1996

Boston University medicine: v. 6, no. 1-4

https://hdl.handle.net/2144/22314

Boston University
BUSM Women

CONTINUING A LEGACY OF EXCELLENCE
MESSAGE FROM THE DEAN

As this issue of Boston University Medicine went to press, John Silber announced his resignation as president of Boston University, after more than 25 years of service. Dr. Silber will step down from the presidency on May 31 and become chancellor of the University, with responsibilities in the areas of long-range planning, the physical development of the University's campus, and the extensive technology transfer and venture capital operations that he created during his tenure.

Provost Jon Westling, who was named president-elect by the Board of Trustees one year ago, will become Boston University president, effective June 1.

During his term as president, Dr. Silber has led a spectacular transformation of Boston University. An outstanding faculty that includes three Nobel laureates has been recruited. Research grants have increased from $15 million to more than $180 million annually. The University's endowment has grown from $18 million to more than $422 million. More than 5.8 million square feet of new and renovated buildings, including classrooms, state-of-the-art laboratories and student housing, have been added, more than doubling the University's plant. The University's net worth has grown from $136 million to $1 billion, and its total assets from $166 million to $1.8 billion.

During my eight-year tenure as dean of the School of Medicine, Dr. Silber's support and leadership has resulted in more than $100 million of investment at the School of Medicine, including construction of the Center for Advanced Biomedical Research and the Biomedical Research Building at 609 Albany Street; total renovation of the Housman Medical Research Center Building and the Talbot Building; the creation of the McNary Learning Center; the development of several new core research facilities; and the promotion of BioSquare as a business and science park. He and Mr. Westling have been instrumental in supporting my efforts to recruit new leadership at the senior level to BUSM and in bringing young scientists to our faculty.

While Dr. Silber will be stepping down as president, I am confident that the University will be in good hands under the leadership of Jon Westling. I have worked closely with Mr. Westling in his roles as provost, executive vice president and president ad interim during Dr. Silber's sabbatical. He has always been a strong supporter and an advocate for the School of Medicine.

The School of Medicine owes a debt of gratitude to Dr. Silber. Through his unwavering leadership and commitment to excellence, Boston University has risen to the forefront of American higher education. I look forward to working with Dr. Silber in his new role as chancellor and with Jon Westling as he becomes the eighth president of this fine institution.

ARAM V. CHOBANIAN
DEAN
Boston University School of Medicine
2 Philip Wolf

A prolific investigator in the field of stroke epidemiology, he helped develop the definitive risk profile for stroke.

4 ApoE

One BUSM researcher discovered the protein that is now a focus of Alzheimer's disease research—he and several other BUSM teams are now at the heart of the current investigation.

7 BUSM women

BUSM women are bringing energy, discipline and excellence to medicine—a tradition that reaches back to the School's founding.

16 Ruth Batson

A leader in Boston's "busing" movement of the 1960s, she has dedicated her time and wisdom to BUSM, and substantial funding to the education of black students.

17 COHIS

BUSM students have created a program that reaches out to the underserved via the Internet—and could ultimately serve as a prototype for communicating health information to the Third World.

Cover: These four members of the BUSM community represent different disciplines, but each exemplifies the contributions being made by BUSM women today.

Cover photograph by Webb Chappell

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Design: Meg Birnbaum Photographers: Mark Alcarez, Jerry Berndt, BUSM Educational Media Center, Gustav Freedman, David Herwaldt, Bradford Herzog
Philip Wolf, MD: Advancing on stroke, one study at a time

Leaning forward against a lab bench, Philip Wolf, MD, submits to the commands of a photographer directing him. Nudged into various poses over the course of many minutes, he is nonetheless affable, asking the photographer about the famous runners he’s shot and the state of design in photography equipment.

Never mind that the eminent scientist has just returned from a senior executive council meeting on stroke policy for the American Heart Association and is pressed to get to the manuscript he’s writing on the health risk and cost of atrial fibrillation. The co-director and principal investigator of the Boston University/Framingham Study, the longest running epidemiologic study in the world, wants to know where the camera was made.

Wolf’s inquisitiveness probably stems from the same source that has propelled him in his search into the causes and possible treatments of stroke over the last three decades. Conducting clinical evaluations, analyzing data and exploring potential therapies, he has provided significant insights into the disease, fueled by a monumental continuous flow of RO1 grants from the National Institutes of Health since 1981. His accomplishments range from providing critical evidence of the effect of cigarette smoking and hypertension on stroke, to determining the effectiveness of certain drug and surgical therapies for the condition. When he hasn’t been conducting research, he’s been serving as an NIH Study Section Reviewer or treating some of the patients who suffer the 500,000 new cases of stroke each year. He has co-authored 129 papers subsequently cited in journals, authored 85 book chapters and invited talks, and prepared 127 abstracts and discussions.

The tenacity that has propelled Wolf, a professor of neurology and research professor of medicine, in his two-pronged campaign against stroke mirrors the will that drives him out of the door each evening to run six miles—and that prompted him to run some nine marathons (“mostly Boston and New York”) before he hung up his marathon shoes in 1987, settling for half marathons and shorter distances. (The Falmouth Road Race remains a favorite calling.)

His endurance in his work is fueled, perhaps, by his experience at the bedside, where he is constantly reminded of the toll that stroke can take on patients and their families. His work as an epidemiologist demonstrates his determination to understand the disease so that it can ultimately be prevented. On this front, he is optimistic. “What heartens me is that the remarkable decline in stroke severity and mortality clearly shows that stroke is preventable,” he says. “It is not an inevitable consequence of aging, but rather the consequence of a chain of events set in motion many years before. Risk for stroke is predictable and can be reduced.”

It is predictable, in significant part, due to the work of Wolf and other leading epidemiologists. Under the auspices of the Framingham Study, he and his BUSM colleagues developed what is considered the definitive risk-factor profile for the disease. Originally published in 1970 and updated in 1990, the risk profile can be credited with contributing to the nearly 60 percent reduction in the incidence of death from stroke in the last three decades.

Further scrutiny of data gathered through the Framingham Study enabled Wolf and his colleagues to determine the degree of impact that hypertension and atrial fibrillation have on stroke. The medical community knew that these factors were associated with the condition, but the degree of their role wasn’t clear. “Sometimes we quantify and validate what physicians suspect. Sometimes we contradict what everybody knows,” says Wolf. In some cases, he says, “the challenge is to determine the degree to which a particular factor contributes to the development of disease.”

Such was the case in 1970, when Wolf and BUSM colleague William B. Kannel, MD, published a study in JAMA indicating that hypertension plays a major role in causing stroke. The study has become a frequently cited paper in the journal’s history. “We were able to show that the risk for stroke wasn’t just in being hypertensive, but rather that, the higher the blood pressure, the higher the risk,” says Wolf.

Again, in 1978, Wolf provided epidemiologic evidence that atrial fibrillation increases the risk of stroke five-fold. “In the old days, cardiologists...
thought the condition was just a nuisance,” he recalls. “Neurologists suspected it was causing stroke, but they didn’t have evidence.”

Today, Wolf helps to set national policy on stroke prevention and treatment, providing executive leadership within the American Academy of Neurology and the American Heart Association. He also continues to spearhead numerous epidemiologic investigations, in several cases working to identify effective treatments for those conditions he identified as being risk factors.

Currently a lead investigator or advisor for seven major trials on stroke, his marathon is clearly not over.

**NOTABLE INVESTIGATIONS**

- Principal investigator, R01 grant, Precursors of Stroke Incidence and Prognosis (1981-1999)
- Principal investigator, R01 grant, Epidemiology of Dementia in the Framingham Cohort (1989-1993)
- Co-principal investigator, Master Agreement for Cerebrovascular Clinical Research, NINDS Data Bank (1988-)

“The risk for stroke is predictable, and can be reduced.”

— PHILIP WOLF, MD
In the ongoing effort to determine what role genetic and environmental factors play in Alzheimer's disease, researchers are increasingly focused on a gene known as apolipoprotein E (apoE). While all people have two copies of the gene in some form and combination (apoE-2, apoE-3 and apoE-4 being the most common), scientists have observed an abnormally high frequency of the apoE-4 gene in patients with Alzheimer's disease. But while researchers have considered apoE-4 a high risk factor for the disease, they have been unclear just how high that risk is.

Thanks to the recent findings of a team of BUSM genetic epidemiologists, the scientific community is a significant step closer to having an answer. In the March issue of Neurology, the researchers report the results of a population-based study, conducted through the Boston University/Framingham Study, involving 1,030 people aged 71 to 100 years. They found that individuals with two copies of the apoE-4 gene were at very high risk for developing Alzheimer's disease, with 55 percent becoming affected by age 80. They also found, however, that only 27 percent of people with one copy of the apoE-4 gene developed the disease by age 85.

People who had two apoE-4 genes were 30 times more likely to develop the condition than people with the common apoE-3 gene, and only 9 percent of people without an apoE-4 gene developed Alzheimer's disease by age 85. Only 1 percent of people with the apoE-2 version developed the illness. Overall, half of the people with Alzheimer's disease identified in the Framingham Study had either one or two copies of the apoE-4 gene.

While the evidence strongly implicates apoE-4 in Alzheimer's disease, says Richard Myers, PhD, a professor of neurology and lead author of the paper, "the most important finding of our study is that many people who have the apoE-4 gene do not develop Alzheimer's disease. The next
EXPLORING THE GENETICS OF ALZHEIMER’S DISEASE

• Principal Funding:
  National Institutes of Aging
  • Richard Myers, PhD, Epidemiology of dementia in Framingham Study, NIA five-year grant, $1.4 million.
  • Vassilis Zannis, PhD, ApoE structure and function in AD, NIA three-year grant, $400,000.
  • Lindsay Farrer, PhD, MIRAGE (Multi-institutional research on the genetic epidemiology of Alzheimer’s disease), NIA renewal of five-year grant, $2.1 million

step in our research is to try to figure out why some people with the apoE-4 gene are spared, and others are not.”

This position supports the opinion published in a November 1995 issue of JAMA by a committee of the two leading U.S. geneticists societies, the American College of Medical Genetics and the American Society of Human Genetics. The statement by the committee, chaired by BUSM genetic epidemiologist Lindsay Farrer, PhD, an associate professor of neurology and public health, warned against the use of a relatively new genetic test for Alzheimer’s disease that screens for the occurrence of the apoE-4 gene. The test is now offered by several academic labs and private companies.

“A test result showing an individual has one or even two copies of apoE-4 might create undo anguish and worry,” says Farrer. “While we know that apoE-4 is a strong risk factor for Alzheimer’s disease, in the same way that a high LDL cholesterol level is for heart disease, we still need more data.”

Myers, who agrees that the test should not be used, is now turning his attention to examining the levels of other apolipoproteins in people who carry the apoE-4 gene but do not develop dementia, in the hopes of learning why these people are spared.

Farrer, the principal investigator of a national, multi-institutional genetic epidemiology investigation known as MIRAGE, is also making a full court press to move in on apoE-4. His team is doing so with the recent infusion of a $2.1 million five-year renewal grant from the National Institutes of Aging. In the first stage of the MIRAGE study, the team established that genetic factors such as apoE-4 do play a major role in the development of Alzheimer’s disease. Now, evaluating 2,000 patients with Alzheimer’s disease and their first degree relatives, the researchers are setting out to decipher the precise impact of individual genes and environmental factors on Alzheimer’s disease, as well as the role they may play in concert.

“Increased age and family history remain the strongest predictors of the disease,” says Farrer, “but being female, as well as numerous other genetic and non-genetic factors, also appear to be involved.” As for the role of apoE-4, he says, “We suspect the gene may be modulated by other risk factors.”

“Our primary objective is to determine the association among apoE forms, other genetic and non-genetic factors (including smoking, level of education, use of non-steroidal, anti-inflammatory drugs, estrogen replacement therapy among women and

FOCUS ON:

**Apolipoprotein:**
Protein with multifarious critical roles, principal function being transporting cholesterol in the bloodstream. Without this protein, cholesterol builds up to very high levels in the bloodstream and clogs the arteries.

**Notable characteristic:**
Six variations, apoE-2, apoE-3 and apoE-4 being the most common.

**Drawbacks:**
Implicated in certain diseases; Alzheimer’s disease, premature atherosclerosis.
cholesterol levels) and Alzheimer's disease. We will also attempt to ascertain the impact that interaction between genes and environmental factors have on the age of onset of the disease."

The very existence of the apoE-4 line of investigation is owed in large part to another BUSM researcher, Vassilis Zannis, PhD, a professor of medicine and biochemistry and director of the section of molecular genetics, who discovered apolipoprotein in the early 1980s. He identified the protein's role in transporting cholesterol in the bloodstream and determined that there are six different but common patterns of apolipoprotein E in the population, due to an alteration in the gene that codes for the protein. He went on to determine that one form, apoE-2, is associated with premature atherosclerosis.

"Dr. Zannis really did the groundbreaking work that led to this whole area of investigation," says Farrer.

In addition to investigating whether some forms of apoE increase risk for Alzheimer's disease, Zannis is exploring whether certain variations of apoE may actively deter the risk of the illness. He is conducting this investigation at the molecular genetics level under a National Institutes of Aging three-year grant, with BUSM colleagues Sergie Aleskov, PhD, Carmela Abraham, PhD, and David Atkinson, PhD. Their research is fueled by their theory that there are "good" forms of apoE, such as apoE-2 and apoE-3, that help to remove harmful amyloid protein from the brain, thus preventing the creation of the amyloid plaque and neurofibrillary tangles in the brain that degenerate the nerve cells of Alzheimer's patients.

"Based on our research, we suspect that apoE-2 and apoE-3 may inhibit the creation of amyloid plaques, and may prevent Alzheimer's disease in mouse models," says Zannis. "We are also developing genetically engineered forms of apoE that may prove to be better inhibitors of amyloidogenesis than the natural forms, and may have therapeutic potential."

While Zannis and his colleagues probe unexplored molecular territory, Myers and Farrer reposition themselves to move in on apoE-4 from new epidemiologic angles. Where epidemiology meets molecular genetics, answers are bound to be found. 

VASSILIS ZANNIS, PhD: His discovery of apoE in the early 1980s opened up fields of investigation concerning Alzheimer's disease and heart disease.
Since its founding more than 100 years ago, Boston University School of Medicine has recognized women and men as equal partners in the field of medicine. It is a legacy unsurpassed. Founded in 1873 when it merged with New England Female Medical College, BUSM became the first co-educational medical school in the world. Today, 41 percent of the School’s entering freshman class is made up of women, and 32 percent of the faculty is female, well above the national average of 25 percent. The following profiles of four current female members of the BUSM community are intended not to distinguish the contributions of women to medicine, but to recognize them.
WOMEN HELPING WOMEN
in the fight against violence

The first time Shana Swiss, MD, (BUSM '88) flew into Monrovia, Liberia, it was 1991, aboard a United Nations relief plane. The first thing she saw was a blown-up jet on the runway. "We hadn't known what to expect when we arrived," Swiss recalls. "We'd heard that there wasn't any fighting in Monrovia at the time, but we didn't know."

In fact, a West African peace-keeping force was maintaining relative peace in the capital city, but several warring factions were still vying for power in the country in a bloody civil war. This was not the first time, nor the last, that Swiss would veer into a new experience—or fly into a country at war. A constant theme in her life has been turning at full tilt into new challenges, generally with the aim of helping the sick or the abused.

Today, Swiss is the director of Women's Rights International (WRI), an organization she founded in 1995 to help combat the epidemic of sexual violence perpetrated against women in countries at war. The ultimate goal of the program is for local women to recognize that, united, they can create a powerful voice for change in their society, both in war and peace.

This ambition is already being realized in Monrovia, Liberia, where Swiss returned in late 1993 to initiate WRI's first program, in conjunction with a local college. The success of the program to date is a testament to the healing spirit—and to the power of one woman to make a difference in the lives of others.

Shana Swiss's goal for the WRI program in Monrovia, Liberia, was to bring the issue of war-time rape and sexual coercion to the fore in a society that traditionally has accepted many forms of violence against women, in war and peace. However, while the program was her conception, she wanted to work with local people to create a culturally appropriate strategy for carrying it out.

To this end, she hired six edu-
Shana Swiss, MD, inspires Liberian midwives in campaign against sexual violence.
There has been a personal transformation in their lives, an increasing confidence, an increasing intolerance for violence in their own lives, and a rippling effect in the larger village of women.

BUMedicine: It sounds like you are referring to the growth of a sisterhood among these women.

SS: Yes, it’s true. We’re seeing it in many ways. The traditional midwives, who represent several ethnic groups, got together with other local women to grow a communal garden, as a way of fostering trust among themselves. It has grown so full, and been so effective in building a sense of community, that the women are now looking to start a second one. The women are also stopping domestic violence in the refugee camps where they now live. And when one woman’s husband died recently, and her brother-in-law claimed the couple’s house, as is traditional custom, 10 women piled in a taxi with the widow and went to court to fight for her to be able to keep her house. They won.

One of the nurse midwives said to me recently, “Our sense of our own importance, and the importance of what we are doing has itself had a positive effect on decreasing the violence in our own lives.”

BUMedicine: Has anything about the reaction to the program surprised you?

SS: I never thought things would take root in refugee camps and displaced camps. It’s a real test of the human spirit.

BUMedicine: What is your goal for the program in Liberia?

SS: To have WRI’s program being carried out by midwives in every village in Liberia when the war is over. As there is at least one midwife, and up to a dozen, in every village, there is absolutely no reason why this can’t happen.
In 1984, when Hortensia Amaro, PhD, was collaborating on a Boston City Hospital study looking at women’s health habits during pregnancy, she witnessed the damaging impact of AIDS on pregnant, drug-addicted women and their babies. Amaro, a professor of social and behavioral sciences, decided to do something about it. Armed with theoretical and empirical data, she developed a community-based intervention program to help women break their addictions and have healthy babies.

Today, eight years and two National Institutes of Health funding cycles later, the pilot program, known as the “Mom’s Project,” has evolved into a model program being implemented by the Boston HealthNet, a partnership of eight neighborhood health centers, BUSM, Boston City Hospital and Boston University Medical Center Hospital. Seventy percent of the more than 800 participants have significantly reduced or stopped their drug and alcohol use; high-risk sexual behavior has dropped three-fold, and low-birth rate statistics have been reduced two-fold.

The proven approach, says Amaro, a research psychologist, is to understand the causes of harmful behavior, develop mechanisms for intervention through public health programs and then evaluate their effectiveness. Amaro has dedicated more than two decades to such academic scrutiny and practical application, addressing issues of substance abuse, high-risk sexual behavior and unhealthy pregnancies, particularly among poor Latina and African American women. Her goal is to help women through the challenges they face and, in the process, change the social conditions contributing to unhealthy behaviors.

While her crusade sometimes takes her to the floor of the Senate and out to the public, the lifeblood of her work takes place in inner-city communities. She has been the principal or co-principal investigator of 18 research studies since 1988, representing $9.6 million in grants.

Amaro’s research has revealed that poor Latino immigrants and African Americans face a gauntlet of issues involving ethnicity and identity, acculturation, racism, sexism and poverty. These factors can lead to personal, social and environmental factors that threaten health. The isolation and the language and cultural barriers experienced by immigrants in an unfamiliar country, and the despair and limitations of poverty can leave women vulnerable to health risks such as substance abuse. Latina and African American women are further threatened, says Amaro, by their “permanent inequality” in status and power in relation to men of their culture, which undermines self-esteem. "Whether out of desire for acceptance, fear of physical abuse or concern about maintaining a relationship with a man, some women are intimidated into activity..."
that leads to substance abuse, sexually transmitted diseases and high-risk or unwanted pregnancies,” she says.

Amaro’s research has also identified ways in which traditional intervention programs are ineffective. Latina and African American women who are impoverished and coping with addiction or domestic problems are often unaware of programs that can help, or are afraid that an agency will take their children. “These women need help from people who understand these fears and can reassure them in their own language,” says Amaro. “This familiarity is very important for establishing trust and developing solutions.”

Amaro’s behavioral research has led to the theoretical models that are the basis for the “Mom’s Project” and two new prevention and intervention programs: “GIRLS on the Move!,” a substance-abuse prevention program for adolescents, and “Entre Familia,” a residential substance-abuse treatment program for Latina women and children. All of the programs have the same goal: to empower women with a sense of their own worth, and connect them with culturally appropriate services to help improve their lives.

The Mom’s Project links women to services and treatment throughout pregnancy and the following year. Participants support one another and receive help from outreach workers and advocates, a parenting specialist, a bilingual mental health specialist, a substance abuse nurse and researchers who represent the ethnic background of their clients.

Entre Familia offers counseling and other support services tailored to address the issues of migration and cultural adaptation that can lead to substance abuse, and draws on the support of clients’ family members.

Girls on the Move! addresses such problems as low self-esteem and peer pressure from boys, providing adolescent girls with skills training, mentoring by community women, mother-daughter counseling and family services.

“If we can get to the root of the psychological issues that make women and girls susceptible to high-risk health behaviors,” says Amaro, “we are a step closer to giving them the boost they need to overcome life obstacles.”

Cardiologist Alice Jacobs, MD, is very busy. The director of the Cardiac Catheterization Laboratory and Interventional Cardiology at BUMC Hospital, associate professor of medicine at BUSM, a clinical researcher at BUMCH and an active participant in the national and local American Heart Association, she has her hands in every aspect of academic medicine. And she loves it.

“This is a demanding job,” she concedes, “but there are so many aspects of my work that I find gratifying and enjoyable.”

Jacobs is probably most sanguine when it comes to discussing the Cardiac Catheterization Laboratory, where both diagnostic and therapeutic procedures in patients with predominantly coronary artery and valvular heart disease are performed. “I particularly enjoy the interventional work we do there in acutely ill patients,” she says. “It’s an intense, often technically challenging and exciting place to be.”

Roughly 900 interventional proce-
dyes, such as balloon angioplasty and coronary atherectomy, and 1,100 diagnostic procedures, primarily angiograms, are conducted in the lab each year. And advances in technology continue to increase the number of patients eligible for these techniques.

“When I began my training in 1980, balloon angioplasty was just being launched,” says Jacobs. “Today, we are using stents, atherectomy and catheters which vacuum out clots to treat patients with blocked coronary arteries.”

Of course, there are still strides to be made in treatment, and Jacobs is working on them, as well, as the principal investigator of a number of clinical studies, many of which focus on women’s health issues. “Heart disease in women has not been thoroughly evaluated,” she says. “It is not surprising that I would seek answers to some of the questions.”

The lag in research into coronary heart disease in women has been due, in part, to the fact that young women have a lower prevalence of the disease and, in part, because there was not a recognition that men and women often develop disease differently.

In one of her studies, Jacobs is investigating why the inpatient mortality rate for women who have had bypass surgery or angioplasty is higher than it is for men. “I don’t subscribe to the theory that physicians are not referring female patients early enough for treatment,” she says. “It’s not well substantiated. It may be that the woman decides she can’t take the time out of her daily life to undergo a medical procedure.”

In another multicenter study, Jacobs and colleagues are evaluating the role of conventional drug therapy versus interventional treatment for patients with cardiogenic shock following a heart attack.

Jacobs’ interests extend beyond the labs to students and patients, as well. As a teacher of residents and cardiology fellows, she says she has the satisfaction of being able to have an impact on the way young physicians approach the evaluation and management of their patients. As a physician, she has the gratification of providing bedside care to people in need.

While she shuns the distinction of herself as a female within the field of medicine, Jacobs does concede that being a wife and mother of two teenage daughters adds a layer of responsibility to her life. “I accept the fact that it may be more difficult for me as a woman physician, because, in addition to my professional work, I also have primary responsibility for running my household,” she says. “But I never had any illusions that dual roles would be easy or perfect. I enjoy what I do, and that is important and makes it all worthwhile.”

Sitting at her desk in her sunny, somewhat disheveled office at the Slone Epidemiology Unit of BUSM, Lynn Rosenberg, ScD, is a woman clearly immersed in her work.

Scribbled on a blackboard behind her is a long list of her many epidemiological studies, which range from the largest study ever conducted of the risk factors for diseases among black women, to a study looking at the association between oral contraceptive use and heart attacks in women. Scattered about her desk are drafts of the grant proposals upon which her livelihood depends, as well as a profusion of professional journals in which the results of her research are often published. She is interrupted frequently by phone calls and visits from colleagues who are seeking her counsel, or simply want to discuss their latest research project with her.

Poised and alert, Rosenberg, a professor of epidemiology at BUSM, appears to relish what she does. The assistant director of the Slone Epidemiology Unit since 1982, she stands at the helm of one of the most respected epidemiologic research groups in the country. Founded in 1975, the group is renowned for its groundbreaking studies of environmentally induced diseases.

Today, some 15 different research studies are under way at the unit. Rosenberg, herself, is involved in six. Her Black Women’s Health Study, with 65,000 participants, focuses particularly on conditions most prevalent among black women, such as lupus, uterine fibroids and premature births. “It will take years to collect the needed information for some diseases. A long-term study also gives us the chance to retest the hypotheses,” she says.

Her large-scale, multiple case-control study involving 70,000 male and female participants looks at the relationship between the use of medications and the occurrence of specific diseases, such as cancer. A possible link between alcohol use...

"The Black Women's Health Study will allow us to investigate cancer and other diseases over the course of many years."

— Lynn Rosenberg, ScD
and breast cancer, and the inverse association between aspirin use and large bowel cancer, have already emerged from the study.

"The work I do is very satisfying," says Rosenberg. "There are so many aspects of it that I enjoy—from conceiving a study and designing it, to analyzing the data, condensing it and writing it up for publication. The only down side is that I have to spend so much of my time these days writing grant proposals to fund my work. That can be pretty tedious."

Rosenberg has been in the field long enough to have experienced the relentless increase in difficulty in obtaining federal funding for science, and it concerns her. She wonders how young investigators will be able to survive, much less thrive.

She has also been in the profession long enough to observe the surge of women into the field of epidemiology. "I know most of the women epidemiologists in my age group in this country—that's how few of us there were when I started out in this field," she says. Today, women represent approximately half of the students in schools of public health.

A fanatic runner and cyclist, and a voracious reader, Rosenberg also loves to travel. Last year she explored South Africa, where she is conducting a study looking at the relationship of the contraceptive Depo-Provera to the risk of breast cancer. Her latest personal challenge is to learn not just one, but three, foreign languages (Dutch, Chinese, and Spanish) simultaneously.

On a sunny morning in January, Rosenberg appears to be thriving on the challenges she finds at work, as well. From behind her paper-laden desk she observes, "It's wonderful to have a career that is both intellectually stimulating and personally rewarding. If on top of that you can also have the satisfaction of knowing that you're contributing to the public good, that's ideal."
One key question helps identify victims of domestic violence

“A any time has a partner ever hit you, kicked you or otherwise physically hurt you?” Primary care physicians who ask this straightforward question of patients are likely to improve detection of domestic violence by more than 11 percent, according to a BUSM study published in the January issue of the Journal of General Internal Medicine.

The researchers studied almost 700 female patients, and found that by asking this question on a health history form completed by new patients, they identified more victims than they would have by asking only those patients that they suspected were victims of domestic violence.

According to lead author Karen M. Freund, MD, director of the Women’s Health Group at BUMC, the addition of this single question about domestic violence increased identification of domestic violence from 0 to 11.6 percent.

“Physicians can’t rely on their own judgement to identify who may be a victim, since domestic violence cuts across all age groups as well as educational and income levels,” says Freund, an associate professor of medicine and a member of the Massachusetts Medical Society’s Committee on Domestic Violence.

The domestic violence study also determined that, while demographic characteristics did not differentiate victims of violence from other patients, clinically, victims of violence reported greater depression, alcohol abuse, sexual dysfunction, chronic headaches and greater premenstrual symptoms than other women.

Procedure improves rehabilitation for quadriplegic patients

A new BUSM study shows that the use of screws and plates to correct spinal instability may prove better for rehabilitating patients than allowing the natural healing process.

“We found that patients who undergo spine fusion through the front of the neck using rigid internal fixation devices [sic. screws and plates] had fewer complications and were able to start rehabilitation sooner than patients undergoing the procedure without internal fixation,” says Isadore Yablon, MD, professor and chairman of the department of orthopaedic surgery at BUSM. Yablon presented the study recently at the American Academy of Orthopaedic Surgeons annual meeting in Atlanta.

Spine fusion involves fusing two spinal segments together with a bone graft in order to relieve spinal instability due to injury, or nerve root irritation caused by osteoarthritis. In patients undergoing the procedure without internal fixation, there was a higher rate of nonunion of the spinal segments, coupled by loss of position of the bone graft. Of this group, there were nine cases of nonunion and 12 cases that required additional surgery due to the graft becoming loose. In contrast, the group with internal fixation had only two instances of nonunion and no graft failure.

In addition, 21 percent of the quadriplegic patients with internal fixation were able to start rehabilitation sooner and also showed two or more levels of improvement, as compared to five percent of the quadriplegic patients without internal fixation.

“We believe this may be partly due to reduction in swelling,” says Yablon.
DonorProfile

RUTH BATSON
Friend of BUSM, champions need for black doctors

In the 1960s, NAACP activist Ruth M. Batson helped lead the charge for educational equality for black youth in Boston’s public school system. She was instrumental in establishing METCO (Metropolitan Council for Educational Opportunity), a program that, to this day, enables Boston’s inner-city students to attend public schools in the suburbs.

Today, a member of the BUSM Board of Visitors, Batson still pursues her mission to buttress the black community through education. As the founder and treasurer of the Ruth M. Batson Educational Foundation, a program that began with a $1,000 donation in 1969, she provides grants to institutions promoting black education, and emergency educational loans to black students. Her goal, she says, is to increase the number of blacks in medicine, a field in which they are underrepresented.

Boston University School of Medicine and numerous BUSM students have been among the lucky recipients of Batson’s donations over the course of many years. She has made numerous contributions to the School’s Early Medical School Selection Program, which recruits minority students in their sophomore year into a program providing special preparation for the medical school curriculum. She recently established a major student loan fund through the program, and two years ago established a primary care loan fund. She has also funded the production of a documentary film on the program, used to recruit students and raise additional funds. Along the way, she’s made other donations to the Early Medical School Selection Program, as well as direct scholarships and interest-free emergency loans to many BUSM black students.

“Ruth is an extraordinary woman,” says Kenneth Edelin, MD, associate dean for students and minority affairs and a professor of obstetrics and gynecology at BUSM, who met Batson in 1956 when they were part of a delegation to a civil rights conference in Washington, D.C. (He was a high school student at the time.) “She’s very warm, very open, very genuine and she’s very direct—she cuts through the bull. She’s also very smart.” Edelin is the director of the early medical school selection program.

BUSM has been benefitting from Batson’s advice since 1969, when she was recruited from her role as executive director of METCO to serve as a liaison between the BUSM Department of Psychiatry and residents in the South End community. The department’s faculty was developing mental health programs to be carried out through the Solomon Carter Fuller Mental Health Center, being constructed by the state on the BUMC campus, and needed a community activist who could communicate the needs of local residents to them. Named an associate professor of psychiatry and director of consultation and education, Batson listened to residents’ concerns regarding mental health issues and conveyed their needs to the staff.

“People would talk to me, and I would get their feedback,” she said. People were not getting enough treatment. There wasn’t a general psychiatrist for children. There were problems with patient/client relationships.”

In subsequent years, Batson, a widow and the mother of three girls, has continued her activism on the local, state and national levels. She has led the Museum of Afro-American History in Boston, and served as chairperson of the African Meeting House on Nantucket Committee. She recently finished writing a book, “A Sequence of Historical Events: The Black Educational Movement in Boston (1954-1974).

Batson started her foundation with a $1,000 donation from a group of grateful METCO parents when she ended her service as executive director of METCO. “They said to me, ‘knowing you, you’ll do something good with it,’” she says.
Two BUSM students are using the World Wide Web’s information super highway to steer some important health information down Boston’s inner-city roads.

Amit Gupta and Eric First, both second-year students, have developed an interactive Web site aimed at educating inner-city residents about health promotion and disease prevention issues. It is believed to be the first interactive health education system on the Internet.

“Projects such as these are an excellent example of how important community outreach is to our students,” says Arthur Culbert, PhD, associate dean for student affairs. “These students have found an innovative way to reach underserved populations with important information about preventive medicine.”

Gupta took less than a year to conceptualize and create the Web site, known as Community Outreach Health Information System (COHIS). With help from First, Gupta has been spreading the word about COHIS to the community since late June.

COHIS provides information about such health issues as alcohol and substance abuse, partner violence, nutrition, smoking and tobacco abuse. Text is supplemented with interactive graphics and three-dimensional images, which can be manipulated by the user. A user can view a 3-D image of the heart, rotate it, bring it closer and actually go inside to look at the organ’s inner functions for example. There is also a special "Kids Corner," complete with cartoon illustrations and simple text about such issues as the dangers of second-hand smoke. Participants may ask questions about given topics and receive answers in subsequent postings by BUSM faculty.

Gupta and First have recruited more than 100 undergraduate pre-medical students at Boston University to research the health topics. Their work is overseen by second-year BUSM students, and all text responses posted on the Web site are first carefully reviewed by a group of BUSM faculty advisors.

Numerous institutions, including the Boston Computer Museum, and local community centers have enthusiastically agreed to allow Boston University students to teach residents how to use the Internet on their computers. Future community sites may include the Boston public school system.

“The impact of this project is unimaginable,” says Gupta. “Our motivation is to reach people in the local inner-city community who could really benefit from health information,” he says. “But it may even set the standard for how health information and preventive services should be provided over the Web to reach an entire population, not only locally, but worldwide.”
BioSquare equals opportunity...squared

BioSquare, the $350-million science and business park under development at Boston University Medical Center, is generating excitement in the Massachusetts biotechnology community, by helping the industry regain its prominence in American and international commerce.

Set on 16 acres on Albany Street adjacent to the Medical Center, BioSquare provides tenants with the use of equipment and other services, so that start-up companies and those already established in the biotechnology industry can focus on their research without worrying about the capital investment needed to begin and maintain operations. The park is also intended for other tenants interested in its strategic location at the southern entrance to the city and access to parking, facility management, security and other BUMC operational services.

"BioSquare is more than just another business park," says Dean Aram V. Chobanian. "It is an investment in science and technology that will allow research and technological advances to be brought to the marketplace and into our daily lives."

BUMC has retained Thompson Doyle & Company of Boston, a commercial real estate brokerage operation, as the exclusive marketing agent for BioSquare. Thompson Doyle is actively recruiting tenants for BioSquare and, with BUMC, recently held a reception for area real estate brokers to introduce them to the development.

The approved master plan for Phase I of the project includes the 200,000-square-foot Center for Advanced Biomedical Research (CABR), which opened in 1993, three additional research and office buildings, totaling 460,000 square feet, a 1,200-space parking garage, and a 240-room hotel and conference facility. The next building planned for construction will feature 180,000-square-feet of office and research space.

Access to an additional six acres, made available through a major highway construction project, will provide up to another 1.8 million square feet for future development.

The CABR building provides a broad array of strategic services, facilities and amenities for the science and business community, including state-of-the-art laboratories and superbly equipped biomedical core services, that are not found in other biotechnology business parks. CABR also houses researchers from the medical and dental Schools and provides services to a number of biotechnology companies.

BioSquare also provides its biotechnology tenants with access to more than 2,000 physicians and researchers at the School of Medicine, School of Dental Medicine and Boston University Medical Center Hospital, as well as opportunities for collaboration in basic and clinical research.

"BioSquare promises tremendous opportunities for the companies that become part of this vital academic environment," says Chobanian. "The partnerships that will be developed here between our Medical Center and biomedical companies and other businesses will benefit all participants, as well as the economy of our city and state."

In addition to the amenities it provides, BioSquare offers tenants a choice location — near the entrances to Interstate Route 93, the Massachusetts Turnpike, Logan International Airport and the Ted Williams Tunnel, as well as access to rail and bus lines.
Fall Phonathons Launch 1995-96 Annual Fund

The Alumni Association is pleased to report that, once again, the Annual Fund Fall Phonathons started the fund year with very good results. Pledges totaled $152,570 from 509 alumni.

Alumni and student volunteers continue to provide the manpower for these fund raisers. Some volunteers attended two and three nights to encourage alumni to support the Alumni Association’s goals. The organization supports student financial assistance, the Alumni Medical Library, student activities and publications and projects determined by Dean Chobanian.

In thanking the volunteers, Dean Chobanian noted alumni support for the newly opened McNary Learning Center and invited all to attend the dedication ceremony held in November.

Phonathon Director Elizabeth Dooling ’65 and Executive Director Barry Manuel ’58 were joined at the Phonathons by the following volunteers:

- ROBERTA APFEL ’62
- AMIN ASHRAFZADEH ’97
- FATEMA AZAM ’99
- DAVID BAILEN ’67
- DEBORAH CHONG ’98
- WILLIAM CROSKERY ’37
- KUSHNA DA'MALLIE ‘99
- OVID FARKOHZAD ’99
- KIM FLORENCE ’99

- DONALD GRANDE ’73
- JOHN HERMOS ’65
- GUY JIRAWUTHIWORAVONG ’99
- GAIL KAPLAN KRAFT ’70
- BONNIE MACKOOL ’89
- PAULA ANN MCMAHAN ’99
- ARTHUR MOURTHIZNOS ’99
- DARREN NYGULIS ’99
- PETER POCHI ’55
- M. DOUGLASS POIRIER ’76
- JAMES ROSENBERG ’68
- KIRSTEN SHUCK ’99
- SHARON SMITH ’97
- EMMANUEL TIMOTHY ’99
- ALLISON TONKIN ’97
- GEORGE WHITELAW ’71
- MELODI WILSON ’98
- PHIL ZAMOR ’99
- CHARLES ZOLLCOFFER ’97

Veteran phonathoners Gail Kaplan Kraft ’70 (left) and Alumni Association Second Vice President, Donald Grande ’73 (center), were joined by Casey Coffee ’88 and Melodi Wilson ’98.
27 Grace B. Blauvelt-Welles of Orient, NY, writes, “At 95 I am optimistic enough to contemplate attending the 1996 Reunion. If you are of like mind, do contact me, as I really want to do that. I don’t want to go alone.” (Send correspondence to her in care of the BUSM Alumni Association.)

28 Morris Katcher of Brooklyn, NY, writes, “The older I get, the more grateful am I that Boston University is my beloved alma mater and deserves the financial support for the rest of my life, and then some more! Every alumnus and alumna should feel the same.”

42 Phyllis Koteen of Santa Barbara, Calif., writes, “Herb and I are well and enjoying the beautiful climate and surroundings of Santa Barbara. We are in a retirement community. We find this a comfortable way to live.

“Our five children and one daughter-in-law were here to celebrate my 80th birthday. We all had a great time. We feel very lucky to have all our children and grandchildren (nine of them—aged 5 to 28) well and in good communication.”

48 Robert R. Fisher of Canfield, Ohio, writes, “I retired in July 1989, at the age of 65. I felt I was having too much trouble trying to keep up with all the advances in medicine and all the new antibiotics and their indications.

“Also, I was pretty much fed up with the way medicine was changing, with Medicare reducing my fees, or refusing to pay them at all, and with insurance companies calling the shots. To deal with Medicare, I was going to have to put in a computer, hire another employee, and enlarge my office to handle all this. This, at a time when my income was dwindling as my patients all became Medicare patients.

“So, I worked for a small health insurance company for two years as medical director, then did teaching at a local hospital family practice department. Now all I do is fill in for the employee health department at that hospital when the regular doctor goes on vacation, or when he gets swamped trying to keep up with OSHA mandated annual physicals. I find retirement rather pleasant, especially when I go to staff meetings and hear all the younger doctors *** about what they have to put up with. “Sure, I have angina, but doesn’t everybody?”


Charles L. Ward Jr. of Concord, NH, was recognized in the Lahey Clinic Fall 1995 Alumni News for his outstanding contributions to his community. Ward was presented the Wyeth-Ayerst Physician Community Service Award for his years of involvement in a dozen organizations, including the United Way of Greater Concord, the Alcohol and Drug Intervention Program in Concord, and Concord Boy Scout Troop 86.

Specializing in internal medicine and gastroenterology, he spent 30 years at the Concord Clinic (now a part of Lahey Hitchcock Clinic), where he became its president as well as president of the Concord Hospital Medical Staff. Since his retirement, he has worked at the New Hampshire State Prison in Concord. He finds this a rewarding pursuit, working with a team of three other primary care physicians, three psychiatrists, 25 nurses, dentists, pharmacists and various lab specialists. He encourages others to consider it.

55 Paul Flanagan of Costa Mesa,
Calif., writes, “In September 1995, I sold my private practice of 25 years and am now working part time with the largest group of pathologists in Southern California.”

**65**

John R. McCormick of New Vernon, NJ, has been appointed to the faculty of the University of Medicine and Dentistry of New Jersey (UMDNJ). Specializing in thoracic and cardiovascular surgery, McCormick will serve as professor and chief, Section of Cardiothoracic Surgery, at UMDNJ University Hospital in Newark. He will also serve as director of Program Development for Cardiothoracic Surgery at Newark Beth Israel Medical Center, and as director of the Integrated Residency Training Program for both hospitals. He was previously chairman of the Department of Cardiothoracic Surgery at BUSM and chief of thoracic surgery at BCH, and served as director of the Cardiothoracic Surgery Residency Program and acting chief of cardiothoracic surgery at Boston University Medical Center Hospital.

**66**

Peter J. Deckers of Avon, Conn., was appointed dean of the University of Connecticut (UConn) School of Medicine in October. He also holds the position of executive vice president of the Faculty Physicians Organization in the UConn Health System. A former professor and vice chairman for surgical education at BUSM, he also served as chairman of Hartford Hospital’s surgery department until joining UConn Health Center in 1987 as their head of surgery. Until recently, Deckers served as director of the Integrated Surgical Residency Training Program. He is a fellow of the American College of Surgeons and a member of its Commission on Cancer.

**67**

Ralph G. Ganick of Edmond, Okla., writes, “Two kids now in college—fortunately in same state and shared some support; youngest at home, age 7, keeps Lois and me busy. Very gratified at fruition of Bill McNary Center—one of the best influences on several generations of BUSM students. Look forward to seeing the Center in person.”

**68**

Deeb N. Salem of Lincoln, Mass., was named president and chief medical officer of New England Medical Center (NEMC) in September. Chief of cardiology at NEMC, he has been associated with the hospital for 23 years.

**72**

Steven Lipper of Chapel Hill, NC, writes, “I am currently clinical professor of psychiatry and behavioral sciences at Duke University Medical Center and on the staff of the Psychiatry Service, V.A. Medical Center, Durham, N.C.”

**74**

Raymond E. Clarke of Akron, Ohio, has been named teacher of the year by the class of 1997 at the Northeastern Ohio Universities College of Medicine. Clarke is associate professor of pathology at Akron City Hospital, Summa Health System.

**76**

Mark S. Goulston of Brentwood, Calif., an assistant clinical professor of psychiatry at UCLA, served as consultant to the prosecution in the O.J. Simpson murder trial and is the principal author of *Get Out of Your Own Way: Overcoming Self-Defeating Behavior* (1996 Perigee, a division of Berkley Publishing Group).

Glenn J. Green and Leslie Jakoby-Green ’79 of Chester, NY, write, “(We) were recently blessed with the birth of Beth, our third child. We both practice ophthalmology in Orange County, New York.”

**78**

Sterling S. Reese of DuBois, Penn., joined the medical staff of DuBois Regional Medical Center. A cardiologist, he is board certified in internal medicine and cardiovascular disease. His previous positions include chief of cardiology at the Los Angeles County Olive View Medical Center, clinical assistant professor of medicine at UCLA and attending physician at Sepulveda Veterans Administration Hospital.

Most recently he held the position of chief of internal medicine at Encino-Tarzana Regional Medical Center.

**79**

Cheryl M. Greenfield of South Easton, Mass., joined the medical staff at Tobey Hospital in Wareham. A pediatrician, she will divide her time between her private practice in Brockton and her practice with Dr. Charles Gleason in Wareham.
Dean Aram Chobanian visits with guests Dr. and Mrs. Venkata Ravi at the Dean's Club Dinner at the Four Seasons Hotel in September. The black tie event acknowledges those who have supported BUSM during that year with gifts of $1,000 or more. Last year the Dean's Club reported 250 members.

I run a small weaving business out of the house and won my first English Equestrian Championship this summer. Regards to all classmates.

82
Odysseus Argy of South Dartmouth, Mass., an adjunct professor at BUSM, hosts a live call-in show called Doctors on Call, Sundays at 10:00 p.m. on WABU-TV 68.

Jacob Asher of Menlo Park, Calif., writes, “Nancy and I welcomed our second child, Maggie, on November 15. I continue to practice head and neck surgery with the Permanente Medical Group in Fremont, Calif. I was elected to the group’s board of directors and am actively engaged in the management of the group as well.

“We had a mini-reunion at Dan Steigman’s recent wedding with Rafi Kieval, Barbara Krause, Jeff Wilson and David Frankel.”

85
Alan M. Berg of Wilkinsburg, Penn., has been appointed to Shadyside Hospital’s medical staff, practicing internal medicine and rheumatology.

Todd W. Mandell of Brattleboro, Vt., writes, “I finished my training at UMASS Medical Center in 1989 and am working as the psychiatric chief of the Osgood Programs and Women’s Specialty Program at the Brattleboro Retreat in Southern Vermont. We live way up in the mountains with frogs as our neighbors and 4-wheel drive cars!

86
Pamela A. Propeck of Madison, Wis., was recently promoted to associate professor of radiology at University of Wisconsin Hospital and Clinics, where she is the mammography section chief and the residency program director. She and her husband, William Wood, who is a plastic and reconstructive surgeon, keep busy with Kristin, age 5, and Erika, age 2.

Michael A. Singer of San Antonio, Tex., has joined the staff at Medical Center Ophthalmology Associates in San Antonio, and he will also work in the center’s Del Rio office once a week. An ophthalmologist, he has developed a technique to decrease the pain involved in botulinum-toxin injections for treating facial muscle twitches.


88
Emily C. McPhillips of Belmont, Mass., has joined Beth Israel Healthcare at the Beth Israel Hospital, and Children’s Hospital Medical Care Center as general medical internist in Lexington. She completed her internship and residency at Beth Israel. An instructor in internal medicine at Harvard Medical School, she previously was an internist at Deaconess Hospital.

90
Astegibik Hacobian of Waltham, Mass., has joined the staff of the Northeast Pain Consultation and Management, P.C., and the Laconia Clinic. She did her internship at Memorial Sloan-Kettering Cancer Center and completed her residencies in anesthestia and critical care, as well as a fellowship in pain management, at Beth Israel and Massachusetts General Hospitals. She has published articles and co-authored chapters for an upcoming text on pain management.

Brian J. McKinnon of Virginia Beach, Va., returned home in September after a six-month deployment aboard the aircraft carrier USS Theodore Roosevelt, as the senior flight surgeon. His activities included providing medical care for U.S. military personnel in Kuwait and for the pilots flying operations over Bosnia. During deployment, he was awarded the Navy Achievement Medal, became qualified as a surface warfare medical duty officer and culminated his time at sea by being promoted to lieutenant commander.

91
Steven J. Dakoyannis of Revere, Mass., has joined the obstetrics and gynecology practice of Frank DiMasi, MD, in Revere. He is a member of the Metro North Medical Associates, a not-for-profit physician group affiliate of Melrose-Wakefield Hospital.

92
Manher A. Joshi of Weston, Mass., has joined Beth Israel HealthCare
Weston, the Beth Israel Medical Group Foundation, Inc. A specialist in internal medicine with interests in preventive care, allergy and stress management, he completed his residency at Yale-New Haven Hospital. Joshi is an instructor at Harvard Medical School.

Carol L. Sprague Savage of Littleton, Mass., writes, "I will be completing residency training in 'Family Practice' at UMass Fitchburg in June 1996. I continue to have special interest in rehabilitation medicine and music therapy and will likely incorporate these aspects of medicine into my private practice.

"I am still playing the French Horn and have started a group called the 'Music & Arts Connection' at 'Health Alliance' - i.e., Leominster Hospital and Burbank Hospital in Fitchburg. Bringing doctors, nurses, volunteers and other health professionals together to play music and display art work provides some music and art therapy for the caregivers and joy to others."

"God Bless You All."

Anne Marie Suh of Minneapolis, Minn., was recently appointed chief medical resident at Ramsey Hospital. She will lead a staff of more than 100 physicians at Ramsey, a teaching hospital of the University of Minnesota.

Sudha Tallapragada and Eugene M. Parent of Branford, Conn., write, "Gene and I are still in Connecticut. Gene is doing his cardiology fellowship at Yale, and after I finish a year as chief resident, I will start my infectious disease fellowship there as well. Our exciting news is that we are expecting our first baby in April!! Come visit us!!"

95 Michael P. Brunelli of Franklin, Mass., is doing his residency at Mount Sinai Hospital in New York City in orthopedic surgery. After his residency, he hopes to return to Boston to work in trauma surgery.

NECROLOGY

26 Lawrence H. Doolittle of Agawam, Mass., on Dec. 19, 1993, at the age of 93. He served as urologist in chief at both Springfield Hospital and Wesson Memorial Hospital. During World War II he was a lieutenant colonel in the U.S. Army. He was a member of the Hampden County Medical Society, Massachusetts Medical Society, American Medical Association, Springfield Academy of Medicine, New England Urological Association, American Urological Association and the New England Surgical Society.

30 Armand DeRosa of Naples, Fla., on Aug. 2, 1995, at the age of 88. A retired gynecologist, he had been a school and public safety department physician in Totowa, N.J. He served on the obstetrics and gynecology staffs of the Paterson General and Wayne General hospitals. He and his late wife, Inez, were instrumental in opening Paterson Center, the first maternal health care center in Paterson, N.J. Later it became Planned Parenthood of Metropolitan New Jersey. He served as a captain in the Army Air Corps in India during World War II. He is survived by two daughters, three grandchildren and a great grandchild.

34 Wayland R. Rice of Lacey, Wash., on Dec. 27, 1994 at the age of 90. He was a general practitioner in Centralia, Wash., for more than forty years, delivering more than 1,600 babies. Born in Rangoon, Burma, to Baptist missionary parents, he came to the United States at age 6.

He had barely started his practice in Centralia when he offered his medical skill to the U.S. Army in the 70th Battalion. In Naples, Italy, he served as an Army surgeon in an abandoned art museum converted into a hospital.

Upon his return, he provided medical care to several generations of families until his retirement in 1976. Rice kept in touch with the babies he delivered throughout their lives. He helped found Lewis County Medical Health and made psychiatric evaluations for the Lewis County court. He served 21 years in the House of Delegates of the Washington Medical Association. He referred to a "Table of Priorities" to help him solve life's perplexing problems. He listed the "Family Unit" first and foremost, followed by "Society" and "Self" saying, "Compliance will result in harmony at home, respect from society, and self esteem. The 'Golden Rule' is practical and directs the way to prosperity and happiness."

He is survived by his wife, Maude, three daughters, three brothers, two sisters, nine grandchildren and four great grandchildren.

38 Theodore A. Potter of Kearsarge, NH, on Dec. 7, 1995, at the age of 83. Specializing in orthopedic surgery, he taught at BUSM, Tufts University Medical School and Harvard Medical School. He was chief of the orthopedic service at Robert Breck Brigham Hospital and orthopedic staff member at the New England Baptist Hospital in Boston.

He was a fellow of the American College of Surgeons and a member of the Massachusetts Medical Society.
and the American Medical Society. He was a past president of the BUSM Alumni Association and president of the New England Rheumatism Association. He is survived by his wife, Anne, four sons and a daughter.

54 William T. Seales of Hopkinton, NH, on June 19, 1995, at the age of 72. A general practitioner in Lincoln, NH, and a member of the staff at Concord Hospital, he retired in 1979. He was a member of the American Society of Anesthesiologists. He was an army veteran of World War II. He is survived by his wife, Anne, four sons and a daughter.

53 George C. Hamill of Claremont, Calif., on Aug. 9, 1995, at the age of 68. A radiologist, Hamill was born in Saskatchewan and immigrated to Chicago in the 1920s with his family. After his medical training he joined the U.S. Air Force, completing his medical internship in radiology at Tripler Army Hospital in Honolulu. He retired as a major in the Air Force in 1962 and joined the staff of the Department of Radiology at Pomona Valley Medical Center. In 1969, he became chief radiologist and retired from medicine in 1985. He is survived by his wife, Marion, and four grandchildren.

52 Murray M. Freed of Wayland, Mass., died on Dec. 2, 1995, at the age of 71. Professor emeritus and former chairman of the Department of Rehabilitation Medicine at BUSM from 1966-1993, Freed was known for his clinical work and his prolific research on spinal cord and neuron damage, prosthetics and rehabilitation.

Freed served as the BUSM Alumni Association Annual Fund Chairman for 10 years, as president of the Alumni Association from 1976-1977, and then as auditor. He was awarded the BUSM Centennial Award in 1973 and the Boston University Alumni Special Distinction Medal in 1979.

On the occasion of his retirement in 1993, the Alumni Association made a contribution of $10,000 to the Freed Resource Library in the Department of Rehabilitation Medicine. He is survived by his wife, Phyllis Werlin, three daughters and two grandsons.

57 Marvin Eliot Gold of Cliffside Park, NJ, on July 18, 1995, at the age of 63. He was a radiologist in private practice for 25 years before retiring in 1989. He served as a captain in the U.S. Air Force. He is survived by his son, his daughter and three grandchildren.

58 Folkert O. Belzer of Madison, Wis., on Aug. 6, 1995, at the age of 64. A pioneer in organ transplant surgery, he was renowned for advances in organ preservation. Along with Robert Hoffman, he developed a perfusion machine that kept kidneys viable for transplant for several days instead of just a few hours.

Later he developed, along with biochemist James Southard, PhD, the solution that revolutionized the transplant field by dramatically extending the time donor organs can be used for transplant. In 1966, he joined the faculty at the University of California - San Francisco as assistant professor of surgery. Before moving to Wisconsin in 1974, he was co-chief of the University of California - San Francisco transplant service and then professor of surgery. As chairman of the Department of Surgery at the University of Wisconsin-Madison Medical School for 21 years, he helped build it into the country's third-largest transplant center. In 1983 he received the BUSM Distinguished Alumnus Award.

In 1995, he received the Medallion for Scientific Achievement from the American Surgical Association, one of the highest honors for a surgeon. He was also named the first recipient of the Pioneer Award of the American Society of Transplant Surgeons. He is survived by his wife, Marion, and four children.
As a student at Boston University School of Medicine, I was tested against the highest standards, and prepared to meet the most demanding challenges. Countless times I have called on my education and training to help me make the right decision.

"I am proud to be a part of Boston University School of Medicine, and it gives me great pleasure to be able to establish a loan fund to help another student receive the same advantage of a superior education from our faculty and medical environment."

— RICHARD GAINES, MD, '81, Hollywood, Fla.

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Ossicular Reconstruction: A Temporal Bone Workshop
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Course Director: Bruce MacDonald, MD
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July 22-26, 1996
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Primary Care Retraining Program
August 1996
Course Directors: John Noble, MD, and Robert Levin, MD
Boston, MA

Boston Foot Course
September 26-28, 1996
Course Director: Michael Corbett, MD
Boston, MA

Advanced Trauma Life Support
October 21-22, 1996
Course Director: Erwin Hirsch, MD
Boston, MA

Emergency Medicine Update
October 24-26, 1996
Course Director: Robert Dart, MD
Boston, MA

For more information, contact: Department of Continuing Medical Education, Boston University School of Medicine, 80 E. Concord St., A305, Boston, MA 02118. Telephone: 617/638-4605.

The First Annual Symposium on New Therapeutic Directions in Alzheimer’s Disease,
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