicing internal medicine at the Fallon Clinic. Had a surprisingly good time at the class reunion, but had hoped to see a few more familiar faces!"

Deborah J. Cotton of Bethesda, Md., writes, "I was sorry to have to miss our reunion. I've been at the National Institutes of Health for the past three years, first doing an infectious disease fellowship and now full-time research. Roger and I have two delightful children, Andres, 2½, and Susan, 6 months."
Members of the Class of 1956 shown gathered at the 1981 Alumni Weekend are, from left to right in the front row: Daniel F. Kosloff; Bernard Speigel; Wallace B. Lebowitz; Chuk Nwokedi; Modhafer K. Al-Chokhachy; Leonard S. Krassner; and James E. Burris. Second row: Lester F. Williams Jr.; Melvin R. Shevach; Morton B. Newman; George E. Battit; Daniel Powers; Anthony J. Piro; Warren D. Smith; Richard C. Newell; James D. Kenney; and Richard O. Elliott.

Barry J. Zamost finished a gastroenterology fellowship at UCLA-Wadsworth Veterans Administration Hospital in June and began a private practice in gastroenterology in Long Beach, Calif. He lives in Playa Del Rey, Calif., with his wife and 2-year-old son, with another child expected in April 1982.

Carolyn A. Bowles of Rochester, N.Y., has begun advanced training in rheumatology at the Mayo Graduate School of Medicine.

Laura Linda McCann of North Quincy, Mass., is a Tufts fellow in organ transplantation at the Boston Veterans Administration Medical Center.

Joel M. Kaufman of Worcester, Mass., joined the Fallon Clinic in July in Worcester as a neurologist. His wife, Carol, and two sons, Seth, 1½, and Avi, 6 months, are all enjoying their new house.

Lt. Col. Andrew J. Breuder and wife, Betty, of Bossier City, La., welcomed their seventh child (second daughter), Jennifer Lynn, born Sept. 11 at the U.S. Air Force Hospital, Barksdale Air Force Base, La. She weighed in at 7 lbs. 2 oz.

Thomas J. Forlenza of New York City is currently a fellow in the Blood Transfusion Service at University Hospital, New York Medical Center. He and his wife, Lucille, are happy to announce the arrival of a son, Tom Jr., on Aug. 11.

Michael A. Diaz of Arlington, Va., writes that he and his wife, Cynthia, are enjoying life in northern Virginia. "I am now in the last year of my psychiatry residency (including six months as chief resident) at Georgetown University. In July 1982, I will be starting a fellowship at Fairfax Hospital in liaison psychiatry."

Larry Berstein of the Bronx, N.Y., is chief resident in ophthalmology at Montefiore Hospital/Albert Einstein College of Medicine in New York City.

Jonathan Harding of Garden Grove, Calif., is an internal medicine consultant for a health maintenance organization in Orange County and is on the clinical faculty at UCI Medical Center.

Doreen Brown Dargon and her husband, Paul K. Dargon GSGD '75, now
Members of the Class of 1961 at the 1981 reunion were, from left, Philip J. Andrews of Milton, Mass., Burton White of Hillsborough, Calif., Joseph E. Magaro of Bronxville, N.Y., and Jack T. Evij of Windham, N.H.

residing in the state of Washington, announce the birth of their son, Daniel Paul, born Oct. 8. Doreen is practicing emergency medicine in the U.S. Army.

Mindy Berstein of the Bronx, N.Y., is a second-year resident in dermatology at Downstate Medical Center in New York City, where she also is continuing her activities on behalf of women in medicine.

1980

Vernon K. Sondak of Los Angeles, who is at the Wadsworth (L.A.) Veterans Administration Hospital, reports that he has "firmly established himself as one of the most flamboyant yet outrageous interns in the history of U.C.L.A. surgery."

1981

John B. Cadigan III and Deborah Jean Guzelt were married this past summer in Wilmington, Mass. The couple are now residing in Woburn, Mass., while Cadigan is an intern at Boston City Hospital.

GSGD

1964

Charles G. Getzoff has been promoted to clinical professor of oral surgery and anesthesiology at Fairleigh Dickinson University School of Dentistry in Hackensack, N.J.

1974

Steven Jay Peiser of Providence, R.I., reports that he has had "a tumultuous two years! Practice and family are growing—family faster than practice—Matthew Lee, born July 31, 1979; Sari Lynn, born Nov. 23, 1980; and Amy LeAnne, born July 19, 1981."

1980

Herbert S. Birnbaum has completed a general practice residency at Montefiore Hospital-University of Pittsburgh School of Dental Medicine and is now associated with the practice of Nathan S. Birnbaum, D.D.S., in Newton, Mass.

Necrology


1951 Francis J. Maguire of Waban, Mass., on June 18, 1981.


Since 1812, The New England Journal of Medicine has played its role in medical circles—reporting the progress of medicine to physicians and medical students throughout the world.
Boston University School of Medicine

Department of Continuing Medical Education

Course Announcements: 1982

1. Advanced Trauma Life Support/January 14-15, 1982/Course Director: Neil Yeston, M.D./Boston University Medical Center, Boston, MA
3. Third Annual Winter Symposium on Clinical Obstetrics/February 7-12, 1982/Course Director: David Acker, M.D./Mt Snow, VT
4. Neoplastic and Non-Neoplastic Conditions of the Kidney and Testis/February 8-12, 1982/Course Directors: Robert J. Krane, M.D., and Ralph deVere White, F.R.C.S./Smugglers' Notch, Jeffersonville, VT
6. International Conference on Safety Evaluation and Regulation of Chemicals/February 24-26, 1982/Course Director: Freddy Homburger, M.D./Howard Johnson's 57 Park Plaza, Boston, MA
7. Current Clinical Pediatrics/March 1-5, 1982/Course Director: Stephen I. Pelton, M.D./Howard Johnson's 57 Park Plaza, Boston, MA
8. Controversies in Internal Medicine/March 8-12, 1982/Course Director: Robert Levin, M.D./Smugglers' Notch, Jeffersonville, VT
9. Sexual Issues in Medical Practice/March 12-13, 1982/Course Director: Marian Glasgow/Boston University Medical Center, Boston, MA
10. Recent Advances in Diagnosis and Management of Infectious Diseases in Children/March 20, 1982/Course Director: Jerome O. Klein, M.D./Colonnade Hotel, Boston, MA
12. Movement Disorders: Neurological and Psychiatric Implications/March 26, 1982/Course Director: Robert G. Feldman, M.D./Boston VA Hospital, MA
13. Sexual Attitude Reassessment/March 27-28, 1982/Course Director: Stanley Ducharme, Ph.D./Boston University Medical Center, Boston, MA
14. CO2 Laser/April 15-16, 1982/Course Director: M. Stuart Strong, M.D./Boston University Medical Center, Boston, MA
15. Fourth Annual Trauma and Emergency Radiology for Emergency Physicians, General Practitioners, and Family Physicians/April 22-24, 1982/Course Directors: Judith Kossoff, M.D., and Allan Naimark, M.D./Hyatt Regency Hotel, Cambridge, MA
16. Advanced Trauma Life Support/April 28-30, 1982/Course Director: Neil Yeston, M.D./Boston University Medical Center, Boston, MA
17. Rheumatological Problems in the Practice of General Medicine/May 13-14, 1982/Course Director: Robert Levin, M.D./Howard Johnson 57 Hotel, Boston, MA
18. Multiple Sclerosis and Disability/May 19, 1982/Course Director: Robert G. Feldman, M.D./Boston University, Sherman Union Auditorium, Boston, MA
19. Recent Advances in Clinical EEG/June 25-26, 1982/Course Director: Thomas Browne, M.D./Boston University Medical Center, Boston, MA
20. Nutrition in the Practice of Medicine/June 28-July 2, 1982/Course Director: Joseph Vitale, M.D./Florence, Italy
21. Cardiac Anesthesia/August 19-22, 1982/Course Director: Narendra Shah, M.D./Smugglers' Notch, Jeffersonville, VT
22. Advanced Trauma Life Support/September 23-24, 1982/Course Director: Neil Yeston, M.D./Boston University Medical Center, Boston, MA
24. Seventh Annual Recognition and Management of Medical Emergencies/October 14-16, 1982/Course Director: Robert Levin, M.D./Howard Johnson's 57 Hotel, Boston, MA
25. Fracture Treatment and Functional Bracing/October 22-23, 1982/Course Director: David Segal, M.D./Marriott Hotel, Newton, MA
26. Learning Disabilities/October 23, 1982/Course Director: N. Paul Rosman, M.D./Copley Plaza Hotel, Boston, MA
27. Neurology for the Everyday Practice of Medicine/November 5-6, 1982/Course Director: Robert G. Feldman, M.D./Park Plaza Hotel, Boston, MA
28. Clinical Obstetrics and Gynecology/December 27-31, 1982/Course Director: David Acker, M.D./Hyatt Hotel, Orlando, FL

Additional courses may be added. For further information contact: Ms. Donna Marcy, Department of Continuing Medical Education, Boston University School of Medicine, 80 E. Concord St., Boston, MA 02118. Telephone: (617) 247-5602.

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